School Cafeteria Employees UNITEHERE Local No. 634
Health & Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
(833) 228-9212
www.associated-admin.com

Agenda

January 13, 2026
10:00 AM

I. Call to Order

II. Investment Manager Report

III. Minutes, Regular Meeting – October 8, 2025

IV. Auditor Report

V. Consultant Report

VI. Administrative Manager Report

VII. Counsel Report

VIII. Other Fund Business

IX. Next Meeting Date and Location

X. Adjournment

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Minutes of the Meeting of the Board of Trustees
Held on Wednesday, October 8, 2025
Via Zoom

Present Were:	Nicole Hunt, Antoinette Ford, and Warren Heyman – Union Trustees Joel Madrid, Marissa Quinn, and Lisa Norton – Management Trustees
Also Present Were:	Deborah R. Willig, Esq. and Kelly Brogan, Esq. of Willig, Williams & Davidson – Legal Counsel; Frank Iannucci of Summit Actuarial Services – Fund Consultant; Kathleen Jackson and Dan Ohlemiller of Novak Francella – CPA; Alicia Cochran of Associated Administrators, LLC – Administrative Manager; Matt Walker[1] of The Philadelphia Trust Company

The meeting was called to order at 10:05 a.m. with Ms. Hunt presiding as Chairperson. Notice of this meeting was communicated prior to the date of the meeting. A quorum was present.

I. The Minutes of the meeting of the Board of Trustees held on June 18, 2025 were discussed.

MOTION was made and seconded to adopt the Minutes of the meeting of the Board of Trustees held on June 18, 2025.

UNANIMOUSLY ADOPTED

[1] Present for the investment report only.

II. **Investment Manager's Report.** Mr. Walker presented the Investment Manager's report and stated the following: As of September 30, 2025 the total assets held in the account were $1,179,674 with a year to date gain of 10.79%. Assets in the account were allocated 37.9% to fixed income, 28.5% to equities, 29.4% to cash and equivalents, and 4.3% to non-marketable assets.

Mr. Walker provided a market update and stated that his firm continues to monitor inflation, noting the impact of deglobalization and strong economic growth.

The Trustees thanked Mr. Walker, and he was excused from the meeting.

III. **Fund Auditor's Report.** Ms. Jackson presented a Payroll Compliance Review Report for the period January 1, 2023 through December 31, 2024. She stated that the review found a deficiency of $86,442.48 due to contributions for Early Childhood Food Service workers being paid at the incorrect rate. Ms. Willig stated that an official grievance was filed against the School District for its failure to pay the correct contribution rate for the Early Childhood Food Service workers. Ms. Jackson noted that she has requested documentation for the Plan Year ending August 31, 2025 and will update the report once received.

Ms. Jackson presented a cost allocation report used to determine the allocation of common administrative costs between the Union and the Local 634 Benefit Funds (the Fund and the Legal Services Plan). Ms. Jackson reviewed the procedures which were followed and stated that the procedures were established in accordance with AICPA standards. Ms. Jackson spoke, in detail, on the allocation of the Union's salary and benefit costs associated with performing administrative functions on behalf of the Fund and the Legal Services Fund. Based on the data recorded by the Union, the estimated monthly allocated cost payable by the Fund was $2,300. Due to the timing of the report, the Trustees discussed an effective date of June 1, 2025 for the new allocation.

MOTION was made and seconded to approve the cost allocation report, effective June 1, 2025.

UNANIMOUSLY ADOPTED

Ms. Jackson stated that Novak Francella would be performing the on-site audit for the Plan Year ending August 31, 2025 during the week of October 27, 2025.

IV. **Fund Consultant's Report.** Mr. Iannucci reviewed the Fund's reserves, noting that currently there is a 7-month reserve. He noted that Mr. Walker and Ms. Cochran continue to monitor the Fund's total assets on a monthly basis.

Mr. Iannucci reviewed the impact of the current events on the Fund, including federal funding related to Medicare, Medicaid, and prescription pricing specifically related to auto-immune diseases and prescription drug costs related to cancer. He noted that the Fund's cost of prescription drugs has flattened and the formulary rebates received were larger than expected which had a positive impact on the Fund's reserve.

