



EMPLOYEE TRUSTEES
CHARLES A. WHOBREY
TREVOR LAWRENCE
JOSEPH GRONEK
TOM ERICKSON

EMPLOYER TRUSTEES
GARY F. CALDWELL
CHRISTOPHER J. LANGAN
ROBERT WHITAKER
MARK F. ANGERAME

EXECUTIVE DIRECTOR
THOMAS C. NYHAN

September 17, 2025

Mr. Tom Strickland
Secretary Treasurer
Local Union 662
1545 Main Street
Green Bay, WI 54302

Jennifer Poyer
Village Clerk
1582 Kronenwetter Drive
Kronenwetter WI 54455

RE: **VILLAGE of Kronenwetter**
ACCOUNT NO.: 7941000-0100-00662-A/C/D/E

Dear Tom and Jennifer:

Our records indicate that the most recent collective bargaining agreement between the Village of Kronenwetter and Teamsters Local 662 provides health and welfare benefits under **Plan NN** (excluding retiree coverage) for both the bargaining unit and non-bargaining unit groups. Here is the contribution rate for the next year:

PLAN NN	
Without Retiree Health Coverage (per employee, per week)	
<u>Effective Date</u>	<u>Composite</u>
Current rate	\$451.40
12-29-2025	\$451.40

Also, please be advised that the waiting periods for new hires must be in accordance with the Question and Answer #1 of Special Bulletin 2013-1 (attached). Collective Bargaining Agreements ratified on or after July 1, 2013 will not be accepted unless the waiting period under the terms of the agreement is no more than thirty (30) calendar days unless the Board of Trustees explicitly consents in writing to a longer period.

In addition, please sign and return the Participation Agreements for both the Bargaining Unit and Non-Bargaining Unit via email to me or by mail to:

**Central States Health and Welfare Fund
8647 West Higgins Road
Chicago, IL 60631
Attn: Contract Department**

If you have any questions, please feel free to contact me.

Thank you,

Rob Santangelo
Marketing and Field Service Representative



TeamCare – Central States Health Fund 8647
W. Higgins Road, Chicago, IL 60631 Office:
(847) 939-2122 Cell:(224) 567-2534

cc: Michael Michelini, Division Manager, Field Service Group
Karl Lewis, Division Manager, Contracts Department
Heather Schissel, Teamleader, Contracts Department

**WISCONSIN MUNICIPALITIES
PARTICIPATION AGREEMENT**

**BARGAINING UNIT EMPLOYEES
VILLAGE OF KRONENWETTER**

ACCOUNT NUMBER: 7941000-0100-00662A – (DPW)

THIS AGREEMENT between the Employer and the Central States, Southeast and Southwest Areas Health and Welfare Fund ("Health and Welfare Fund") sets forth the terms under which the Employer will participate in the Health and Welfare Fund on behalf of Employees covered by its collective bargaining agreement with a Local Union affiliated with the International Brotherhood of Teamsters (the "Union") covering the following job classification(s):

and any other job classification covered by the collective bargaining agreement.

1. The Employer agrees to be bound by the Trust Agreement of the Health and Welfare Fund and all amendments subsequently adopted as well as all rules and regulations presently in effect or subsequently adopted by the Trustees of the Health and Welfare Fund and accepts the respective Employer and Employee Trustees and their successors.

2. The Employer shall contribute to the Health and Welfare Fund for each Employee at the following weekly rates:

Effective Date: <u>12/29/2025 (2026)</u>	Rate: <u>\$ 451.40</u>
Effective Date: _____	Rate: <u>\$</u>
Effective Date: _____	Rate: <u>\$</u>

*Rate to Maintain, Not-to-exceed.

3. The contribution rate beginning twelve months after the last Effective Date set forth in paragraphs 2 shall be the rate determined by the Trustees to maintain the existing benefit plan and such rate changes shall be incorporated into this Agreement.

4. This Agreement and the Employer's obligation to pay contributions shall continue in effect until three years after the initial "Effective Date" set forth in paragraph 2 and will continue thereafter for three year terms absent a written notice of termination served by certified mail (return receipt requested) that is mailed at least 60 days before the initial termination date or extended termination date. Any notice directed to the Health and Welfare Fund shall be sent to the above address and shall be directed to the Contracts Department. Any notice to the Employer shall be sent to the address set forth below or the address to which monthly contribution bills are sent. Notwithstanding the foregoing, this Participation Agreement shall terminate a) on the date selected by the Trustees in the event they decide to terminate participation under Article IV, Section 20 of the Trust Agreement because they determine that this Agreement is unlawful and/or inconsistent with any rule or requirement for participation by Employers in the Fund and/or that the Employer is engaged in one or more practices or arrangements that threaten to cause economic harm to, and/or impairment of the actuarial soundness of the Fund, or b) the date of

the certification of the result of an election that terminates the Union's status as representative of the Employees, or c) the date the Union's representative status terminates through a valid disclaimer of interest. In the event an election certification or disclaimer of interest referred to in b) or c) relates to only part of the bargaining unit, this Agreement shall remain in effect with respect to the remainder of the bargaining unit.

