



April 1, 2020

## SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL KAISER PERMANENTE SOUND HEALTH & WELLNESS TRUST PLAN PARTICIPANTS

The Board of Trustees of Sound Health and Wellness Trust (“Trust”) has adopted the following changes to your Plan effective January 1, 2020. Please keep this document with your Summary Plan Description (“SPD”).

**1. Effective for claims filed on or after January 1, 2020, there has been an improvement to your Hearing Examinations and Hearing Aids benefit. The following language replaces the second bullet point in the first paragraph of the “Hearing Examinations and Hearing Aids” Subsection of the Section entitled “Medical Benefits” on page 54 of the Sound Kaiser Permanente Plan SPD and page 47 of the SoundPlus Kaiser Permanente Plan SPD:**

The Plan covers the following:

→ Hearing aids, including hearing aid examinations and fittings when authorized by a physician up to a maximum of \$1,000 per ear and limited to one aid per ear during a period of three consecutive years.

**2. Effective for claims filed on or after January 1, 2020, there has been an improvement to your Vision benefit. The following language replaces the “Covered Vision Expenses” Subsection of the Section entitled “Vision Care” on page 71 of the Sound Kaiser Permanente Plan SPD and the Section entitled “Vision Care” on page 64 of the SoundPlus Kaiser Permanente Plan SPD:**

COVERED EXPENSE	IF YOU SEE A VSP PROVIDER THE PLAN REIMBURSES...	IF YOU SEE A NON-VSP PROVIDER THE PLAN REIMBURSES...
<i>Exams (once every 12 months)</i>	80%	60%
<i>Lenses/Frames/Contacts* (once every 12 months)</i>	100%, up to \$200**	100%, up to \$200**

\* Including contact lens evaluations and examinations associated with their fitting.

\*\* A maximum of \$200 is payable for NHCN providers and community providers combined.

**3. Effective for claims filed on or after January 1, 2020, your Extended Weekly Disability (Time Loss) benefit is increased. The following language amends the “Weekly Disability Payment” Subsection of the Section entitled “Extended Weekly Disability (Time Loss) Benefit” on page 111 of the Sound Kaiser Permanente Plan SPD and page 109 of the SoundPlus Kaiser Permanente Plan SPD:**

<b>HOURS EMPLOYED IN ELIGIBILITY DETERMINATION MONTH</b>	<b>MAXIMUM WEEKLY BENEFIT</b>
Less than 80	\$0
80 but less than 120	\$270
120 but less than 150	\$360
150 or more	\$450

Your actual weekly benefit cannot exceed 60% of your average weekly wage, as earned in the eligibility determination month.

**4. Effective January 1, 2020, the Washington Paid Family and Medical Leave Act provides eligible employees with paid leave of up to 90% of their weekly pay, up to a maximum of \$1,000 per week, through the Washington Employment Security Department. For more information about benefits under the Washington Paid Family and Medical Leave Act, please go to [www.paidleave.wa.gov](http://www.paidleave.wa.gov). Therefore, effective for claims for Extended Weekly Disability (Time Loss) benefits filed with the Trust on or after January 1, 2020, the following language is added to the end of the “Benefit” Subsection of the Section entitled “Extended Weekly Disability (Time Loss) Benefit” on page 111 of the Sound Kaiser Permanente Plan SPD and page 109 of the SoundPlus Kaiser Permanente Plan SPD:**

If you are receiving paid leave benefits under the Washington Paid Family and Medical Leave Act (PFML Act) based on an injury or illness for which you are also eligible for weekly disability benefits from the Trust, payment of your weekly disability benefit from the Trust will be suspended until you stop receiving your PFML benefit. (For example, if you’re eligible to receive 26 weeks of weekly disability benefits and you receive 12 weeks of paid leave under the PFML Act, you will not be paid any weekly disability benefits at the same time that you receive paid leave under the PFML Act.) By receiving weekly disability benefits from the Trust, you agree to notify the Trust of any periods of paid leave you receive under the PFML Act and to cooperate with the Trust regarding any requests for information about your periods of paid leave under the PFML Act. Any weekly disability payments made to you by the Trust while you are receiving paid leave under the PFML Act will be treated as an overpayment and must be repaid to the Trust in accordance with the “Overpayments” Subsection in this booklet.

**5. Effective for claims filed on or after January 1, 2020, the following language is added to the end of the “Weekly Disability Exclusions” Subsection of the Section entitled “Extended Weekly Disability (Time Loss) Benefit” on page 112 of the Sound Kaiser Permanente Plan SPD and page 111 of the SoundPlus Kaiser Permanente Plan SPD:**

Weekly disability benefits do not cover:

15. Any period when you are receiving or are eligible to receive benefits under

the Washington Paid Family and Medical Leave Act.

**6. Effective for claims filed on or after January 1, 2020, the last paragraph of the “Extended Medical Benefits When Disabled” Section on page 70 of the Sound Kaiser Permanente Plan SPD and page 63 of the SoundPlus Kaiser Permanente Plan SPD is amended as follows:**

If the person is covered by another plan through their spouse, this Plan pays primary. If the person is covered by another employer-sponsored benefit plan for active employees, this Plan pays secondary.

**7. Effective for claims filed on or after September 1, 2016, the following language is added to the end of the “Employee Life Insurance Benefit” Section on page 106 of the Sound Kaiser Permanente Plan SPD and page 104 of the SoundPlus Kaiser Permanente Plan SPD as a new subsection entitled “Life Insurance Benefits for Participants Receiving SSI Benefits”:**

If you are an employee who does not meet the eligibility rules for benefits under the Trust, but who is receiving Supplemental Security Income (SSI) benefits and/or Medicaid benefits, you may receive a life insurance benefit of \$15,000 payable by the Trust. This amount will be paid to your beneficiary in the event of your death from any cause. You may designate a beneficiary and change the designation at any time by completing a new enrollment form and returning it to the Trust Office. If you do not designate a beneficiary, your benefit will be divided equally between your family members as follows:

- Your children (natural or adopted);
- If no children, your parents; or
- If no parents, your siblings.

If you don't have any family members, this benefit will be payable to your estate. An accelerated benefit option is available if you are terminally ill with less than 24 months to live. This option allows 50% of the benefit to be paid to you. The remaining 50% of the benefit will be paid to your beneficiary, or if none, payment will be made as described above at your death. If you wish, benefits can be paid to your beneficiary in monthly or periodic installments.

Contact the Trust Office for more information.

If you have any questions about this notice or want further information about these rules and changes in benefits, please contact the Trust Office at 206.282.4500 or 800.225.7620.