



California Service Employees Health and Welfare Trust Fund

828 West Washington Blvd. • Los Angeles, CA 90015
 (213) 747-7551 • (877) 492-2778 • (877)HWCASRV

TO: ELIGIBLE PLAN PARTICIPANTS WORKING AT SOFI STADIUM AND YOUTUBE THEATER

RE: HEALTH & WELFARE BENEFITS

Our records indicate that you are eligible for Health & Welfare benefits described below through your employer and SEIU-USWW. The Trust Fund coverage is offered to all eligible employees who have been employed for at least 30 days and have worked and/or been paid the minimum of 110 hours a month.

BENEFIT TYPE	DESCRIPTION
Medical and Prescription Drug Plan	Kaiser “C-7” medical and prescription drug Co-pays are \$20 per doctor visit, \$50 per emergency room visit, \$10 for each generic drug and \$20 for each brand name drug.
Dental Insurance	Indemnity Dental Plan #1 (PPO) will pay 80% of the amount specified for the dental procedure in the Table of Allowances but not more than the Usual, Customary and Reasonable (UCR) charge with \$3,000 annual maximum benefit. Orthodontic treatment is covered at 50% of UCR with \$2,000 lifetime maximum benefit. -or- DeltaCare USA #CAC30 (HMO) prepaid dental plan that offers \$0 co-pays for most services and you will be assigned to a panel dentist from their participating list of providers in order to receive covered benefits.
Vision Insurance	VISION SERVICE PLAN (VSP) is a vision plan that is widely accepted by most eye care providers and offers routine eye exams, prescription glasses OR contacts, in addition to laser vision correction discounts. Please refer to the enclosed plan summary for benefit details.
Life Insurance	You are eligible for \$20,000 (member-only) life insurance as part of your Health & Welfare benefits through the Trust Fund. For each covered month that you are eligible, your life insurance benefit will remain in effect. To qualify for the life insurance benefit, you must be eligible in the month of passing.

You may enroll your eligible dependents to this coverage with an additional monthly cost through payroll deduction. Please contact your employer for the exact cost. The Trust Fund defines eligible dependents as your lawful spouse or enrolled Domestic Partner (contact the Trust Fund for special enrollment information), your children up to the age of 26, your disabled children for whom written evidence of the incapacity, when your disabled child is age 26 or more, is provided to the Trust Fund. If you are enrolling your spouse, a copy of your marriage certificate must be provided, if you are enrolling your children, a copy of each child’s birth certificate must be provided. Social Security numbers must be provided for each dependent; contact the Trust Fund office for special enrollment information if your dependent(s) do not have a social security number.

Please complete, **sign** and return the enclosed enrollment form, beneficiary designation card and the required documents for your dependents. **Your medical and prescription drug benefits cannot be activated without complete enrollment information.** Should you have any questions or require additional information, please contact the Trust Fund Office at (213) 747-7551 or toll free (877) 492-2778. You can also contact your Employer or your Union Representative.

Receipt of this notice does not constitute a determination of your eligibility.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes