Warehouse Employees Union Local No. 730
Health & Welfare Trust Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
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Agenda

March 14, 2022

(At approximately 11:00 AM)

I. Call to Order

II. Minutes, Regular Meeting – December 17, 2021

III. Financial Report – Investment Performance Services

IV. Co- Counsel Report

V. Administrative Manager Report

VI. Invoices

VII. Provider Report – Segal

VIII. Other Fund Business

IX. Next Meeting Date and Location

X. Adjournment

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DRAFT

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND DECEMBER 17, 2021 VIA TELECONFERENCE

The following Trustees were present:

UNION TRUSTEES
J. Lacy
F. Myers
T. Richardson – Alternate

EMPLOYER TRUSTEES
J. Paradis – Secretary
H. Sebhat
F. Stegman
M. Goble – Alternate

Also present were:

K. Bakich – The Segal Company
A. Cochran – Associated Administrators, LLC
M. DeLancey – Blank Rome LLP
R. Grant – Associated Administrators, LLC
J. Kimble – Morgan, Lewis & Bockius, LLP
R. Sichel – Investment Performance Services, LLC
M. Vallario – NFP

I. CALL TO ORDER

A quorum being present, the meeting was called to order.

II. MINUTES

The Trustees reviewed the minutes of the last regular meeting held September 1, 2021.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED that the minutes of the last regular meeting held on September 1, 2021 are approved as presented.

III. FINANCIAL REPORT

A. Investment Performance Services, LLC ("IPS")

1. Investment Performance

The Trustees welcomed Mr. Rich Sichel of IPS to the meeting.

Mr. Sichel distributed his report titled, "Master Consulting Services Report – September 30, 2021". Mr. Sichel reported that the total market value of assets as of September 30, 2021 was $15,194,966.

2. Asset Allocation

Mr. Sichel reported that as of September 30, 2021, the Fund held 42.6% in Investment Grade Fixed Income, 47.1% in Short Duration High Yield, 3.9% in Real Estate, and 6.4% in cash equivalents. He noted Wedge Capital held $6,475,596, Chartwell Investment held $7,159,908, ARA Core Property Fund L.P. held $585,312, and there was $974,149 in the cash account.

3. Chartwell Investment Partners ("Chartwell") – Ownership Change

Mr. Sichel said Chartwell planned an ownership change that will result in a change in control event. He said Chartwell sent a letter requesting the client's acknowledgement and consent to the ownership change. Mr. Sichel said IPS recommends clients consent to the ownership change, subject to Counsel's

review. Ms. Cochran said that Fund Counsel reviewed the letter and found it to be acceptable for Trustee signature.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve IPS' recommendation to execute the letter and consent to the ownership change of Chartwell.

The Trustees thanked Mr. Sichel for his report and he was excused from the meeting.

IV. COUNSEL REPORT

A. Subrogation Report

Mr. DeLancey reviewed the status of subrogation matters as of December 17, 2021. He said one case was closed since the last Board of Trustees meeting on September 1, 2021. Mr. DeLancey stated that there was one lien for which the Fund received full reimbursement.

B. Purdue Pharmacy, L.P. ("Purdue Pharma") Bankruptcy Distribution

Mr. Kimble presented a memo regarding the Purdue Pharma bankruptcy class action lawsuit and provided an update as to events that have transpired subsequent to the date the memo was drafted.

C. No Surprises Act Complaint Policy

Mr. Kimble presented draft Complaint Policy, which implements procedures to respond to complaints as required by the No Surprises Act.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the No Surprises Act Complaint Policy as prepared by Fund Counsel.

D. Summary of Material Modifications ("SMM")

Mr. Kimble presented an SMM regarding changes to the Plan in order to comply with the No Surprises Act, included in the Consolidated Appropriations Act, 2021.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the SMM as prepared by Fund Counsel.

V. ADMINISTRATIVE MANAGER'S REPORT

Ms. Cochran presented the Administrative Manager's Report for the third quarter 2021. The report showed contributions of $1,642,143, interest and dividend income of $101,016, self-payments of $13,949, and miscellaneous income of $161, producing a total income of $1,757,269 for the quarter. Expenses included $744,945 of benefit expenses and $102,161 of operating expenses, producing a total expense of $847,106. This produced a total surplus of $910,163 for the quarter ended September 30, 2021. Ms. Cochran noted that contributions were made on behalf of 327 Plan participants.

VI. INVOICES

Ms. Cochran presented a list of invoices dated December 17, 2021 for the Trustees' review. It was noted that there were no additions, deletions, or changes to the list.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED that the invoices on the list dated December 17, 2021 are approved for payment as presented.

VII. PARTICIPANT APPEAL – M21/123-7984

The participant appealed for payment of claims for emergency room services that were denied as the services were not considered "emergency" treatment as defined by the Plan. The participant stated he had not received Plan information in order to make a decision about his care.

It was noted that hospital expenses incurred at a hospital emergency room are not payable for a non-emergency illness. Fund records indicate that the participant was mailed an enrollment form, however he did not return the form and therefore was not mailed a Summary Plan Description.

Based on the fact that the participant had not received a Summary Plan Description, the Trustees approved the appeal. As a result, the Trustees did not address whether the services at issue were considered "emergency" services. Ms. Cochran said that going forward, a Summary Plan Description will be mailed with the enrollment form to participants.

VIII. PROVIDER REPORT – NFP (Meltzer Group)

The Trustees welcomed Mr. Matt Vallario of NFP to the meeting. He distributed his report titled "The Warehouse Employees Union Local 730 – 2022 Stop Loss Renewal."

A. Stop Loss Renewal

Mr. Vallario noted that the current stop loss policy will expire December 31, 2021. He stated that Ullico, the incumbent carrier, proposed an 8% increase, while the current stop loss trend renewal is running at a 15-18% increase in premium. He noted two other carriers provided quotes, Accurisk and Symetra. He said the following carriers declined to provide quotes: Berkshire, HM Life, Sun Life, Swiss Re, TMHCC and Voya.

Mr. Vallario recommended the Trustees renew the policy with Ullico, with a $500,000 specific level of coverage, a $50,000 aggregating deductible, and an annual premium of $152,966.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the recommendation of NFP and accept the proposed stop loss renewal with Ullico for the period January 1, 2022 through December 31, 2022.

B. Life Insurance Renewal

Mr. Vallario directed the Trustees to the life insurance and AD&D information in his presentation. He noted that the current life insurance and AD&D policy will expire December 31, 2021. Mr. Vallario said that the following carriers were reviewed, The Standard, Lincoln, the Hartford, New York Life and MetLife, along with the incumbent carrier, Voya. The carriers were asked to provide proposals for an increased life insurance benefit from the current $45,000 benefit to $50,000, $55,000 and $60,000. He said NFP received notice of decline to quote from Lincoln Financial and the Standard. NFP received proposals from the Hartford, MetLife and New York Life. MetLife provides the most financial savings coming in 9% below the premium of the current carrier. In addition, with an

increased life insurance benefit to $50,000, MetLife's premium was approximately the same amount the Plan paid its current carrier for the lower $45,000 benefit amount.

