

SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND

Administered By: Benefit Programs Administration
Telephone • (866) 345-5189 • (562) 463-5075 • FAX (562) 463-5894
www.santamonicauniteherefunds.org

CHANGE TO KAISER HMO PLAN EFFECTIVE JUNE 1, 2018

Date May 25, 2018

To: Participants in the Santa Monica Unite HERE Health Benefit Trust Fund ("Fund"),
including COBRA Enrollees

From: Board of Trustees, Santa Monica UNITE HERE Health Benefit Trust Fund

**RE: Notice Regarding Benefit Change to the Fund's Kaiser HMO Plan, Effective June 1,
2018.**

The Fund's policy with Kaiser Permanente renews on June 1, 2018. You will need to be aware of the following changes:

COPAY INCREASE FOR EMERGENCY ROOM VISITS, EFFECTIVE JUNE 1, 2018.

Effective June 1, 2018, the copayment for Emergency Room care will increase from \$50.00 per visit to \$150.00 per visit. The \$150.00 copay is waived if you are admitted to the hospital.

For example, Bonnie goes to a hospital emergency room on July 6, 2018. Bonnie will have to pay \$150.00 for the emergency room visit. If she is admitted to the hospital, the \$150 copay is waived.

* * * *

Please keep this important notice with your Summary Plan Description (SPD) and other plan materials for easy reference to all plan provisions. Should you have any questions, please contact the Administrative Office.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the changes described in this notice, please contact the Administrative Office.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Santa Monica UNITE HERE Health Benefit Plan Summary Plan Description (as in effect on September 1, 2014) and the Santa Monica UNITE HERE Health Benefit Fund Select Choice Health Benefit Plan Summary Plan Description (as in effect on January 1, 2015).