5. For purposes of this Agreement, the term "Employee" shall mean any full-time or part-time employee performing work in a classification covered by a collective bargaining agreement between the Employer and the Union or represented by the Union. Temporary and casual (i.e. short term employees who work for uncertain or irregular duration) are excluded. Employee shall not include any person employed in a managerial or supervisory capacity or any person employed for the principal purpose of obtaining benefits from the Health and Welfare Fund.

6. The Employer agrees to remit contributions on behalf of each Employee for any period he/she receives, or is entitled to receive, compensation (regardless of whether the employment relationship is terminated), including show up time pay, overtime pay, holiday pay, disability or illness pay, layoff/severance pay, vacation pay or the payment of wages which are the result of any Labor Relations Board proceeding, grievance/arbitration proceeding or other legal proceeding or settlement.

7. On or before the 15th day of each month, the Employer must report to the Health and Welfare Fund any change in the Employee workforce (including, but not limited to new hires, layoffs or terminations) which occurred during the prior month and must pay all contributions owed for the prior month. In the event of a delinquency, a) the Employer shall be obligated to pay interest on the monies due to the Health and Welfare Fund from the date when payment was due to the date when the payment is made, together with all expenses of collection incurred by the Health and Welfare Fund, including, but not limited to, attorneys' fees and costs and b) at the option of the Trustees or their delegated representative, the payment of contributions that accrue after the Employer has become delinquent shall be accelerated so that the contributions owed for each calendar week (Sunday through Saturday) shall be due on the following Monday. If the Employer fails to report changes in the covered workforce on time, the Employer must pay the contributions billed by the Health and Welfare Fund regardless of actual terminations, leaves of absence, layoffs or other changes in the workforce. The Trustees reserve the right to terminate the participation of any Employer that fails to timely pay required contributions.

8. The Employer shall provide the Trustees with access to its payroll records and other pertinent records when requested by the Health and Welfare Fund. If litigation is required to either obtain access to the Employer's records or to collect additional billings that result from the review of the records, all costs incurred by the Health and Welfare Fund in conducting the review shall be paid by the Employer and the Employer shall pay any attorneys' fees and costs incurred by the Health and Welfare Fund.

9. The Employer acknowledges that it is aware of the Health and Welfare Fund's adverse selection rule and agrees that while this Agreement remains in effect, it will not enter into any agreement or engage in any practice that violates the adverse selection rule.

10. This Agreement shall in all respects be construed according to the laws of the United States. In all actions taken by the Trustees to enforce the terms of this Agreement, including actions to collect delinquent contributions or to conduct audits, the Illinois ten year written contract statute of limitations shall apply. The Employer agrees that the statute of limitations shall not begin to accrue with respect to any unpaid contributions until such time as the Health and Welfare Fund receive actual written notice of the existence of the Employer's liability.

IN WITNESS WHEREOF, said Employer and the Health and Welfare Fund have caused this Instrument to be executed by their duly authorized representatives, the day and year first above written.

Employer Name

Central States Southeast and Southwest
Areas Pension Fund and Central States
Southeast and Southwest and Southwest
Areas Health and Welfare Fund.

Representative Signature

Printed Name and Title

Thomas B. Baxa
Director – Employer Services

Date

Complete Address of Employer

Date

() ()

Telephone Number Fax Number

**WISCONSIN MUNICIPALITIES
PARTICIPATION AGREEMENT**

**BARGAINING UNIT EMPLOYEES
VILLAGE OF KRONENWETTER**

ACCOUNT NUMBER: 7941000-0100-00662C – (Clerk)

THIS AGREEMENT between the Employer and the Central States, Southeast and Southwest Areas Health and Welfare Fund ("Health and Welfare Fund") sets forth the terms under which the Employer will participate in the Health and Welfare Fund on behalf of Employees covered by its collective bargaining agreement with a Local Union affiliated with the International Brotherhood of Teamsters (the "Union") covering the following job classification(s):

and any other job classification covered by the collective bargaining agreement.