V. **Administrative Manager's Report.** Ms. Cochran presented an unaudited statement of cash receipts and cash disbursements for fiscal year 2024-2025, as of August 31, 2025, with a comparative report for fiscal year 2023-2024. Receipts and disbursements for the period were reviewed, with Net Income of $536,701.02 compared to $439,154.99 for the prior period.

A report was presented indicating the total Fund balance through August 31, 2025 was $2,042,119.09.

A report was presented detailing the number of eligible employees as of August 31, 2025: 841 Cafeteria Workers and 1,148 Student Climate Staff for a total of 1,989 employees.

A COBRA report was presented for September 1, 2024 through August 31, 2025 showing a total of 154 COBRA notices sent, with two COBRA payees in the month of August 2025.

A dental claims report for Cafeteria Workers and Student Climate Staff for June 1, 2025 through August 31, 2025 was presented. Payments totaled $39,430.12 on 658 claims for Cafeteria Workers and $33,688.60 on 551 claims for Student Climate Staff.

A report of orthotic claims paid for the period September 1, 2024 through August 31, 2025 was presented. Orthotic claims paid to date for Cafeteria Workers totaled $3,160.00 and $470.00 for Student Climate Staff.

A report of wig claims paid for the period September 1, 2024 through August 31, 2025 was presented. Wig claims paid to date for Cafeteria Workers totaled $200.00. Claims paid to date for Student Climate Staff totaled $0.00.

VI. **Fund Counsel's Report.** Ms. Brogan stated that she had no formal report.

VII. **Other Business.** Ms. Cochran presented a utilization report prepared by Guardian Nurses for the period April 1, 2025 through June 30, 2025. The report reflected utilization of 2.50 hours on behalf of one member for the quarter.

Ms. Cochran stated that the IRS no longer requires employer sponsored health plans to mail the Form 1095-B annually and provides an alternative compliance option. If the Trustees opt-out of the annual mailing, Associated would provide the following, in accordance with the IRS

requirements, 1) mail a Form 1095-B within 30 days of a participant's request and 2) post a notice with instructions on how to obtain the form on the Fund's website. The Trustees agreed to opt-out of the annual mailing of the 1095-B forms effective with the 2025 tax year.

Ms. Cochran reported receipt of the Fund's 2026 membership renewal invoice for the International Foundation of Employee Benefit Plans was received. The renewal fee contains a $50 increase from the prior year, for a total of $1,325.

Ms. Cochran stated that via INTERIM action the Trustees approved sending two Union Trustees and two Employer Trustees to the annual International Foundation of Employee Benefit Plans conference. She noted that Trustee Hunt and Trustee Ford were approved to attend the conference this year.

Ms. Cochran reported the Trustees approved the snapshot method for the July 31, 2024 Patient-Centered Outcomes Research Institute ("PCORI") filing to determine the average number of covered lives under the Plan. She said the PCORI fee is $3.22 multiplied by the average number of covered lives under the Plan. Ms. Cochran said the auditor prepared the Form 720 and payment in the amount of $5,100.48 was mailed on July 10, 2025.

Ms. Cochran reported the Fiduciary Liability policy was renewed September 6, 2025. Payments for the waiver of recourse were emailed to the Trustees on August 25, 2025. Ms. Cochran stated she would inform the Trustees whether payment was received for their portion.

Ms. Cochran reported that the participant letter and specialty utilization letters regarding the BeneCard Co-Pay Assistance program were mailed on July 30, 2025. She said that the Fund has not received any feedback related to the program. Ms. Cochran said BeneCard would have utilization information available for the next meeting.

Ms. Cochran reported a high-cost claimant with a prescription, Destini, which is used to treat cancer.

Trustee Hunt discussed the $2,000 death benefit for the Student Climate Staff employees. She stated that the employees are now eligible for the School District's Term Life Insurance Plan which permits an employee to elect life insurance in the amount of $20,000. After a discussion,

MOTION was made and seconded to eliminate the Student Climate Staff death benefit of $2,000 effective October 8, 2025.

UNANIMOUSLY ADOPTED

Ms. Cochran said a Summary of Material Modifications ("SMM") would be mailed to participants.

Trustee Hunt reported that the Health Fair was a success, however said that participation was low. She discussed the benefits of continuing the event in the future verse the cost. The Trustees discussed additional ways to communicate the Health Fair to the participants in order to increase attendance.

