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

November 8, 2023
12:30 PM

I. Call to Order

II. Investment Manager Report

III. Minutes, Regular Meeting – August 14, 2023

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, August 14, 2023
Via Zoom

Present Were:	Nicole Hunt, Antoinette Ford, and Warren Heyman – Union Trustees Marie Killian, Lisa Norton and Marissa Quinn – 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 1:06 p.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 25, 2023 were discussed.

MOTION was made and seconded to adopt the Minutes of the meeting of the Board of Trustees held on April 25, 2023.

UNANIMOUSLY ADOPTED

II. The Minutes of the special meeting of the Board of Trustees held on May 30, 2023 were discussed.

[1] Present for the investment report only.

MOTION was made and seconded to adopt the Minutes of the special meeting of the Board of Trustees held on May 30, 2023.

UNANIMOUSLY ADOPTED

III. **Investment Manager's Report.** Mr. Walker presented the Investment Manager's report and stated the following: As of July 31, 2023 the total assets held in the discretionary account were $1,254,903.97 with a gain of 1.09% for the quarter and a gain of 2.61% for the year to date. Assets in the discretionary account were allocated 66.50% to fixed income, 19.30% to equities, 14.20% to cash and equivalents Total assets held in the non-discretionary account were $9,817.26.

Mr. Walker recommended transferring the balance from the non-discretionary account to the discretionary account.

MOTION was made and seconded to approve the recommendation to transfer the total account balance in the discretionary account to the non-discretionary account.

UNANIMOUSLY ADOPTED

Mr. Walker provided a market update and stated that his firm continues to monitor inflation, international tension, and changes in the debt ceiling.

IV. **Fund Auditor's Report.** Ms. Jackson presented an engagement letter from Novak Francella, LLC for auditing services for the Plan Year ended August 31, 2023 with a proposed fee not to exceed $20,750, an increase of $800.00 from the prior audit.

MOTION was made and seconded to engage Novak Francella, LLC for auditing services for the Plan Year ended August 31, 2023 with an annual fee not to exceed $20,750.

UNANIMOUSLY ADOPTED

V. **Fund Consultants' Report.** Mr. Iannucci reviewed the Fund's reserves. He stated that the Fund's balance needs to be approximately $1,400,000 in order to maintain a 6 month reserve. He said according to his review of the Fund's financials, he estimates that without receiving contributions from the School District in August, the reserve is estimated to reach $1,000,000 which will drop the reserve below 6 months. Ms. Willig suggested the Trustees make a formal demand to the School District for additional funding.

Ms. Willig requested that Ms. Cochran provide a monthly report with the reserve balance as of July 31,

2023. Once the July financials have been reviewed, Ms. Willig requested that Mr. Iannucci provide the Trustees with a funding recommendation including backup documentation.

VI. **Administrative Manager's Report.** Ms. Cochran presented an unaudited statement of cash receipts and cash disbursements for fiscal year 2022-2023, as of May 31, 2023, with a comparative report for fiscal year 2021-2022. Receipts and disbursements for the period were reviewed, with the Fund experiencing a surplus of $273,903.82 compared to a deficit of $17,845.27 for the prior period.

A report was presented indicating the total Fund balance through May 31, 2023 was $1,542,166.46.

A report was presented detailing the number of eligible employees as of May 26, 2023: 763 Cafeteria Workers and 1,043 Student Climate Staff for a total of 1,806 employees.

A COBRA report was presented for September 1, 2022 through August 31, 2023 showing a total of 104 COBRA notices sent, with one COBRA payee in the month of May 2023.

A dental claims report for Cafeteria Workers and Student Climate Staff for March 1, 2023 through May 31, 2023 was presented. Payments totaled $35,965.32 on 694 claims for Cafeteria Workers and $19,313.47 on 375 claims for Student Climate Staff.

A report of orthotic claims paid for the period September 1, 2022 through May 31, 2023 was presented. Orthotic claims paid to date for Cafeteria Workers totaled $2,635.00 and $555.00 for Student Climate Staff.

A report of wig claims paid for the period September 1, 2022 through May 31, 2023 was presented. Wig claims paid to date for Cafeteria Workers totaled $0.00. Claims paid to date for Student Climate Staff totaled $0.00.

VII. **Other Business.** Ms. Cochran reported the following: the Trustees approved transferring $533,000 from the cash account to investments.

In order to cover benefit expenses, the Fund requested $240,000 from investments held at The Philadelphia Trust Company. The transfer was requested on June 9, 2023.

Ms. Cochran reported the Trustees approved the snapshot method for the July 31, 2022 Patient-Centered Outcomes Research Institute ("PCORI") filing to determine the average number of covered lives under the Plan. She said the PCORI fee is $2.79 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 $5,010.84 was mailed on June 18, 2023.

