



Amalgamated Local 426

Member Benefits Program Proposal
Arizona Small Business Association



Contact: ASBA Concierge Team

Phone: (833)287-4765

Email: capcareenrollment@concordmgt.com



Thank you for requesting a proposal for the Local 426 Member Benefit Program offered through your organizations or association's affiliation. Please note this is not a quoted program that is marketed or sold through the commercial market and is not an employer sponsored plan, but rather a Member Benefit Program that is open to members and employers and/or employee members through your association. Individual participants who choose to join the Member Benefit Program become a Core Financial Member (formally named Associate Member) of Amalgamated Local 426 and by doing so will have access to benefits which include life insurance, accident, and health insurance as well as prescription benefits.

Attached you will find program highlights, benefit and rate options, information about program partners as well as frequently asked questions.

You can enroll on the 1st of any month; however open enrollments will need to be completed 30 days in advance. You and your employees will have access to the online enrollment portal to complete applications.

Please feel free to contact our team if you have additional questions or need assistance with enrolling in the Member Benefit Program.

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New Business Submission Requirements

- Supporting employer and participating member applications must be submitted, completed and in good order and approved 30 days prior to the requested effective date.
- Supporting employers must be a member in good standing with an approved affiliated association or organization.
- All eligibility guidelines must be met for enrolled participating members to be approved.
- New supporting employers or entities must provide payment information and agree to billing and collections terms and conditions.
- New supporting employers or entities may be required to submit business formation documents at the time of application.
- Participating members enrolling in coverage must submit a marriage certificate if enrolling a spouse and/or birth certificates if enrolling dependent children.

Caveat. The Member Benefits Program is not an insurance program and is not marketed or sold in the commercial market or through brokers. The Benefits Program is NOT an employer sponsored health plan, rather a member benefit that is offered through the employer's membership with a designated affiliated association or organization. Participants are accessing these member benefits by becoming a Core Financial Member (formally referred as an Associate Member) of the Amalgamated Local 426. It is the sole responsibility of the employer and employee to review the summary of benefits coverage as well as the summary plan documents to understand the benefits.



About Amalgamated Local 426 Member Benefit Program

Amalgamated Local 426 accesses certain member benefits through a Sponsoring Union, Amalgamated Local 298 and Amalgamated Local 22. The Program provides benefits for services and has entered into an agreement with one or more networks of hospitals and physicians, called PPO networks. Services for PPO providers are paid at 100% of the fee schedule contracted by Blue Cross Blue Shield with their participating providers. The Plan Administrator is the Board of Trustees of the Health Benefit Fund and contracts with various vendors to assist in the management of the program.

Amalgamated Local 426 Member Benefit Program is not an insurance program and is not marketed or sold in the commercial market or through brokers. The Local 426 program is an invite only, exclusive program, NOT an employer sponsored health plan rather a member benefit that is offered through the membership with a designated affiliated association or organization. Participants are accessing these member benefits by becoming a Core Financial Member (formally referred as an Associate Member) of the Amalgamated Local 426. It is the sole responsibility of the participating member to review the summary of benefits coverage (SBC's) as well as the summary plan documents (SPD's) to understand the benefits being offered or selected. All program partners, Benefit Development Consultants, Facilitators and Member Benefit Advisors, are consultants and not brokers. These consultants are available to assist you with questions and provide awareness materials and education on behalf of the Local 426-member benefit program. A participating member does not have a contract with such consultants.

About CapCare, Member Manager

CapCare was founded on the premise of providing a single-source, turn-key employee healthcare solution to businesses seeking innovative alternative risk management solutions for their employee healthcare programs that are affordable and more transparent.

Our team specializes in the designing, implementing, and servicing of healthcare benefit solutions to businesses and organizations seeking alternatives to the traditional health insurance marketplace with a focus on creating a friendly employee/member experience by reducing the friction between patient and healthcare provider – all at a lower cost with access to data-driven analytics.

The CapCare team understands the many complexities with the healthcare marketplace and can expertly guide business owners on getting more for their employees out of the dollars spent on employee benefit plans.

Background Information

CapCare, a Member Manager, has partnered with leading industry experts to create a customized member benefits program (the Member Program) that utilizes a national PPO network (preferred provider organization) that incorporates state-of-the-art technological applications with dedicated concierge teams that provide program education, awareness, onboarding assistance and daily support to participants enrolled in the Member Program.

The Member Program is offered on an invitation only basis to qualified organizations including but not limited to; (a) associations, (b) professional employer organizations (PEOs), (c) Co-Ops, and (d) other organizations that have business as members.

Program highlights:

- National PPO Network In-Network coverage in all 50 states, plus DC & Puerto Rico
- Fully funded, first dollar coverage
- 4 tier rates nationwide - No age rating, no census needed subject to actively at work rules.
- Participants benefit from large group rates nationwide.
- Available to all group sizes, **including** sole proprietors and 1099 contractors.
- Coverage cannot be denied (no pre-existing limitations)
- Account information and customer service support is available with the click of a button through a dedicated concierge team.

