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

October 15, 2020
10:00 AM

I. Call to Order

II. Investment Manager Report

III. Minutes, Regular Meeting – July 16, 2020

IV. Auditor Report

V. Consultant Report

VI. Administrative Manager Report

VII. Counsel Report

VIII. Invoices

IX. Other Fund Business

X. Next Meeting Date and Location

XI. Adjournment

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Minutes of the Meeting of the Board of Trustees
Held on Monday, July 16, 2020
Via Zoom

Present Were:	Nicole Hunt and Antoinette Ford – Union Trustees Wayne Grasela, Lisa Norton and Susan Hancock – Management Trustees
Also Present Were:	Deborah R. Willig, Esquire and Kelly Brogan, Esq. of Willig, Williams & Davidson – Legal Counsel; Frank Iannucci of Summit Actuarial Services – Fund Consultant; Kathleen Jackson, CPA and Dan Ohlemiller of Novak Francella, LLC; Alicia Cochran of Associated Administrators, LLC – Administrative Manager; Matthew Walker[1], CFA of The Philadelphia Trust Company, Dr. Ira Zeitlin[2] of Vision Benefits of America.

The meeting was called to order at 10:02 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 April 27, 2020 were discussed.

MOTION was made and seconded to adopt the minutes of the meeting of the Board of Trustees held on April 27, 2020.

UNANIMOUSLY ADOPTED

II. **Investment Manager's Report.** Mr. Walker presented the Investment Manager's report and stated the following: As of June 30, 2020, the Fund had a loss of -2.14% YTD. Total assets held in the discretionary account were $1,739,172.97. Total assets held in the non-discretionary

[1] Present for the investment report only.
[2] Present for the vision benefit renewal only.

account were $9,427.59. Assets in the discretionary account were allocated 35.1% to fixed income, 21.3% to equities and 43.6% to cash and equivalents.

Mr. Walker said his firm continues to monitor and adjust to handle the current market given the circumstances related to the pandemic.

III. **Fund Auditor's Report.** Nothing to report.

IV. **Fund Consultant's Report.** Mr. Iannucci discussed the Fund's reserves and said they represent approximately 12 months of benefit cost. He noted that the prescription expense increased during the months of the pandemic.

V. **Fund Vision Provider Report.** Mr. Zeitlin said that the agreement with Vision Benefits of America (VBA) was scheduled to renew August 1, 2020. He proposed a 2-year renewal with no increase in the current premium of $5.87 per member per month.

After discussion,

> MOTION was made and seconded to accept the proposed vision benefits renewal received from VBA for the period August 1, 2020 through July 31, 2022 at a premium of $5.87 per member per month.

VI. **Fund Manager's Report.** Ms. Cochran presented an unaudited statement of cash receipts and cash disbursements for FY 2019-2020, as of May 31, 2020, with a comparative report for FY 2018-2019. Receipts and disbursements for the period were reviewed, with the Fund experiencing a surplus of $212,907.20 compared to a surplus of $221,331.77 for the prior period.

A report was presented indicating the total Fund balance through May 31, 2020 was $2,189,136.38.

A report was presented detailing the number of eligible employees as of April 24, 2020 - 882 Cafeteria Workers and 1,105 Student Climate Staff for a total of 1,987 employees.

A COBRA report was presented for September 1, 2019 through May 31, 2020 showing a total of 188 COBRA notices sent, with no COBRA payees in the month of May.

A dental claims report for Cafeteria Workers and Student Climate Staff for March 1, 2020 through May 31, 2020 was presented. Payments totaled $18,439.00 on 402 claims for Cafeteria Workers and $10,824.40 on 188 claims for Student Climate Staff.

A report of orthotic claims paid for the period September 1, 2019 through May 31, 2020 was presented. Orthotic claims paid to date for Cafeteria Workers totaled $10,295.00 and $10,485.00 for Student Climate Staff.

