

# Machinists Health and Welfare Trust Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124

Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727 • website: [www.machinistshealth.com](http://www.machinistshealth.com)

Administered by  
Welfare & Pension Administration Service, Inc.

July 1, 2024

**TO: All Kaiser Permanente of Washington Participants  
Machinists Health and Welfare Trust Fund**

**RE: Annual Open Enrollment for Coverage Effective August 1, 2024  
Summary of Benefits and Coverage for 2024  
Member Website**

## Member Website

We are pleased to notify you of the new Trust Website for the Machinists Health and Welfare Trust Fund. The site located at <https://machinistshealth.com/> includes the following Trust Fund related materials:

- Forms – Enrollment Forms, Claims Form, Change of Address Form, and Disclosure and Privacy Notice
- Plan Booklets – Healthcare Plan and any updated Summary Material Modification Notices
- SBCs, Plan Coverage Notices, and Summary Annual Reports
- Contact Information – where to go for Plan Benefits and information
- Links to Local Unions and other useful sites

This site will also provide a link to “My Personal Benefit” information, which may be viewed through a secure location requiring the registration of an account with the Participant Portal – to register your account, visit <https://www.machinistshealth.com>. On the home page, click on the blue “Member Login” button on the right side of the screen and follow the prompts to register your account.

“My Personal Benefits” information includes the following data:

- Personal Information – Name, address, gender, birth date, marital status, etc.
- Health Plan Eligibility – Plan eligibility in the current and prior months
- Hours/Contributions – Statement showing employers reporting hours and contributions to the Trust on your behalf
- Dependent Enrollment Information – Names of enrolled dependents
- Medical Claims Summary and Paid Claims Detail
- Beneficiary Designation (if available)

## Open Enrollment

Once each year, the Machinists Health and Welfare Trust Fund holds an open enrollment. Open enrollment provides you an opportunity to:

- Add dependents to (or remove them from) your coverage, including your spouse, domestic partner or dependent children. Dependents that you do not add during the open enrollment period will not be afforded another enrollment opportunity until the next open enrollment period in 2025, except as required by law.

The open enrollment period will be held **through July 19, 2024**. **To add or remove dependents, you must complete a new enrollment form (enclosed) and return it to the Administration Office no later than July 19th.** Do not send your enrollment form to Kaiser Permanente of Washington. If your enrollment form is not received on or before **July 19, 2024**, it will not be accepted.

You may return your enrollment form in one of the following ways:

- Return it in the enclosed envelope
- Scan and e-mail form to [enrollment@wpas-inc.com](mailto:enrollment@wpas-inc.com)

**The changes you make to your enrollment will become effective with August 1, 2024 coverage.** It is important to note that **a change in coverage may affect the amount of any payroll deduction.** Please review your labor agreement for information about payroll deductions or diversion of wages.

**If you have questions about changing your benefit plan, please contact the Administration Office at (800) 732-1121.** You may also obtain a new enrollment form from your employer or by emailing a request to the Administration Office: [enrollment@wpas-inc.com](mailto:enrollment@wpas-inc.com) please add **F21 Enrollment Form** in the subject line.

## Summary of Benefits and Coverage

In accordance with the Patient Protection and Affordable Care Act as amended, the Trust must provide a **Summary of Benefits and Coverage (SBC)** to all Participants and Beneficiaries; you will find this document enclosed. *Please note: the SBC given to the Participant will be considered provided to the dependents unless the Plan has been advised of a different address for the dependents.*

The SBC form is intended to help you better understand the coverage currently available to you and what the Plan covers and what it costs. The form also includes details, called “coverage examples,” which allow you to see what the Plan might cover in common medical situations. It is important to note that the SBC is only a **summary** and does not replace the Summary Plan Description (Plan booklet). **The SBC is not intended to be a cost estimator and should not be used to estimate your actual costs.**

A **Uniform Glossary of Terms** has also been published by the government. This document is intended to describe terms commonly used with health insurance coverage, such as “deductible” and “copayment.” You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call the Administration Office at (800) 331-6158, to request a copy.

**Board of Trustees**  
**Machinists Health and Welfare Trust Fund**