Important benefits and plan information

- **Plan Designs:** Plan designs are static and cannot be changed or revised.
- **Rates:** The current rates are effective through 12/31/2026. All supporting employers and members, regardless of the effective date, will have the opportunity to review plans and rates every January 1st.
- **Deductibles and Max Out of Pocket Limits:** The Medical and Prescription Deductibles and Max Out of Pocket Limits are NOT combined on Plans 1 through 9. The Medical and Prescription limits are independent of each other and are calculated on a calendar year basis (1/1 through 12/31). Plan 10 is an H.S.A Plan, therefore Medical and Prescription deductibles and max out of pockets are combined. This member benefit program does not provide Deductible Credit if a participating member is transitioning from another health benefit program.
- **Mandatory Mail Order:** The program requires all members to utilize the mandatory mail order for all maintenance medications. However, participating members that reside in certain states may qualify to receive maintenance medications from their local pharmacy. Upon enrollment, please contact the pharmacy vendor for additional information.
- **Prior Authorization for Specialty Medications is Required under Health Care Advantage (HCA) Program.**
 - > The program does not cover certain specialty medications. To verify what medications are covered, please refer to the formulary that was provided at time of enrollment.
 - > Providers must submit Prescription Prior Authorization Form(s) to Broadreach Medical (BMR) for approval
 - > All participants are required to meet the prior authorization criteria and administrative review under this program. This pre-authorization requirement will also apply to all self-injectable prescribed drugs, home infusion medications, chemotherapy prescribed drugs and injectables given at a provider's office or a network facility.
 - > If eligible for specialty drugs, members must enroll in the HCA program, or you will be responsible for 100% co-insurance or the full cost of the medication.
- **Medical Expenses Related to Automobile Accident – Program Exclusion** - It is especially important to understand that this Plan will not pay for any expenses incurred as the result of a motor vehicle accident.
- **Added Policy - Automobile Accident Medical Expense Reimbursement Insurance Policy** – As a Member of Amalgamated Local 426, you will receive a certificate of insurance that will provide coverage for medical expenses incurred as a result of an automobile accident. The insurance policy provides for unlimited reimbursement of medical expenses in excess of any Members personal automobile insurance policy reimbursable amount(s) and/or subrogation rights. This Policy is provided through a separate entity, not the Union.
- **Added Policy - Accidental Death and Dismemberment Benefit** – Included with the automobile medical accident reimbursement insurance policy, all Amalgamated Local 426 Members will also receive a benefit of \$150,000 in the event of accidental death and dismemberment. This Policy is provided through a separate entity, not the Union.



Member Benefit Program Frequently Asked Questions

1. What is the Member Benefit Program?

The Member Benefit Program is an invitation-only program available to approved Associations, PEOs and other dually authorized membership organizations. The program offers membership-related benefits like accident, health, and prescription benefits, as well as life insurance.

2. Who is eligible to participate in the Member Benefit Program?

Supporting Employer Members and their employees that are active members of an approved Affiliated Association, PEO, or such other dually authorized Membership Organization.

3. Is the Member Benefit Program a small group insurance plan?

No. The Member Benefit Program is NOT a small group insurance plan. The Member Benefit Program is an opportunity for Core Financial memberships (formally referred to as Associate Memberships) to be offered to qualified employee members and thus, if they choose to join will have access to the member benefits provided to an eligible employer through an employer's Affiliated Association membership.

4. What is a Core Financial Member (formally referred to as an Associate Member) Program?

This type of Member programs came into existence in the 1980's as unions needed a way to give the apprentices working in union shops the ability to receive benefits. As such, unions adopted these programs with the hope that the apprentices would at some point become full union members. These programs afforded these members the opportunity to participate in various union programs and benefits including health care coverage, dental and vision insurance, life insurance, disability, accident 401K programs and others depending on the overall benefits of each individual union.

5. Who becomes a Core Financial Member ? The Employer or the Employee?

The Employee becomes the Core Financial Member. The Member Benefits Program is not an employer-sponsored plan. To gain access to the benefits offered, an employee (participant) must become a Core Financial Member of the Member Benefit Program Sponsor, Amalgamated Local 426 to be eligible for benefits.

6. What Union is providing the option to participate in the Associate Membership opportunity?

Amalgamated Local 426 is the Sponsoring Union for an approved Affiliated Associations. Local 426 accesses the Health & Welfare Funds of Local 298 and Local 22. Local 426 is the Union that is providing the Core Financial Membership opportunity to the associations affiliated members. Local 298 has been in existence since 1951 with headquarters in Valley Stream, NY. Local 22, was founded in 1930 and is in New York, NY. This Plan option is a Taft Hartley Health and Welfare Benefit Plan.

7. What is the Taft Hartley Plan?

A Taft-Hartley plan, also called a multi-employer plan, is an older law that governs collective bargaining agreements (CBAs) for unions. As part of the Taft-Hartley plan, unions negotiate a wellness plan into a bargaining agreement. In short, a Taft-Hartley plan is a health plan the union is providing to union members on behalf of the employer.