VIII. The date of the next regular Board meeting was scheduled for January 13, 2026. The meeting will convene at 10:00 a.m. via Zoom.

IX. There being no further business before the Board of Trustees, the meeting was adjourned.

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund
Profit & Loss Prev Year Comparison
September 2025 through November 2025

		Nov-25	Nov-24
Ordinary Income/Expense			
Income			
61-113	Cobra Contributions	454.55	772.80
61-121	Cafeteria Workers	558,285.00	562,867.50
61-125	Student Climate Staff	439,257.60	443,304.96
61-300	Interest on Investments	10,482.92	8,541.00
61-302	Interest on Bank Accounts	159.55	82.92
61-303	Realized Gain/Loss	7,756.24	233.40
61-304	Unrealized Gain/Loss	29,724.17	2,166.73
61-320	Formulary Rebates	188,928.66	150,749.70
61-330	Diabetic Prescription Refund	209,544.56	-
Total Income		**1,444,593.25**	**1,168,719.01**
Gross Profit		**1,444,593.25**	**1,168,719.01**
Expense			
71-202	Benecard Drug Claims	518,692.04	730,605.03
71-523	Benecard Admin Fee	28,663.56	18,556.05
71-203	Vision Premium	38,404.80	34,851.32
71-212	Orthotics Claims	1,160.00	-
71-214	Self-Funded Dental Claims	54,178.54	51,732.40
71-560	Dental Claims	3,179.00	4,244.00
71-748	Guardian Nurses	-	-
71-400	Local 634 Shared Costs	4,400.00	13,200.00
71-300	Administration Fees	32,238.00	31,299.00
71-405	PCORI Fees	-	-
71-501	Auditing and Accounting Fee	486.00	-
71-502	Legal Counsel Fee	9,025.37	6,164.75
71-505	Consultant Fee	3,000.00	3,000.00
71-508	Printing, Duplicating, Postage	83.94	1,856.14
71-509	Investment Manager Fee	1,469.44	1,273.53
71-514	Fidelity Bond Premium	-	-
71-517	Fiduciary Liability Insurance Premium	-	-
71-519	Membership Dues & DVHCC	1,325.00	1,275.00
71-550	Bank Service Charge & Wire Fees	27.00	(12.00)
71-750	Health Fair Expense	20,910.60	-
Total Expense		**717,243.29**	**898,045.22**
Net Ordinary Income		**727,349.96**	**270,673.79**
Net Income		**727,349.96**	**270,673.79**

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund

Firstrust Bank and Philadelphia Trust Balances
November 30, 2025

Firstrust	
Cash Expense Firstrust Bank	1,569,371.33
Total Firstrust	1,569,371.33
Philadelphia Trust	
Phila Trust - Discr PTC701	1,018,959.40
Phila Trust Company Allowance	181,138.32
Total Philadelphia Trust	1,200,097.72
Grand Total	**$ 2,769,469.05**

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund

Employer Contributions and Participant Counts Report - September 1, 2025 - November 30, 2025

Pay Period Ending	Date Received	Class	Amount Received	Contribution Rate	Member Count
8/22/2025	9/3/2025	Food Service Workers	$ 81,022.50	$ 97.50	831
		Student Climate Staff	$ 64,817.28	$ 59.52	1,089
			$ 145,839.78		
				Total Count:	1,920
9/5/2025	9/16/2025	Food Service Workers	$ 80,827.50	$ 97.50	829
		Student Climate Staff	$ 63,924.48	$ 59.52	1,074
			$ 144,751.98		
				Total Count:	1,903
9/19/2025	9/30/2025	Food Service Workers	$ 80,047.50	$ 97.50	821
		Student Climate Staff	$ 63,388.80	$ 59.52	1,065
			$ 143,436.30		
				Total Count:	1,886
10/3/2025	10/15/2025	Food Service Workers	$ 79,755.00	$ 97.50	818
		Student Climate Staff	$ 62,674.56	$ 59.52	1,053
			$ 142,429.56		
				Total Count:	1,871
10/17/2025	10/28/2025	Food Service Workers	$ 79,462.50	$ 97.50	815
		Student Climate Staff	$ 62,198.40	$ 59.52	1,045
			$ 141,660.90		
				Total Count:	1,860
10/31/2025	11/12/2025	Food Service Workers	$ 78,780.00	$ 97.50	808
		Student Climate Staff	$ 61,365.12	$ 59.52	1,031
			$ 140,145.12		
				Total Count:	1,839
11/14/2025	11/25/2025	Food Service Workers	$ 78,390.00	$ 97.50	804
		Student Climate Staff	$ 60,888.96	$ 59.52	1,023
			$ 139,278.96		
				Total Count:	1,827

