125 Barclay Street
New York, N.Y. 10007
Tel: 212-815-1234

Health & DC37 Security Plan

July 2025

Please find enclosed the **Notice of Creditable Coverage** and the **Summary of Benefits and Coverage ("SBC")**. Also enclosed you will find our **Notice of Non-Discrimination and Notice of Availability of Language Assistance**. The Plan is providing you these documents to comply with applicable laws and regulations.

The Medicare Modernization Act requires that we send you a Notice of Creditable Coverage relating to our Aenta/Silverscript Medicare Part D prescription drug plan.

The Patient Protection and Affordable Care Act requires that we send you an SBC summarizing the health-related benefits (including were applicable, prescription drugs, dental, optical, and mental health services) that we provide. The SBC provides you with highly standardized information about health benefits we provide to allow you to compare health plans for which you may be eligible and to enable you to 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 medical 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 your current benefits. If you would like more information regarding the Health and Security Plan's benefits, please visit https://www.dc37.net/benefits/health or by calling (212) 815-1234.

Please keep this mailing in a safe place.

Very truly yours,

William Bifulco
Administrator
DC 37 Health & Security Plan

DC 37 Health & 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, 125 Barclay Street, New York, NY 10007.

Important Notice from DC 37 Health & Security Plan 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 DC 37 Health & Security Plan (the Plan) and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered 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 DC 37 Health & Security Plan, Milliman, Inc., has determined that the prescription drug coverage offered by 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 is 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 to 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 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 the DC 37 Health & Security Plan will be impacted.

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 for any applicable premiums, deductibles, and co-payments for that plan. These costs are not reimbursable by the DC 37 Health & Security 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, to 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 Inquiry Unit at (212) 815-1234 for further information. Further contact information is provided below.

NOTE: You'll get this notice each year. You will also 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.

CMS Form 10182-CC **Updated April 1, 2011**

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 one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July, 2025
Name of Entity/Sender:	DC 37 Health & Security Plan
Contact--Position/Office:	Inquiry Unit
Address:	125 Barclay Street, New York, New York 10007
Phone Number:	(212) 815-1234

This is only a Summary. This Summary of Benefits and Coverage (SBC) shows you how you and the plan would share the cost for these covered supplemental benefits, which include Prescription Drug, Dental, and Optical.

For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.dc37.net or by calling 212-815-1234 or 877-323-7738 for out of state retirees.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$**0**	See the Common Medical Events chart below 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.
What is the out-of-pocket limit for this plan?	Not applicable	This plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit?	Not applicable	This plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Yes. For a list of Dental Participating Providers, see https://www.dc37.net/benefits/health/dental . For a list of Optical Participating Providers, see https://www.dc37.net/wp-content/uploads/benefits/health/pdf/Optical_list.pdf. You can also call -212-815-1234 (or 1-877-323-7738 for out of state retirees) for a list of Participating providers	This plan uses provider networks to provide dental and optical services. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

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.
	Specialist visit			
	Preventive care/screening/ immunization			
If you have a test	Diagnostic test (x-ray, blood work)	Not Covered	Not Covered	You may have coverage through another plan.
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.dc37.net/benefits/health/prescription	Tier 1 – Generic drugs	Retail – $10 - $30 Mail – $20 for 90-day fill	Reimbursement according to plan document.	Limited up to a 90-day supply at retail. 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.
	Tier 2 – Preferred Brand drugs	Retail – $20 - $60 Mail – $40 for 90-day fill	Reimbursement according to plan document.	
	Tier 3 – Non-Preferred Brand drugs	Retail – $45.50 - &136.50 Mail – $91 for 90-day fill	Reimbursement according to plan document.	Same as above, 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.
	Specialty drugs	$45.50 for 30-day fill	Reimbursement according to 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			
If you need immediate medical attention	Emergency room care	Not Covered	Not Covered	You may have coverage through another plan.
	Emergency medical transportation			
	Urgent care			