A report of wig claims paid for the period September 1, 2019 through May 31, 2020 was presented. Wig claims paid to date for Cafeteria Workers totaled $317.24. Claims paid to date for Student Climate Staff totaled $21.58.

Ms. Cochran noted a Guardian Nurses utilization report was not included in the meeting booklet as the provider said the utilization for the period April 1, 2020 through June 30, 2020 was only 15 minutes.

Ms. Cochran presented a report prepared by BeneCard for the period April 1, 2020 through June 30, 2020. The report reflected prescription utilization for which the Plan paid more than $5,000 on any one prescription.

VII. **Bills:** Ms. Cochran said that there are no invoices to be presented at today's meeting.

VIII. **Fund Counsel's Report.** Ms. Brogan said that the BeneCard contract is in the final stages of review and expected to be ready for signature within the next week. Ms. Brogan also noted the Fund Consultant, Fund Manager and BeneCard are working with the broker regarding the information needed for the prescription stop loss policy which is effective July 1, 2020. Ms. Willig said that Dr. Diamond, orthotic provider requested the Trustees' approval to mail orthotics to members rather than an in-office pick-ups. The Trustees approved mail distribution given the circumstances of the pandemic.

IX. **Other Business.** Ms. Cochran reported the following: A check was received from BeneCard in the amount of $4,278.49 for the issue found during the 2018 Plan year audit.

Ms. Cochran advised the Trustees that a one page insert has been added to the COBRA notices to notify the participants of the COBRA extensions allowable during the pandemic.

There was a discussion regarding the coverage of insulin/diabetic supplies, specifically Trulicity, under the Fund's prescription benefit for Cafeteria Workers due to a request received by a specific member. Currently the Fund does not cover insulin or diabetic supplies for Cafeteria Workers under the prescription benefit unless the member is on a grandfathered list. Ms. Willig noted that insulin/diabetic supplies are covered under a State mandate and therefore not required to be paid under the Fund's prescription plan. Ms. Hancock noted language in the Collective Bargaining Agreement (CBA) that she said would require the Fund to provide coverage of Trulicity to the member. Ms. Willig noted that Trulicity is not a specialty drug and therefore the language in the CBA does not apply. Ms. Willig said she would continue to research the State mandate and provide additional information to the Trustees.

After discussion,

MOTION was made and seconded to extend the authorization for Trulicity for 60 days to the specific member only.

X. The date of the next regular Board meeting was scheduled for Thursday, October 15, 2020. The meeting will convene at 10:00 a.m. and will be held by a ZOOM conference call.

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

_____
Union Trustee

_____
School District Trustee

From: Alicia Cochran
Sent: Thursday, August 13, 2020 8:17 AM
To: 'Nicole Hunt'; 'wheyman@unitehere.org'; 'Antoinette Ford'; 'Wayne Grasela (wgrasela@philasd.org)'; 'Susan' 'Hancock'; 'lireeves@philasd.org'
Cc: 'lmi1229@aol.com'; 'dwillig@wwdlaw.com'; 'kbrogan@wwdlaw.com'; Kristen Barshinger
Subject: School Cafeteria 634 H&W Fund - Dental maximums for the Period 7/1/2020 through June 30, 2021

Good morning Trustees,

As you may recall, during the July meeting there was a discussion regarding increasing the dental maximums for the period July 1, 2020 through June 30, 2021 due to COVID-19. Please see the email below from Frank regarding the analysis and information related to the estimated impact to the Fund should the maximums be increased. This information has been reviewed by Deb and Kelly.

Please let me know if you have any questions or would like to vote to implement one of the options listed below.

Thank you.