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund

COBRA Report - September 1, 2025 - August 31, 2026

	COBRA Notices Sent	COBRA Elections	COBRA Participants
September 2025	23	1	3
October 2025	11	0	2
November 2025	39	0	2
December 2025			
January 2026			
February 2026			
March 2026			
April 2026			
May 2026			
June 2026			
July 2026			
August 2026			
Totals	73		

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund

Dental Claims Report - September 1, 2025 through November 30, 2025

Food Service Workers

In-Network (LPMA)

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	265	$ 18,752.35	$ 8,226.15
Endodontics	28	$ 14,529.50	$ 5,232.00
Extraction	8	$ 1,959.00	$ 360.00
Oral Surgery	11	$ 5,232.50	$ 810.00
Orthodontics	33	$ 14,294.00	$ 1,950.00
Other Services	56	$ 6,535.16	$ 1,204.16
Periodontics	47	$ 10,433.00	$ 4,253.00
Preventive	68	$ 7,112.73	$ 3,179.23
Prosthodontics, Fixed	8	$ 10,392.00	$ 500.00
Prosthodontics, Removable	15	$ 11,271.00	$ 3,652.00
Restorative	59	$ 14,986.65	$ 3,725.00
Restorative, Crowns	12	$ 16,564.00	$ 4,232.00
Totals	610	$ 132,061.89	$ 37,323.54

Out-of Network

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	15	$ 1,035.00	$ 354.00
Endodontics	0	$ -	$ -
Extraction	0	$ -	$ -
Oral Surgery	0	$ -	$ -
Orthodontics	11	$ 940.00	$ 885.00
Other Services	0	$ -	$ -
Periodontics	1	$ 196.00	$ 85.00
Preventive	5	$ 511.00	$ 140.00
Prosthodontics, Fixed	2	$ 832.00	$ 140.00
Prosthodontics, Removable	0	$ -	$ -
Restorative	0	$ -	$ -
Restorative, Crowns	0	$ -	$ -
Totals	34	$ 3,514.00	$ 1,604.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	$ 132,061.89	$ 3,514.00	$ 135,575.89
Total Paid Amount	$ 37,323.54	$ 1,604.00	$ 38,927.54

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund

Dental Claims Report - September 1, 2025 through November 30, 2025

Student Climate Staff

In-Network (LPMA)

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	125	$ 9,606.00	$ 4,223.00
Endodontics	6	$ 2,906.00	$ 725.00
Extraction	7	$ 1,470.00	$ 315.00
Oral Surgery	34	$ 12,206.00	$ 975.00
Orthodontics	6	$ 270.00	$ 225.00
Other Services	46	$ 6,684.00	$ 1,367.00
Periodontics	17	$ 6,567.00	$ 2,545.00
Preventive	35	$ 3,860.00	$ 1,825.00
Prosthodontics, Fixed	0	$ -	$ -
Prosthodontics, Removable	2	$ 4,680.00	$ 1,763.00
Restorative	17	$ 4,808.00	$ 1,116.00
Restorative, Crowns	2	$ 3,470.00	$ 1,410.00
Totals	297	$ 56,527.00	$ 16,489.00

Out-of-Network

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	2	$ 80.00	$ 74.00
Endodontics	0	$ -	$ -
Extraction	0	$ -	$ -
Oral Surgery	0	$ -	$ -
Orthodontics	2	$ 390.00	$ 100.00
Other Services	0	$ -	$ -
Periodontics	9	$ 1,996.00	$ 1,176.00
Preventive	1	$ 100.00	$ 70.00
Prosthodontics, Fixed	0	$ -	$ -
Prosthodontics, Removable	1	$ 1,670.00	$ 750.00
Restorative	4	$ 950.00	$ 290.00
Restorative, Crowns	0	$ -	$ -
Totals	19	$ 5,186.00	$ 2,460.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	$ 56,527.00	$ 5,186.00	$ 61,713.00
Total Paid Amount	$ 16,489.00	$ 2,460.00	$ 18,949.00

