

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 17, 2022

10:00 AM

- I. Call to Order
- II. Investment Manager Report
- III. Minutes, Regular Meeting – July 25, 2022
- 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 Monday, July 25, 2022
Via Zoom

Present Were: Nicole Hunt, Antoinette Ford, and Warren Heyman
– Union Trustees

Lisa Norton and Susan Hancock – 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 of Novak Francella –
CPA; Alicia Cochran of Associated Administrators,
LLC – Administrative Manager; Matt Walker¹ of The
Philadelphia Trust Company

The meeting was called to order at 10:03 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 18, 2022 were discussed.

MOTION was made and seconded to adopt the
Minutes of the meeting of the Board of
Trustees held on April 18, 2022.

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 June 30, 2022 the total assets held in the discretionary account were \$1,333,807.56 with earnings for the quarter of -2.98% and year to date of -4.66%. Assets in the discretionary account were allocated 62.30% to fixed income, 21.80% to equities, 15.90% to cash and equivalents and 0.00% to other assets. Total assets held in the non-discretionary account were \$9,448.78.

Mr. Walker reviewed new holdings within the portfolio and said his firm continues to monitor inflation, international tension, and the recovery of the economy related to the pandemic.

- III. **Fund Auditor's Report.** Ms. Jackson presented an engagement letter from Novak Francella, LLC for auditing services for the Plan year ended August 31, 2022. The costs of the service include a 3.8% increase of \$800.00 from the last fiscal year, annual fee not to exceed \$19,950.00.

MOTION was made and seconded to engage Novak Francella, LLC for auditing services for the 2022 Plan year with a 3.8% increase of \$800.00 with an annual fee not to exceed \$19,950.00.

UNANIMOUSLY ADOPTED

- IV. **Fund Consultants' Report.** Mr. Iannucci discussed the Fund's reserves and said they represent approximately 8 months of benefit cost. He noted that Mr. Walker continues to monitor investment assets and will notify the Fund if the assets reach \$1,300,000.
- V. **Administrative Manager's Report.** Ms. Cochran presented an unaudited statement of cash receipts and cash disbursements for fiscal year 2021-2022, as of May 31, 2022 with a comparative report for fiscal year 2020-2021. Receipts and disbursements for the period were reviewed, with the Fund experiencing a deficit of \$17,845.27 compared to a surplus of \$64,124.08 for the prior period.

A report was presented indicating the total Fund balance through May 31, 2022 was \$1,598,472.95.

A report was presented detailing the number of eligible employees as of May 20, 2022 - 720 Cafeteria Workers and 1,008 Student Climate Staff for a total of 1,728 employees.

A COBRA report was presented for September 1, 2021 through May 31, 2022 showing a total of 157 COBRA notices sent, with 4 COBRA payees in the month of May.

A dental claims report for Cafeteria Workers and Student Climate Staff for March 1, 2022 through May 31, 2022 was presented. Payments totaled \$31,277.00 on 640 claims for Cafeteria Workers and \$13,051.00 on 269 claims for Student Climate Staff.

A report of orthotic claims paid for the period September 1, 2021 through May 31, 2022 was presented. Orthotic claims paid to date for Cafeteria Workers totaled \$2,250.00 and \$1,055.00 for Student Climate Staff.

A report of wig claims paid for the period September 1, 2021 through May 31, 2022 was presented. Wig claims paid to date for Cafeteria Workers totaled \$0.00. Claims paid to date for Student Climate Staff totaled \$0.00.

VI. **Fund Counsel's Report.** Ms. Brogan stated there was nothing to report.

VII. **Other Business.** Ms. Cochran reported the following: The Vision Benefits of America ("VBA") agreement was scheduled to renew August 1, 2022. She stated the proposal is for a 2-year period effective August 1, 2022 through July 31, 2024 with an 8% increase for the first year and no increase for the second year.

MOTION was made and seconded to accept the VBA renewal with an 8% increase in the first year and no increase for the second year for a premium of \$6.34 per member per month.