Ms. Cochran reported that it was recommended by Counsel not to file a claim related to the Insys Bankruptcy class action lawsuit. The lawsuit was reviewed by Schwarz & Schwarz and determined that filing a claim for the period of time January 1, 2013 through December 31, 2016 would not be a valuable endeavor for the Fund.

VIII. **Fund Counsel's Report.** Ms. Willig stated that Guardian Nurses has increased their minimum block of hours to 50 hours. Given the Fund's usage, she recommends that the Trustees continue the current as needed basis with an hourly rate of $300.00. Ms. Willig stated that she would review the current contract.

IX. The date of the next regular Board meeting was scheduled for October 25, 2023. The meeting will convene at 10:00 a.m. via Zoom.

X. 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 2022 through August 2023

		Aug-23	Aug-22
Ordinary Income/Expense			
Income			
61-113	Cobra Contributions	1,114.45	4,038.45
61-121	Cafeteria Workers	1,952,165.00	1,548,885.00
61-125	Student Climate Staff	105,078.40	113,512.00
61-300	Interest on Investments	26,804.09	12,128.01
61-302	Interest on Bank Accounts	113.79	130.49
61-303	Realized Gain/Loss	(1,112.78)	65,990.04
61-304	Unrealized Gain/Loss	(2,121.31)	(130,898.05)
61-320	Formulary Rebates	348,245.23	351,064.18
61-330	Diabetic Prescription Refund	63,957.23	64,769.69
61-350	Other Income	15,298.08	50.17
Total Income		**2,509,542.18**	**2,029,669.98**
Gross Profit		**2,509,542.18**	**2,029,669.98**
Expense			
71-200	City Clinics Fee	25,000.00	60,000.00
71-202	Benecard Drug Claims	2,134,080.61	1,736,491.53
71-523	Benecard Admin Fee	48,656.69	50,702.37
71-203	Vision Premium	82,358.24	94,848.85
71-212	Orthotics Claims	4,715.00	5,695.00
71-214	Self-Funded Dental Claims	176,693.83	189,413.43
71-560	Dental Claims	11,597.50	18,247.00
71-515	Local 634 Shared Costs	15,600.00	15,600.00
71-300	Administration Fees	120,368.00	116,868.32
71-405	PCORI Fees	5,010.84	5,429.06
71-501	Auditing and Accounting Fee	21,879.25	22,025.00
71-502	Legal Counsel Fee	32,711.40	19,674.13
71-505	Consultant Fee	12,000.00	12,000.00
71-508	Printing, Duplicating, Postage	5,661.77	5,439.92
71-509	Investment Manager Fee	5,160.60	6,854.35
71-514	Fidelity Bond Premium	475.00	305.00
71-517	Fiduciary Liability Insurance Premium	4,220.00	8,377.00
71-519	Membership Dues & DVHCC	2,145.00	1,100.00
71-550	Bank Service Charge & Wire Fees	98.00	6.00
71-750	Health Fair Expense	2,569.82	8,737.12
Total Expense		**2,711,001.55**	**2,377,814.08**
Net Ordinary Income		**(201,459.37)**	**(348,144.10)**
Net Income		**(201,459.37)**	**(348,144.10)**

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

Firstrust Bank and Philadelphia Trust Balances
August 31, 2023

Firstrust		
Savings - M/M (Old)	$	0.16
Cash Expense Firstrust Bank		109,381.54
Prepaid Expenses		381.67
Prepaid Insurance		4,378.36
Total Firstrust		114,141.73
Philadelphia Trust		
Phila Trust - Discr PTC701		912,367.93
Phila Trust - Non-Dis PTCN90		2.48
Phila Trust Company Allowance		44,511.13
Total Philadelphia Trust		956,881.54
Grand Total	**$**	**1,071,023.27**

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

Employer Contributions and Participant Counts Report - September 1, 2022 - August 31, 2023

Pay Period Ending	Date Received	Class	Amount Received	Contribution Rate	Member Count
9/2/2022	8/30/2022	Food Service Workers	$ 70,882.50	$ 97.50	727
		Student Climate Staff	$ 4,849.60	$ 5.60	866
			$ 75,732.10		
				Total Count:	1,593
9/16/2022	9/13/2022	Food Service Workers	$ 70,297.50	$ 97.50	721
		Student Climate Staff	$ 4,793.60	$ 5.60	856
			$ 75,091.10		
				Total Count:	1,577
9/30/2022	9/28/2022	Food Service Workers	$ 70,297.50	$ 97.50	721
		Student Climate Staff	$ 4,793.60	$ 5.60	856
			$ 75,091.10		
				Total Count:	1,577
10/14/2022	10/12/2022	Food Service Workers	$ 69,420.00	$ 97.50	712
		Student Climate Staff	$ 4,653.60	$ 5.60	831
			$ 74,073.60		
				Total Count:	1,543
10/28/2022	10/24/2022	Food Service Workers	$ 68,932.50	$ 97.50	707
		Student Climate Staff	$ 4,620.00	$ 5.60	825
			$ 73,552.50		
				Total Count:	1,532
11/11/2022	11/14/2022	Food Service Workers	$ 68,542.50	$ 97.50	703
		Student Climate Staff	$ 4,513.60	$ 5.60	806
			$ 73,056.10		
				Total Count:	1,509
11/25/2022	11/22/2022	Food Service Workers	$ 68,932.50	$ 97.50	707
		Student Climate Staff	$ 4,564.00	$ 5.60	815
			$ 73,496.50		
				Total Count:	1,522
12/9/2022	12/6/2022	Food Service Workers	$ 73,027.50	$ 97.50	749
		Student Climate Staff	$ 4,810.40	$ 5.60	859
			$ 77,837.90		
				Total Count:	1,608