1. The Employer agrees to be bound by the Trust Agreement of the Health and Welfare Fund and all amendments subsequently adopted as well as all rules and regulations presently in effect or subsequently adopted by the Trustees of the Health and Welfare Fund and accepts the respective Employer and Employee Trustees and their successors.

2. The Employer shall contribute to the Health and Welfare Fund for each Employee at the following weekly rates:

Effective Date: <u>12/29/2025 (2026)</u>	Rate: <u>\$ 451.40</u>
Effective Date: _____	Rate: <u>\$</u>
Effective Date: _____	Rate: <u>\$</u>

3. The contribution rate beginning twelve months after the last Effective Date set forth in paragraphs 2 shall be the rate determined by the Trustees to maintain the existing benefit plan and such rate changes shall be incorporated into this Agreement.

4. This Agreement and the Employer's obligation to pay contributions shall continue in effect until three years after the initial "Effective Date" set forth in paragraph 2 and will continue thereafter for three year terms absent a written notice of termination served by certified mail (return receipt requested) that is mailed at least 60 days before the initial termination date or extended termination date. Any notice directed to the Health and Welfare Fund shall be sent to the above address and shall be directed to the Contracts Department. Any notice to the Employer shall be sent to the address set forth below or the address to which monthly contribution bills are sent. Notwithstanding the foregoing, this Participation Agreement shall terminate a) on the date selected by the Trustees in the event they decide to terminate participation under Article IV, Section 20 of the Trust Agreement because they determine that this Agreement is unlawful and/or inconsistent with any rule or requirement for participation by Employers in the Fund and/or that the Employer is engaged in one or more practices or arrangements that threaten to cause economic harm to, and/or impairment of the actuarial soundness of the Fund, or b) the date of

the certification of the result of an election that terminates the Union's status as representative of the Employees, or c) the date the Union's representative status terminates through a valid disclaimer of interest. In the event an election certification or disclaimer of interest referred to in b) or c) relates to only part of the bargaining unit, this Agreement shall remain in effect with respect to the remainder of the bargaining unit.

5. For purposes of this Agreement, the term "Employee" shall mean any full-time or part-time employee performing work in a classification covered by a collective bargaining agreement between the Employer and the Union or represented by the Union. Temporary and casual (i.e. short term employees who work for uncertain or irregular duration) are excluded. Employee shall not include any person employed in a managerial or supervisory capacity or any person employed for the principal purpose of obtaining benefits from the Health and Welfare Fund.

6. The Employer agrees to remit contributions on behalf of each Employee for any period he/she receives, or is entitled to receive, compensation (regardless of whether the employment relationship is terminated), including show up time pay, overtime pay, holiday pay, disability or illness pay, layoff/severance pay, vacation pay or the payment of wages which are the result of any Labor Relations Board proceeding, grievance/arbitration proceeding or other legal proceeding or settlement.

7. On or before the 15th day of each month, the Employer must report to the Health and Welfare Fund any change in the Employee workforce (including, but not limited to new hires, layoffs or terminations) which occurred during the prior month and must pay all contributions owed for the prior month. In the event of a delinquency, a) the Employer shall be obligated to pay interest on the monies due to the Health and Welfare Fund from the date when payment was due to the date when the payment is made, together with all expenses of collection incurred by the Health and Welfare Fund, including, but not limited to, attorneys' fees and costs and b) at the option of the Trustees or their delegated representative, the payment of contributions that accrue after the Employer has become delinquent shall be accelerated so that the contributions owed for each calendar week (Sunday through Saturday) shall be due on the following Monday. If the Employer fails to report changes in the covered workforce on time, the Employer must pay the contributions billed by the Health and Welfare Fund regardless of actual terminations, leaves of absence, layoffs or other changes in the workforce. The Trustees reserve the right to terminate the participation of any Employer that fails to timely pay required contributions.

8. The Employer shall provide the Trustees with access to its payroll records and other pertinent records when requested by the Health and Welfare Fund. If litigation is required to either obtain access to the Employer's records or to collect additional billings that result from the review of the records, all costs incurred by the Health and Welfare Fund in conducting the review shall be paid by the Employer and the Employer shall pay any attorneys' fees and costs incurred by the Health and Welfare Fund.

9. The Employer acknowledges that it is aware of the Health and Welfare Fund's adverse selection rule and agrees that while this Agreement remains in effect, it will not enter into any agreement or engage in any practice that violates the adverse selection rule.

10. This Agreement shall in all respects be construed according to the laws of the United States. In all actions taken by the Trustees to enforce the terms of this Agreement, including actions to collect delinquent contributions or to conduct audits, the Illinois ten year written contract statute of limitations shall apply. The Employer agrees that the statute of limitations shall not begin to accrue with respect to any unpaid contributions until such time as the Health and Welfare Fund receive actual written notice of the existence of the Employer's liability.

