

55 Water Street
New York, N.Y. 10041
Telephone: (212) 815 - 1234

Health & DC 37 Security Plan

June 2021

The Plan wants you to understand why you are receiving the “Creditable Coverage” letter, and the “Summary of Benefits and Coverage.”

This mailing contains 2 notices:

1. NOTICE OF CREDITABLE COVERAGE
2. SUMMARY OF BENEFITS AND COVERAGE (“SBC”)

- The Medicare Modernization Act requires that we send you the notice of credible coverage relating to your prescription drug benefit.
- The Patient Protection and Affordable Care Act requires that we send you an SBC summarizing the health-related benefits (including where applicable, prescription drug, dental and optical benefits) we provide. The SBC is meant to provide you with highly standardized information about health benefits so you can compare health plans that you are eligible for as you make decisions about your health care coverage. If you are eligible for any of the medical insurance plans provided through your employer, you should be receiving a separate SBC from your insurance carrier.

Please note that these notices are for your information only and they do not require you to take any action in order to maintain the benefits you are currently enrolled in.

Please keep this mailing in a safe place.

Health & DC 37 Security Plan

Notice of “Grandfathered Status”

The DC 37 Health & Security Plan Trust (“Trust”) believes its Trust, to the extent that it provides certain supplemental health-related benefits, is a “grandfathered health plan,” as defined under the Patient Protection and Affordable Care Act (the “Affordable Care Act,” also known as “Health Care Reform”). 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 the Trust 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 and extension of coverage to dependents up to age 26.

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 DC 37, Health & Security Plan, 55 Water Street, New York, NY 10041.

NOTICE OF CREDITABLE COVERAGE

Important Notice from the DC 37 Health & Security Plan Trust About Your Prescription Drug Coverage and Medicare

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 DC 37 Health & Security Plan (the Plan) 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 standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The actuary for the DC37 Health & Security Plan, Milliman Inc., has determined that the prescription drug coverage offered by the Plan 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 provides 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 from October 15th through 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 DC 37 Health & Security Plan prescription drug coverage will be affected.

If you are a retiree and do decide to enroll in an independent Medicare prescription drug plan, or if you receive a prescription drug benefit through your enrollment in a Medicare Advantage Plan, your prescription drug coverage under this Plan will be affected, as described below.

Specifically, if you enroll in such a plan, you will receive your prescription drug benefits through the independent Medicare or Medicare Advantage Plan, and will be responsible to pay any applicable premiums, deductibles or co-payments for that plan. These costs are not reimbursable by this Plan's prescription drug benefit.

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 DC 37 Health & Security Plan 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 next annual enrollment period for Medicare prescription drug coverage (currently October 15th through December 7th) to enroll in such coverage.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the DC 37 Health & Security Plan's Inquiry Unit listed below for further information.

NOTE: You'll get this notice each year. You will get it before the next period you can join a Medicare drug plan, and if this coverage through the DC 37 Health & Security Plan 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’ll get 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 a Medicare drug plan, you may be required to provide a copy of this notice when you join to demonstrate that you have maintained creditable coverage and, therefore, not required to pay a higher premium (a penalty).

Date:	June 2021
Name of Entity/Sender:	DC 37 Health & Security Plan
Contact-Position/Office:	Inquiry Unit
Address:	55 Water Street New York, New York 10041
Phone Number:	(212) 815-1234

DC 37 Health & Security Plan Trust

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 07/01/2021-06/30/2022
 Coverage for: Individuals + Dependents
 Plan Type: Supplemental



This is only a Summary. If you want more detail about your coverage and costs, you can get the complete terms in plan document posted at <https://www.dc37.net> or by calling 212-815-1234 (or 1-877-323-7738 for out of state retirees). This Summary will be posted on the DC 37 website.

This document only describes your supplemental benefits, which include prescription drug, dental and optical coverage provided by the DC 37 Health & Security Plan Trust. This SBC shows you how you and the plan would share the cost for these covered supplemental services. You may receive medical or other health coverage from your employer or other sources.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers
Are there services covered before you meet your deductible?	No - N/A	There are no deductibles for these supplemental services
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan?	No - N/A	Not applicable because there is no out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	No - N/A	Not applicable because there's no out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Yes. For a list of participating providers see https://www.DC37.net or call 212-815-1234 or 1-877-323-7738 for out of state retirees.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be Aware, your in-network doctor or hospital may use an out of network provider for some services. Plans use the term in-network, preferred, or participating providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do you need a referral to see a specialist?	No	You can choose the in-network specialist you want without permission from this plan.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Since this is a supplemental benefit, the co-pays listed below only apply to covered prescription drugs.