12/23/2022	12/20/2022	Food Service Workers	$	73,612.50	$ 97.50	755
		Student Climate Staff	$	4,967.20	$ 5.60	887
			$	78,579.70		
					Total Count:	1,642
1/6/2023	1/4/2023	Food Service Workers	$	72,637.50	$ 97.50	745
		Student Climate Staff	$	5,135.20	$ 5.60	917
			$	77,772.70		
					Total Count:	1,662
1/20/2023	1/19/2023	Food Service Workers	$	72,150.00	$ 97.50	740
		Student Climate Staff	$	5,314.40	$ 5.60	949
			$	77,464.40		
					Total Count:	1,689
2/3/2023	2/1/2023	Food Service Workers	$	72,540.00	$ 97.50	744
		Student Climate Staff	$	5,353.60	$ 5.60	956
			$	77,893.60		
					Total Count:	1,700
2/17/2023	2/14/2023	Food Service Workers	$	73,027.50	$ 97.50	749
		Student Climate Staff	$	5,544.00	$ 5.60	990
			$	78,571.50		
					Total Count:	1,739
3/3/2023	3/7/2023	Food Service Workers	$	74,197.50	$ 97.50	761
		Student Climate Staff	$	5,650.40	$ 5.60	1,009
			$	79,847.90		
					Total Count:	1,770
3/17/2023	3/21/2023	Food Service Workers	$	74,782.50	$ 97.50	767
		Student Climate Staff	$	5,717.60	$ 5.60	1,021
			$	80,500.10		
					Total Count:	1,788
3/31/2023	4/4/2023	Food Service Workers	$	75,367.50	$ 97.50	773
		Student Climate Staff	$	5,684.00	$ 5.60	1,015
			$	81,051.50		
					Total Count:	1,788
4/14/2023	4/18/2023	Food Service Workers	$	75,465.00	$ 97.50	774
		Student Climate Staff	$	5,740.00	$ 5.60	1,025
			$	81,205.00		
					Total Count:	1,799

4/28/2023	5/2/2023	Food Service Workers	$	75,855.00	$ 97.50	778
		Student Climate Staff	$	5,712.00	$ 5.60	1,020
			$	81,567.00		
					Total Count:	1,798
5/12/2023	5/16/2023	Food Service Workers	$	74,490.00	$ 97.50	764
		Student Climate Staff	$	5,812.80	$ 5.60	1,038
			$	80,302.80		
					Total Count:	1,802
5/26/2023	5/31/2023	Food Service Workers	$	74,392.50	$ 97.50	763
		Student Climate Staff	$	5,840.80	$ 5.60	1,043
			$	80,233.30		
					Total Count:	1,806
6/9/2023	6/13/2023	Food Service Workers	$	74,197.50	$ 97.50	761
		Student Climate Staff	$	5,857.60	$ 5.60	1,046
			$	80,055.10		
					Total Count:	1,807

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

COBRA Report - Semptember 2022 - August 2023

	COBRA Notices Sent	COBRA Elections	COBRA Participants
September 2022	10	0	1
October 2022	11	0	1
November 2022	12	0	1
December 2022	12	0	1
January 2023	26	0	1
February 2023	6	0	1
March 2023	6	0	1
April 2023	16	1	2
May 2023	5	0	1
June 2023	36	0	1
July 2023	8	1	2
August 2023	8	0	1
Totals	156		

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

Dental Claims Report - June 1, 2023 through August 31, 2023

Food Service Workers

In-Network (LPMA)

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	227	$ 15,917.50	$ 4,749.00
Endodontics	31	$ 9,024.00	$ 3,306.00
Extraction	4	$ 610.00	$ 180.00
Oral Surgery	7	$ 2,256.00	$ 225.00
Orthodontics	13	$ 2,445.00	$ 400.00
Other Services	61	$ 5,892.00	$ 2,032.00
Periodontics	59	$ 18,729.40	$ 4,104.00
Preventive	79	$ 6,858.00	$ 2,783.00
Prosthodontics, Fixed	5	$ 4,500.00	$ 864.00
Prosthodontics, Removable	9	$ 6,796.00	$ 2,568.00
Restorative	48	$ 11,046.00	$ 2,269.00
Restorative, Crowns	8	$ 8,356.00	$ 1,849.00
Totals	551	$ 92,429.90	$ 25,329.00