Alicia Cochran
Account Executive
Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks, MD 21152
410-683-7763
Web page: http://www.associated-admin.com

From: lmi1229@aol.com [mailto:lmi1229@aol.com]
Sent: Monday, August 10, 2020 1:10 PM
To: Alicia Cochran <aliciac@associated-admin.com>
Cc: dwillig@wwdlaw.com; Kristen Barshinger <kristenb@associated-admin.com>; kbrogan@wwdlaw.com; summitjaf@aol.com
Subject: F. Iannucci - Re: School Cafeteria 634 H&W Fund - Dental maximums for the Period 7/1/2020 through June 30, 2021

Alicia: At the last Trustees' meeting our office was directed to determine the cost to the School Cafeteria Local 634 H&W Fund (Health Fund) if the annual dental maximums were increased for the one-year period July 1, 2020 through June 30, 2021. We were asked to perform this study because participants had limited or no access to their dental benefits for the period March 2020 thru June 2020 due to COVID-19. For discussion purposes, the current annual dental maximums are $1,000 for single participants and $1,500 for family coverage.

Based on the information provided below in your previous email, we have estimated the following annual increase in cost to the Health Fund for the period July 1, 2020 through June 30, 2021 if the following dental maximums (increases shown below in annual increments of $100) were implemented during that one-year period:

a. Dental Maximums of $1,100 Single/$1,600 Family: An annual cost increase of approximately $2,500 to $5,000
b. Dental Maximums of $1,200 Single/$1,700 Family: An annual cost increase of approximately $5,000 to $10,000
c. Dental Maximums of $1,300 Single/$1,800 Family: An annual cost increase of approximately $7,500 to $15,000

d. Dental Maximums of $1,400 Single/$1,900 Family: An annual cost increase of approximately $10,000 to $20,000
e. Dental Maximums of $1,500 Single/$2,000 Family: An annual cost increase of approximately $12,500 to $25,000

Based on the current financial status of the Health Fund, none of the one-year increases noted below would have a long term adverse effect on the Health Fund.

If upon review you have any questions please do not hesitate to contact me. Feel free to forward my email to the Trustees for consideration and a possible vote. Thank you.

Frank Iannucci, EA, MAAA
Summit Actuarial Services, LLC
609-575-6805

-----Original Message-----
From: Alicia Cochran <aliciac@associated-admin.com>
To: kbrogan@wwdlaw.com <kbrogan@wwdlaw.com>
Cc: dwillig@wwdlaw.com <dwillig@wwdlaw.com>; 'lmi1229@aol.com' <lmi1229@aol.com>; Kristen Barshinger <kristenb@associated-admin.com>
Sent: Mon, Jul 27, 2020 3:58 pm
Subject: School Cafeteria 634 H&W Fund - Dental maximum

Kelly,

As a follow up to the discussion regarding the dental benefit during the recent School Cafeteria Local 634 H&W Fund meeting, our records show the Fund had 27 individuals who met the dental maximum and 1 individual who met the orthodontic maximum. This is for the July 1, 2019 through June 30, 2020 policy year.

Please let me know if we can assist with any additional information.

Alicia Cochran
Account Executive
Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks, MD 21152
410-683-7763
Web page: http://www.associated-admin.com