UNANIMOUSLY ADOPTED

Ms. Cochran reported the Trustees approved the snapshot method for the July 31, 2021 Patient-Centered Outcomes Research Institute ("PCORI") filing to determine the average number of covered lives under the Plan. She said the PCORI fee is \$2.66 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 \$5,429.06 was mailed on June 22, 2022.

The Trustees directed Ms. Cochran to request a utilization report from City of Philadelphia, the Department of Public Health Ambulatory Health Services.

Trustee Hunt provided a summary of the 2022 Health Fair event. Trustee Hunt requested Ms. Cochran send a second request to the vendors inquiring if they would like to attend the event.

- VIII. The date of the next regular Board meeting was scheduled for October 17, 2022. The meeting will convene at 10:00 a.m. and the location will be determined at a later date.
- IX. There being no further business before the Board of Trustees, the meeting was adjourned.

Union Trustee

School District Trustee

**School Cafeteria Employees UNITEHERE
Local No. 634 Health and Welfare Fund
Profit & Loss Prev Year Comparison
September 2021 through August 2022**

		<u>Aug-22</u>	<u>Aug-21</u>
Ordinary Income/Expense			
Income			
61-113	Cobra Contributions	4,038.45	3,718.10
61-121	Cafeteria Workers	1,548,885.00	1,729,359.80
61-125	Student Climate Staff	113,512.00	117,734.40
61-300	Interest on Investments	12,128.01	17,776.10
61-301	Bond Discount Accretion	-	625.00
61-302	Interest on Bank Accounts	130.49	43.49
61-303	Realized Gain/Loss	65,990.04	59,542.19
61-304	Unrealized Gain/Loss	(130,898.05)	41,797.11
61-320	Formulary Rebates	351,064.18	317,882.84
61-330	Diabetic Prescription Refund	64,769.69	70,991.56
61-350	Other Income	50.17	-
61-905	Class Action Settlements	-	10,120.00
Total Income		<u>2,029,669.98</u>	<u>2,369,590.59</u>
Gross Profit		2,029,669.98	2,369,590.59
Expense			
71-200	City Clinics Fee	60,000.00	60,000.00
71-202	Benecard Drug Claims	1,736,491.53	1,811,087.20
71-523	Benecard Admin Fee	50,702.37	67,201.72
71-203	Vision Premium	94,848.85	85,120.87
71-212	Orthotics Claims	5,695.00	12,111.00
71-214	Self-Funded Dental Claims	189,413.43	263,875.39
71-560	Dental Claims	18,247.00	19,387.40
71-216	Wig Benefit	-	277.76
71-748	Guardian Nurses	-	5,250.00
71-515	Local 634 Shared Costs	15,600.00	26,400.00
71-300	Administration Fees	116,868.32	113,464.64
71-405	PCORI Fees	5,429.06	5,979.16
71-501	Auditing and Accounting Fee	22,025.00	18,432.68
71-502	Legal Counsel Fee	19,674.13	22,285.21
71-505	Consultant Fee	12,000.00	12,000.00
71-508	Printing, Duplicating, Postage	5,439.92	3,615.91
71-509	Investment Manager Fee	6,854.35	8,096.08
71-514	Fidelity Bond Premium	305.00	305.00
71-517	Fiduciary Liability Insurance Premium	8,377.00	-
71-520	Stop Loss	-	27,000.00
71-519	Membership Dues & DVHCC	1,100.00	1,065.00
71-550	Bank Service Charge & Wire Fees	6.00	733.50
71-750	Health Fair Expense	8,737.12	-
Total Expense		<u>2,377,814.08</u>	<u>2,563,688.52</u>
Net Ordinary Income		<u>(348,144.10)</u>	<u>(194,097.93)</u>
Net Income		<u>(348,144.10)</u>	<u>(194,097.93)</u>

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

**Firsttrust Bank and Philadelphia Trust Balances
August 31, 2022**

Firsttrust

Savings - M/M (Old)	\$ 0.16
Cash Expense Firsttrust Bank	227,410.91
Prepaid Expenses	16,812.02
Prepaid Insurance	<u>11,583.32</u>
Total Firsttrust	<u>255,806.41</u>

