

South Bay Hotel Employees, Restaurant Employees Trust Funds

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (800) 544-5085 • Fax (206) 505-9727 • Website www.southbayheretrust.com

Administered by
Welfare & Pension Administration Service, Inc.

January 3, 2024

TO: All Eligible Plan Participants
South Bay Hotel Employees, Restaurant Employees Welfare Fund

RE: Plan Improvements

This is a Summary of Material Modification describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

Aetna Plan A Improvements

Effective February 1, 2024, the Board of Trustees has taken action to bring improvements to your 2024 health care plan, including changes to your deductibles, Out-of-Pocket Maximum amounts and Prescription Drug Copays.

Deductibles and Out-of-Pocket Maximums

	2023 Rates	2024 Rates
In-Network Deductible	\$250 individual / \$500 family	\$0 individual / \$0 family
Out-of-Network Deductible	\$500 individual / \$1,000 family	\$100 individual / \$100 family
Out-of-Pocket Maximum	\$2,500 individual / \$5,000 family	\$1,500 individual / \$3,000 family

Rx Copays

	2023 Rates	2024 Rates
Generic Drugs	\$10 for retail / \$20 for mail order	\$5 for retail / \$10 for mail order
Preferred Brand Drugs	\$25 for retail / \$50 for mail order	\$15 for retail / \$30 for mail order
Non-Preferred Brand Drugs	\$50 for retail / \$100 for mail order	\$30 for retail / \$60 for mail order

New Participant Enrollment

Effective January 1, 2024, all new Participants must be enrolled in the Aetna Plan at the initial hire date for a period of 12 months. After the 12 months, the Participant will be given the option to elect the Kaiser Plan in the subsequent open enrollment period.

Increased Frame Allowance

Effective January 1, 2024, action was taken by the Board of Trustees to approve an increase in the frame allowance from \$150 to \$175 in your VSP Vision Plan.

Board of Trustees

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This Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan does not include certain consumer protections of the Affordable Care Act that may apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, this Plan must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administration Office at 206-441-7574, option 0 or toll free at 800-331-6158, option 0. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Important Reminder - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents: divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.