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

Profit & Loss Prev Year Comparison
September 2019 through August 2020

			Aug-20	Aug-19
Ordinary Income/Expense				
	Income			
	61-113	Cobra Contributions	639.00	2,261.50
	61-121	Cafeteria Workers	1,757,632.50	1,616,436.24
	61-125	Student Climate Staff	124,312.71	116,618.23
	61-300	Interest on Investments	35,909.45	38,372.67
	61-301	Bond Discount Accretion	197.00	484.38
	61-302	Interest on Bank Accounts	7.67	68.27
	61-303	Realized Gain/Loss	12,820.14	39,231.40
	61-304	Unrealized Gain/Loss	(583.32)	(14,081.68)
	61-320	Formulary Rebates	164,174.87	148,050.78
	61-905	Class Action Settlements	11.71	345.92
	Total Income		**2,095,121.73**	**1,947,787.71**
Gross Profit			**2,095,121.73**	**1,947,787.71**
	Expense			
	71-200	City Clinics Fee	60,000.00	70,000.00
	71-201	Envision Drug Claims	-	6,494.03
	71-522	Envision Admin Fee	-	37.00
	71-202	Benecard Drug Claims	1,491,033.33	1,300,278.81
	71-523	Benecard Admin Fee	64,863.46	75,015.80
	71-203	Vision Premium	124,508.57	141,267.42
	71-212	Orthotics Claims	12,865.00	25,165.00
	71-214	Self-Funded Dental Claims	206,711.72	262,089.83
	71-560	Dental Claims	10,261.40	13,722.00
	71-561	Dental Administration Fee	-	16,800.00
	71-216	Wig Benefit	221.58	551.16
	71-748	Guardian Nurses	5,250.00	5,250.00
	71-515	Local 634 Shared Costs	34,300.00	27,000.00
	71-300	Administration Fees	110,160.00	82,000.00
	71-500	Fund Manager's Fee	-	12,495.00
	71-405	PCORI Fees	6,178.90	6,209.22
	71-501	Auditing and Accounting Fee	22,557.35	17,300.00
	71-502	Legal Counsel Fee	34,081.30	32,302.80
	71-503	Conference and Meeting Expenses	10,603.78	9,226.77
	71-505	Consultant Fee	12,000.00	12,000.00
	71-507	Office Supplies	-	73.21
	71-508	Printing, Duplicating, Postage	1,759.29	7,779.66
	71-509	Investment Manager Fee	8,689.74	9,345.20
	71-514	Fidelity Bond Premium	305.00	525.00
	71-517	Fiduciary Liability Insurance Premium	8,332.00	4,226.00
	71-520	Stop Loss	27,000.00	-
	71-519	Membership Dues & DVHCC	1,065.00	1,300.00
	71-550	Bank Service Charge & Wire Fees	479.60	217.34
	71-711	Taxes	79.43	75.68
	71-712	Issuer Fee	5.50	5.50
	71-713	Interest Due to Seller	-	62.16
	71-750	Health Fair Expense	8,074.32	14,298.86
	Total Expense		**2,261,386.27**	**2,153,113.45**
Net Ordinary Income			**(166,264.54)**	**(205,325.74)**
Net Income			**(166,264.54)**	**(205,325.74)**

School Cafeteria Employees UNITEHERE
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BB&T Bank and Philadelphia Trust Balances
August 31, 2020

BB&T		
Savings - M/M (Old)	$	0.16
Savings - M/M BB&T - 0780		204,294.93
Claims Checking BB&T - 0764		8,882.30
Cash Expense BB&T - 0772		23,436.11
Total BB&T		236,613.50
Philadelphia Trust		
Phila Trust - Discr PTC701		1,428,213.40
Phila Trust - Non-Dis PTCN90		9,404.36
Phila Trust Company Allowance		135,733.38
Total Philadelphia Trust		1,573,351.14
Grand Total	**$**	**1,809,964.64**

School Cafeteria Employees UNITEHERE
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Employer Contributions and Participant Counts Report - September 1, 2019 - August 31, 2020

