

2021 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, 2021 and ending December 31, 2021. 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 \$2,299,414,259 as of December 31, 2021, compared to \$1,079,510,849 as of January 1, 2021. During the plan year the plan experienced an increase in its net assets of \$1,219,903,410. During the plan year, the plan had total income of \$438,669,533, including employer contributions of \$320,500,097 and employee contributions of \$45,650,230. Plan expenses were \$218,766,123. These expenses included \$10,785,123 in administrative expenses and \$207,981,000 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, 2021, and ending December 31, 2021. 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 2021 y terminando el 31 de Diciembre del 2021. 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

Effective May 1, 2022, Retiree Health Plans R4, R6 and FR (collectively referred to as the "Retiree Health Plan") will provide dental and vision benefits. A general description of the benefits is described below:

DENTAL BENEFITS

Effective May 1, 2022, each Covered Individual under the Retiree Health Plan will be eligible for dental benefits. The maximum amount payable for any Covered Individual in a calendar year (January 1st to December 31st) is \$1,500. All payments of covered procedures are subject to Reasonable and Customary charge limits as determined by the Fund:

- (1) For Crowns and Bridgework, 70% of the Reasonable and Customary charges subject to a maximum benefit per person per calendar year of \$1,500 consisting of any combination of payments for covered services.
- (2) For Preventive Services, 100% of the Reasonable and Customary charges for clinical oral evaluations and preventive services as described by American Dental Association (ADA) codes, subject to a maximum benefit per person per calendar year of \$1,500 consisting of any combination of payments for covered services.
- (3) For all other ADA Codes (excluding those services listed above and certain other procedures), 85% of the Reasonable and Customary charges subject to a maximum benefit per person per calendar year of \$1,500 consisting of any combination of payments for covered services.

Other limitations on payment of dental benefits as set forth in the Retiree Health Plan will apply.

VISION BENEFITS

Effective May 1, 2022, each Covered Individual under the Retiree Health Plan will be eligible for vision benefits. For each Covered Individual, the Retiree Health Plan will pay covered expenses incurred up to the amount listed for the covered procedure or item once in any twelve (12) month period:

(1) Examination:	\$50;	(5) Tri-Focal Lenses (per pair):	\$50;
(2) Frames:	\$75;	(6) Lenticular Lenses (per pair):	\$60;
(3) Single Vision Lenses (per pair):	\$50;	(7) Contact Lenses (per pair):	\$80.
(4) Bifocal Lenses (per pair):	\$50;		

Other limitations on payment of vision benefits as set forth in the Retiree Health Plan will apply, including, without limitation:

- (1) No vision benefit payment will be made in any one twelve (12) month period for more than: (a) one (1) complete examination; (b) one (1) pair of lenses; (c) one (1) set of frames, or repair of frames; (d) one (1) pair of contact lenses; or (e) either one (1) pair of lenses and frames or one (1) pair of contact lenses.
- (2) No vision benefit payment will be made for any amount over the Reasonable and Customary allowance established by the Fund.
- (3) No vision benefit payment will be made for sunglasses and safety glasses.

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/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.