

Date: October 31, 2024

To: All Hotel Bargaining Unit Active Participants and Retired Participants not eligible for Medicare Enrolled in the Kaiser Medical and Prescription Drug Plan

From: Board of Trustees
AFL Hotel and Restaurant Workers Health & Welfare Trust Fund

Subject: **Kaiser Plan Benefit Changes effective January 1, 2025**

Effective January 1, 2025, the following Kaiser Permanente Medical and Prescription Drug Plan benefits changes will apply:

Kaiser Plan Benefit	Effective January 1, 2025
Emergency Room	\$100 In Area / \$100 Out of Area (previously \$100 In Area / 20% Out of Area)
Dialysis	20% coinsurance (previously 10% coinsurance)
Family Planning	No charge (previously \$18 copay)
Maternity Delivery (Inpatient Hospital Care)	\$75 copay per Day (previously No charge)
Hospital Observation	\$75 copay per Day (previously No charge)
Office Based Drugs and Supplies	20% coinsurance (previously No charge)
Radiation Therapy	20% coinsurance (previously \$18 copay)
Preventative Care	No charge for all U.S. Preventive Services Task Force (USPSTF) A and B recommended screening services as required under the Affordable Care Act (previously No charge for limited preventive services)
Prescription Drug Benefits *	
Generic Maintenance drugs	\$5 copay per prescription (previously \$12 copay per prescription)
Other Generics drugs	\$10 copay per prescription (previously \$12 copay per prescription)
Brand and Specialty drugs	\$35 copay per prescription (previously \$12 copay per prescription)

* 30-day consecutive supply of a prescribed drug or an amount as determined by the Formulary. Members may receive Mail Order Service refills of maintenance drugs for up to a 90-day supply for two copayments. Excludes Specialty drugs.

In addition, **effective January 1, 2025**, the following changes will also apply:

1. For elective pregnancy terminations, the limit of 2 procedures per member's lifetime will be removed, and
2. For orthodontic care for the treatment of orofacial anomalies (from birth), the maximum benefit per treatment phase will increase to \$6,927 per calendar year (previously \$6,898).

The information above and in the Trust Fund's Summary Plan Description ("SPD") booklet are only a summary of the benefits available under the Kaiser Permanente Plan. Its contents are subject to the Group Agreement, Kaiser Permanente Hawaii's Guide to Your Health Plan and applicable riders and amendments (collectively, "Kaiser Permanente Evidence of Coverage" or "EOC"), which contain all the terms and conditions of membership and benefits.

PLEASE REFER TO THESE DOCUMENTS FOR SPECIFIC QUESTIONS ABOUT COVERAGE. IF THERE IS A CONFLICT WITH THE SUMMARY OF BENEFITS IN THIS NOTICE OR THE TRUST FUND'S SPD BOOKLET, THE KAISER PERMANENTE EVIDENCE OF COVERAGE WILL GOVERN.

Please obtain your current Kaiser Permanente Evidence of Coverage and benefit information which is available online at kp.org.

1. Go to kp.org/eoc and sign on. If this is your first visit, register to get a user ID and follow the instructions to set up your account.
2. Select your most recent Evidence of Coverage (benefits) document.
3. Go to kp.org/formsandpubs to download member guides, handbooks and directories to help you make the most of your plan.

If you don't have internet access, call Kaiser Permanente Member Services at 1-800-966-5955 (TTY 711) to obtain a printed copy of your Evidence of Coverage. Kaiser Permanente sends out a postcard each year that you can return for a printed copy of your Evidence of Coverage.

If you have additional questions, please contact the Trust Fund office at 808 523-0199, neighbor islands call toll free at 1 (866) 772-8989. If you are unable to contact the Trust Fund Office during normal business hours, inquiries may be emailed to hiaflinfo@brmsonline.com

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions.

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust Office.

Loss of Grandfathered Status

Due to the benefit changes described above, as of January 1, 2025, the Trust Fund's Kaiser Medical and Prescription Drug Plan will lose its status as a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). The Kaiser Plan Benefit will cover all preventive care services as required by the Affordable Care Act with no participant cost sharing and otherwise operate in compliance with laws applicable to a non-grandfathered group health plan. The Trust Fund's Self-Funded Comprehensive PPO Medical Plan remains a Grandfathered Health Plan.