

2024 SUMMARY ANNUAL REPORT FOR CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS HEALTH AND WELFARE PLAN ACTIVE PLAN

This is a summary of the annual report (Form 5500) of the Central States, Southeast and Southwest Areas Health and Welfare Plan Active Plan (Plan No. 501) having EIN 36-2154936 for the period beginning January 1, 2024 and ending December 31, 2024. 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, life insurance, dental, vision, temporary and long-term disability, and accidental death and dismemberment benefit claims incurred under the terms of the plan.

Insurance Information

The Fund has contracts with Kaiser Foundation Health Plan Inc. and Kaiser Foundation Health Plan of the Northwest to pay certain medical and prescription drug claims incurred under the terms of plans AK, U5, UM, UN, WK and CK. The total premiums paid for the plan year ending December 31, 2024 were \$12,723,111.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$10,182,961,114 as of December 31, 2024, compared to \$9,025,575,957 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of \$1,157,385,157. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$5,134,557,775, including employer contributions of \$4,539,773,712, employee contributions of \$5,271,975, realized gains of \$22,630,096 from the sale of assets, and gains from investments of \$565,941,626. Plan expenses were \$3,977,172,618. These expenses included \$216,969,418 in administrative expenses and \$3,760,203,200 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;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. fiduciary information;
5. transactions in excess of 5 percent of the plan assets; and
6. information regarding any common or collective trusts in which the plan participates.

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 Active Plan for the year beginning January 1, 2024, and ending December 31, 2024. 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 Active Plan para el año comenzando el primero de Enero del 2024 y terminando el 31 de Diciembre del 2024. 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

Chiropractic Services	Effective March 1, 2025, the annual dollar limit for chiropractic services has been removed from those Plans that have an annual dollar limit, and it has been replaced by a 24-visit limit per calendar year. While the coinsurance remains the same, the Plan now has a 24-visit limit per calendar year instead of an annual dollar limit on chiropractic services. Effective January 1, 2026, the requirement that all evaluation, treatment, or physical therapy be ordered by a Chiropractor to be covered has been removed and replaced with the requirement that all evaluation, treatment, or physical therapy be under the direction of a Chiropractor.
Hearing Aid Benefit	Effective March 1, 2025, the Hearing Aid benefit limit has been increased from \$1,000 per ear every 36 months to \$3,000 per ear every 36 months for all active plans that currently have a dollar benefit limit on the hearing aid benefit. Effective January 1, 2026, the requirement to obtain a recommendation or prescription by a Physician for services rendered by an audiologist or a certified hearing aid specialist has been removed. Further, hearing aids purchased without a prescription or recommendation by a Physician will not be deemed non-covered.
Definition of Qualifying Event for Continuation of Coverage	Effective January 1, 2026, the definition of Qualifying Event is clarified to specifically state that a termination of employment due to an employee's gross misconduct is not a Qualifying Event for Continuation Coverage.
Behavioral Health Benefit – Outpatient	Effective January 1, 2026, removal of treatment for gender dysphoria and treatment for stammering or stuttering as non-covered expenses under the Behavioral Health Benefit for Outpatient treatment. Additionally, treatment for obesity and/or weight reduction will not be deemed non-covered if it is in conjunction with a TeamCare approved bariatric procedure.
Organ Transplant Donor Benefit	Effective January 1, 2026, Major Medical Expense Benefits are payable for services rendered to donors as part of the donation process.

GRANDFATHERED PLAN NOTICE

This group health plan believes all of its plans (other than plans 1N, 2M, 2N, 4M, 5D, 5N, 5S, 5U, 6N, 8N, A5, AB, AK, AN, AU, B5, BN, CK, CL, CM, M5, N1, N3, N5, N6, N8, NM, NN, PU, R3, RB, U5, U7, UA, UC, UM, UN and WK) are “grandfathered health plans” under the Patient Protection and Affordable Care Act (“the Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Research and Correspondence Department, TeamCare – A Central States Health Plan, PO Box 5126, Des Plaines IL 60017-5126, or call 800-TEAMCARE (832-6227). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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 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.