Pay Period Ending	Date Received	Class	Amount Received	Contribution Rate	Member Count
8/30/2019	9/10/2019	Food Service Workers	$ 81,315.00	$ 97.50	834
		Student Climate Staff	$ 5,473.91	$ 5.60	1027
			$ 86,788.91		
9/13/2019	9/23/2019	Food Service Workers	$ 80,827.50	$ 97.50	829
		Student Climate Staff	$ 5,870.00	$ 5.60	1000
			$ 86,697.50		
9/27/2019	10/10/2019	Food Service Workers	$ 80,145.00	$ 97.50	822
		Student Climate Staff	$ 5,443.20	$ 5.60	972
			$ 85,588.20		
10/11/2019	10/25/2019	Food Service Workers	$ 79,657.50	$ 97.50	817
		Student Climate Staff	$ 5,409.60	$ 5.60	966
			$ 85,067.10		
10/25/2019	11/5/2019	Food Service Workers	$ 79,072.50	$ 97.50	811
		Student Climate Staff	$ 5,353.60	$ 5.60	956
			$ 84,426.10		
11/8/2019	11/19/2019	Food Service Workers	$ 78,487.50	$ 97.50	805
		Student Climate Staff	$ 5,320.00	$ 5.60	950
			$ 83,807.50		
11/22/2019	12/2/2019	Food Service Workers	$ 82,680.00	$ 97.50	848
		Student Climate Staff	$ 5,661.60	$ 5.60	1011
			$ 88,341.60		
12/6/2019	1/13/2020[1]	Food Service Workers	$ 82,387.50	$ 97.50	845
		Student Climate Staff	$ 5,790.40	$ 5.60	1034
			$ 88,177.90		
12/20/2019	1/3/2020	Food Service Workers	$ 83,752.50	$ 97.50	859
		Student Climate Staff	$ 5,891.20	$ 5.60	1052
			$ 89,643.70		
1/3/2020	1/13/2020	Food Service Workers	$ 84,337.50	$ 97.50	866
		Student Climate Staff	$ 6,003.20	$ 5.60	1071
			$ 90,340.70		
1/17/2020	1/27/2020	Food Service Workers	$ 85,117.50	$ 97.50	872
		Student Climate Staff	$ 6,042.40	$ 5.60	1080
			$ 91,159.90		
1/31/2020	2/10/2020	Food Service Workers	$ 85,117.50	$ 97.50	873
		Student Climate Staff	$ 6,182.40	$ 5.60	1104
			$ 91,299.90		

2/14/2020	2/25/2020	Food Service Workers	$	85,215.00	$	97.50	874
		Student Climate Staff	$	6,154.40	$	5.60	1099
			$	91,369.40			
2/28/2020	3/10/2020	Food Service Workers	$	85,312.50	$	97.50	875
		Student Climate Staff	$	6,216.00	$	5.60	1110
			$	91,528.50			
3/13/2020	3/23/2020	Food Service Workers	$	86,092.50	$	97.50	883
		Student Climate Staff	$	6,171.20	$	5.60	1102
			$	92,263.70			
3/27/2020	4/6/2020	Food Service Workers	$	85,020.00	$	97.50	872
		Student Climate Staff	$	6,126.40	$	5.60	1094
			$	91,146.40			
4/10/2020	4/20/2020	Food Service Workers	$	85,507.50	$	97.50	877
		Student Climate Staff	$	6,154.40	$	5.60	1099
			$	91,661.90			
4/24/2020	5/4/2020	Food Service Workers	$	85,995.00	$	97.50	882
		Student Climate Staff	$	6,188.00	$	5.60	1105
			$	92,183.00			
5/8/2020	5/18/2020	Food Service Workers	$	86,287.50	$	97.50	885
		Student Climate Staff	$	6,227.50	$	5.60	1112
			$	92,515.00			
5/22/2020	6/1/2020	Food Service Workers	$	87,652.50	$	97.50	899
		Student Climate Staff	$	6,283.20	$	5.60	1122
			$	93,935.70			
6/5/2020	6/15/2020	Food Service Workers	$	87,652.50	$	97.50	899
		Student Climate Staff	$	6,350.00	$	5.60	1134
			$	94,002.50			

[1] December 2019 contributions received in the month of January 2020

School Cafeteria Employees UNITEHERE
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COBRA Report - September 1, 2019 - August 31, 2020

	COBRA Notices Sent	COBRA Elections	COBRA Participants
September 2019	42	0	2
October 2019	33	0	2
November 2019	31	0	2
December 2019	13	0	2
January 2020	21	0	1
February 2020	7	0	0
March 2020	25	1	1
April 2020	13	0	0
May 2020	3	0	0
June 2020	0	0	0
July 2020	17	0	0
August 2020	6	0	0
Totals	211		

School Cafeteria Employees UNITEHERE
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Dental Claims Report - June 1, 2020 - August 31, 2020

Food Service Workers

In-Network (LPMA)

