



SUMMARY ANNUAL REPORT FOR SOUND HEALTH & WELLNESS TRUST

This is a summary of the annual report of the Sound Health & Wellness Trust, E.I.N. 91-6058475, Plan No. 501, for the plan year beginning April 1, 2022 and ending March 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees, Sound Health & Wellness Trust has committed itself to pay certain medical, dental, vision, prescription and health reimbursement arrangement claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Metropolitan Life Insurance Company to pay certain life and accidental death and dismemberment benefits under the terms of the plan. The plan also contracts with Delta Dental of Washington to pay certain dental benefits incurred under the terms of the plan. The total premiums paid for the plan year ending March 31, 2023 was \$1,021,622.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$91,678,789 as of March 31, 2023, compared to \$107,032,373 as of April 1, 2022. During the plan year, the plan experienced a decrease in its net assets of \$15,353,584. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$284,605,018 including employer contributions of \$275,241,392, participant contributions of \$14,480,116, losses from investments of \$5,477,061, other income of \$311,055, and \$49,516 transferred following the termination of the Sound Health & Wellness Retiree Trust.

Plan expenses were \$299,958,602. These expenses included \$6,194,361 in administrative expenses and \$293,764,241 in benefits paid to or for participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An independent auditor's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. insurance information, including sales commissions paid by insurance carriers; and
5. information regarding any common or collective trusts, limited partnerships or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Zenith American Solutions, Inc., the third-party administrator, 11724 NE 195th Street, Suite 300, Bothell, WA 98011, (206) 282-4100. The charge to cover copying costs will be 25 cents per page for any part thereof.

You also have the right to receive from the third-party administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the third-party administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (11724 NE 195th Street, Suite 300, Bothell, WA 98011) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Notice Concerning Medicare Election

Employees age 65 and over and their spouses age 65 and over have the Sound Health & Wellness Trust as their primary source of health coverage unless Medicare is selected instead. The Medicare election applies to a spouse age 65 and over although the employee is under age 65. Please contact the Trust Office at least 60 days prior to your 65th birthday or that of your spouse for further information.

In order to avoid any loss of protection, employees and dependents should enroll for Parts A and B of the Federal Medicare program during the three months before the month in which you (or your dependents) will become eligible for Medicare; this should be done at the nearest Social Security office.

Upon attainment of eligibility for Medicare benefits, you will be given the opportunity to select Medicare for your primary insurance coverage. If you do decide to select Medicare for your primary insurance, and drop the Plan's medical and hospital benefits, your dental and vision coverage will remain in effect as long as you meet the Plan's eligibility rules. If you select the fund's medical and hospital coverage as primary, you will remain eligible for all benefits, as described in the medical Plan booklet.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires that your health plans provide you with an annual notice of the Act. The Plan provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Contact the Trust Office at (206) 282-4500, option 2, then option 1 or (800) 225-7620, option 2, then option 1 for more information.

Important Notice About Your Prescription Drug Coverage and Medicare For Participants Who are Eligible for Medicare or will Become Eligible

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with the Sound Health & Wellness Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your 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 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 Trustees have determined that the prescription drug coverage offered by Sound Health & Wellness Trust 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 through December 7th. However, if you lose your 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 Sound Health & Wellness Trust coverage will not be affected. For active employees and their dependents, benefits payable under this plan normally are primary and Medicare secondary. However, active employees have the option of electing Medicare as primary coverage. If an employee or dependent spouse age 65 or older makes this election, the plan pays no further benefits.

If you do decide to join a Medicare drug plan and drop your Sound Health & Wellness Trust coverage, be aware that you and your dependents will be able to get this coverage back.

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 coverage with Sound Health & Wellness Trust and don't join a Medicare drug plan within 63 continuous days after your 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 following October to join.

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

For more information about this notice or your prescription drug coverage, contact the Trust Office at (206) 282-4500 or (800) 225-7620. 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 Sound Health & Wellness Trust changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join 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).

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in Washington state, you may be eligible for assistance paying your employer health plan premiums. You should contact Washington State for more information on eligibility –

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

If you live in a State other than Washington, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law,

no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)