IN WITNESS WHEREOF, said Employer and the Health and Welfare Fund have caused this Instrument to be executed by their duly authorized representatives, the day and year first above written.

Employer Name

Central States Southeast and Southwest
Areas Pension Fund and Central States
Southeast and Southwest and Southwest
Areas Health and Welfare Fund.

Representative Signature

Printed Name and Title

Thomas B. Baxa
Director – Employer Services

Date

Complete Address of Employer

Date

() ()

Telephone Number Fax Number

WISCONSIN MUNICIPALITIES PARTICIPATION AGREEMENT

**NON-BARGAINING UNIT EMPLOYEES
VILLAGE OF KRONENWETTER
ACCOUNT NUMBER: 7941000-0100-00662D**

1. The Employer is currently bound by a collective bargaining agreement(s) with a local union(s) that is affiliated with the International Brotherhood of Teamsters (the "Union"). In addition, the Employer has entered into a Participation Agreement with the Central States, Southeast and Southwest Areas Health and Welfare Fund (the "Health and Welfare Fund") that requires it to contribute to the Health and Welfare Fund on behalf of employees covered by the collective bargaining agreement (the "Bargaining Unit Participation Agreement"). The Employer also desires to participate in the Health and Welfare Fund with respect to its employees who are not covered by the collective bargaining agreement ("Non-Unit Employee") and this Agreement sets forth the terms under which the Employer will participate in the Health and Welfare Fund with respect to such Non-Unit Employees.

2. The Employer agrees to be bound by the terms of the Health and Welfare Fund trust agreement and all policies, rules and regulations that have been adopted or that are adopted in the future by the Trustees pursuant to the trust agreement.

3. For the duration of this Agreement, the Employer shall contribute to the Health and Welfare Fund on behalf of each Non-Unit Employee for each week during which the Non-Unit Employee works or is entitled to receive compensation (including, but not limited to paid vacations, holidays, paid leave, back pay awards) at the same rate the Employer is required to contribute under the Bargaining Unit Participation Agreement on its employees covered by the collective bargaining agreement between the Union and Employer. At the present time the agreed weekly rates and the term of this Agreement are as follows:

<u>Effective Date</u>	<u>Rate</u>
12/29/2025 (2026)	\$ 451.40

4. The contribution rates beginning twelve months after the last Effective Date set forth in paragraph 3 shall be the rates determined by the Trustees to maintain the existing Health and Welfare Fund Benefit Plan and such rate changes shall be incorporated into this Agreement.

5. The Employer will pay the contributions owed for each month on or before the 15th day after the end of the month. If the Employer fails to pay its contributions on time, it shall pay interest at the rate set forth in the Health and Welfare Fund trust agreement.

6. The Employer shall report changes in its Non-Unit Employee workforce (for example, new hires, layoffs, terminations) that occur during any month on or before the 15th day after the end of the month during which the change occurred. If the Employer fails to

timely report in writing the changes in the employment status of the Non-Unit Employees included in the Health and Welfare Fund's monthly bill, it shall be liable for the amount billed regardless of actual changes in the employment relationship. The Illinois ten-year written contract statute of limitations, which shall apply to any claim for unpaid contributions, shall not accrue with respect to contributions owed by the Employer on any Non-Unit Employee until the Health and Welfare Fund receives written notice of the liability.

7. For purposes of this Participation Agreement, the term "Eligible Non-Unit Employee" shall mean the following:

a. The term "Eligible Non-Unit Employee" means each and every individual employed by the Employer on a full-time basis who is not covered by a collective bargaining agreement between the Employer and the Union. An employee is employed on a full-time basis if the employee is reasonably expected to receive 30 or more hours of compensation per week. A newly hired full-time employee who is not covered by a collective bargaining agreement will become an Eligible Non-Unit Employee on whose behalf contributions are due beginning on the employee's 1st day on the Employer's payroll.

