



# PAMCAH UA LOCAL 675



ADMINISTRATIVE OFFICE • ANNUITY • COOPERATION  
HEALTH & WELFARE • PENSION • TRAINING • VACATION & HOLIDAY

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**Date August 2024**

**To: All Active Employees, Retirees and their Dependents, including COBRA beneficiaries, enrolled in the Full Benefit Plan of the PAMCAH-UA Local 675 Health and Welfare Fund**

## PARTICIPANT NOTICE ABOUT BENEFIT MODIFICATIONS

This Participant Notice will advise you of certain material modifications that have been made to the PAMCAH-UA Local 675 Health and Welfare Fund Full Benefit Plan (the “Plan”). **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully. Note: All benefits are subject to the terms of the Plan.

### CHANGE TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM UNDER THE ACTIVE AND RETIREE PLAN Effective January 1, 2025

The Board of Trustees is pleased to inform you that effective January 1, 2025, the Fund has decreased the individual and family Out-of-Pocket Maximum amounts that you are required to pay out of your own pocket for in-network prescription drugs. The Inflation Reduction Act imposes a maximum Out-of-Pocket maximum of \$2,000 per individual for Medicare Part D participants only. However, the Board of Trustees has decided to implement this lower Out-of-Pocket maximum for all members including actives so that the benefit for both actives and retirees is in parity.

2024 Out-of-Pocket Limits	2025 Out-of-Pocket Limits
<b>Medical (Contract and Non-Contract combined):</b> \$2,500 per individual; \$7,500 per family	<b>Medical (Contract and Non-Contract combined):</b> \$2,500 per individual; \$7,500 per family
<b>Outpatient Drugs:</b> Contract Pharmacies: \$5,400/individual, \$8,300/family	<b>Outpatient Drugs:</b> Contract Pharmacies: \$2,000/individual, \$6,000/family

The individual out-of-pocket limit will decrease to \$2,000. This means that once your cost sharing for payments for a particular individual’s (yourself or a Dependent) Eligible charges for the year reach \$2,000, the Fund will pay 100% of Eligible charges for prescriptions filled at a Contract Pharmacy for that person for the rest of the Calendar Year. **There is no out-of-pocket limit for non-Contract pharmacies.**

The family out-of-pocket limit will decrease to \$6,000. This means that once your payments for your entire family's Eligible Charges for the year total \$6,000, the Fund will pay 100% of Eligible Charges for prescriptions filled at a Contract Pharmacy for you and each member of your family for the rest of the Calendar Year.

To find a participating pharmacy nationwide, visit [OptumRx.com](http://OptumRx.com) or you can also contact OptumRx at (844) 265-1718.

**This change does not affect your existing medical, vision or dental plan coverage.**

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, please contact the Trust Fund Office at 808-536-4408.

Sincerely,  
Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.**

*In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan. Please keep this document with your copy of the Summary Plan Description. In the event of any conflict, the terms of the Plan and SPD will control unless specified otherwise herein. The Board of Trustees reserves its right to amend or terminate the Plan in whole or in part at any time in its sole discretion.*