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	224	$ 14,725.22	$ 4,770.72
Endodontics	16	$ 5,486.40	$ 2,533.40
Extraction	9	$ 1,440.00	$ 405.00
Oral Surgery	34	$ 10,583.00	$ 1,224.00
Orthodontics	37	$ 14,554.00	$ 2,400.00
Other Services	43	$ 3,588.00	$ 1,083.00
Periodontics	12	$ 4,899.00	$ 1,485.00
Preventive	104	$ 6,195.00	$ 2,550.00
Prosthodontics, Fixed	5	$ 5,668.00	$ 400.00
Prosthodontics, Removable	15	$ 20,351.00	$ 7,915.00
Restorative	47	$ 10,915.60	$ 3,080.10
Restorative, Crowns	11	$ 13,133.00	$ 5,528.00
Totals	557	$ 111,538.22	$ 33,374.22

Out-of Network

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	28	$ 1,258.00	$ 617.00
Endodontics	3	$ 872.00	$ 713.00
Extraction	1	$ 100.00	$ 45.00
Oral Surgery	0	$ -	$ -
Orthodontics	0	$ -	$ -
Other Services	2	$ 150.00	$ 82.00
Periodontics	2	$ 189.00	$ 65.00
Preventive	16	$ 1,067.00	$ 540.00
Prosthodontics, Fixed	0	$ -	$ -
Prosthodontics, Removable	0	$ -	$ -
Restorative	8	$ 1,467.00	$ 530.00
Restorative, Crowns	0	$ -	$ -
Totals	60	$ 5,103.00	$ 2,592.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	$ 111,538.22	$ 5,103.00	$ 116,641.22
Total Paid Amount	$ 33,374.22	$ 2,592.00	$ 35,966.22

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

Dental Claims Report - June 1, 2020 - August 31, 2020

Student Climate Staff

In-Network (LPMA)

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	116	$ 6,810.00	$ 2,370.00
Endodontics	12	$ 6,553.00	$ 2,831.00
Extraction	0	$ -	$ -
Oral Surgery	20	$ 6,471.00	$ 1,253.00
Orthodontics	0	$ -	$ -
Other Services	54	$ 7,221.00	$ 1,702.00
Periodontics	13	$ 4,337.00	$ 997.00
Preventive	48	$ 3,077.00	$ 1,392.00
Prosthodontics, Fixed	0	$ -	$ -
Prosthodontics, Removable	2	$ 940.00	$ -
Restorative	30	$ 5,484.00	$ 1,943.00
Restorative, Crowns	6	$ 7,432.00	$ 3,040.00
Totals	301	$ 48,325.00	$ 15,528.00

Out-of-Network

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	21	$ 1,416.00	$ 447.00
Endodontics	2	$ 150.00	$ 50.00
Extraction	5	$ 1,030.00	$ -
Oral Surgery	0	$ -	$ -
Orthodontics	0	$ -	$ -
Other Services	1	$ 75.00	$ 32.00
Periodontics	1	$ 115.00	$ 65.00
Preventive	18	$ 1,060.00	$ 270.00
Prosthodontics, Fixed	0	$ -	$ -
Prosthodontics, Removable	0	$ -	$ -
Restorative	8	$ 1,037.00	$ 455.00
Restorative, Crowns	0	$ -	$ -
Totals	56	$ 4,883.00	$ 1,319.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	$ 48,325.00	$ 4,883.00	$ 53,208.00
Total Paid Amount	$ 15,528.00	$ 1,319.00	$ 16,847.00

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

Orthotic Claims Report - September 1, 2019 - August 31, 2020

Food Service Workers

Months		Amount		Total Paid
September 2019 - November 2019	$	4,975.00	$	4,975.00
December 2019 - February 2020	$	4,830.00	$	4,830.00
March 2020 - May 2020	$	490.00	$	490.00
June - August 2020	$	-	$	-
Totals	**$**	**10,295.00**	**$**	**10,295.00**