Philadelphia Trust

Phila Trust - Discr PTC701	984,221.09
Phila Trust - Non-Dis PTCN90	9,458.01
Phila Trust Company Allowance	<u>46,632.44</u>
Total Philadelphia Trust	<u>1,040,311.54</u>
Grand Total	<u>\$ 1,296,117.95</u>

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

Employer Contributions and Participant Counts Report - September 1, 2021 - August 31, 2022
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Pay Period Ending	Date Received	Class	Amount Received	Contribution Rate	Member Count
8/27/2021	9/9/2021	Food Service Workers	\$ 71,467.50	\$ 97.50	733
		Student Climate Staff	\$ 4,967.20	\$ 5.60	887
			<u>\$ 76,434.70</u>		
				Total Count:	1,620
9/10/2021	9/24/2021	Food Service Workers	\$ 70,980.00	\$ 97.50	728
		Student Climate Staff	\$ 4,888.80	\$ 5.60	873
			<u>\$ 75,868.80</u>		
				Total Count:	1,601
9/24/2021	9/28/2021	Food Service Workers	\$ 70,590.00	\$ 97.50	724
		Student Climate Staff	\$ 4,844.00	\$ 5.60	865
			<u>\$ 75,434.00</u>		
				Total Count:	1,589
10/8/2021	10/13/2021	Food Service Workers	\$ 70,005.00	\$ 97.50	718
		Student Climate Staff	\$ 4,754.40	\$ 5.60	849
			<u>\$ 74,759.40</u>		
				Total Count:	1,567
10/22/2021	10/29/2021	Food Service Workers	\$ 69,712.50	\$ 97.50	715
		Student Climate Staff	\$ 4,709.60	\$ 5.60	841
			<u>\$ 74,422.10</u>		
				Total Count:	1,556
11/5/2021	11/8/2021	Food Service Workers	\$ 69,127.50	\$ 97.50	709
		Student Climate Staff	\$ 4,653.60	\$ 5.60	831
			<u>\$ 73,781.10</u>		
				Total Count:	1,540
11/19/2021	11/23/2021	Food Service Workers	\$ 69,030.00	\$ 97.50	708
		Student Climate Staff	\$ 4,743.20	\$ 5.60	847
			<u>\$ 73,773.20</u>		
				Total Count:	1,555
12/3/2021	12/16/2021	Food Service Workers	\$ 70,590.00	\$ 97.50	724
		Student Climate Staff	\$ 4,720.80	\$ 5.60	843
			<u>\$ 75,310.80</u>		
				Total Count:	1,567

12/17/2021	12/30/2021	Food Service Workers	\$ 70,882.50	\$ 97.50	727
		Student Climate Staff	\$ 4,709.60	\$ 5.60	841
			<u>\$ 75,592.10</u>		
				Total Count:	1,568
12/31/2021	1/5/2022	Food Service Workers	\$ 71,175.00	\$ 97.50	730
		Student Climate Staff	\$ 4,726.40	\$ 5.60	844
			<u>\$ 75,901.40</u>		
				Total Count:	1,574
1/14/2022	1/19/2022	Food Service Workers	\$ 71,272.50	\$ 97.50	731
		Student Climate Staff	\$ 4,810.40	\$ 5.60	859
			<u>\$ 76,082.90</u>		
				Total Count:	1,590
1/28/2022	2/1/2022	Food Service Workers	\$ 70,200.00	\$ 97.50	720
		Student Climate Staff	\$ 5,824.00	\$ 5.60	1,040
			<u>\$ 76,024.00</u>		
				Total Count:	1,760
2/11/2022	2/15/2022	Food Service Workers	\$ 70,687.50	\$ 97.50	725
		Student Climate Staff	\$ 5,437.60	\$ 5.60	971
			<u>\$ 76,125.10</u>		
				Total Count:	1,696
2/25/2022	3/1/2022	Food Service Workers	\$ 70,492.50	\$ 97.50	723
		Student Climate Staff	\$ 5,471.20	\$ 5.60	977
			<u>\$ 75,963.70</u>		
				Total Count:	1,700
3/11/2022	3/15/2022	Food Service Workers	\$ 70,395.00	\$ 97.50	722
		Student Climate Staff	\$ 5,516.00	\$ 5.60	985
			<u>\$ 75,911.00</u>		
				Total Count:	1,707
3/25/2022	3/29/2022	Food Service Workers	\$ 70,395.00	\$ 97.50	722
		Student Climate Staff	\$ 5,605.60	\$ 5.60	1,001
			<u>\$ 76,000.60</u>		
				Total Count:	1,723
4/8/2022	4/12/2022	Food Service Workers	\$ 70,005.00	\$ 97.50	718
		Student Climate Staff	\$ 5,600.00	\$ 5.60	1,000
			<u>\$ 75,605.00</u>		
				Total Count:	1,718