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund

Orthotic Claims Report - September 1, 2025 - November 30, 2025

Food Service Workers

Months		Amount		Total Paid
September 2025 - November 2025	$	940.00	$	885.00
Totals	**$**	**940.00**	**$**	**885.00**

Student Climate Staff

Months		Amount		Total Paid
September 2025 - November 2025	$	275.00	$	275.00
Totals	**$**	**275.00**	**$**	**275.00**

School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund

Wig Claims Report - September 1, 2025 - November 30, 2025

Food Service Workers

Months	Billed Amount	Paid to Member Amount
September 2025 - November 2025	$ -	$ -
Totals	**$ -**	**$ -**

Student Climate Staff

Months	Billed Amount	Paid to Member Amount
September 2025 - November 2025	$ -	$ -
Totals	**$ -**	**$ -**

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SUMMARY OF MATERIAL MODIFICATIONS

October 2025

The Board of Trustees of the School Cafeteria Employees UNITEHERE Local No. 634 Health & Welfare Fund ("Fund") are providing you with this notice of a change in the health benefits under the Fund. Please refer to the Summary Plan Description ("SPD") for a full description of the eligibility rules and your legal rights.

DEATH BENEFIT

Effective October 8, 2025, the Fund will no longer provide Student Climate Staff employees with a $2,000.00 death benefit. All employees, including Student Climate Staff and Food Service Workers are eligible for the School District's Term Life Insurance Plan. Coverage under the Life Insurance Plan shall permit an employee to elect life insurance coverage in the amount of $20,000.

For questions related to the School District's Life Insurance Plan, please contact (215) 400-4630, benefits@philasd.org or https://www.philasd.org/benefits/#Lifeinsurance.

Sincerely,

Board of Trustees

What this Plan Covers & What You Pay For Covered Services **Coverage for: Family** **Plan Type: Prescription, Dental and Vision**

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call the Fund office at (833) 228-9212. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call (833) 228-9212 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$** 0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes. Prescription drugs, dental and vision.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$1,600 per year for single $3,200 per year for family	
What is not included in the out-of-pocket limit?		
Will you pay less if you use a network provider?	Yes. Call (833) 228-9212 for name of mail order pharmacy	This plan uses a mandatory mail order pharmacy for all maintenance drugs.
Do you need a referral to see a specialist?	No	You can see the specialist you chose you chose without a referral.

NOTE: THIS SUMMARY COVERS ONLY YOUR PRESCRIPTION, DENTAL AND VISION BENEFITS. YOU MIGHT RECEIVE A SEPARATE SUMMARY OF BENEFITS AND COVERAGE FROM YOUR EMPLOYER DESCRIBING YOUR MAJOR MEDICAL BENEFITS.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not Covered	Not Covered	---none---
	Specialist visit	Not Covered	Not Covered	---none---
	Preventive care/screening/ immunization	Not Covered	Not Covered	---none---
If you have a test	Diagnostic test (x-ray, blood work)	Not Covered	Not Covered	---none---
	Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered	---none---
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available. Call (833) 228-9212.	Generic drugs	$5.00 copay/prescription for 30-day retail or 90-day mail order supply	N/A	The Trustees have adopted the exclusions and limitations on prescription drugs recommended by BeneCard. If you would like to see a list of these exclusions, please call the Fund office at 833-228-9212.
	Brand drugs	N/A	N/A	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	---none---
	Physician/surgeon fees	Not Covered	Not Covered	---none---
If you need immediate medical attention	Emergency room care	Not Covered	Not Covered	---none---
	Emergency medical transportation	Not Covered	Not Covered	---none---
	Urgent care	Not Covered	Not Covered	---none---
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not Covered	---none---
	Physician/surgeon fees	Not Covered	Not Covered	---none---
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not Covered	Not Covered	---none---
	Inpatient services	Not Covered	Not Covered	---none---
If you are pregnant	Office visits	Not Covered	Not Covered	---none---

