



Staff Education Association Retirees VEBA

Three Gateway Center, Suite 1625, Pittsburgh, PA 15222
Phone – (412) 325-2805, Toll Free – (866) 520-9174, Facsimile – (412) 325-2801

NOTICE TO PARTICIPANTS SUMMARY OF MATERIAL MODIFICATIONS

A DENTAL BENEFIT ENHANCEMENT EFFECTIVE JANUARY 1, 2021

This notice is to participants in the Staff Education Association Retirees' VEBA ("SEARV"). You are receiving this notice because you are a member of and participant in the SEARV VEBA. This notice constitutes both notice to participants of a change in benefits and a summary of material modifications to the plan of benefits as required under the terms of the Employee Retirement Security Act ("ERISA"). All other provisions of the plan of benefits, and the terms contained in the Summary Plan Description for the plan remain the same.

The SEARV Board of Trustees is pleased to announce that effective January 1, 2021, the Maximum Payment will be \$2,000.00 per person total per Benefit Year on all services. The previous annual Maximum was \$1,000.00.

Enclosed with this announcement is the 2021 Delta Dental Summary.

As always, should you have any questions, please contact Michele or Charlie at the SEARV Administrative Office.

Sincerely,

The SEARV Board of Trustees:

John L. Wardell, Chairman, Robert Hockenberger, Co-Chairman, Garrett Harbron, Secretary

Priscilla Roberge and Paul Gonzalez

The Board of Trustees has full discretion and authority to adopt and interpret a Plan of Benefits which includes the eligibility requirements, type, amount and duration of benefits that are to be provided to Class Members and their Dependents.

**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 10061-0001
SEARV Trust**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan - Delta Dental of Ohio

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to prosthetic appliances	80%	80%	80%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$2,000 per person total per Benefit Year on all services.

Deductible - None.

Waiting Period - New Retiree members at Medicare Eligibility Age Only.

Eligible People - All Retirees as defined by the Trust.

Dependents are not eligible.

If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you must be enrolled separately on individual applications. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date of termination.

SUMMARY ANNUAL REPORT

FOR

THE STAFF EDUCATION ASSOCIATION RETIREES' VEBA TRUST FUND

THIS IS A SUMMARY OF THE ANNUAL REPORT FOR THE THE STAFF EDUCATION ASSOCIATION RETIREES' VEBA TRUST FUND, (EMPLOYER IDENTIFICATION NO. 27-2528791, PLAN NO. 501) FOR THE PERIOD JANUARY 1, 2019 TO DECEMBER 31, 2019. THE ANNUAL REPORT HAS BEEN FILED WITH THE EMPLOYEE BENEFITS SECURITY ADMINISTRATION, AS REQUIRED UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

BASIC FINANCIAL STATEMENT

THE VALUE OF PLAN ASSETS, AFTER SUBTRACTING LIABILITIES OF THE PLAN, WAS \$38,509,571 AS OF DECEMBER 31, 2019 COMPARED TO \$33,688,763 AS OF JANUARY 1, 2019. DURING THE PLAN YEAR THE PLAN EXPERIENCED AN INCREASE IN ITS NET ASSETS OF \$4,820,808. THIS INCREASE 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 \$6,246,741. THIS INCOME INCLUDED EMPLOYEE CONTRIBUTIONS OF \$79,200 AND EARNINGS FROM INVESTMENTS OF \$6,167,541. PLAN EXPENSES WERE \$1,425,933. THESE EXPENSES INCLUDED \$199,560 IN ADMINISTRATIVE EXPENSES AND \$1,226,373 IN BENEFITS PAID TO 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 ACCOUNTANT'S REPORT;
2. ASSETS HELD FOR INVESTMENT; AND
3. INSURANCE INFORMATION INCLUDING SALES COMMISSIONS PAID BY INSURANCE CARRIERS.

TO OBTAIN A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, WRITE OR CALL THE OFFICE OF

THE STAFF EDUCATION ASSOCIATION RETIREES' VEBA TRUST FUND
C/O CW BREITSMAN ASSOC.
THREE GATEWAY CENTER, SUITE 1625
PITTSBURGH PA 15222
27-2528791 (EMPLOYER IDENTIFICATION NUMBER)

(412) 325-2805

OR THE PLAN ADMINISTRATOR

THE CHARGE TO COVER COPYING COSTS WILL BE \$7.50 FOR THE FULL REPORT, OR \$0.25 PER PAGE FOR ANY PART THEREOF.

YOU ALSO HAVE THE RIGHT TO RECEIVE FROM THE PLAN 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 PLAN 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:

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: U.S. DEPARTMENT OF LABOR, EMPLOYEE BENEFITS SECURITY ADMINISTRATION, PUBLIC DISCLOSURE ROOM, 200 CONSTITUTION AVENUE, NW, SUITE N-1513, WASHINGTON, D.C. 20210.

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 THE 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 LESS THAN ONE MINUTE PER NOTICE

(APPROXIMATELY 3 HOURS AND 11 MINUTES PER PLAN). 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, OFFICE OF THE CHIEF INFORMATION OFFICER, ATTENTION: DEPARTMENTAL CLEARANCE OFFICER, 200 CONSTITUTION AVENUE, N.W., ROOM N-1301, WASHINGTON, DC 20210 OR EMAIL DOL_PRA_PUBLIC@DOL.GOV AND REFERENCE THE OMB CONTROL NUMBER 1210-0040

OMB CONTROL NUMBER 1210-0040 (EXPIRES 06/30/2022)