Mr. Vallario recommended the Trustees terminate coverage with Voya and engage MetLife for the period January 1, 2022 through December 31, 2023 at an annual premium of $39,570.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to terminate Voya effective December 31, 2021 and to approve the life insurance and AD&D proposal with MetLife effective January 1, 2022 through December 31, 2023 with an increased life insurance benefit of $50,000 at an annual premium of $39,570.

The Trustees thanked Mr. Vallario for his report and he was excused from the meeting.

IX. PROVIDER REPORT – SEGAL

The Trustees welcomed Ms. Kathy Bakich to the meeting. Her presentation titled, "Compliance Plan – No Surprises Act ("NSA") and Final Transparency Rule" was previously distributed to the Trustees. Ms. Bakich reviewed the status of each compliance item with the Trustees.

A. Notice of Surprise Billing

Ms. Bakich reported that Ms. Cochran confirmed that the Notice of Surprise Billing is complete and ready to be posted to the Fund's website.

B. ID Cards

Ms. Bakich reported that new ID cards, which include deductibles, out-of-pocket maximums and additional information are required to be mailed to participants. She recommended that the Trustees request Cigna to mail the new ID cards, as soon as possible, to all eligible participants.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to request Cigna to mail new ID cards, compliant with the No Surprises Act, to eligible participants, as soon as administratively possible.

C. Out-of-Network Payments and Independent Dispute Resolution ("IDR")

Ms. Bakich noted that Cigna has indicated that additional information regarding out-of-network payments and IDR will be available next week.

D. Qualified Payment Amount ("QPA")

Ms. Bakich said Cigna will, as part of its repricing services, provide the Plan with a QPA for each identified potential No Surprises Act claim. The QPA will be based on the median in-network rate for all Cigna networks, based on a minimum of three contracts within a geographic region. She discussed the process for out-of-network claims and recommended the QPA to be applied to out-of-network claims.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the recommendation of Segal to apply the QPA to out-of-network claims.

Trustee Paradis requested that Ms. Bakich review the current out-of-network saving program with Cigna to see if it is worthwhile to continue.

E. Mental Health Parity and Addiction Equity Act

Ms. Bakich said Cigna and the Administrative Manager provided the requested information and that Segal is in the process of preparing a report for the Trustees to review. She said the report will be available in the first quarter of 2022.

Trustee Paradis suggested delegating authority to the Chairman and Secretary considering decisions will need to be made prior to the next meeting.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve delegation of authority to the Chairman and Secretary for compliance decisions needed regarding the "No Surprises Act ("NSA") and Final Transparency Rule".

X. PROVIDER REPORT – GROUP VISION SERVICE

Ms. Cochran stated the Group Vision Service report for periods January 1, 2020 through September 30, 2020 and January 1, 2021 through September 30, 2021 was previously distributed to the Trustees for review.

XI. OTHER FUND BUSINESS

A. CIGNA PPO Savings Report

Ms. Cochran reported the CIGNA PPO Savings report for the period January 2021 through September 2021 was previously provided to the Trustees.

B. Memorandum of Agreement ("MOA") – Giant Recycling

Ms. Cochran reported the receipt of a newly negotiated Memorandum of Agreement between the Union and Giant Recycling for the period June 26, 2022 through June 20, 2026.

After discussion and review of the MOA by Fund Co-Counsel, the Trustees voted with Trustee Paradis abstaining, approval of the following resolution:

RESOLVED to accept the MOA between Giant Recycling and the Union for the period June 26, 2022 through June 20, 2026.

C. Memorandum of Agreement ("MOA") – Giant Warehouse

Ms. Cochran reported the receipt of a newly negotiated Memorandum of Agreement between the Union and Giant Warehouse for the period May 17, 2015 through May 15, 2027.

After discussion and review of the MOA by Fund Co-Counsel, the Trustees voted with Trustee Paradis abstaining, approval of the following resolution:

RESOLVED to accept the MOA between Giant Warehouse and the Union for the period May 17, 2015 through May 15, 2027.

D. Memorandum of Agreement ("MOA") – Washington Food and Supply

Ms. Cochran reported the receipt of a newly negotiated Memorandum of Agreement between the Union and Washington Food and Supply for the period November 1, 2021 through October 31, 2024.

After discussion and review of the MOA by Fund Co-Counsel, the Trustees voted unanimous approval of the following resolution:

RESOLVED to accept the MOA between Washington Food and Supply and the Union for the period November 1, 2021 through October 31, 2024.

E. 2022 COBRA Rates

Ms. Cochran reported that Fund Counsel reviewed the 2022 COBRA rates. She said a copy of the updated rates is contained in the meeting booklet for Trustee review.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the 2022 COBRA rates as contained in the meeting booklet.

F. Health Care Cost Containment Corporation ("HCCCC") – Annual Renewal

Ms. Cochran reported receipt of the annual renewal for the Fund's participation in the HCCCC for the 2022 calendar year. She noted there is no fee for the 2022 calendar year.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the 2022 renewal for the Fund's participation in the HCCCC for the 2022 calendar year without a fee.

G. International Foundation of Employee Benefit Plans – Annual Membership

Ms. Cochran reported receipt of the Fund's 2022 membership renewal invoice for the International Foundation of Employee Benefit Plans. The renewal fee is $1,310 with an increase of $45 from the prior year.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to approve the Fund's 2022 renewal with the International Foundation of Employee Benefit Plans with the $1,310 annual fee.**

H. Laboratory Corporation of America Holdings and Quest Diagnostics Letter

Ms. Cochran reported that the LabCorp and Quest letter informing participants of changes to the network for outpatient laboratory services was mailed November 15, 2021.

I. Notice of Creditable Coverage

Ms. Cochran reported the Notice of Creditable Coverage was mailed to Plan participants on October 4, 2021.

J. 2020 Summary Annual Report

Ms. Cochran reported the 2020 Summary Annual Report was mailed to Plan participants on September 16, 2021.

K. Class Action Settlement

Ms. Cochran said the Fund received a class action settlement check in the amount of $1,666.96 for Lipoderm utilization by Fund participants.

L. Telehealth Office Visits

Ms. Cochran stated that the Trustees approved telehealth visits during the pandemic with the same co-pays and coinsurance applied as an office visit.

After a discussion, on MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to extend coverage of telehealth office visits through December 31, 2022.

XII. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected March 14, 2022 as their next regular meeting date immediately following the companion Pension Fund meeting via teleconference.

XIII. ADJOURNMENT

There being no further business to come before the Trustees, the meeting was adjourned.