For more information about limitations and exceptions call the Fund office at (833) 228-9212.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	Not Covered	Not Covered	---none---
	Childbirth/delivery facility services	Not Covered	Not Covered	---none---
If you need help recovering or have other special health needs	Home health care	Not Covered	Not Covered	---none---
	Rehabilitation services	Not Covered	Not Covered	---none---
	Habilitation services	Not Covered	Not Covered	---none---
	Skilled nursing care	Not Covered	Not Covered	---none---
	Durable medical equipment	Not Covered	Not Covered	---none---
	Hospice services	Not Covered	Not Covered	---none---
If your child needs dental or eye care	Children's eye exam	1 exam	Reimbursed up to $35	Coverage limited to one exam/calendar year.
	Children's glasses	Lenses fully covered. Frames: reimbursed up to $60.	Lenses: reimbursed up to $30-$80 depending on type of lens. Frames: reimbursed up to $40.	Coverage limited to frames and lenses once every calendar year. Contact lenses (cosmetic): $175 allowance.
	Children's dental check-up	Diagnostic, preventive, restorative, periodontics and other services	Reimbursement based on total allowed charge for service. Provider may balance bill.	Orthodontia: $1,500 individual lifetime maximum benefit.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric Surgery
- Chiropractic care
- Cosmetic surgery
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Dental care (adult)
- Routine eye care (adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration, 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or you may contact

the Fund at (833) 228-9212. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor, Employee Benefits Security Administration, 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or you may contact the Fund at (833) 228-9212.

Does this plan provide Minimum Essential Coverage? Yes
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? No
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace*.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

***Although coverage provided by the School Cafeteria Employees UNITE HERE Local No. 634 Health & Welfare Fund does not meet the Minimum Value Standard, your employer-provided major medical coverage and the prescription drug coverage under this Fund, *taken together*, might meet the minimum value standard.**

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** **$0**
- **Specialist** **Not covered**
- **Hospital (facility)** **Not covered**
- **Prescription copayment** ***$5.00***

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$12,800
The total Peg would pay is	**$12,800**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **$0**
- **Specialist** **Not covered**
- **Hospital (facility)** ***Not covered***
- **Prescription copayment** ***$5.00***

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$60
Coinsurance	$0
What isn't covered	
Limits or exclusions	$7,340
The total Joe would pay is	**$7,340**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **$0**
- **Specialist** ***Not covered***
- **Hospital (facility)** **Not covered**
- **Prescription copayment** ***$5.00***

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$1,900
The total Mia would pay is	**$1,900**

The **plan** would be responsible for the other costs of these EXAMPLE covered services.

School Cafeteria Employees UNITEHERE Local No. 634
Health & Welfare Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
(833) 228-9212
www.associated-admin.com

October 2025

Notice of Creditable Coverage Regarding Your Prescription Drug Coverage

The following Notice of Creditable Coverage applies to all Medicare-eligible participants and/or spouses. Read this Notice carefully and keep it in a safe place so you have it if you need it.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the School Cafeteria Employees UNITEHERE Local No. 634 Health and Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The School Cafeteria Employees UNITEHERE Local No. 634 Health and Welfare Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage under the School Cafeteria Employees UNITEHERE Local No. 634 Health and Welfare Fund will be affected. The Fund provides a prescription drug benefit without annual benefit limits. There is a $5.00 co-payment for all prescription drugs. However, there is an out-of-pocket maximum that will apply. If you have medical insurance through the School District, your out-of-pocket maximum will be $1,000 for single and $2,000 for family coverage. If you do not have medical insurance through the School District, your out-of-pocket maximum will be $6,600 for single and $13,200 for family coverage. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the School Cafeteria Employees UNITEHERE Local No. 634 Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage
Contact the Fund Office for further information at (833) 228-9212. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan or if this coverage through the School Cafeteria Employees UNITEHERE Local No. 634 Health and Welfare Fund changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You should receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 2025
Name of Entity/Sender:	Fund Office School Cafeteria Employees UNITEHERE Local No. 634 Health and Welfare Fund 911 Ridgebrook Rd Sparks, MD 21152-9451
Phone Number:	(833) 228-9212