[* For more information about limitations and exceptions, see the plan or policy document at https://www.dc37.net/benefits/benefits_all]

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 have a hospital stay	Facility fee (e.g., hospital room)	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 mental health, behavioral health, or substance abuse services	Outpatient services	Covered	Not Covered	Some services are provided through the Personal Services Unit. Additionally, see your employer's SBC for a description of what medical coverage is provided.
	Inpatient services	Not Covered		
If you are pregnant	Office visits	Not Covered	Not Covered	You may have coverage through another plan.
	Childbirth/delivery professional services			
	Childbirth/delivery facility services			
If you need help recovering or have other special health needs	Home health care	Not Covered	Not Covered	You may have coverage through another plan.
	Rehabilitation services			
	Habilitation services			
	Skilled nursing care			
	Durable medical equipment			
	Hospice services			
If your child needs eye or dental care	Eye Care: • Eye exam • Lenses • Frames	No Charge	Maximum reimbursement $250	The optical benefit may be utilized every 24 months for each eligible covered participant.
	Dental Check-up	No Charge	40% of allowed amount which is based on Delta Dental NY Select Allowance	Maximum annual dental benefit of $1,700 per eligible covered participant.

[* For more information about limitations and exceptions, see the plan or policy document at https://www.dc37.net/benefits/benefits_all]

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 surgery	• Chiropractic care
• Cosmetic Surgery	• Infertility Treatment	• Long-term care
• Non-emergency care when traveling outside the U.S.	• Private duty nursing	• Routine foot care
• Weight loss programs		

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 agencies is: New York State Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa. 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:

DC 37 Health & Security Plan, 125 Barclay Street, New York, NY 10007, ATTN: Inquiry Unit, (212) 815-1234 (or (877) 323-7738 for out of state retirees)

New York State Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736,

Does this plan provide Minimum Essential Coverage? No
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.

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

About these Coverage Examples:

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.

NOTICE OF NON DISCRIMINATION POLICY

The **District Council 37 Health & Security Plan** complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, disability, or sex. We do not exclude or treat them less favorably because of race, color, national origin, age, disability, or sex.

The **District Council 37 Health & Security Plan** provides free aids and services to help you communicate with us. You can ask for interpreters and/or communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities. If you need these services, please call us at (212) 815-1234.

If you believe that the **District Council 37 Health & Security Plan** failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Associate Administrator:

District Council 37 Health & Security Plan
125 Barclay Street, 5th Floor
New York, NY 10007
Attn: Associate Administrator

If you need assistance filing a grievance, please call us at (212) 815-1234.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Online/Web: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Department of Health and Human Services 200
Independent Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at: hhs.gov/ocr/complaints/index.html This

Notice is also available at https://www.dc37.net/benefits/health

This information is available in other formats like large print and TTY. To ask for another format, please call (212) 815-1234.

Notice of Availability of Language Assistance Services and Alternate Formats

Attention: Free language assistance and free communications in other formats, such as large print and TTY, are available to you. Call (212) 815-1234.

إشعار بتوفُّر خدمات المساعدة اللغوية تنبيه: تتوفَّر لك المساعدة اللغوية المجانية والاتصالات المجانية بتنسيقات أخرى، مثل ". اتصل على الرقم (212) 815-1234.TTYالكتابة بأحرف كبيرة والهاتف النصي "

দৃষ্টি আর্কষ : বিনামূল্যে ভাষা সহায়তা এিং অনোনে ফরমোল্ে বিনামূল্যে যhাগাল্hাগ, যhমন িড় বিন্ট ও TTY, আপনার জনে রল্যল্ে। (212) 815-1234 **নম্বল্র কয করুন।**

Προσοχή: Δωρεάν γλωσσική βοήθεια και δωρεάν επικοινωνία σε άλλες μορφές, όπως μεγάλα τυπογραφικά στοιχεία και τηλετυπία (TTY), είναι στη διάθεσή σας. Καλέστε το (212) 815-1234.