b. Any variable hour (e.g. part-time, temporary, casual) or seasonal employee who is not covered by a collective bargaining agreement and who is not a full-time employee because the employee is not reasonably expected to receive 30 or more hours of compensation per week shall not be an Eligible Non-Unit Employee and contributions shall not be due on the employee's behalf except as provided in this paragraph. The Employer agrees to use the look-back measurement method described at 26 CFR §54.4980H-3(d) for determining full-time status under the Affordable Care Act. The Employer agrees that any employee who was not reasonably expected to be a full-time employee will become an Eligible Non-Unit Employee (so contributions will be due on his/her behalf) if the employee averages 30 or more hours of compensation per week during an initial measurement period or standard measurement period for the subsequent stability period and for eight weeks immediately before the beginning of the stability period (the eight weeks of contribution requirement will be reduced by the number of weeks of contributions the Employer has paid on the employee during the 52-week period ending on the last day of a standard measurement period, if any). For a newly hired employee who is not reasonably expected to receive 30 or more hours of compensation at the time of hire, the initial measurement period shall be the 12-month period from the first day compensated and the initial stability period shall be the subsequent 12-month period. The standard measurement period shall be from January 1 through December 31 followed by a standard stability period from January 1 through December 31. The Employer shall be required to contribute for each week of the stability period (regardless of whether the employee receives compensation for the week); the only exception is that contributions will not be due if the employment relationship is terminated during an initial stability period or a standard stability period, in which case the Employer shall not be required to contribute for the weeks after the last week for which the employee received compensation (unless the employee is rehired within 13 weeks, in that instance contributions will be due for the remainder of the stability period). The initial measurement period calculation shall apply to any employee hired after January 1, 2023 and the standard measurement period

calculation shall begin with calendar year 2023 (so hours from January 1, 2023 will be considered to determine eligibility after January 1, 2023).

c. It is understood that an employee's expected number of hours can change during the employment relationship. If it happens that the status of a full-time employee changes due to a permanent reduction in the number of hours of compensation below 30 hours, the Employer's contribution obligation with respect to the employee will thereafter be covered by paragraph 7(b) of this Agreement. If it happens that the status of an employee who is not a full-time employee changes due to a permanent increase in the number of hours of compensation to 30 or more hours per week, the employee will become an Eligible Non-Unit Employee and contributions will be due on the employee immediately, including the 8 weeks prior to the transfer so the employee is immediately eligible for coverage.

d. Contributions due under this Non-Unit Participation Agreement will be paid at the same contribution rates for all employees.

e. Any Eligible Non-Unit Employee who is eligible to have contributions paid on his/her behalf under this Non-Unit Participation Agreement may not waive coverage.

f. The common law master-servant test shall be utilized to determine whether an employment relationship exists. The term Eligible Non-Unit Employee shall not include: i) independent contractors, ii) any person covered by a collective bargaining agreement between the Employer and a union not affiliated with the International Brotherhood of Teamsters that requires the Employer to contribute to some other health and welfare fund, or iii) any person employed for the principal purpose of obtaining or continuing coverage under the Health and Welfare Fund.

8. This Participation Agreement and the Employer's obligation to remit contributions on Eligible Non-Unit Employees shall continue in effect until the earlier of: a) 30 days after service of a written notice served by either the Health and Welfare Fund or the Employer of their intent to terminate this Participation Agreement, or b) the date of the termination of the Employer's contractual and statutory duty to contribute to the Health and Welfare Fund on behalf of employees represented by the Union. A written notice of intent to terminate can be served by personal delivery, facsimile or certified mail (return receipt requested) and, if service is by mail, service will be deemed accomplished on the date of mailing.

9. Notwithstanding any provision of this Participation Agreement to the contrary, contributions shall be owed by the Employer for any week for which the Health and Welfare Fund must provide coverage to an employee who is not covered by any of the collective bargaining agreements (or the employee's dependent) under any provision of law (including, without limitation, the Patient Protection and Affordable Care Act). Such contributions shall be due and owing to the Health and Welfare Fund at the same time and at the same rate set forth in this Participation Agreement for the Employer contributions.

IN WITNESS WHEREOF, said Employer and the Health and Welfare Fund have caused this Instrument to be executed by their duly authorized representatives, the day and year first above written.

VILLAGE OF KRONENWETTER

Employer Name

Central States Southeast and Southwest
Areas Health and Welfare Fund.

Representative Signature

Thomas B. Baxa
Director – Employer Services

Printed Name and Title

Date

Date

Complete Address of Employer

Telephone Number Fax Number

**WISCONSIN MUNICIPALITIES
PARTICIPATION AGREEMENT**

**BARGAINING UNIT EMPLOYEES
VILLAGE OF KRONENWETTER**

ACCOUNT NUMBER: 7941000-0100-00662E – Water/Sewer Dept.)

THIS AGREEMENT between the Employer and the Central States, Southeast and Southwest Areas Health and Welfare Fund ("Health and Welfare Fund") sets forth the terms under which the Employer will participate in the Health and Welfare Fund on behalf of Employees covered by its collective bargaining agreement with a Local Union affiliated with the International Brotherhood of Teamsters (the "Union") covering the following job classification(s):

and any other job classification covered by the collective bargaining agreement.