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	You may have coverage through another plan.
	<u>Specialist</u> visit	Not Covered	Not Covered	You may have coverage through another plan.
	<u>Preventive care/screening/immunization</u>	Not Covered	Not Covered	You may have coverage through another plan.
If you have a test	Diagnostic test (x-ray, blood work)	Not Covered	Not Covered	You may have coverage through another plan.
	Imaging (CG/PET scans, MRIs)	Not Covered	Not Covered	You may have coverage through another plan.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at https://www.dc37.net	Generic drugs	\$10-\$30	Reimbursement according to the plan document.	Some drugs are subject to prior authorization, step therapy, refill too soon or quantity limits. 90-day fills at mail only require 2 co-pays instead of 3.
	Preferred brand drugs	\$20-\$60	Reimbursement according to plan document.	Same as above.
	Non-preferred brand drugs	\$45.50-\$136.50	Reimbursement according to plan document.	Same as above but, if you chose to take a non-preferred drug when a generic equivalent is available, you may be charged an ancillary fee and the brand copay.
	<u>Specialty drugs</u>	\$45.50 for 30-day supply	Reimbursement according to the plan document.	Some drugs are subject to prior authorization, step therapy, refill too soon or quantity limits.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	You may have coverage through another plan.
	Physician/surgeon fees	Not Covered	Not Covered	You may have coverage through another plan.
If you need immediate medical attention	Emergency room services	Not Covered	Not Covered	You may have coverage through another plan.
	<u>Emergency medical transportation</u>	Not Covered	Not Covered	You may have coverage through another plan.
	<u>Urgent care</u>	Not Covered	Not Covered	You may have coverage through another plan.

* For more information about limitations and exceptions, see the plan or policy document at <https://www.dc37.net> or call 212-815-1234 or 1-877-323-7738 for out of state retirees

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 are pregnant	Prenatal and postnatal care	Not Covered	Not Covered	You may have coverage through another plan.
	Delivery and all inpatient services	Not Covered	Not Covered	You may have coverage through another plan.
If you need help recovering or have other special health needs	Home health care			
	Rehabilitation services			
	Habilitation services			
If your child needs dental or eye care	Skilled nursing care	Not Covered	Not Covered	You may have coverage through another plan.
	Durable Medical equipment			
	Hospice service			
	Eye exam	\$0	Maximum reimbursement is \$6	The Vision Benefit may be used once every two years for each covered individual.
	Glasses	\$0	Maximum reimbursement is \$9 for lenses & \$5 for frames	
	Dental Check-up	\$0	Maximum reimbursement will be based upon services provided.	A maximum annual amount \$1,700 will be paid for covered dental benefits. See plan document for procedures requiring prior authorizations & frequency limitations.

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 Services
• Drugs, dental, optical outside U.S.A.	• Some Infertility Treatments
• Weight loss programs	• Cosmetic Surgery
	• Chiropractic Services
	• Long Term Care
	• Private Duty Nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
• Dental Care (Adult)	• Hearing Aids
	• 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

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agencies is: [New York State, HHS, DOL, and/or other applicable agency contact information]. 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 on how 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: [<https://www.dc37.net> or call 212-815-1234 or 1-877-323-7738 for out of state retirees].

Does this plan provide Minimum Essential Coverage? [Yes] For prescription drugs. Health insurance may be available through another plan. [Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? [Not Applicable]

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](#).

Language Access Services:

Please reach out to 212-815-1234 for assistance.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://www.dc37.net> or call 212-815-1234 or 1-877-323-7738 for out of state retirees



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** \$
- **Specialist [cost sharing]** \$
- **Hospital (facility) [cost sharing]** %
- **Other [cost sharing]** %

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 \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$
Copayments	\$
Coinsurance	\$
What isn't covered	
Limits or exclusions	\$
The total Peg would pay is	\$

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$
- **Specialist [cost sharing]** \$
- **Hospital (facility) [cost sharing]** %
- **Other [cost sharing]** %

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 \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$
Copayments	\$
Coinsurance	\$
What isn't covered	
Limits or exclusions	\$
The total Joe would pay is	\$

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$
- **Specialist [cost sharing]** \$
- **Hospital (facility) [cost sharing]** %
- **Other [cost sharing]** %

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 \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$
Copayments	\$
Coinsurance	\$
What isn't covered	
Limits or exclusions	\$
The total Mia would pay is	\$

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Plan** 55 Water Street • New York, N.Y. 10041

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