

**PRESSMEN WELFARE FUND**  
7130 Columbia Gateway Drive, Suite A  
Columbia, MD 21046  
410-872-9500

August 2013

**NOTICE OF OPEN ENROLLMENT**  
**SUMMARY OF MATERIAL MODIFICATION #1**

Dear Participant:

The Board of Trustees continues to strive to provide you and your family with high quality, cost-effective benefit coverage, and at the same time monitor the financial condition of the Fund to assure these benefits will continue for you and your dependents.

**Kaiser Coverage for the Upcoming Contract Year**

Please be advised that, for the upcoming contract year with Kaiser Permanente starting on October 1, 2013, the Fund will continue to offer the following options through Kaiser: the HMO Signature Plan; the Select Plan and the Flexible Choice Plan. There are no changes to the current coverage provided by each Plan.

**Revised Employee Monthly Premiums Effective October 1, 2013**

Please be advised that the Trustees have adopted a formula to determine monthly employee premiums for each option. The formula is equal to the Fund's cost of coverage, less your employer's monthly contribution rate, less the amount of reimbursement the Fund received from the Early Retirement Reinsurance Program. Therefore, you must determine your rate by referring to the column that indicates the rate your employer is paying. The rates will go into effect on October 1, 2013:

|                      | <u>Employer<br/>Paying \$734</u> | <u>Employer<br/>Paying \$769</u> | <u>Employer<br/>Paying \$804</u> | <u>Employer<br/>Paying \$839</u> |
|----------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| HMO Signature Plan   | \$ 229                           | \$ 194                           | \$ 159                           | \$ 124                           |
| HMO Select Plan      | \$ 445                           | \$ 410                           | \$ 375                           | \$ 340                           |
| Flexible Choice Plan | \$ 958                           | \$ 923                           | \$ 888                           | \$ 853                           |

**Revised Retiree Premiums Effective October 1, 2013**

Effective October 1, 2013, the Retiree rates will increase to:

|                      |                    |
|----------------------|--------------------|
| HMO Signature Plan   | \$ 896 per month   |
| HMO Select Plan      | \$ 1,120 per month |
| Flexible Choice Plan | \$ 1,655 per month |

**Kaiser Open Enrollment Period September 1 – September 30, 2013**

The Board of Trustees wishes to advise you that the open enrollment period for members to elect the Kaiser option in which they will participate for the upcoming contract year takes place during the month of September 2013. You will not be permitted to change options for the upcoming contract year after September 30, 2013.

If you wish to change your Kaiser option, new election forms may be obtained from the Local 72 Union Office.

**Revised COBRA Premiums**

Effective October 1, 2013, the COBRA premium rates will change to :

|  | <u>Monthly Rate</u> | <u>Monthly Rate<br/>Disability Extension</u> |
|--|---------------------|--|
| HMO Signature Plan                                   | \$ 928.49           | \$ 1,365.42                                  |
| HMO Select Plan                                      | \$ 1,149.83         | \$ 1,690.91                                  |
| Flexible Choice Plan                                 | \$ 1,676.86         | \$ 2,465.97                                  |
| Dental May Be Added for<br>Additional (Actives only) | \$ 34.48            | \$ 50.71                                     |

**Dental Open Enrollment**

Also, be aware that Open Enrollment for Dental will be held from December 1 through December 31, 2013. You will have the opportunity to enroll in or change enrollment options between the Indemnity Dental Plan and the dental HMO plan, Group Dental Service. Dental Enrollment and/or Dental plan changes will take effect January 1, 2014. After this date, you will not be permitted to change options for the 2014 Plan Year. Enrollment materials for changes to your dental plan are also available from the Local 72 Union Office.

**We suggest that you keep this Summary of Material Modifications with your Summary Plan Description. If you should have any questions about the coverage provided under the Pressmen Welfare Fund, the Summary Plan Description or these changes, please contact the Administrative Manager.**

Sincerely,

The Board of Trustees