Out-of Network

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	15	$ 706.00	$ 261.00
Endodontics	0	$ -	$ -
Extraction	1	$ 155.00	$ 45.00
Oral Surgery	0	$ -	$ -
Orthodontics	0	$ -	$ -
Other Services	0	$ -	$ -
Periodontics	5	$ 848.00	$ 425.00
Preventive	4	$ 219.00	$ 108.00
Prosthodontics, Fixed	0	$ -	$ -
Prosthodontics, Removable	1	$ 158.00	$ 56.00
Restorative	1	$ 183.00	$ 55.00
Restorative, Crowns	0	$ -	$ -
Totals	27	$ 2,269.00	$ 950.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	$ 92,429.90	$ 2,269.00	$ 94,698.90
Total Paid Amount	$ 25,329.00	$ 950.00	$ 26,279.00

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

Dental Claims Report - June 1, 2023 through August 31, 2023

Student Climate Staff

In-Network (LPMA)

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	470	$ 31,450.75	$ 10,006.85
Endodontics	29	$ 15,876.00	$ 6,781.00
Extraction	10	$ 1,470.00	$ 450.00
Oral Surgery	52	$ 26,722.60	$ 1,864.60
Orthodontics	50	$ 21,827.38	$ 3,850.00
Other Services	142	$ 17,963.52	$ 4,116.00
Periodontics	68	$ 27,516.80	$ 4,739.80
Preventive	124	$ 12,106.24	$ 5,363.10
Prosthodontics, Fixed	12	$ 12,641.00	$ 1,726.52
Prosthodontics, Removable	21	$ 25,878.55	$ 9,674.40
Restorative	120	$ 28,279.70	$ 7,740.24
Restorative, Crowns	17	$ 19,681.00	$ 7,897.00
Totals	1115	$ 241,413.54	$ 64,209.51

Out-of-Network

Catergory	Usage	Billed Amount	Paid Amount
Comprehensive Orthodontics	0	$ -	$ -
Diagnostic	28	$ 1,825.00	$ 697.00
Endodontics	1	$ 300.00	$ -
Extraction	0	$ -	$ -
Oral Surgery	3	$ 700.00	$ 215.00
Orthodontics	13	$ 3,508.00	$ 850.00
Other Services	3	$ 233.00	$ 98.00
Periodontics	17	$ 6,122.00	$ 1,713.00
Preventive	10	$ 970.00	$ 486.00
Prosthodontics, Fixed	0	$ -	$ -
Prosthodontics, Removable	0	$ -	$ -
Restorative	6	$ 1,005.00	$ 395.00
Restorative, Crowns	0	$ -	$ -
Totals	81	$ 14,663.00	$ 4,454.00

	In-Network	Out-of-Network	Overall Totals
Total Billed Amount	$ 241,413.54	$ 14,663.00	$ 256,076.54
Total Paid Amount	$ 64,209.51	$ 4,454.00	$ 68,663.51

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

Orthotic Claims Report - September 1, 2022- August 31, 2023

Food Service Workers

Months		Amount		Total Paid
June 2023 - August 2023	$	4,190.00	$	3,995.00
March 2023 - May 2023	$	1,805.00	$	1,805.00
December 2022 - February 2023	$	1,025.00	$	830.00
September 2022 - November 2022	$	-	$	-
Totals	**$**	**7,020.00**	**$**	**6,630.00**

Student Climate Staff

Months		Amount		Total Paid
June 2023 - August 2023	$	720.00	$	720.00
March 2023 - May 2023	$	-	$	-
December 2022 - February 2023	$	555.00	$	555.00
September 2022 - November 2022	$	-	$	-
Totals	**$**	**1,275.00**	**$**	**1,275.00**

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

Wig Claims Report - September 1, 2022 - August 31, 2023

Food Service Workers

Months	Billed Amount	Paid to Member Amount
June 2023 - August 2023	$ -	$ -
March 2023 - May 2023	$ -	$ -
December 2022 - February 2023	$ -	$ -
September 2022 - November 2022	$ -	$ -
Totals	**$ -**	**$ -**

Student Climate Staff

Months	Billed Amount	Paid to Member Amount
June 2023 - August 2023	$ -	$ -
March 2023 - May 2023	$ -	$ -
December 2022 - February 2023	$ -	$ -
September 2022 - November 2022	$ -	$ -
Totals	**$ -**	**$ -**

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.

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

September 2023

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 2023
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