

# 2020 SUMMARY ANNUAL REPORT FOR CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS HEALTH AND WELFARE PLAN RETIREE PLAN

This is a summary of the annual report (Form 5500) of the Central States, Southeast and Southwest Areas Health and Welfare Plan Retiree Plan (Plan No. 503) having EIN 36-2154936 for the period beginning January 1, 2020 and ending December 31, 2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Trustees of Central States, Southeast and Southwest Areas Health and Welfare Fund have committed themselves to pay certain health, dental, and vision benefit claims incurred under the terms of the plan.

## Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$1,079,510,849 as of December 31, 2020, compared to \$855,898,984 as of January 1, 2020. During the plan year the plan experienced an increase in its net assets of \$223,611,865. During the plan year, the plan had total income of \$409,443,471, including employer contributions of \$297,545,054 and employee contributions of \$41,851,132. Plan expenses were \$185,831,606. These expenses included \$10,357,606 in administrative expenses and \$175,474,000 in benefits paid to participants and beneficiaries.

## Your Rights to Additional Information

You have the right to receive a copy of the Plan's full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report; and
2. financial information.

To obtain a copy of the full annual report, or any part thereof, write the Research and Correspondence Department, TeamCare – A Central States Health Plan, PO Box 5126, Des Plaines, Illinois 60017-5126, or call 800-TEAMCARE (832-6227).

You also have the right to receive from the plan administrator, on request and at no charge, a statement of assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the Central States, Southeast and Southwest Areas Health and Welfare Fund's office located at 8647 West Higgins Road, Chicago, Illinois 60631-2803, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

This report contains an English summary of the Health and Welfare Retiree Plan for the year beginning January 1, 2020, and ending December 31, 2020. If you have difficulty in understanding this report, please write the Research and Correspondence Department, TeamCare – A Central States Health Plan, PO Box 5126, Des Plaines, Illinois 60017-5126, or call 800-TEAMCARE (832-6227).

Este informe contiene un resumen en inglés de las actividades financieras del Health and Welfare Retiree Plan para el año comenzando el primero de Enero del 2020 y terminando el 31 de Diciembre del 2020. Si usted tiene dificultad en entender este informe, por favor escriba al Research and Correspondence Department, TeamCare – A Central States Health Plan, PO Box 5126, Des Plaines, Illinois 60017-5126, o puede llamar 800-TEAMCARE (832-6227).

## SUMMARY OF MATERIAL MODIFICATIONS RETIREE PLAN

### PLANS RU/RV COVERAGE OF A DISABLED CHILD:

Effective January 1, 2022, a Covered Participant's disabled child under Plans RU and RV may be covered under Medicaid or Medicare and remain eligible for coverage as a disabled child under the Plan.

### FORUM SELECTION CLAUSE:

Effective January 1, 2022, all claims (including without limitation claims under the terms of the Plan, the Trust Agreement, or the Employee Retirement Income Security Act of 1974, as amended) against the Plan (including without limitation claims against the Central States, Southeast and Southwest Areas Health and Welfare Fund, "TeamCare", Trustees, Plan administrator, Plan fiduciaries, or Plan employees) shall be filed and maintained solely in the United States District Court for the Northern District of Illinois, Eastern Division.

### MEDICAL BENEFIT PAYMENTS BASED ON ALLOWED AMOUNT:

Effective January 1, 2022, in all instances, other than when a specific dollar amount is the stated allowance, medical benefits to be paid by the Fund will be based upon the Allowed Amount which is defined as follows:

- (a) For providers or facilities which have a written agreement with the Fund or with a network utilized by the Fund, the amount specified in such agreement.
- (b) For providers that do not have a written agreement with the Fund or with a network utilized by the Fund, the lesser of (1) the provider's billed charges; and (2) 200% of the base Medicare reimbursement rate, excluding any Medicare adjustment(s).
- (c) For facilities that do not have a written agreement with the Fund or with a network utilized by the Fund, the lesser of (1) the facility's billed charges; and (2) 175% of the base Medicare reimbursement rate, excluding any Medicare adjustment(s).
- (d) If there is no base Medicare reimbursement rate for a claim under (b) and (c), then the lesser of (1) the provider's or facility's billed charge; and (2) the median rate that would be paid for an in-network claim for such claim.
- (e) If there is no base Medicare reimbursement rate for a claim under (b) and (c), and no median rate that would be paid for an in-network claim for such claim under (d), then the Reasonable and Customary amount.
- (f) In determining the Allowed Amount, all other Plan rules, conditions, exclusions, and limitations apply, including without limitation the specified percentages of the Allowed Amount payable under the Plan.

## WOMEN'S HEALTH & CANCER RIGHTS

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

Call your plan administrator at 800-TEAMCARE (832-6227) or visit [MyTeamCare.org](https://myteamcare.org) for more information.

## NOTICE OF PRIVACY POLICY

The Central States, Southeast and Southwest Areas Health and Welfare Fund ("Central States") restricts access to your personal health information to only those entities having a right to the information. To obtain a copy of Central States' Notice of Privacy Practices, call 800-TEAMCARE (832-6227), visit our website at <https://myteamcare.org/-/media/Files/Forms-and-Documents/Members/HIPAA/TeamCare-Notice-of-Privacy-Practices-PHI.pdf> or write to us at Privacy Officer, TeamCare – A Central States Health Plan, 8647 West Higgins Road, Chicago, IL 60631-2803.