1. The Employer agrees to be bound by the Trust Agreement of the Health and Welfare Fund and all amendments subsequently adopted as well as all rules and regulations presently in effect or subsequently adopted by the Trustees of the Health and Welfare Fund and accepts the respective Employer and Employee Trustees and their successors.

2. The Employer shall contribute to the Health and Welfare Fund for each Employee at the following weekly rates:

Effective Date: <u>12/29/2025 (2026)</u>	Rate: <u>\$ 451.40</u>
Effective Date: _____	Rate: <u>\$</u>
Effective Date: _____	Rate: <u>\$</u>

3. The contribution rate beginning twelve months after the last Effective Date set forth in paragraphs 2 shall be the rate determined by the Trustees to maintain the existing benefit plan and such rate changes shall be incorporated into this Agreement.

4. This Agreement and the Employer's obligation to pay contributions shall continue in effect until three years after the initial "Effective Date" set forth in paragraph 2 and will continue thereafter for three year terms absent a written notice of termination served by certified mail (return receipt requested) that is mailed at least 60 days before the initial termination date or extended termination date. Any notice directed to the Health and Welfare Fund shall be sent to the above address and shall be directed to the Contracts Department. Any notice to the Employer shall be sent to the address set forth below or the address to which monthly contribution bills are sent. Notwithstanding the foregoing, this Participation Agreement shall terminate a) on the date selected by the Trustees in the event they decide to terminate participation under Article IV, Section 20 of the Trust Agreement because they determine that this Agreement is unlawful and/or inconsistent with any rule or requirement for participation by Employers in the Fund and/or that the Employer is engaged in one or more practices or arrangements that threaten to cause economic harm to, and/or impairment of the actuarial soundness of the Fund, or b) the date of

the certification of the result of an election that terminates the Union's status as representative of the Employees, or c) the date the Union's representative status terminates through a valid disclaimer of interest. In the event an election certification or disclaimer of interest referred to in b) or c) relates to only part of the bargaining unit, this Agreement shall remain in effect with respect to the remainder of the bargaining unit.

5. For purposes of this Agreement, the term "Employee" shall mean any full-time or part-time employee performing work in a classification covered by a collective bargaining agreement between the Employer and the Union or represented by the Union. Temporary and casual (i.e. short term employees who work for uncertain or irregular duration) are excluded. Employee shall not include any person employed in a managerial or supervisory capacity or any person employed for the principal purpose of obtaining benefits from the Health and Welfare Fund.

6. The Employer agrees to remit contributions on behalf of each Employee for any period he/she receives, or is entitled to receive, compensation (regardless of whether the employment relationship is terminated), including show up time pay, overtime pay, holiday pay, disability or illness pay, layoff/severance pay, vacation pay or the payment of wages which are the result of any Labor Relations Board proceeding, grievance/arbitration proceeding or other legal proceeding or settlement.

7. On or before the 15th day of each month, the Employer must report to the Health and Welfare Fund any change in the Employee workforce (including, but not limited to new hires, layoffs or terminations) which occurred during the prior month and must pay all contributions owed for the prior month. In the event of a delinquency, a) the Employer shall be obligated to pay interest on the monies due to the Health and Welfare Fund from the date when payment was due to the date when the payment is made, together with all expenses of collection incurred by the Health and Welfare Fund, including, but not limited to, attorneys' fees and costs and b) at the option of the Trustees or their delegated representative, the payment of contributions that accrue after the Employer has become delinquent shall be accelerated so that the contributions owed for each calendar week (Sunday through Saturday) shall be due on the following Monday. If the Employer fails to report changes in the covered workforce on time, the Employer must pay the contributions billed by the Health and Welfare Fund regardless of actual terminations, leaves of absence, layoffs or other changes in the workforce. The Trustees reserve the right to terminate the participation of any Employer that fails to timely pay required contributions.

8. The Employer shall provide the Trustees with access to its payroll records and other pertinent records when requested by the Health and Welfare Fund. If litigation is required to either obtain access to the Employer's records or to collect additional billings that result from the review of the records, all costs incurred by the Health and Welfare Fund in conducting the review shall be paid by the Employer and the Employer shall pay any attorneys' fees and costs incurred by the Health and Welfare Fund.

9. The Employer acknowledges that it is aware of the Health and Welfare Fund's adverse selection rule and agrees that while this Agreement remains in effect, it will not enter into any agreement or engage in any practice that violates the adverse selection rule.