Respectfully submitted,

Jason Paradis
Secretary

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
HEALTH AND WELFARE TRUST FUND
SUMMARY SUBROGATION REPORT
MARCH 14, 2022

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF MARCH 14, 2022

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT	STATUS OF COLLECTION EFFORTS

WAREHOUSE EMPLOYEES UNION
LOCAL NO. 730
HEALTH & WELFARE TRUST FUND

FOURTH QUARTER 2021

ADMINISTRATIVE MANAGER'S REPORT

FOURTH QUARTER 2021
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
ADAMS BURCH	$ 9.17	18,802.75	42	$ 172,421
EIGHT O'CLOCK COFFEE	$ 8.50	19,931.00	47	$ 169,414
GIANT RECYCLING	$ 9.17	12,092.44	24	$ 110,888
GIANT WAREHOUSE	$ 9.17	136,920.22	207	$ 1,255,558
UNION LOCAL 730	$ 9.17	736.00	2	$ 6,749
WASHINGTON FOOD[1]	$ 6.00	1,292.50	3	$ 8,105
COBRA			2	$ 4,440
SELF PAY			2	$ 5,661
TOTAL INCOME		**189,774.91**	**329**	**$ 1,733,236**

[1] Rate change as of 11/01/21

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 18,581	$ 0.098	
CIGNA HEALTH CARE	$ 28.66	$ 29,291	$ 0.154	
DENTAL	$ 31.58	$ 31,674	$ 0.167	
DISABILITY		$ 25,629	$ 0.135	
DRUG		$ 172,124	$ 0.907	
HEARING GVS/FULLY INSURED	$ 0.29	$ 301	$ 0.002	
LIFE/AD&D-ING	$ 0.24	$ 10,778	$ 0.057	$0.21 LIFE / $0.03 AD&D
MEDICAL		$ 498,406	$ 2.626	
OPTICAL GVS/FULLY INSURED	$ 5.90	$ 5,469	$ 0.029	
STOP LOSS	$ 23.79	$ 24,408	$ 0.129	
SUB TOTAL		$ 816,661	$ 4.304	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 24.96	$ 24,611	$ 0.130	
ADMINISTRATION HIPAA	$ 0.21	$ 207	$ 0.001	
MISCELLANEOUS		$ 54,902	$ 0.289	
SUB TOTAL		$ 79,720	$ 0.420	

TOTAL EXPENSES	**$ 896,381**	**$ 4.724**

SURPLUS (DEFICIT)	**$ 836,855**

AVG. HOURLY INCOME	**$ 9.13**
AVG. HOURLY EXPENSE	**$ 4.72**
SURPLUS (DEFICIT)	**$ 4.41**

FOURTH QUARTER 2021
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	AMOUNT
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$ 1,751
CHARTWELL INVESTMENT MANAGER FEES	$ 7,143
CONSULTING	$ 1,971
IFEBP DUES	$ 1,310
LEGAL	$ 37,012
MEETING	$ 350
PNC FEES	$ 797
POSTAGE	$ 358
PRINTING	$ 186
WEDGE CAPITAL INVESTMENT MANAGER FEES	$ 4,024
TOTAL	**$ 54,902**

2021
QUARTERLY RECAPS

INCOME	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
CONTRIBUTIONS	$ 1,465,748	$ 1,521,815	$ 1,642,143	$ 1,723,135	$ 6,352,841
COBRA	$ 2,793	$ -	$ 8,273	$ 4,440	$ 15,506
SELF PAY	$ 6,761	$ 4,548	$ 5,676	$ 5,661	$ 22,646
INTEREST & DIVIDENDS	$ 116,077	$ 96,206	$ 101,016	$ 120,446	$ 433,745
MISCELLANEOUS INCOME[1]	$ 4,625	$ -	$ 161	$ 3,667	$ 8,453
TOTAL INCOME	**$ 1,596,004**	**$ 1,622,569**	**$ 1,757,269**	**$ 1,857,349**	**$ 6,833,191**
BENEFIT EXPENSES					
CIGNA OONSP	$ 5,636	$ 6,638	$ 3,879	$ 18,581	$ 34,734
CIGNA	$ 29,405	$ 29,966	$ 29,634	$ 29,291	$ 118,296
DENTAL	$ 31,706	$ 31,991	$ 31,896	$ 31,674	$ 127,267
DISABILITY	$ 10,543	$ 16,457	$ 8,486	$ 25,629	$ 61,115
DRUG	$ (2,628)	$ 195,429	$ 193,027	$ 172,124	$ 557,952
HEARING GVS/FULLY INSURED	$ 5,301	$ 304	$ 300	$ 301	$ 6,206
LIFE/AD&D	$ 10,843	$ 10,940	$ 10,886	$ 10,778	$ 43,447
MEDICAL	$ 397,491	$ 423,211	$ 437,160	$ 498,406	$ 1,756,268
OPTICAL	$ 6,295	$ 7,806	$ 5,292	$ 5,469	$ 24,862
STOP LOSS	$ 23,837	$ 24,576	$ 24,385	$ 24,408	$ 97,206
SUBTOTAL	$ 518,429	$ 747,318	$ 744,945	$ 816,661	$ 2,827,353
OPERATING EXPENSES					
ADMINISTRATION	$ 25,322	$ 25,399	$ 24,793	$ 24,818	$ 100,332
MISCELLANEOUS	$ 32,533	$ 55,024	$ 77,368	$ 54,902	$ 219,827
SUBTOTAL	$ 57,855	$ 80,423	$ 102,161	$ 79,720	$ 320,159
TOTAL EXPENSE	**$ 576,284**	**$ 827,741**	**$ 847,106**	**$ 896,381**	**$ 3,147,512**
SURPLUS (DEFICIT)	**$ 1,019,720**	**$ 794,828**	**$ 910,163**	**$ 960,968**	**$ 3,685,679**
					AVERAGE
AVG HOURLY INCOME	$ 9.05	$ 9.08	$ 9.71	$ 9.79	$ 9.41
AVG HOURLY EXPENSE	$ 3.27	$ 4.63	$ 4.68	$ 4.72	$ 4.33
SURPLUS (DEFICIT)	$ 5.78	$ 4.45	$ 5.03	$ 5.07	$ 5.08
TOTAL PARTICIPANTS	335	336	327	329	332
FUND RESERVE	$ 13,610,265	$ 14,437,775	$ 15,194,966	$ 16,168,209	

[1]Litigation settlements - $3,666.96

2020
QUARTERLY RECAPS

INCOME	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
CONTRIBUTIONS	$ 1,339,909	$ 1,357,647	$ 1,490,029	$ 1,459,148	$ 5,646,733
COBRA	$ 15,357	$ 8,375	$ 10,702	$ 7,210	$ 41,644
SELF PAY	$ 572	$ -	$ 3,682	$ 2,274	$ 6,528
INTEREST & DIVIDENDS	$ 63,416	$ 99,128	$ 85,321	$ 87,278	$ 335,143
MISCELLANEOUS INCOME	$ -	$ 318	$ 101	$ -	$ 419
TOTAL INCOME	**$ 1,419,254**	**$ 1,465,468**	**$ 1,589,835**	**$ 1,555,910**	**$ 6,030,467**
BENEFIT EXPENSES					
CIGNA OONSP	$ 19,261	$ 4,150	$ 551	$ 22,265	$ 46,227
CIGNA	$ 30,420	$ 30,181	$ 29,878	$ 28,825	$ 119,304
DENTAL	$ 33,064	$ 31,131	$ 31,049	$ 32,180	$ 127,424
DISABILITY	$ 16,458	$ 15,386	$ 7,500	$ 12,343	$ 51,687
DRUG	$ 20,092	$ 229,197	$ 202,603	$ 199,742	$ 651,634
LIFE/AD&D	$ 11,307	$ 11,405	$ 11,383	$ 11,006	$ 45,101
MEDICAL	$ 816,556	$ 301,269	$ 407,464	$ 410,937	$ 1,936,226
OPTICAL	$ 6,484	$ 6,916	$ 6,556	$ 6,332	$ 26,288
STOP LOSS	$ 23,219	$ 23,596	$ 23,130	$ 22,551	$ 92,496
SUBTOTAL	$ 976,861	$ 653,231	$ 720,114	$ 746,181	$ 3,096,387
OPERATING EXPENSES					
ADMINISTRATION	$ 26,777	$ 25,297	$ 25,396	$ 25,173	$ 102,643
MISCELLANEOUS	$ 34,178	$ 41,787	$ 67,723	$ 39,526	$ 183,214
SUBTOTAL	$ 60,955	$ 67,084	$ 93,119	$ 64,699	$ 285,857
TOTAL EXPENSE	**$ 1,037,816**	**$ 720,315**	**$ 813,233**	**$ 810,880**	**$ 3,382,244**
SURPLUS (DEFICIT)	**$ 381,438**	**$ 745,153**	**$ 776,602**	**$ 745,030**	**$ 2,648,223**
					AVERAGE
AVG HOURLY INCOME	$ 8.00	$ 8.35	$ 8.79	$ 8.78	$ 8.48
AVG HOURLY EXPENSE	$ 5.85	$ 4.10	$ 4.49	$ 4.58	$ 4.76
SURPLUS (DEFICIT)	$ 2.15	$ 4.25	$ 4.30	$ 4.20	$ 3.72
TOTAL PARTICIPANTS	364	342	343	339	347
FUND RESERVE	$ 10,061,696	$ 11,153,989	$ 11,908,639	$ 12,820,175	