8. What is a Health and Welfare Benefit Plan?

Health and Welfare Plans means any plan, fund or program which was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, dental, surgical or hospital care or benefits, or benefits in the event of sickness, accident, disability, death or unemployment, or vacation benefits, apprenticeship or other training programs or day care centers, scholarship funds, or prepaid legal services, including any such plan, fund or program as defined in Section 3 (1) of ERISA.



Frequently Asked Questions (Continued)

9. Is a Multi-Employer Plan the same as a Multiple Employer Plan (MEWA)?

No. A multi-employer plan refers to a collectively bargained plan maintained by more than one employer, usually within the same or related industries, and a labor union. These plans are often referred to as “Taft-Hartley plans” under ERISA. Multiemployer plans must comply with the qualification rules under IRC §414(f).

In contrast, a Multiple Employer Plan (MEWA) is a plan maintained by two or more employers who are not related under IRC §414(b) (controlled groups), IRC §414(c) (trades or businesses under common control), or IRC § 414(m) (affiliated service groups). Multiple employer plans must comply with the qualification rules under IRC §413(c).

10. What network of Providers do the Member Participants have access to?

The Plan Administrator has entered into an agreement with one or more networks of hospitals and physicians, called “PPO Networks.” These PPO networks offer participants healthcare services at discounted rates. In-Network Services for PPO providers are paid at 100% of the fee schedule contracted by Blue Cross Blue Shield with their participating providers.

11. How do I know if my providers participate in the network?

Log on to www.Anthem.com.

1. On the right side of the page, click on 'Find Care' Button
2. Scroll down, click on “Basic search as a guest.”
3. Under Select the type of plan or network click drop down arrow to “Select One” - Select “**Medical Plan or Network (may also include dental, vision, or pharmacy benefits)**” Option.
4. Under Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer’s sponsored plan is contracted in. Most of the time, it is where the headquarters is located.) - Select **<Your State >** in the drop-down menu
5. Under Select how you get health insurance - Select **Medical (Employer-Sponsored)**
6. Under Select a plan or network - Select **National PPO (BlueCard PPO)**
7. You will now be able to search for providers and facilities
8. Enter your City, County or Zip
9. You will be able to Search by name or by type of care

12. What is the eligibility criteria for an employee to enroll in the Member Benefit Program?

An employee is eligible to participate if they are actively employed by a supporting employer that is a member of an Affiliated Association. The supporting employer must also pay the contributions on the participating members’ behalf.

13. What are the eligibility criteria for a sole proprietor to enroll in the Member Benefit Program?

Sole Proprietor must provide documentation showing legal formation and/or tax records and validate that they are actively working for that entity.



Local 426 Member Benefit Program Key Entities and Roles

| | |
|--------------------------------|---|
| CapCare, LLC | Member Manager |
| CoreChoice | Program Manager |
| Concord Management Resources | Consultant providing seamless concierge services related to education, awareness, onboarding, and enrollment, billing, and support services for participants accessing care under the Plan. |
| Amalgamated Local 426 | Union providing Program Membership through NY Practice MGMNT Assoc. |
| Amalgamated Local 298/Local 22 | Sponsoring Union providing access to health plans and member benefits. The Sponsoring Union processes participant claims and contracts with various vendors to assist in the management of the program. |
| Network Access | National PPO Network available in all 50 states plus DC and Puerto Rico. |
| Broadreach Medical Resources | Retail Pharmacy Vendor & Pre-Authorization for Specialty Medications |
| Affordable Pharmacy | Mail Order Pharmacy Vendor |
| Health Care Advantage (HCA) | Specialty Medication Vendor |

