

# 2023 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, 2023 and ending December 31, 2023. 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 \$2,778,227,523 as of December 31, 2023, compared to \$2,343,740,303 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$434,487,220. During the plan year, the plan had total income of \$616,761,707, including employer contributions of \$333,437,135 and employee contributions of \$49,093,172. Plan expenses were \$272,274,487. These expenses included \$14,197,487 in administrative expenses and \$258,077,000 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, 2023, and ending December 31, 2023. 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 2023 y terminando el 31 de Diciembre del 2023. 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

- Incontinence Supplies:** Covered benefits exclude incontinence supplies such as diapers and bed liners.
- Out-of-Network medical payments:** Out-of-network medical payments are paid at the lesser of billed charges or the rate provided by the Network Administrator for situations in which there is no base Medicare reimbursement rate.
- End Stage Renal Disease (ESRD) Coverage:** Clarified that the Plan does not take into account Medicare coverage on the basis of End Stage Renal Disease (ESRD) when determining eligibility or terminating coverage.
- UPS Retiree Plan Document:** Effective January 1, 2025, UPS Plan RU Plan Document and UPS Plan RV Plan Document are superseded by new UPS Retiree Plan Document.
- TForce Eligibility Requirements for Retiree Health Plan Benefits:** Effective January 1, 2025, the eligibility requirements for retiree plan coverage for TForce members were modified due to sale of UPS Freight to TForce Freight. The modifications for future TForce Freight retirees for 2025 as well as for 2026 and thereafter are shown in the chart below.

TFORCE REQUIREMENTS	8/1/2023- 12/31/2024 (17 MONTHS)	1/1/2025-12/31/2025 (12 MONTHS)	1/1/2026-7/31/2028 (31 MONTHS)
<b>CONTRIBUTION REQUIREMENT</b>	“5 OUT OF 5 RULE” OR “7 OUT OF 10 RULE” 40 WEEKS IN EACH OF THE 52-WEEK PERIODS PRECEDING ELIGIBILITY DATE		
<b>AGE REQUIREMENT</b>	55	55	57
<b>YEARS OF SERVICE</b>	10-YEAR PENSION WITH OVERNITE / UPS FREIGHT / TFORCE 20 YEARS UNDER TEAMSTER CBA		20-YEAR PENSION WITH OVERNITE / UPS FREIGHT / TFORCE 20 YEARS UNDER TEAMSTER CBA
<b>CHILD COVERAGE</b>	YES AGE 19 OR 25 IF STUDENT	NONE	NONE
<b>SPOUSE COVERAGE</b>	UNTIL SPOUSE’S AGE 65 OR MEDICARE	MAXIMUM OF 3 YEARS FROM RETIREE’S 65 <sup>TH</sup> BIRTHDAY OR MEDICARE (WHICHEVER OCCURS FIRST)	MAXIMUM OF 3 YEARS FROM RETIREE’S 65 <sup>TH</sup> BIRTHDAY OR MEDICARE (WHICHEVER OCCURS FIRST)
<b>RETIREE MONTHLY COST</b>	\$200 SINGLE \$400 FAMILY	64+: \$100 SINGLE/\$200 W/SPOUSE 63: \$100 SINGLE/\$200 W/SPOUSE 62: \$100 SINGLE/\$200 W/SPOUSE 61: \$300 SINGLE/\$600 W/SPOUSE * 55-60: \$400 SINGLE/\$800 W/SPOUSE * NOT TO EXCEED	RATES AS ESTABLISHED BY BOARD OF TRUSTEES FOR ALL PLANS OTHER THAN UPS

## 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](http://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/TeamCare/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.