10. This Agreement shall in all respects be construed according to the laws of the United States. In all actions taken by the Trustees to enforce the terms of this Agreement, including actions to collect delinquent contributions or to conduct audits, the Illinois ten year written contract statute of limitations shall apply. The Employer agrees that the statute of limitations shall not begin to accrue with respect to any unpaid contributions until such time as the Health and Welfare Fund receive actual written notice of the existence of the Employer's liability.

IN WITNESS WHEREOF, said Employer and the Health and Welfare Fund have caused this Instrument to be executed by their duly authorized representatives, the day and year first above written.

Employer Name

Central States Southeast and Southwest
Areas Pension Fund and Central States
Southeast and Southwest and Southwest
Areas Health and Welfare Fund.

Representative Signature

Printed Name and Title

Thomas B. Baxa
Director – Employer Services

Date

Complete Address of Employer

Date

() ()

Telephone Number Fax Number

PLAN BENEFIT LIMIT (ANNUAL)	PLAN DEDUCTIBLE (ANNUAL)	MEDICAL OUT-OF-POCKET EXPENSE LIMIT (ANNUAL)
None	\$250 per Individual \$500 per Family	\$1,000 per Individual \$2,000 per Family

TEAMCARE PPO OFFICE VISIT	OUT-OF-NETWORK PENALTY
\$20 copayment for in-network office visit; Plan Deductible does not apply.	For non-emergency medical care, your cost is 10% greater than an in-network provider plus all charges above Allowed Amount and the loss of TeamCare Family Protection Benefit.

MEDICAL PLAN BENEFITS	For further information, including a full Summary Plan Description (SPD), visit our website at MyTeamCare.org .
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TeamCare Wellness A TeamCare Physician must be used.	◆ Wellness benefits are payable at 100% of covered charges. PPO office visit copayment does not apply.
Teladoc Telemedicine Benefit Teladoc.com/TeamCare 800-TELADOC (835-2362)	◆ Teladoc provides 24/7 access to doctors by phone or video for a variety of services, including general medical conditions, mental health, diabetes management and dermatology at no cost (\$0 copay). Plan Deductible does not apply.
CVS MinuteClinic CVS.com/MinuteClinic 866-389-ASAP (2727)	◆ MinuteClinic is a walk-in facility within certain CVS and Target stores that provides treatment for general medical conditions, minor injuries and illnesses, health screenings and routine vaccinations at no cost (\$0 copay). Plan Deductible does not apply.
Hospital Expense Benefit	◆ After Plan Deductible, 90% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.
Surgical and Maternity Benefit	◆ After Plan Deductible, 90% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.
Ambulance Service Benefit	◆ After Plan Deductible, 90% of covered charges subject to medical necessity review; then 100% after Medical Out-of-Pocket Expense Limit is met.
Emergency Room Services	◆ After Plan Deductible, 90%; then 100% after Medical Out-of-Pocket Expense Limit is met.
Lab Benefit questselect.com 800-646-7788	◆ The TeamCare Lab Benefit is a voluntary program that covers lab testing at 100% provided the Physician submits the requisition through QuestSelect. If a Physician does not submit specimens through QuestSelect, simply visit a QuestSelect collection site. Plan Deductible does not apply. If you do not use the TeamCare Lab Benefit, after Plan Deductible the outpatient lab benefit is 90%; then 100% after Medical Out-of-Pocket Expense Limit is met.
Advanced Imaging Benefit To schedule a service call 877-674-0674	◆ The TeamCare Imaging Benefit is a voluntary program that covers MRI, CT, and PET scans (excludes x-rays) at 100% provided that the scans are scheduled directly through USIN. Plan Deductible does not apply. If you do not use the TeamCare Imaging Benefit, after Plan Deductible the outpatient imaging benefit (includes x-rays) is paid under Major Medical at 90%; then 100% after Medical Out-of-Pocket Expense Limit is met.
Outpatient Cancer Treatment Benefit	◆ After Plan Deductible, 90% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met for outpatient nuclear therapy, radiation therapy, chemotherapy, x-ray and lab procedures for the treatment of cancer. If treatment is provided in a doctor's office, a \$20 TeamCare office visit copayment is due.
Hearing Aid Benefit	◆ Your Plan does not have a Hearing Aid Benefit.
Chiropractic Benefit	◆ After Plan Deductible, 70% of covered charges to a maximum 24 visits per person per calendar year.
Behavioral Health Benefits – Inpatient	◆ Facility: After Plan Deductible, 90% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met. Physician: After Plan Deductible, 90% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.
Behavioral Health Benefits – Outpatient	◆ \$20 copayment for in-network office visit. Plan Deductible does not apply. Otherwise, after Plan Deductible, 90% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.
Major Medical Benefit	◆ After Plan Deductible, 90% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

PRESCRIPTION BENEFIT

For more information or to find a participating pharmacy, call 888-483-2650 or visit caremark.com

Certain states have laws that may affect your Prescription Benefit. Visit MyTeamCare.org/statelaws for more information.