Student Climate Staff

Months		Amount		Total Paid
September 2019 - November 2019	$	5,040.00	$	5,040.00
December 2019 - February 2020	$	5,150.00	$	5,150.00
March 2020 - May 2020	$	295.00	$	295.00
June - August 2020	$	-	$	-
Totals	**$**	**10,485.00**	**$**	**10,485.00**

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

Wig Claims Report - September 1, 2019 - August 31, 2020

Food Service Workers

Months	Billed Amount	Paid to Member Amount
September 2019 - November 2019	$ 333.24	$ 317.24
December 2019 - February 2020	$ -	$ -
March 2020 - May 2020	$ -	$ -
June - August 2020	$ -	$ -
Totals	**$ 333.24**	**$ 317.24**

Student Climate Staff

Months	Billed Amount	Paid to Member Amount
September 2019 - November 2019	$ 70.17	$ 21.58
December 2019 - February 2020	$ -	$ -
March 2020 - May 2020	$ -	$ -
June - August 2020	$ -	$ -
Totals	**$ 70.17**	**$ 21.58**

Utilization Report for Cafeteria Workers Local 634

Date Range: 7/1/2020 through 9/30/2020

Name / Type	Date	Duration	Activity	Nurse Advocate
Alisha Jones				
Reason for Referral: Insurance Coverage			**Case Status: Closed**	
Call	07/07/20	0 minutes	Received referral for engagement	Kelly Welden
Call	07/07/20	25 minutes	Initial intake	Kelly Welden
To-do	07/08/20	5 minutes	Email Communication	Kelly Welden

Hours this report: **0.50**

Number of patients: **1**

Number of cases: **1**

Claim Detail Report

Customer: PBF
Client: 10090 - Unite Here Cafeteria Workers
Group: All
Client Group Health Services Option: Not Specified
Date Filter: Process Date
Date Range: 07/01/2020 to 09/30/2020

Client ID	Client Group Name	Status	Mail / Retail	Drug Label Name	Total Member Pay	Plan Paid
10090	UNITE HERE - STUDENT CLIMATE STAFF	Paid	Mail Order	WELLBUTRIN TAB XL 300MG	$ 5.00	$ 5,661.40
10090	UNITE HERE - STUDENT CLIMATE STAFF	Paid	Mail Order	HUMIRA PEN INJ 40MG/0.8	$ 5.00	$ 5,427.66
10090	UNITE HERE - STUDENT CLIMATE STAFF	Paid	Mail Order	HUMIRA PEN INJ 40MG/0.8	$ 5.00	$ 5,427.66
10090	UNITE HERE - CAFETERIA EMPLOYEES	Paid	Mail Order	SPRYCEL TAB 100MG	$ 5.00	$ 14,110.16
10090	UNITE HERE - STUDENT CLIMATE STAFF	Paid	Mail Order	NOVOLOG INJ FLEXPEN	$ 5.00	$ 5,427.71
10090	UNITE HERE - STUDENT CLIMATE STAFF	Paid	Mail Order	HUMIRA PEN INJ 40MG/0.8	$ 5.00	$ 5,427.66
10090	UNITE HERE - STUDENT CLIMATE STAFF	Paid	Mail Order	HUMIRA PEN INJ 40MG/0.8	$ 5.00	$ 5,427.66
10090	UNITE HERE - CAFETERIA EMPLOYEES	Paid	Mail Order	SPRYCEL TAB 100MG	$ 5.00	$ 14,110.16
10090	UNITE HERE - CAFETERIA EMPLOYEES	Paid	Mail Order	SPRYCEL TAB 140MG	$ 5.00	$ 14,110.16
10090	UNITE HERE - CAFETERIA EMPLOYEES	Paid	Mail Order	HUMIRA PEN INJ 40MG/0.8	$ 5.00	$ 5,427.66
10090	UNITE HERE - CAFETERIA EMPLOYEES	Paid	Mail Order	HUMIRA PEN INJ 40MG/0.8	$ 5.00	$ 5,427.66
						$ 85,985.55

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 2020

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 $1,600 for single and $3,200 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 2020

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

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

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

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.