FOURTH QUARTER 2021
CONTRACT INFORMATION

COMPANY	PLAN	CURRENT RATES	CURRENT RATE EFF. DATE	NEXT RATE CHANGE DATE	CBA EXPIRATION
ADAMS BURCH	E	$9.17	07-01-21	07-01-22	06-30-23
EIGHT O'CLOCK COFFEE	E	$8.50	02-01-21	TBD	07-17-27
GIANT RECYCLING	E	$9.17	06-01-21	06-01-22	06-20-26
GIANT WAREHOUSE	E	$9.17	06-01-21	06-01-22	05-15-27
UNION LOCAL 730	E	$9.17	06-01-21	06-01-22	FOLLOWS GIANT WAREHOUSE CBA
WASHINGTON FOOD	E	$6.00	11-01-21	11-01-22	10-31-24

HEALTH AND WELFARE
DELINQUENCY REPORT
As of December 31, 2021

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2020		$ 3,382,244.00
	Jan - Dec 2021		$ 3,147,512.00
	Total		$ 6,529,756.00
	Per Month		$ 272,073.17
Fund Reserve			
	Dec-21		$ 16,168,209.00
	Months of Reserve 12/31/2021		**59.4**
	Months of Reserve 9/30/2021		56.6

Projected Hourly Contribution - Future Expenses
Based on Most Recent 12 Month Data
(December 2021 - November 2022)

Class E	$	4.57

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES

March 14, 2022

Associated Administrators, LLC

2/22/2022	Mailing COVID Test Kit Notice Revised Notice	$ 234.24
2/14/2022	Mailing COVID Test Kit Notices and 2022 WHCRA	$ 345.60
1/11/2022	Mailing Summary Material Modifications and Summary of Benefits and Coverage	$ 488.95

Blank Rome LLP

2/4/2022	Fee for professional services rendered through January 31, 2022	$ 4,092.00
1/10/2022	Fee for professional services rendered through December 31, 2021	$ 5,610.00
12/3/2021	Fee for professional services rendered through November 30, 2021	$ 3,234.00

Chartwell Investment Partners

2/8/2022	Fee for investment services rendered through December 31, 2021	$ 8,881.26

Investment Performance Services, LLC

3/1/2022	Fee for professional services rendered through December 31, 2021	$ 6,250.00

Morgan, Lewis & Bockius, LLP

2/9/2022	Fee for professional services rendered through January 31, 2022	$ 7,848.00
1/19/2022	Fee for professional services rendered through December 31, 2021	$ 10,992.00
12/15/2021	Fee for professional services rendered through November 30, 2021	$ 14,253.50

Segal Consulting

2/8/2022	Fee for actuarial and consulting services through December 31, 2021 related to Mental Health Parity and Addiction Equity Act	$ 3,040.00
1/5/2021	Fee for actuarial and consulting services through November 30, 2021 related to Mental Health Parity and Addiction Equity Act	$ 2,591.25

Ullico

2/28/2022	Stop Loss Insurance Policy Premiums for January 2022 through March 2022	$ 25,804.34

Wedge Capital Management

1/21/2022	Fee for professional services rendered through December 31, 2021	$ 3,923.13

Dental Health Centers & Associates
1450 Mercantile Lane – Suite 131
Largo, MD 20774
Phone: (301)583-1400
Fax: (301) 583-1402
Toll Free: (888) 802-6970

February 28, 2022

Ms. Alicia Cochran – Account Executive
Board of Trustees Union Local No. 730
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152-9459

Dear Ms. Cochran and Board of Trustees:

Enclosed is a copy of the Summary of 2021 Annual Report and the Summary of Cost of Care (including the Largo Dental Center).

The Summary of 2021 Annual Report indicates the value of the dentistry received based on U.C.R. value. As noted, for every $1.00 in premium, members are receiving approximately $1.24 of dental services.

The summary of 2021 Cost of Care report also indicates that our overall profit for 2021 was 18.50%. Utilization and the value of dental services was slightly lower in 2021 due to the Covid-19 pandemic. The enclosed spreadsheets show the number of members and dependents receiving each procedure, along with the dental values of each procedure. There is a breakdown of the total number of each procedure done per month for the entire year.

It is our pleasure to be of service to the Local 730 members and dependents, and we will be glad to answer any questions or concerns you may have at any time.

Sincerely yours,

Robert P. Cohen, D.M.D.
Dental Health Centers & Associates

DENTAL HEALTH CENTERS & ASSOCIATES, L.L.C.
1450 Mercantile Lane – Suite 131
Largo, MD 20774-5386
Phone: (301)583-1400
Toll Free: (888)802-6970
Fax: (301)583-1402
ROBERT P. COHEN, D.M.D.
Director

Summary of 2021 Annual Report
Local 730

Dental Health Centers is pleased to present the Annual Utilization Report for the 2021 year to the trustees of Local 730.

Each line of the report itemizes each covered procedure, provides the usual, customary and reasonable (U.C.R.*) dental value for each procedure, and gives the number of members and dependents who received each procedure during the year. The value of each service for members and dependents is also totaled on each line along with a month by month breakdown for each procedure done on members and dependents.

Following is an analysis of the utilization report (based on an average of 336 Class E members).

	Class E Total
Total yearly premium paid for dental coverage	$127,257.40
Amount of dentistry produced at average U.C.R. fees in 2021	156,975.00
Total premium paid per member/month (average)	31.58
Amount of dentistry received at U.C.R. fees per member/month	38.93

We are most pleased to report that for every $.81 in premium, the members are receiving $1.00 worth of dental services, and for each $1.00 in premium paid, the members are receiving $1.23 of dental services based on U.C.R. values.

*U.C.R. fees used for this report are average fees taken from the National Dental Advisory Service publication (2019 edition), from the 2019 annual fee survey contained in Dental Economics magazine, and from the 2019 fee survey in Dental Practice Report.

