

## 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

November 2019

To Qualified Participants of the  
Santa Monica UNITE HERE Health Benefit Trust Fund

The Santa Monica UNITE HERE Health Benefit Trust Fund's annual open enrollment period is underway. During open enrollment, you can change your medical plan and/or dental plan (if your current employer contributes at the required minimum contribution rate). In addition, you may add or remove a dependent from coverage, or you may enroll for coverage if you are eligible but not yet enrolled. Remember, you and all of your covered dependents must be enrolled in the same medical plan and dental plan.

Please note, you can enroll in the Kaiser Permanente HMO plan only if your current Employer contributes at the required contribution rate, and you have had coverage under the Health Net Plan for at least 6 consecutive months as of January 1, 2020. Please note, you can enroll in the Kaiser Permanente HMO plan only if you have had coverage under the Health Net Plan for at least 6 consecutive months as of January 1, 2020.

To make any changes, you must contact the Administrative Office and request an enrollment form. **The enrollment form must then be completed in full and returned to the Administrative Office at the address shown below by December 6, 2019.** Changes will then be effective on January 1, 2020.

**If you do not wish to change your current medical or dental plan, or to add or delete a dependent no action is required.** Your current coverage will continue, as long as you are eligible under the Fund.

Your choice of medical & dental plans during this year's annual open enrollment are as follows:

### **MEDICAL**

- Health Net Salud y Más
- Kaiser Permanente HMO Medical Plan

### **DENTAL**

- Delta Dental PPO
- United Concordia Dental Plan DHMO

Open enrollment ends December 6, 2019. You will not be able to make changes after that date, unless you or a dependent have a special enrollment right. You and your dependents must be enrolled in the same medical plan and the same dental plan

**If you are considering making a change to your current medical or dental plan, or if you would like to add or remove a dependent or enroll for coverage,** you may request additional information about the plans and receive an enrollment form for any of the above plans by calling the Administrative Office at (866) 345-5189 or (562) 463-5075. **To make any changes, you must complete the appropriate enrollment forms and mail them to the Administrative Office before December 6, 2019.** Any changes made during open enrollment will be effective January 1, 2020.

Sincerely,  
Benefit Programs Administration  
On Behalf of the Board of Trustees

LP:ajb  
Enclosures

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Noviembre 2019

Para Los Participantes Calificados del Fondo de  
Santa Monica UNITE HERE Health Benefit Trust Fund

El período anual de inscripción abierta del Fondo Fiduciario de Beneficios de Salud UNITE HERE de Santa Mónica está en marcha. Durante la inscripción abierta, puede cambiar su plan médico y / o dental (si su empleador actual contribuye a la tasa de contribución mínima requerida). Además, puede agregar o eliminar un dependiente de la cobertura, o puede inscribirse para la cobertura si es elegible pero aún no está inscrito. Recuerde, usted y todos sus dependientes cubiertos deben estar inscritos en el mismo plan médico y plan dental.

Tenga en cuenta que puede inscribirse en el plan HMO de Kaiser Permanente solo si su Empleador actual contribuye a la tasa de contribución requerida y ha tenido cobertura bajo el Plan Health Net durante al menos 6 meses consecutivos a partir del 1 de enero de 2020. Tenga en cuenta que puede inscribirse en el plan Kaiser Permanente HMO solo si ha tenido cobertura bajo el plan Health Net durante al menos 6 meses consecutivos a partir del 1 de enero de 2020.

Para realizar cualquier cambio, debe comunicarse con la Oficina Administrativa y solicitar un formulario de inscripción. **El formulario de inscripción debe completarse en su totalidad y enviarse a la Oficina Administrativa a la dirección que se muestra a continuación antes del 6 de diciembre de 2019.** Los cambios entrarán en vigencia el 1 de enero de 2020.

**Si no desea cambiar su plan médico o dental actual, o agregar o eliminar un dependiente, no se requiere ninguna acción.** Su cobertura actual continuará, siempre que sea elegible bajo el Fondo.

Sus opciones de planes médicos y dentales son las siguientes:

## **MEDICO**

- Health Net Salud y Más
- Kaiser Permanente HMO Medical Plan

## **DENTAL**

- Delta Dental PPO
- United Concordia Dental Plan DHMO

**Si usted está interesado en cambiar su actual plan médico o dental,** usted puede solicitar información adicional acerca de los planes y puede recibir un formulario de inscripción para cualquiera de los anteriores planes llamando a la oficina administrativa al (866) 345-5189 o al (562) 463-5075. Si usted decide cambiar su plan médico o plan dental actual, usted debe completar y enviar el formulario de inscripción correspondiente a la oficina administrativa antes de **Diciembre 6, 2019.**

Sinceramente,  
Benefit Programs Administration  
De Parte de la Junta de Síndicos del Fondo