Atención: Tiene disponible servicios de asistencia lingüística gratis y comunicaciones gratis en otros formatos, como letra grande y TTY. Llame al (212) 815-1234.

Attention : Une assistance linguistique gratuite et des communications gratuites dans d'autres formats, tels que les polices de grande taille et TTY, sont à votre disposition. Appelez le (212) 815-1234.

שימו לב: סיוע לשוני בחינם והעברת הודעות בחינם מסוגים שונים, כמו טקסט בכתב מוגדל ו-TYY (מצב טלפון-טקסט) עומדים לרשותכם. חייגו 815-1234 (212)

ध्यान दें: आपके लिए लनिःशुल्क भाषा सहायता तथा अन्य प्रारूप ें जैसे, बडे लप्रोंट और TTY में, लनिःशुल्क सोंवाद उपिब्ध हैं। (212) 815-1234 पर **कॉि** करें।

Atansyon: Gen asistans lengwistik ak kominikasyon gratis ki disponib pou ou nan lòt fòma, tankou gwo karaktè ak TTY. Rele nan (212) 815-1234.

Gee nti: Enyemaka asụsụ efu na nkwukọrịta efu n'ụdị ndị ọzọ, dị ka nnukwu mbipụta na TTY, dị ri gị. Kpọọ (212) 815-1234.

Attenzione: assistenza linguistica gratuita e comunicazioni gratuite in altri formati, come caratteri grandi e TTY, sono a tua disposizione. Chiama il numero (212) 815-1234.

주의: 무료 언어 지원과 큰 활자 및 TTY와 같은 다른 형식의 무료 커뮤니케이션을 이용할 수 있습니다. (212) 815-1234번으로 전화하십시오.

Uwaga: Dostępna jest darmowa pomoc językowa oraz darmowa opcja komunikacji za pomocą innych metod, na przykład przy użyciu dużych czcionek lub trybu telefonu tekstowego (TTY). Zadzwoń pod numer (212) 815-1234.

Внимание! Вам доступна бесплатная языковая поддержка и бесплатные коммуникационные материалы в других форматах, таких как крупный шрифт и TTY. Звоните по номеру (212) 815-1234.

Paalala: Mayroong libreng serbisyo para sa tulong sa wika at mga komunikasyon sa alternatibong format, tulad ng malalaking print at TTY, na available para sa iyo. Tumawag sa (212) 815-1234.

Hyɛ no nsow: Kasa mu mmoa a wontua hwee ne nkitahodie a wontua hwee wɔ akwan foforɔ so, te sɛ nkyerɛwyɛ akɛseɛ ne TTY, wɔ hɔ ma wo. Frɛ (212) 815-1234.

توجہ دیں: آپ کے لیے مفت میں زبان سے متعلق اعانت اور دیگر فارمیٹس میں مفت مواصلات دستیاب ہیں، جیسے کہ بڑے حروف اور TTY۔ (212) 815-1234 پر کال کریں۔

אויפמערקזאמקייט: פרייע שפראך הילף און פרייע קאמוניקאציעס אין אנדערע פארמאטן, ווי גרויסע דרוק און TTY, זענען פאראן פאר אייך. Callאיינרוף (212) 815-1234.

Àfiyèsí: Iṣẹ́ ìrànlọ́wọ́ èdè àti ìbánisọ̀rọ̀ ọ̀fẹ́ ní àwọn ọ̀nà mìíràn, bí àwọn lẹ́tà ńlá àti TTY, wà fún ọ. Pe (212) 815-1234.

注意：您可以获得免费的语言协助和其他格式的免费通信服务，例如大字体和 TTY。请致电 (212) 815-1234

District Council 37 Health and Security Plan Trust

125 Barclay Street • New York, N.Y. 10007