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Director

SUMMARY OF 2021 COST OF CARE INCLUDING THE DENTAL CENTER IN LARGO, MD

TOTAL	ASSOC. DENTISTS INCLUDING LARGO
PREMIUMS PAID	$127,257.40
COST OF CARE	$103,714.78
EXCESS	$23,542.62
EXCESS %	18.50%

Dental Health Centers, LLC
BATCHDATE: 12/31/2021

Dental Value Summary
Local 730

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
0120	$65.00	RECALL EXAM	182		11,830.00	36		2,340.00	218	0	14,170.00
0140	$95.00	EMER. EXAM	39		3,705.00	15		1,425.00	54	0	5,130.00
0150	$110.00	INITIAL EXAM	34		3,740.00	2		220.00	36	0	3,960.00
0170		EXAM RE-EVALUATION			0.00			0.00	0	0	0.00
0180		COMPREHENSIVE PERIO EVAL - NEV			0.00			0.00	0	0	0.00
0210	$200.00	FULL MOUTH X-RAYS	16		3,200.00			0.00	16	0	3,200.00
0220	$45.00	IND. X-RAYS	83		3,735.00	26		1,170.00	109	0	4,905.00
0230	$40.00	IND. X-RAYS ADDITIONAL	45		1,800.00			0.00	45	0	1,800.00
02-0	$50.00	OCCLUSAL			0.00			0.00	0	0	0.00
0272	$80.00	BITEWINGS	13		1,040.00	6		480.00	19	0	1,520.00
0274	$110.00	BITEWINGS	88		9,680.00	14		1,540.00	102	0	11,220.00
0330	$150.00	PANORAMIC	32		4,800.00			0.00	32	0	4,800.00
0362		CONE BEAM - 2 DIMENSIONAL			0.00			0.00	0	0	0.00
1110	$125.00	ADULT PROPHY	205		25,625.00	38		4,750.00	243	0	30,375.00
1120	$71.00	CHILD PROPHY			0.00			0.00	0	0	0.00
1203	$38.00	FLUORIDE			0.00			0.00	0	0	0.00
1208	$38.00	FLUORIDE			0.00			0.00	0	0	0.00
1351	$65.00	SEALANTS			0.00			0.00	0	0	0.00
1510	$500.00	FIXED, UNILATERAL RETAINER			0.00			0.00	0	0	0.00
1515	$525.00	SPACE MAINTAINER, FIXED			0.00			0.00	0	0	0.00
2110	$100.00	ONE SURFACE-DECIDOUS			0.00			0.00	0	0	0.00
2120	$130.00	TWO SURFACE			0.00			0.00	0	0	0.00
2130	$160.00	THREE SURFACE			0.00			0.00	0	0	0.00
2140	$200.00	ONE SURFACE - PRIMARY OR PERM	2		400.00			0.00	2	0	400.00
2150	$250.00	TWO SURFACES - PRIMARY OR PER	1		250.00			0.00	1	0	250.00
2160	$325.00	THREE SURFACES - PRIMARY OR PI	1		325.00			0.00	1	0	325.00
2161	$350.00	FOUR OR MORE SURFACES - PRIMA			0.00			0.00	0	0	0.00
2190	$35.00	PIN RETENTION			0.00			0.00	0	0	0.00
2330	$250.00	COMPOSITE ONE SURFACE	19		4,750.00	1		250.00	20	0	5,000.00
2331	$275.00	COMPOSITE TWO SURFACE	16		4,400.00	3		825.00	19	0	5,225.00
2332	$350.00	COMPOSITE THREE SURFACES	18		6,300.00			0.00	18	0	6,300.00
2335	$425.00	COMP RESIN 4 OR MORE	4		1,700.00	5		2,125.00	9	0	3,825.00
2380		ONE SURFACE			0.00			0.00	0	0	0.00
2381		TWO SURFACES			0.00			0.00	0	0	0.00
2382		THREE OR MORE SURFACES			0.00			0.00	0	0	0.00
2385	$94.00	RESIN- ONE SURFACE POSTERIOR			0.00			0.00	0	0	0.00
2386	$130.00	RESIN- TWO SURFACE POSTERIOR			0.00			0.00	0	0	0.00
2387	$160.00	RESIN- THREE OR MORE SURFACE			0.00			0.00	0	0	0.00
2390	$600.00	RESIN BASED COMPOSITE CROWN,			0.00			0.00	0	0	0.00
2391	$250.00	RESIN - ONE SURFACE POSTERIOR	19		4,750.00			0.00	19	0	4,750.00
2392	$325.00	RESIN - TWO SURFACES POSTERIOI	17		5,525.00	8		2,600.00	25	0	8,125.00
2393	$380.00	RESIN - THREE OR MORE SURF POS	10		3,800.00			0.00	10	0	3,800.00
2394	$450.00	RESIN - FOUR OR MORE SURF POST	6		2,700.00	7		3,150.00	13	0	5,850.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2021

Dental Value Summary
Local 730

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
2751	$1,500.00	CROWN	45		67,500.00	3		4,500.00	48	0	72,000.00
2920	$150.00	RECEMENT CROWN	3		450.00	4		600.00	7	0	1,050.00
2930	$355.00	PREFAB STAINLESS STEEL CROWN			0.00			0.00	0	0	0.00
2932	$475.00	PREFAB RESIN CROWN			0.00			0.00	0	0	0.00
2940	$180.00	SEDATIVE FILLING	2		360.00			0.00	2	0	360.00
2950	$365.00	CROWN BUILDUP	12		4,380.00	6		2,190.00	18	0	6,570.00
2951	$55.00	PIN RETENTION 3 PER TOOTH	1		55.00			0.00	1	0	55.00
2954	$455.00	PREFAB POST & CORE	1		455.00	1		455.00	2	0	910.00
3220	$300.00	THERAP. PULPOTOMY			0.00			0.00	0	0	0.00
3240	$325.00	PULPAL THERAPY - POST. PRIM.TOC			0.00			0.00	0	0	0.00
3310	$995.00	ROOT CANAL	3		2,985.00			0.00	3	0	2,985.00
3320	$1,100.00	2 ROOT CANAL	3		3,300.00			0.00	3	0	3,300.00
3330	$1,400.00	3 ROOT CANAL	2		2,800.00			0.00	2	0	2,800.00
3332		INCOMPLETE ROOT CANAL			0.00			0.00	0	0	0.00
3346	$1,200.00	RETREATMENT OF 1 CANAL TOOTH			0.00			0.00	0	0	0.00
3347	$1,275.00	RETREATMENT OF 2 CANAL TOOTH			0.00			0.00	0	0	0.00
3348	$1,500.00	RETREATMENT OF 3 OR MORE CAN/			0.00			0.00	0	0	0.00
3410	$1,100.00	APICOECTOMY- FIRST ROOT	1		1,100.00			0.00	1	0	1,100.00
3415	$900.00	APICOECTOMY- ADD. ROOT			0.00			0.00	0	0	0.00
3430	$415.00	RETROGRADE AMALGAM			0.00			0.00	0	0	0.00
3450	$725.00	ROOT AMPUTATION			0.00			0.00	0	0	0.00
3950	$375.00	CANAL PREP & POST FITTING			0.00			0.00	0	0	0.00
4200	$150.00	PERIO CONSULT BY PERIODON.			0.00			0.00	0	0	0.00
4210	$647.00	GINGEVECTOMY			0.00			0.00	0	0	0.00
4220	$227.00	GINGIVAL CURETTAGE			0.00			0.00	0	0	0.00
4240	$975.00	GINGIVAL FLAP			0.00			0.00	0	0	0.00
4249	$1,100.00	CROWN LENGTHENING			0.00			0.00	0	0	0.00
4260	$1,500.00	OSSEOUS SURGERY			0.00			0.00	0	0	0.00
4263	$680.00	BONE REPLAC. GRAFT- 1ST			0.00			0.00	0	0	0.00
4264	$420.00	BONE REPLAC. GRAFT- ADD.			0.00			0.00	0	0	0.00
4266	$1,100.00	GUIDED TISSUE REGEN.			0.00			0.00	0	0	0.00
4270	$1,200.00	PEDICLE SOFT TISSUE GRAFT			0.00			0.00	0	0	0.00
4271	$1,200.00	FREE SOFT TISSUE GRAFT			0.00			0.00	0	0	0.00
4273	$1,275.00	SUBEPITHELIAL TISSUE GRAFT			0.00			0.00	0	0	0.00
4275	$1,400.00	NON -AUTOGEN CONNECT. TISSUE (			0.00			0.00	0	0	0.00
4277	$1,200.00	FREE SOFT TISSUE GRAFT INCL REC			0.00			0.00	0	0	0.00
4285	$1,100.00	NON-AUTOGEN CONN. TISSUE GRAF			0.00			0.00	0	0	0.00
4320	$775.00	PROVISIONAL SPLINTING - INTRACO			0.00			0.00	0	0	0.00
4340	$175.00	GINGIVITIS 2 X YEAR			0.00			0.00	0	0	0.00
4340	$275.00	GINGIVITIS 2 X YEAR			0.00			0.00	0	0	0.00
4341	$350.00	PERIO SCALING (FOUR OR MORE TI	7		2,450.00	124		43,400.00	131	0	45,850.00
4342	$275.00	PERIO SCALING (ONE TO THREE TEI	1		275.00			0.00	1	0	275.00
4346	$175.00	SCALING GENERALIZED MODERATE			0.00			0.00	0	0	0.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2021