4/22/2022	4/27/2022	Food Service Workers	\$ 70,005.00	\$ 97.50	718
		Student Climate Staff	\$ 5,644.80	\$ 5.60	1,008
			<u>\$ 75,649.80</u>		
				Total Count:	1,726
5/6/2022	5/10/2022	Food Service Workers	\$ 69,907.50	\$ 97.50	717
		Student Climate Staff	\$ 5,644.80	\$ 5.60	1,008
			<u>\$ 75,552.30</u>		
				Total Count:	1,725
5/20/2022	5/24/2022	Food Service Workers	\$ 70,200.00	\$ 97.50	720
		Student Climate Staff	\$ 5,644.80	\$ 5.60	1,008
			<u>\$ 75,844.80</u>		
				Total Count:	1,728
6/3/2022	6/7/2022	Food Service Workers	\$ 70,882.50	\$ 97.50	727
		Student Climate Staff	\$ 5,745.60	\$ 5.60	1,026
			<u>\$ 76,628.10</u>		
				Total Count:	1,753

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

COBRA Report - September 2021 - August 2022

	COBRA Notices Sent	COBRA Elections	COBRA Participants
September 2021	29	6	6
October 2021	22	0	5
November 2021	20	0	5
December 2021	13	1	6
January 2022	9	0	6
February 2022	33	0	4
March 2022	14	0	4
April 2022	4	0	4
May 2022	13	0	4
June 2022	6	0	4
July 2022	49	0	1
August 2022	1	0	1
Totals	213		

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

Dental Claims Report - June 1, 2022 through August 31, 2022

Food Service Workers

In-Network (LPMA)

Category	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	\$ -	\$ -
Diagnostic	282	\$ 19,072.00	\$ 5,722.00
Endodontics	10	\$ 7,222.00	\$ 3,415.00
Extraction	15	\$ 3,331.00	\$ 675.00
Oral Surgery	23	\$ 19,402.00	\$ 960.00
Orthodontics	12	\$ 2,909.61	\$ 600.00
Other Services	74	\$ 7,770.00	\$ 1,960.00
Periodontics	52	\$ 14,929.00	\$ 3,490.00
Preventive	100	\$ 8,925.00	\$ 3,617.00
Prosthodontics, Fixed	4	\$ 3,178.00	\$ 1,361.00
Prosthodontics, Removable	11	\$ 12,608.00	\$ 5,146.00
Restorative	39	\$ 8,061.00	\$ 2,039.00
Restorative, Crowns	11	\$ 10,478.00	\$ 3,748.13
Totals	633	\$ 117,885.61	\$ 32,733.13

Out-of Network

Category	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	\$ -	\$ -
Diagnostic	11	\$ 902.00	\$ 309.00
Endodontics	1	\$ 929.50	\$ 350.00
Extraction	0	\$ -	\$ -
Oral Surgery	1	\$ 250.00	\$ 45.00
Orthodontics	13	\$ 1,750.00	\$ 1,695.00
Other Services	5	\$ 553.00	\$ 423.00
Periodontics	0	\$ -	\$ -
Preventive	5	\$ 552.00	\$ 216.00
Prosthodontics, Fixed	0	\$ -	\$ -
Prosthodontics, Removable	0	\$ -	\$ -
Restorative	3	\$ 579.00	\$ 260.00
Restorative, Crowns	2	\$ 2,031.00	\$ 226.00
Totals	41	\$ 7,546.50	\$ 3,524.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	\$ 117,885.61	\$ 7,546.50	\$ 125,432.11
Total Paid Amount	\$ 32,733.13	\$ 3,524.00	\$ 36,257.13