Member Benefit Program Plan and Rate Options Through 12/31/2026

| PLAN OPTION PLAN NAME CONTRACTED FEE SCHEDULE | Option 1 Local 426 - Base Plan National PPO Network | Option 2 Local 426 - Bronze 4000 Plan National PPO Network | Option 3 Local 426 - Bronze Plan National PPO Network | Option 4 Local 426 - Silver 2500 Plan National PPO Network | Option 5 Local 426 - Liberty 1500 Plan National PPO Network |
|---|---|--|---|--|---|
| IN - NETWORK BENEFITS | IN - NETWORK | IN - NETWORK | IN - NETWORK | IN - NETWORK | IN - NETWORK |
| Deductible (Individual/Family) | \$3,000 / \$6,000 | \$4,000/\$10,000 | None | \$2,500/\$7,500 | \$1,500/\$3,000 |
| Coinsurance (Plan Pays/Member Pays) | 50% / 50% | 80% / 20% | 60% / 40% | 80% / 20% | Plan Pays 100% after Ded/Copays |
| Max Out of Pocket (individual/Family) | \$5,350/\$10,700 | \$9,100/\$18,200 | \$7,350/\$14,700 | \$9,100/\$18,200 | \$5,350/\$10,700 |
| Physician/Specialist Copay | Ded then 50% coinsurance | \$45 PCP/ \$45 Specialist copay | 40% coinsurance | \$30 PCP/ \$30 Specialist copay | Ded then \$30 PCP/ \$50 Specialist copay |
| Preventative Care & Services | Plan Pays 100% | Plan Pays 100% | Plan Pays 100% | Plan Pays 100% | Plan Pays 100% |
| Inpatient Hospital Services | Ded then 50% coinsurance | Ded then 20% coinsurance | 40% coinsurance | Ded then 20% coinsurance | Ded. Then \$500/Day - Max \$1,000 copay then 100% |
| Outpatient Hospital Services | Ded then 50% coinsurance | Ded then 20% coinsurance | 40% coinsurance | Ded then 20% coinsurance | Ded. Then \$150 copay then 100% |
| Outpatient Mental Health Services | Not Covered* | \$45 copay | 40% coinsurance | \$30 copay | \$50 copay |
| Diagnostic Laboratory (Office) | Ded then 50% coinsurance | \$30 copay | 40% coinsurance | \$30 copay | Ded. Then \$75 copay then 100% |
| Diagnostic X-ray/Imaging (Office) | Ded then 50% coinsurance | Ded then 20% coinsurance | 40% coinsurance | Ded then 20% coinsurance | Ded. Then \$75 copay then 100% |
| Emergency Room (Accident & Illness) | Ded then 50% coinsurance | \$350 Copay | 40% coinsurance | \$200 Copay | Ded. Then \$150 copay then 100% |
| Urgent Care | Ded then 50% coinsurance | \$80 Copay | 40% coinsurance | Ded then 20% coinsurance | Ded. Then \$30 copay then 100% |
| OUT - OF - NETWORK BENEFITS | OUT - OF - NETWORK | OUT - OF - NETWORK | OUT - OF - NETWORK | OUT - OF - NETWORK | OUT - OF - NETWORK |
| Deductible (Individual/Family) | Not Covered | \$5,000/\$15,000 | Not Covered | \$5,000/\$15,000 | Not Covered |
| Coinsurance (Plan Pays/Member Pays) | Not Covered | 50% /50% | Not Covered | 50% /50% | Not Covered |
| Max Out of Pocket (individual/Family) | Not Covered | \$13,500/\$36,000 | Not Covered | \$13,500/\$36,000 | Not Covered |
| PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS |
| Deductible (Individual/Family) | None | None | None | None | \$100/\$300 |
| Retail (Broadreach Medical Resources) | \$10/\$35/\$70 (Max 30 days) | \$10/\$50/\$75 (Max 30 days) | 40% coinsurance (30 days) | \$10/\$50/\$100 (Max 30 days) | \$15/\$35/\$75 (Max 30 days) |
| Mail Order (Affordable Pharmacy) | \$25/\$87.50/\$175 (Max 60 Days) | \$25/\$87/\$175 (31 to 90 Days) | 40% coinsurance (31 to 90 Days) | \$20/\$100/\$200 (31 to 90 Days) | \$30/\$70/\$150 (Max 60 Days) |
| Specialty Medications (Payer Matrix) | Not Covered (1) | Not Covered (1) | Not Covered (1) | Not Covered (1) | Not Covered (1) |
| Max Out of Pocket (individual/Family) | \$1,000/\$2000 | None | \$3,000/\$6,000 (2) | None | \$1,000/\$2000 |

| MEDICAL & RX MONTHLY RATES | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 |
|----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Employee Rate | \$847.00 | \$981.00 | \$997.00 | \$1,094.00 | \$1,114.00 |
| Employee & (1) Child Rate | \$1,380.00 | \$1,496.00 | \$1,648.00 | \$1,566.00 | \$1,786.00 |
| Employee & Spouse Rate | \$1,636.00 | \$1,994.00 | \$1,918.00 | \$2,027.00 | \$2,193.00 |
| Employee & Family Rate | \$2,057.00 | \$2,327.00 | \$2,325.00 | \$2,477.00 | \$2,666.00 |

Important Information:

> This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, participating individuals will be supplied with a Plan Document/Summary Plan Description (SPD) that will detail all covered services.

> The above rates are the Member Benefit Program base rates which include health plan contributions, Association Member Dues and Program administrative fees paid to various entities and consultants providing support to the Program. Automobile Accident Medical Expense Reimbursement Policy and Accidental Death and Dismemberment Benefit rates are also included in the billed rate. (Member Only \$28/ Member + Spouse \$45/Member + Child \$44/Member + Family \$79). Additional Association fees or charges are not included.

> (*) These noted benefits vary from under minimal essential coverage or/ and preventative care services as both plans are grandfathered plans and not required to ACA.

> (1) Specialty Medications are excluded under this program. Accordingly, to be eligible for specialty drugs, you must enroll in the Health Care Advantage (HCA) program, or you will be responsible for 100% co-insurance or the full cost of the medication. Prior Authorizations must be submitted to Broad Reach Medical. by the subscribing provider.

> (2) Max out of Pocket: Rx Plan 3 and 8 Coverage is initially limited to \$3,000 per calendar year, then charges between \$3,000 and \$6,000 are not covered, and charges more than \$6,000 per calendar year are covered at 60% and member pays 40%.