RETAIL PHARMACY STORE:

25% copayment for short-term prescription fills and non-maintenance medications to a maximum copayment of \$200 per prescription.

Before the third fill of the same prescription at a Retail Pharmacy, long-term maintenance medications must be filled through the Maintenance Choice Network or the CVS/Caremark Mail Service Pharmacy or be subject to a 50% copayment. On both Retail and Mail Order, if a generic equivalent is available, the Member must take the generic or be responsible for the cost difference plus any copayment and the per prescription maximum does not apply. Plan Deductible does not apply. The Medical Out-of-Pocket Expense Limit does not apply.

TeamCare does not cover drugs or medicines on a formulary exclusion list compiled by CVS/Caremark. The formulary exclusion list is available at MyTeamCare.org or by contacting CVS/Caremark.

MAINTENANCE CHOICE / MAIL SERVICE PHARMACY:

20% copayment to a maximum copayment of \$200 per prescription for a 90-day supply of medication. Under Maintenance Choice, Member can receive a 90-day supply of medication at a local CVS pharmacy store.

DENTAL BENEFITS

You may use any dental provider for services without an out-of-network penalty. However, TeamCare does offer a voluntary dental network through TeamCareDental.

The Dental Plan Benefit maximums are per person per calendar year.

Annual Dental Maximum	\$2,500 *
Annual Dental Deductible	None
Preventive Services	100%
Diagnostic and Restorative	85%
Crown and Bridge Work	70%
Dentures (Full and Partial)	70%
Orthodontic (Child/Adult Child)	50%
Orthodontic Maximum (Child/Adult Child)	\$2,500 Lifetime Maximum

* Annual Dental Maximum does not apply to children under age 19.

TeamCare offers a voluntary network through Humana Dental that provides negotiated discounts and protection from balance billing – stretching the Annual Dental Maximum further. To find a provider, call 800-592-3112 or visit: humanadentalnetwork.com.

VISION BENEFITS

You can use any vision provider for services. However, TeamCare does offer a voluntary vision network through the TeamCareVision program.

Vision Plan Benefits do not have an out-of-network penalty but there is a maximum reimbursement per service as indicated.

The Vision Plan Benefits are payable once every 12 months.

TeamCareVision is a voluntary vision network offered through EyeMed Vision Care:

Routine Eye Exam	\$10 copayment
Frames	\$0 copayment up to \$150 allowance
Lenses (per pair)	\$0 copayment
Contacts (in lieu of glasses)	\$0 copayment up to \$120 allowance

For a directory of EyeMed providers in the **Select** network, call 866-723-0514 or visit eyemed.com.

For non-EyeMed providers, the maximum reimbursement for Vision Plan Benefits is:

Routine Eye Exam	\$50.00 *
Frames	\$75.00
Lenses (per pair)	\$50.00
Bi-Focal Lenses (per pair)	\$50.00
Tri-Focal Lenses (per pair)	\$50.00
Lenticular Lenses (per pair)	\$60.00
Contacts (in lieu of glasses)	\$80.00

Plan Deductible does not apply.

* Routine Eye Exam charges from non-EyeMed providers for Covered Dependents under age 19 will be subject to Reasonable and Customary allowances and paid at 90%.

SHORT-TERM DISABILITY BENEFITS (Member Only)

Benefit provides \$300 per week for the first 10 weeks and \$350 per week for the next 16 weeks (maximum of 26 weeks); and includes continued coverage while on Short-Term Disability.

LIFE INSURANCE BENEFITS

Member Death	\$25,000
Accidental Death	\$25,000
Spouse Death *	\$3,000
Child/Adult Child Death *	\$1,500
Total Permanent Disability (Waiver of Premium)	\$16,000

* Dependent Life Insurance Benefits are only payable on Covered Dependents.

FAMILY PROTECTION BENEFIT

In the event of a Member's death, the TeamCare Family Protection Benefit provides a maximum of five years of free TeamCare PPO coverage for the Covered Spouse and Dependents provided that during the two-year period prior to death, TeamCare providers were used exclusively for all non-emergency care. Please refer to the TeamCare Summary Plan Description for further information.

MyTeamCare.org or 800-TEAMCARE

For further benefit information, visit our website at MyTeamCare.org or call CustomerCare at 800-TEAMCARE (832-6227).

If there is a discrepancy between the Plan Benefit Profile and Plan Document, the Plan Document will be the controlling document in determining the benefit.