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

Dental Claims Report - June 1, 2022 through August 31, 2022

Student Climate Staff

In-Network (LPMA)

Category	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	\$ -	\$ -
Diagnostic	154	\$ 10,098.00	\$ 3,150.40
Endodontics	25	\$ 6,925.00	\$ 1,905.00
Extraction	0	\$ -	\$ -
Oral Surgery	29	\$ 14,011.00	\$ 1,978.00
Orthodontics	4	\$ 6,742.00	\$ 500.00
Other Services	53	\$ 3,165.00	\$ 1,031.00
Periodontics	20	\$ 12,201.00	\$ 1,866.00
Preventive	35	\$ 3,389.00	\$ 1,602.90
Prosthodontics, Fixed	10	\$ 10,120.00	\$ 855.00
Prosthodontics, Removable	6	\$ 7,835.00	\$ 2,935.00
Restorative	42	\$ 8,892.00	\$ 2,714.00
Restorative, Crowns	6	\$ 6,927.00	\$ 2,900.00
Totals	384	\$ 90,305.00	\$ 21,437.30

Out-of-Network

Category	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	\$ -	\$ -
Diagnostic	11	\$ 918.00	\$ 205.00
Endodontics	3	\$ 3,110.00	\$ 1,013.00
Extraction	0	\$ -	\$ -
Oral Surgery	0	\$ -	\$ -
Orthodontics	6	\$ 6,700.00	\$ 1,000.00
Other Services	0	\$ -	\$ -
Periodontics	0	\$ -	\$ -
Preventive	13	\$ 390.00	\$ 162.00
Prosthodontics, Fixed	3	\$ 985.00	\$ 580.00
Prosthodontics, Removable	8	\$ 1,984.00	\$ 380.00
Restorative	0	\$ -	\$ -
Restorative, Crowns	1	\$ 1,185.00	\$ 547.00
Totals	45	\$ 15,272.00	\$ 3,887.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	\$ 90,305.00	\$ 15,272.00	\$ 105,577.00
Total Paid Amount	\$ 21,437.30	\$ 3,887.00	\$ 25,324.30

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

Orthotic Claims Report - September 1, 2021 - August 31, 2022
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Food Service Workers

Months		Amount		Total Paid
June 2022 - August 2022	\$	1,750.00	\$	2,250.00
March 2022 - May 2022	\$	2,500.00	\$	2,250.00
December 2021 - February 2022	\$	-	\$	-
September 2021 - November 2021	\$	-	\$	-
Totals	\$	-	\$	-

Student Climate Staff

Months		Amount		Total Paid
June 2022 - August 2022	\$	695.00	\$	695.00
March 2022 - May 2022	\$	1,305.00	\$	1,055.00
December 2021 - February 2022	\$	-	\$	-
September 2021 - November 2021	\$	-	\$	-
Totals	\$	-	\$	-

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

Wig Claims Report - September 1, 2021 - August 31, 2022

Food Service Workers

Months	Billed Amount	Paid to Member Amount
June 2022 - August 2022	\$ -	\$ -
March 2022 - May 2022	\$ -	\$ -
December 2021 - February 2022	\$ -	\$ -
September 2021 - November 2021	\$ -	\$ -
Totals	\$ -	\$ -

Student Climate Staff

Months	Billed Amount	Paid to Member Amount
June 2022 - August 2022	\$ -	\$ -
March 2022 - May 2022	\$ -	\$ -
December 2021 - February 2022	\$ -	\$ -
September 2021 - November 2021	\$ -	\$ -
Totals	\$ -	\$ -

School Cafeteria Employees UNITEHERE Local No. 634

Health & Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
(833) 228-9212

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September 2022

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: September 2022

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

Summary of Benefits and Coverage:

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

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
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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
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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
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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.