Member Benefit Program Plan and Rate Options Through 12/31/2026

| PLAN OPTION PLAN NAME CONTRACTED FEE SCHEDULE | Option 6 Local 426 - Gold 1000 Plan National PPO Network | Option 7 Local 426 - Liberty Plan National PPO Network | Option 8 Local 426 - Gold Plan National PPO Network | Option 9 Local 426 - ASO Plan National PPO Network | Option 10 Local 426 - HSA Plan National PPO Network |
|---|--|--|---|--|---|
| IN - NETWORK BENEFITS | IN - NETWORK | IN - NETWORK | IN - NETWORK | IN - NETWORK | IN - NETWORK |
| Deductible (Individual/Family) | \$1,000/\$2,000 | None | None | None | \$6,000 / \$12,000 (combined with prescription) |
| Coinsurance (Plan Pays/Member Pays) | 80% / 20% | Plan Pays 100% after Copays | 80% / 20% | 100% | 70% / 30% |
| Max Out of Pocket (individual/Family) | \$9,100/\$18,200 | \$5,350/\$10,700 | \$7,350/\$14,700 | None | \$8,350/\$16,600 (combined with prescription) |
| Physician/Specialist Copay | \$40 PCP/ \$40 Specialist copay | \$30 PCP/\$50 Specialist copay | 20% coinsurance, subject to \$10 copay | \$25 PCP/\$25 Specialist copay | Ded then 30% coinsurance |
| Preventative Care & Services | Plan Pays 100% | Plan Pays 100% | Plan Pays 100% | \$10 Child / \$25 Adult Preventative Services* | Plan Pays 100% |
| Inpatient Hospital Services | Ded then 20% coinsurance | \$500/Day - Max \$1,000 copay then 100% | 20% coinsurance | \$250 copay/stay | Ded then 30% coinsurance |
| Outpatient Hospital Services | Ded then 20% coinsurance | \$150 copay then 100% | 20% coinsurance | \$100 copay | Ded then 30% coinsurance |
| Outpatient Mental Health Services | \$80 copay | \$50 copay | \$10 copay | \$25 copay | Ded then 30% coinsurance |
| Diagnostic Laboratory (Office) | Ded then 20% coinsurance | \$20 copay | 20% coinsurance | \$10 copay | Ded then 30% coinsurance |
| Diagnostic X-ray/Imaging (Office) | Ded then 20% coinsurance | \$75 copay | 20% coinsurance | \$50 copay | Ded then 30% coinsurance |
| Emergency Room (Accident & Illness) | \$350 Copay | \$150 copay then 100% | 20% coinsurance, subject to \$35 copay | \$100 copay | Ded then 30% coinsurance |
| Urgent Care | \$80 Copay | \$30 copay then 100% | 20% coinsurance, subject to \$10 copay | \$25 Copay | Ded then 30% coinsurance |
| OUT - OF - NETWORK BENEFITS | OUT - OF - NETWORK | OUT - OF - NETWORK | OUT - OF - NETWORK | OUT - OF - NETWORK | OUT - OF - NETWORK |
| Deductible (Individual/Family) | \$7,500/\$15,000 | Not Covered | \$200/\$500 | \$1,500/\$3,750 | Not Covered |
| Coinsurance (Plan Pays/Member Pays) | 50% / 50% | Not Covered | 60% / 40% | 70% / 30% | Not Covered |
| Max Out of Pocket (individual/Family) | \$15,000/\$30,000 | Not Covered | Not Applicable | Not Applicable | Not Covered |
| PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS | PRESCRIPTION BENEFITS |
| Deductible (Individual/Family) | None | \$100/\$300 | None | None | \$6,000 / \$12,000 (combined with medical) |
| Retail (Broadreach Medical Resources) | \$10/\$35/\$75 (Max 30 days) | \$15/\$35/\$75 (Max 30 days) | \$10/\$20/\$20 (30 days) | \$10/\$35/\$45 (Max 30 days) | Ded then \$10/\$35/\$70 (Max 30 days) |
| Mail Order (Affordable Pharmacy) | \$25/\$87/\$175 (31 to 90 Days) | \$30/\$70/\$150 (Max 60 Days) | \$10/\$20/\$20 (31 to 90 Days) | \$20/\$70/\$90 (Max 60 Days) | Ded then \$25/\$87.50/\$175 (Max 60 Days) |
| Specialty Medications (Payer Matrix) | Not Covered (1) | Not Covered (1) | Not Covered (1) | Not Covered (1) | Not Covered (1) |
| Max Out of Pocket (individual/Family) | None | \$1,000/\$2000 | \$3,000/\$6,000 (2) | None | \$8,350/\$16,600 (combined with medical) |

| MEDICAL & RX MONTHLY RATES | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 | CURRENT RATE THROUGH 12/31/2026 |
|----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Employee Rate | \$1,208.00 | \$1,223.00 | \$1,311.00 | \$1,402.00 | \$823.00 |
| Employee & (1) Child Rate | \$1,788.00 | \$2,061.00 | \$2,301.00 | \$2,441.00 | \$1,584.00 |
| Employee & Spouse Rate | \$2,322.00 | \$2,475.00 | \$2,572.00 | \$2,704.00 | \$1,610.00 |
| Employee & Family Rate | \$2,905.00 | \$2,981.00 | \$2,999.00 | \$3,262.00 | \$2,049.00 |

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> The above rates are the Member Benefit Program base rates which include health plan contributions, Association Member Dues and Program administrative fees paid to various entities and consultants providing support to the Program. Automobile Accident Medical Expense Reimbursement Policy and Accidental Death and Dismemberment Benefit rates are also included in the billed rate. (Member Only \$28/ Member + Spouse \$45/Member + Child \$44/Member + Family \$79). Additional Association fees or charges are not included.