Dental Value Summary
Local 730

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
4355	$250.00	FULL MOUTH DEBRIDEMENT			0.00			0.00	0	0	0.00
4910	$195.00	PERIO MAINTENANCE	16		3,120.00			0.00	16	0	3,120.00
5000	$65.00	PROSTHETICS STEPS			0.00	22		1,430.00	22	0	1,430.00
5110	$2,525.00	FULL DENTURE - UPPER	2		5,050.00	2		5,050.00	4	0	10,100.00
5120	$2,525.00	FULL DENTURE - LOWER	1		2,525.00			0.00	1	0	2,525.00
5211	$2,025.00	PARTIAL DENTURES	1		2,025.00			0.00	1	0	2,025.00
5212	$2,025.00	PARTIAL DENTURES	2		4,050.00			0.00	2	0	4,050.00
5213	$2,500.00	PARTIAL DENT. -UPPER	5		12,500.00	1		2,500.00	6	0	15,000.00
5214	$2,500.00	PARTIAL DENT. -LOWER	3		7,500.00			0.00	3	0	7,500.00
5610	$295.00	SIMPLE REPAIRS 2 OR LESS	1		295.00			0.00	1	0	295.00
5630	$275.00	COMPLEX REPAIR 3 OR MORE			0.00	1		275.00	1	0	275.00
5630	$375.00	COMPLEX REPAIR 3 OR MORE			0.00	1		375.00	1	0	375.00
5730	$525.00	RELINE COMPLETE MAX. - CHSD.	2		1,050.00			0.00	2	0	1,050.00
5731	$500.00	RELINE COMPLETE MAN. - CHSD.	1		500.00			0.00	1	0	500.00
5740	$475.00	RELINE PARTIAL MAX. - CHSD.			0.00			0.00	0	0	0.00
5741	$475.00	RELINE PARTIAL MAN. - CHSD.			0.00			0.00	0	0	0.00
5750	$650.00	RELINE COMPLETE MAX. - LAB.			0.00			0.00	0	0	0.00
5751	$625.00	RELINE COMPLETE MAN. - LAB.			0.00			0.00	0	0	0.00
5760	$600.00	RELINE PARTIAL MAX. - LAB.			0.00			0.00	0	0	0.00
5761	$600.00	RELINE PARTIAL MAN. - LAB			0.00			0.00	0	0	0.00
6241	$1,350.00	PONTIC	7		9,450.00			0.00	7	0	9,450.00
6545	$1,250.00	MD BRIDGE/ UNIT			0.00			0.00	0	0	0.00
6930	$235.00	RECEMENT FIXED PARTIAL DENTUR	2		470.00			0.00	2	0	470.00
7002	$50.00	UNCLASSIFIED			0.00			0.00	0	0	0.00
7110	$124.00	ROUTINE EXTRACTION			0.00			0.00	0	0	0.00
7111	$195.00	CORONAL REMNANTS - DECIDUOUS			0.00			0.00	0	0	0.00
7120	$124.00	EACH ADDITIONAL			0.00			0.00	0	0	0.00
7130	$124.00	ROOT REMOVAL - EXPOSED ROOTS			0.00			0.00	0	0	0.00
7140	$250.00	EXTRACTION, ERUPT. TOOTH OR EX	10		2,500.00			0.00	10	0	2,500.00
7210	$400.00	SURG. REMOV. OF ERUP. TOOTH	54		21,600.00	3		1,200.00	57	0	22,800.00
7220	$425.00	SOFT TISSUE			0.00			0.00	0	0	0.00
7230	$550.00	PARTIALLY BONY			0.00			0.00	0	0	0.00
7240	$750.00	COMPLETE BONY			0.00			0.00	0	0	0.00
7241	$795.00	COMPLETE BONY - UNUSUAL			0.00			0.00	0	0	0.00
7250	$450.00	SURG.REMOVAL OF RES. ROOT	7		3,150.00			0.00	7	0	3,150.00
7280	$750.00	SUR. EXPOS. OF IMPACT. TOOTH			0.00			0.00	0	0	0.00
7281	$750.00	EXPOSURE TO AID ERUPTION			0.00			0.00	0	0	0.00
7285	$750.00	BIOPSY			0.00			0.00	0	0	0.00
7286	$248.00	BIOPSY WITH CONSULT			0.00			0.00	0	0	0.00
7290	$725.00	SURG. REPOSIT. OF TOOTH			0.00			0.00	0	0	0.00
7291	$450.00	TRANSEPTAL FIBEROTOMY			0.00			0.00	0	0	0.00
7310	$425.00	ALVEOLOPLASTY	3		1,275.00			0.00	3	0	1,275.00
7311	$400.00	ALVEOPLASTY WITH EXT. 1-3 TEETH			0.00			0.00	0	0	0.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2021