> (*) These noted benefits vary from under minimal essential coverage or/ and preventative care services as both plans are grandfathered plans and not required to ACA.

> (1) Specialty Medications are excluded under this program. Accordingly, to be eligible for specialty drugs, you must enroll in the Health Care Advantage (HCA) program, or you will be responsible for 100% co-insurance or the full cost of the medication. Prior Authorizations must be submitted to Broad Reach Medical. by the subscribing provider.







> (2) Max out of Pocket: Rx Plan 3 and 8 Coverage is initially limited to \$3,000 per calendar year, then charges between \$3,000 and \$6,000 are not covered, and charges more than \$6,000 per calendar year are covered at 60% and member pays 40%.

Voluntary Life and Supplemental Health Plans

The Empire Supplemental Health plans were designed to help prepare members for the unexpected. They provide peace of mind—and financial protection—by closing coverage gaps and providing benefits when they’re needed the most. These products provide fixed cash benefits directly to employees in the event they are faced with specific acute medical events. These benefits are independent of their core medical coverage and the members can use them for any reason.

Accident, Specified Disease & Hospital Indemnity Insurance



-  No medical questions required to enroll
-  Extended continuation
-  Pay lump-sum benefits when covered events
-  No pre-existing condition limitations
-  Can help pay for out-of-pocket medical costs
-  Cash benefit paid to you, so you decide how to use the money

Accident 24 Hour Low Plan

Most people don’t expect or budget for accidents, but most end up at the emergency room (ER) at some point in their lives. The financial implications of an ER visit can be staggering, even with medical coverage. That’s where accident protection can help. When a covered event happens, accident protection can help pay for unexpected out-of-pocket costs or any other expenses such as rent, food, babysitting or transportation.

- > **24-hour coverage**
- > **Four-tiered composite coverage rates**
- > **Fixed lump-sum benefits for:**
 - Hospital & Emergency Services
 - Follow-up care: physical therapy benefit pays for up to 10 visits per covered accident
 - Dislocation and fracture: benefits for covered dependents 100% of the employee benefit
 - Catastrophic and specific injuries and surgeries

| Monthly Cost | Accident 24 Hour Plan |
|------------------------------|-----------------------|
| Employee Only | \$ 4.02 |
| Employee + Spouse | \$ 6.27 |
| Employee + Dependent (Child) | \$ 6.49 |
| Employee + Family | \$ 10.27 |

Specified Disease

Battling a critical illness is difficult enough without financial worries. When critical illness strikes members and their families, they need to focus all their energy on getting better, not on the medical bills. Specified Disease coverage provides an added layer of security, helping to ensure that an illness won’t destroy the family’s financial well-being.

- > **Lump-sum benefit upon diagnosis of 8 illnesses including:**
 - Invasive and non-invasive cancer
 - Heart attack, stroke, and coronary artery disease
 - Major organ failure
 - End stage renal failure
 - Includes annual health screening benefit

Highlights:

- Coverage of \$10,000
- No evidence of insurability required to enroll
- Coverage for diagnosis of multiple conditions without any separation period
- **Four-tier rates in five-year age bands and will be provided during the enrollment process**



Hospital Indemnity Plan

Even a relatively minor hospital stay can result in overwhelming financial stress. And medical bills may only be a part of it. That’s where hospital indemnity protection comes in. It can help pay for some of the unexpected medical expenses the health plan doesn’t. And members can also use their lump-sum payment to cover daily living expenses like rent, food, babysitting or transportation. This flexibility can ease the strain and help members protect their savings and financial security.

- > **Plan includes first day hospital admission and daily hospitalization benefits, for hospital and ICU confinement**
- > **Designed to be HSA Compatible**
- > **Four-tiered composite coverage rates**
- > **Competitive Coverage Features:**
 - Day one coverage for Hospital confinement -no elimination or benefit waiting periods
 - No medical evidence required to enroll for all open enrollment periods
 - No pre-existing condition exclusion putting members first and avoiding gaps in coverage
 - Confinement due to normal pregnancy covered from day one with no waiting period

| Monthly Cost | Hospital Indemnity Plan | |
|------------------------------|-------------------------|-------|
| Employee Only | \$ | 7.13 |
| Employee + Spouse | \$ | 14.71 |
| Employee + Dependent (Child) | \$ | 11.20 |
| Employee + Family | \$ | 19.38 |

Voluntary Life Insurance



- > A dedicated life claims team that provides more than just a check. In times of need, our team is there to support your employees and their beneficiaries.
- > **Rates are in five-year age bands and will be provided during the enrollment process**

| | |
|-------------------------------|---|
| Employee benefit | \$10,000 increments to a maximum of \$100,000 or 5x your annual earnings, whichever is less |
| Guaranteed issue | Employee: \$100,000 or 5x your annual earnings, whichever is less |
| Conversion/portability | If your employment ends, you can apply to convert to another Anthem plan without a health exam/Evidence of Insurability |
| Age reduction | Benefit is reduced by 35% at age 65; 50% at age 70 |
| Living benefit | Up to 50% of Supplemental Life benefit |



Automobile Accident Medical Expense Reimbursement Policy with Accidental Death and Dismemberment Benefits



As noted under Terms and Conditions of the Amalgamated Local 426 (“Local 426”) Member Benefit Program, medical expenses related to an automobile accident are not covered under the Union Member Benefit Program Medical Plans. However, as an enrolled member of Local 426, you now have access to an AME Policy with AD&D benefits.

Automobile Accident Medical Expense Reimbursement Policy (“AME Policy”) with Accidental Death and Dismemberment Benefits (“AD&D”). Members United Assurance LLC has partnered with the Association of United Members to provide eligible members of Local 426 with a policy that covers medical expenses as a result of an automobile accident that are in excess of the Members personal automobile insurance policy and/or subrogation rights.

Key Features:

- ❖ Insured members receive expanded accident medical expenses to bolster their protection past their personal automobile insurance policy.
- ❖ Our accident medical expenses are unlimited and offered in an excess of the automobile policy’s medical payments benefit, which may typically only offer up to \$10,000 (USD).
- ❖ Protection for the insured member’s spouse and/or dependent children when Tier of coverage is selected.

Class Description:

Class 1: All active Members participating in the Policyholder’s program who have met the employment or Membership requirements as defined by the Policyholder, are eligible and shall remain in good standing, and who have paid their required fees and premiums, whose names appear on file with the Policyholder and are not in any other Class.

Class 2: All Spouses and/or Domestic Partners of Class 1 Members who are enrolled in the plan for whom premiums have been paid, whose names appear on file with the Policyholder and are not in any other Class.

Class 3: The Dependent Child(ren) of the Class 1 Member who is(are) enrolled in the plan for whom premiums have been paid, whose names appear on file with the Policyholder and are not in any other Class.

Accident Medical Expense Benefits:

Benefit Amount

| | |
|---------------------------|-----------|
| Member..... | Unlimited |
| Spouse..... | Unlimited |
| Dependent Child(ren)..... | Unlimited |

First Covered Expenses must be incurred within

90 days, after date of Covered Loss is incurred

Scope of Coverage:

Full Excess

Supplemental Accidental Death and Dismemberment Benefit is included with the Automobile Accident Medical Reimbursement Rider.

- ❖ If the accident results in a death, a fixed coverage of up to \$150,000 (USD) is provided for the member and/or spouse and \$37,500 (USD) per child.
- ❖ If the accident results in a dismemberment or paralysis, we pay an indemnity based on the percentage of the accidental death face amount, depending on the seriousness of the injury. For example, these can include loss of sight, loss of a limb, paraplegia, loss of hearing, etc.

AD&D Benefits:

Benefit Amount

Accidental Death

| | |
|---------------------------|-----------------------|
| Member | \$150,000 |
| Spouse | 100% of Principal Sum |
| Dependent Child(ren)..... | 25% of Principal Sum |

Accidental Dismemberment

| | |
|---|-----------------------|
| Loss of two or more Hands or Feet | 100% of Principal Sum |
| Loss of Sight of both Eyes | 50% of Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of Principal Sum |
| Loss of one Hand or Foot..... | 50% of Principal Sum |
| Loss of Sight in One Eye..... | 50% of Principal Sum |
| Loss of Speech | 50% of Principal Sum |
| Loss of Hearing (in both ears)..... | 100% of Principal Sum |
| Loss of Hearing (in one ear)..... | 50% of Principal Sum |
| Loss of thumb and index Finger of the same Hand | 25% of Principal Sum |
| Loss of all four Fingers of the same Hand..... | 30% of Principal Sum |
| Loss of all the Toes of the same Foot | 35% of Principal Sum |
| Maximum number of accidental dismemberments per Covered Person per Accident | 1 |

Automobile Accident Medical Expense Reimbursement Policy Key Entities and Roles

| | |
|--------------------------------------|---|
| Members United Assurance, LLC | Protected Cell Captive Insurance Company Issuing Policy |
| Association of United Members | Master Group Policyholder |
| Co-Ordinated Benefit Plans | Claims TPA for the AME Policy and AD&D benefits |

Important Policy and Benefit Disclosures:

- > The program is made available through membership in the Association of United Members. The Monthly Rate includes \$3.00 monthly association dues required to be a member of the master group policyholder, Association of United Members (AUM). The fee and payment will be invoiced and processed via the current monthly Auto Pay (ACH) or Credit Card.
- > Coverage is available in all states, plus D.C. and Puerto Rico. Th information provided is a partial listing of benefits and services. All coverage is subject to the conditions, limitations, exclusions, terms and provisions of the policy. Please contact the customer service team at 1-833-287-4765 Option 6 for more information.
- > Members will receive the same tier of coverage for the AME policy as the coverage selected under the medical option. The premium rates are included in the monthly billing. *(Member Only \$28/ Member + Spouse \$45/Member + Child \$44/Member + Family \$79).*
- > Once enrolled, members will receive an insurance certificate of coverage.