Dental Value Summary
Local 730

Code	Value	Procedure	Associate Member	Associate Dependent	Associate Value	Clinic Member	Clinic Dependent	Clinic Value	Total Member	Total Dependent	Total Value
7320	$625.00	ALVEOLOPLASTY/ NO EXTRACT.			0.00			0.00	0	0	0.00
7350	$3,895.00	VESTIBULOPLASTY/GRAFTS,MUSCLI			0.00			0.00	0	0	0.00
7450	$650.00	EXCISION OF BENIGN TUMOR - DIAM			0.00			0.00	0	0	0.00
7451	$1,100.00	EXCISION OF BENIGN TUMOR-DIAM			0.00			0.00	0	0	0.00
7470	$1,100.00	REMOVAL OF EXOSTOSIS			0.00			0.00	0	0	0.00
7472	$1,225.00	REMOVAL OF TORUS PALATINUS			0.00			0.00	0	0	0.00
7473	$1,225.00	REMOVAL OF TORUS MANDIBULARIS			0.00			0.00	0	0	0.00
7510	$350.00	INCISE AND DRAIN ABCESS			0.00			0.00	0	0	0.00
7953	$2,150.00	BONE REPLACEMENT GRAFT FOR R			4,300.00			0.00	2	0	4,300.00
7960	$625.00	FRENECTOMY	1		625.00			0.00	1	0	625.00
7972	$1,000.00	SURGICAL REDUCTION OF FIBROUS			0.00			0.00	0	0	0.00
8010	$500.00	ORTHO CONSULT.			0.00			0.00	0	0	0.00
8020	$1,000.00	ORTHO DOWNPAYMENT			0.00			0.00	0	0	0.00
8030	$500.00	PERIODIC ORTHO TREATMENT VISIT			0.00			0.00	0	0	0.00
8110	$1,000.00	REMOVAB. TOOTH GUID. APPL.			0.00			0.00	0	0	0.00
8210	$1,000.00	REMOVAB. INTERCEPTIVE APPL.			0.00			0.00	0	0	0.00
8220	$1,300.00	FIXED INTERCEPTIVE APPL.			0.00			0.00	0	0	0.00
8665	$500.00	INITIAL ORTHO WORKUP			0.00			0.00	0	0	0.00
8680	$750.00	RETAINER WITH POST TREAT.			0.00			0.00	0	0	0.00
9110	$200.00	PALLIATIVE TREATMENT	4		800.00	2		400.00	6	0	1,200.00
9220	$550.00	ANESTHESIA GENERAL O.S.			0.00			0.00	0	0	0.00
9221	$200.00	ANESTHESIA EACH ADD 15 MIN			0.00			0.00	0	0	0.00
9223	$250.00	ANESTHESIA EACH 15 MIN INCREME			0.00			0.00	0	0	0.00
9230	$125.00	ANALGESIA	3		375.00			0.00	3	0	375.00
9241	$600.00	IV SEDATION			0.00			0.00	0	0	0.00
9242	$250.00	IV SEDATION - EACH ADDIT 15 MIN			0.00			0.00	0	0	0.00
9243	$250.00	IV SEDATION EACH 15 MIN	3		750.00			0.00	3	0	750.00
9310	$200.00	CONSULTATION - 2ND OPINION	21		4,200.00			0.00	21	0	4,200.00
9940	$875.00	BITEGUARD			0.00			0.00	0	0	0.00
9951	$300.00	LIMITED OCCLUSAL ADJ.			0.00			0.00	0	0	0.00
9952	$900.00	COMPLETE OCCLUSAL ADJ.			0.00			0.00	0	0	0.00
9999		FEE ADJUST			0.00			0.00	0	0	0.00
LAB		LAB WORK			0.00			0.00	0	0	0.00
NB					0.00			0.00	0	0	0.00
PRIM		PRIMARY INSURANCE			0.00			0.00	0	0	0.00
		Total			$278,275.00			$83,250.00			$361,525.00

Reimburse Member	Reimburse Depend

WAREHOUSE LOCAL 730 HEALTH AND WELFARE FUND

January 2021 – December 2021

Savings Results

March 14, 2022

Together, all the way.®

PPO and Out of Network Savings Program
January 2021 – December 2021

In Network	Charges	Network Allowed	Network Savings	%
Inpatient	$715,916.17	$589,218.15	$126,698.02	17.7%
Outpatient	$1,416,385.86	$808,562.14	$607,823.72	42.9%
Physician	$2,558,292.30	$1,173,358.52	$1,384,933.78	54.1%
Total	**$4,690,594.33**	**$2,571,138.81**	**$2,119,455.52**	**45.2%**

Out of Network Savings Program	Charges	Network Allowed	Network Savings	%
Outpatient	$60,031.93	$13,173.92	$46,858.01	78.1%
Physician	$223,316.63	$101,826.84	$121,489.79	54.4%
Total	**$283,348.56**	**$115,000.76**	**$168,347.80**	**59.4%**

Total Year To Date Savings
January 2021 – December 2021

	Savings
PPO Network Savings	$2,119,456
Out of Network Savings	$168,348
Utilization Management Savings	$41,246
Case Management Savings	$20,883
Outpatient Care Management Savings	$51,848
Total Year To Date Savings	**$2,401,780**

Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

Warehouse Employees Union Local No. 730
Health & Welfare Trust Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (800) 730-2241
www.associated-admin.com

February 2022

OVER-THE-COUNTER COVID-19 HOME TESTS

Dear Participant:

Effective January 15, 2022, the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund ("Fund") will reimburse eligible participants and dependents for the purchase of at-home COVID-19 test kits. In order to receive reimbursement, the tests kits must be authorized by the Food and Drug Administration. The most common test kits are Flowflex™, Ellume™, InteliSwab™, BinaxNOW™ and On/Go™. The Fund will reimburse up to 8 individual tests per covered member and dependent(s) each month.

The reimbursement limits based on individual tests and not test kits -- most test kits include two individual tests. Also, reimbursement is limited to personal use of tests. As you will see from the attestation requirement in the Cigna claim form, tests related to employment or for resale by a participant/dependent are not eligible for reimbursement.

The reimbursements will be processed by Cigna. If you paid out-of-pocket for a test, you may submit the enclosed claim form for reimbursement. You can submit your claim for tests purchased on or after January 15th. Your claim for reimbursement must be submitted within one year of the purchase date to be eligible for reimbursement. Reimbursement will be available through the end of the National Emergency period.

To submit for reimbursement, visit https://www.cigna.com/assets/docs/Cigna%20notices-of-privacy-practices/pharmacy-forms/pharmacy-claim-form.pdf or send in a claim form.

Enclosed you will find a copy of the Cigna reimbursement claim form. A copy of your purchase receipt in addition to the reimbursement claim form is required. Claim forms can be mailed to:

Cigna Pharmacy Service Center
P.O. Box 188053
Chattanooga, TN 37422-8053

You also may be eligible for free, at home tests through the U.S. Department of Health and Human Services (HHS). Please visit www.CovidTests.gov.for more information.

Should you have any questions, please feel free to contact the Fund Office at (800) 730-2241.

Sincerely,
Board of Trustees

Warehouse Employees Union Local No. 730
Health & Welfare Trust Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
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February 2022

OVER-THE-COUNTER (OTC) COVID-19 HOME TESTS - UPDATED

Dear Participant:

The Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund ("Fund") previously announced that effective January 15, 2022 it will reimburse eligible participants and dependents for the purchase of at-home COVID-19 test kits.