Automobile Accident Medical Expense Reimbursement (“AME Policy”) with Accidental Death and Dismemberment Benefits (“AD&D”) FAQ’s

1. Why do I need to be enrolled in the AME Policy?

Medical claims incurred because of an automobile accident are not covered under the Amalgamated Local 426 (“Local 426”) member benefit program (refer to SPD). Any medical expenses submitted to Local 426 incurred because of an automobile accident will not be covered.

2. Do the proposal rates include any fees or premiums related to the AME Policy?

Yes. The Monthly Rates shown under Member Benefit Program Plan and Rate Options include health plan contributions, Association Member Dues and Program administrative fees paid to various entities and consultants providing support to the Program. The rates for the AME Policy and AD&D benefits are included in the bundled billed rate (Member Only \$28/ Member + Spouse \$45/Member + Child \$44/Member + Family \$79).

3. Who is Members United Assurance (“MUA”)?

Members United Assurance, LLC, is a Series Cell 1 Tennessee limited liability company authorized by the Commissioner of Commerce and Insurance to transact business as a protected cell captive insurance company in the State of Tennessee.

4. What is a Protected Cell Captive?

A Protected Cell Captive is a legal, corporate entity in which the assets and liabilities are segregated and protected within one or many “cells” within the company, also called the “core.” Each cell is legally independent from the other cells and often from the main core itself. Therefore, each protected cell’s finances must be separately accounted for in the books of the core company. With this structure, the assets of one cell cannot be affected by the liabilities of another.

5. Who is the Association of United Members (“AUM”)?

Association of United Members is a Membership Organization that has partnered with various entities such as CapCare, Local 426 to provide the AME Policy.

6. Why do I have to join Association of United Members (AUM)?

Association of United Members is the Master Policy holder. This insurance policy (Policy) is only available to members of AUM.

7. Are their monthly dues or fees to belong to AUM?

Yes. The monthly dues are \$2.00 per month per member. This fee is already included and part of the monthly policy and billed rates.

8. Who do I call if I have questions about the AME Policy with AD&D benefits?

If a member has additional questions about the AME Policy or AD&D benefits, please contact our member services support team by calling 833-287-4765 option 6 or email AUMsupport@concordmgt.com.

9. Does the AME insurance coverage work just like my personal Auto Insurance?

No. The AME insurance works like medical insurance. The only difference is that this policy covers medical expenses incurred because of an automobile accident in excess of any medical expenses covered under your automobile policy.



10. Should the medical claims go to my auto carrier or health plan first?

Members should file any medical expenses related to an automobile accident FIRST to your auto insurance carrier. Your claim will be adjudicated by that carrier. If the medical claim is greater than your auto carrier's policy limit, you then submit a claim to Co-ordinated Benefit Plans (refer to your Certificate of Insurance).

11. Will I have to file the medical expenses incurred as a result of an automobile accident, or will the health plan or personal auto insurance file for me?

You, the insured, are responsible for filing your claim, as discussed above, first to your auto insurance carrier. If the medical expenses are greater than your auto insurance medical coverage limit, then you will need to file a claim with our claim's administrator Co-ordinated Benefit Plans.

12. Will the AME Policy subrogate with my auto insurance carrier with the other driver's auto insurance carrier?

Yes. The claims administrator will work to recover from an at-fault third party if applicable.

13. Can I cancel my current automobile coverage and only use the AME Policy coverage?

No, the AME policy is not intended to replace your personal automobile coverage. Members receive expanded medical expenses to bolster their protection past their personal automobile insurance policy due to the Local 426 exclusion.

14. What is included in the coverage?

All members will receive a Certificate of Coverage that will include the Policy summary of benefits.

15. Will I receive a separate card showing coverage?

Yes. We have provided a convenient "Wallet Card" which can be found attached to your Certificate of Insurance.

16. Is there a maximum benefit payout? No. The Policy provides for unlimited reimbursement.

17. Can I opt in or out at any time?

Members will automatically be enrolled in the program at the time of initial enrollment. Members will have the ability to opt out after receiving a copy of their Certificate of Coverage as per the plan termination guidelines.

18. If I opt out of the program will my monthly billed rate be reduced?

Yes. Your monthly billed rate be reduced by the premium attributable to the Policy.

19. Will my health plan rate increase if I file a claim under the AME Policy?

The Member Benefit Healthcare Program and AME policy are two completely separate programs. The claim and rate experience under each program are not impacted by the other.

20. When is the renewal period for the AME Policy?

The Policy renews January 1st each year.

21. If I terminate my coverage or dependent(s) coverage with the Health Plan, can I continue the AME Policy coverage?

No, you and your dependent(s) must be an active enrolled member of Local 426 Member Benefit Program to maintain coverage.