Effective February 24, 2022, Cigna will offer a direct coverage option. This allows you to go to a network pharmacy and use your Cigna ID card to receive qualifying OTC COVID-19 tests for free. You can receive up to 8 individual tests per covered member and dependent(s) each month through the end of the National Emergency period.

You are still eligible to pay out-of-pocket for a test at an out-of-network pharmacy and submit a reimbursement claim form to Cigna. Effective February 24, 2022, the Plan's reimbursement for out-of-network tests will be capped at $12 per test. Cigna will still process the reimbursements for tests paid out-of-pocket.

To be clear, if you use the Cigna direct coverage option and obtain your at-home OTC COVID-19 test kits at a network pharmacy, you will not pay any cost share. The tests, subject to the quantity limits above, are free. If you choose to purchase tests on your own from a non-network pharmacy and to submit for reimbursement from Cigna, your reimbursement is capped at $12 per test regardless of the amount you paid for the tests.

Note that whether you obtain a free test from a network pharmacy or submit a reimbursement form for a test you purchase at an out-of-network pharmacy, the limit on the number of tests you can receive is 8 per covered member and dependent per month through the end of the National Emergency Period.

You also may be eligible for free, at home tests through the U.S. Department of Health and Human Services (HHS). Please visit www.CovidTests.gov. for more information.

Should you have any questions, please feel free to contact the Fund Office at (800) 730-2241.

Sincerely,
Board of Trustees

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-730-2241. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.associated-admin.com or call 1-800-730-2241 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$800** Individual **/$1,600** Family. Balance billing, excluded services, **Preventive care**, and **deductibles** for specific services do not count toward the **deductible**.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible.**
Are there services covered before you meet your deductible?	Yes. **Preventive care and COVID-19 Testing**	This plan covers some items and services even if you haven't met the deductible amount, but a copayment or coinsurance may apply. For example, this plan covers certain **preventive services** without **cost-sharing** and before you meet your **deductible**. See a list of covered **preventive services** at https://www.healthcare.go/coverage/preventive-care-benefits/. This plan also covers COVID-19 testing without any cost-sharing.
Are there other deductibles for specific services?	Yes. **$100 deductible** per hospital confinement. There are no other specific **deductibles**	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. You don't have to meet deductibles for specific services. See chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan?	Medical in-**network**: **$6,250** Individual / **$12,500** Family Prescription Drugs: **$1,100** Individual/ **$2,200** Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	**Premiums**, **balance-billing charges**, health care this plan does not cover, and penalties for failure to obtain pre-authorization for services	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, but only in certain circumstances. See www.cignasharedadministration.com	This plan uses a provider network. You will generally pay less if you use a provider in the plan's network. If you use an out-of-network provider, you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). However,

	or call 1-800-768-4695 for a list of **network providers**	balance billing will not apply to emergency services, certain services provided by an out-of-network provider at a network facility, and out-of-network services provided without sufficient notice to you. If possible, check with your provider before you obtain services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year except for **preventive services.**
	Specialist visit	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year except for **preventive services.**
	Preventive care/screening/ immunization	No charge	No charge	No **deductible** for **in-network/ out-of-network** visits.
If you have a test	Diagnostic test (x-ray, blood work)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
	Imaging (CT/PET scans, MRIs)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.mycigna.com	Generic drugs	$15.00 **copay** per prescription	$15.00 **copay** per prescription	**Preauthorization** required for prescriptions of more than a 34-day supply or 180 tablets. You are responsible for a **copay** and difference in cost if you elect a name brand drug when a generic option is available. Not covered if Wal-Mart or Sam's Club pharmacies are used.
	Preferred brand drugs	$40.00 **copay** per prescription	$40.00 **copay** per prescription	
	Non-preferred brand drugs	$75.00 **copay** per prescription	$75.00 **copay** per prescription	
	Specialty drugs	$75.00 **copay** per prescription	$75.00 **copay** per prescription	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% **coinsurance** of the Maximum Allowed	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		Amount		
	Physician/surgeon fees	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
If you need immediate medical attention	Emergency room care	20% **coinsurance** of the Qualifying Payment Amount	20% **coinsurance** of the Qualifying Payment Amount	Expenses must be incurred within 72 hours of accident or illness. Non-Emergency Illness not covered. The Qualifying Payment Amount (QPA) is based on the median of the in-network rates payable for the same or similar service in the same geographic region, adjusted for inflation. You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
	Emergency medical transportation	20% **coinsurance** of the Qualifying Payment Amount	20% **coinsurance** of the Qualifying Payment Amount	You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
	Urgent care	After plan pays $35/ visit, you pay 20% **coinsurance** of the Qualifying Payment Amount	After plan pays $35/visit, you pay 20% **coinsurance** of the Qualifying Payment Amount	You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder.
	Physician/surgeon fees	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year.
	Inpatient services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder
If you are pregnant	Office visits	Prenatal - No charge/ Postnatal - After plan pays $35/visit, you pay 20% **coinsurance** (of the Maximum Allowed Amount	Prenatal - No charge/ Postnatal - After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	**Preventive** prenatal care at no charge.
	Childbirth/delivery professional services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement.
	Childbirth/delivery facility services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement.
If you need help recovering or have other special health needs	Home health care	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Rehabilitation services	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Habilitation services	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Skilled nursing care	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Durable medical equipment	20% coinsurance of the Maximum Allowed Amount	Not covered	Must use CareCentrix.
	Hospice services	Inpatient - 20% **coinsurance** plus charges greater than **$3,000**/per period of care. Outpatient - 20% **coinsurance** plus charges greater than **$2,000**/per period of care	Inpatient - 20% **coinsurance** plus charges greater than **$3,000**/per period of care. Outpatient - 20% **coinsurance** plus charges greater than **$2,000**/per period of care	Patient with a life expectancy of six months or less. Certain lifetime limits may apply.
If your child needs dental or eye care	Children's eye exam	$10 **copay**/visit - **in-network provider**	Not covered	Once every 12 months – Group Vision Services.
	Children's glasses	$10 **copay**/visit - **in-network provider**	Not covered	Certain lenses once every 12 months, frames once every 24 months – Group Vision Services.
	Children's dental check-up	No charge - participating **provider**	Not covered	Certain dental procedures are excluded. See benefits guide for details. Dental Health Centers.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery (generally excluded with certain exceptions)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (Frequency limits apply)
- Weight loss program

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery (If deemed medically necessary)
- Chiropractic care (Ninth and subsequent visits must be pre-authorized)
- Dental care (Adult)
- Hearing aids
- Routine eye care (Adult)

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

Your Rights to Continue Coverage: If a network provider leaves the provider network, and you are a "Continuing Care Patient" as defined in the Summary Plan Description, you may continue to receive care from the provider by paying the same co-insurance amounts for up to 90 days after the provider leaves the network.

Additionally, there are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-730-2241.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-730-2241.
Chinese (中文): 如果需要中文的帮助， 请拨打这个号码 1-800-730-2241.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-730-2241.

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

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$800
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles*	$900
Copayments	$10
Coinsurance	$700
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,670**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$800
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles*	$800
Copayments	$1,000
Coinsurance	$100
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,920**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$800
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test (*x-ray*)
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles*	$800
Copayments	$10
Coinsurance	$300
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,110**

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" above. The **plan** would be responsible for the other costs of these EXAMPLE covered services.