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 26, 2021
(At approximately 11:00 AM)

I. Call to Order

II. Minutes, Regular Meeting – December 10, 2020

III. Financial Report – Investment Performance Services

IV. Co- Counsel Report

V. Administrative Manager Report

VI. Invoices

VII. Other Fund Business

VIII. Next Meeting Date and Location

IX. 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 10, 2020 VIA TELECONFERENCE

The following Trustees were present:

UNION TRUSTEES
R. Brooks – Chairman
J. Lacy
F. Myers
T. Richardson – Alternate

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

Also present were:

K. Barshinger – Associated Administrators, LLC
A. Cochran – Associated Administrators, LLC
M. DeLancey – Blank Rome LLP
C. Davis-Alpis – Cigna
G. Hayes – Cigna
J. Kimble – Morgan, Lewis & Bockius, LLP
G. Kreidler – Cigna
B. Robertson – NFP (Meltzer Group)
R. Sichel – Investment Performance Services, LLC
J. Wuthrich – Cigna

I. CALL TO ORDER

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

II. MINUTES

The Trustees read the minutes of the last regular meeting held on September 1, 2020.

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, 2020 are approved as written.

III. FINANCIAL REPORT

A. Custodian Bank – PNC Bank, NA

Ms. Cochran reported that she distributed to the Trustees via email the meeting materials, which included a copy of the PNC Summary of Activity report for the period January 1, 2020 through September 30, 2020.

B. 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, 2020." Mr. Sichel reported that the total market value of assets as of September 30, 2020 was $11,908,639. Mr. Sichel distributed his report titled, "Preliminary Monthly Performance Analysis – October 31, 2020." He reported that the total market value of assets as of October 31, 2020 was $12,143,597.

2. Asset Allocation

Mr. Sichel reported that as of September 30, 2020, the Fund held 46.0% in Investment Grade Fixed income, 37.5% in Short Duration High Yield, 6.6% in Real Estate, and 9.9% in cash equivalents. He noted Wedge Capital held $5,473,813, Chartwell Investment held $4,460,945, American Core Realty held $789,610, and there was $1,184,270 in the cash account.

Mr. Sichel noted that the cash allocation is within the targeted policy range, however he recommended the Trustees consider reallocating the assets as follows: 1) $500,000 from the cash account to Wedge Capital Management (Investment Grade Fixed Income) and 2) $300,000 from the cash account to Chartwell Investment (Short Duration High Yield Fixed Income).

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

> **RESOLVED to follow IPS' recommendation to rebalance the assets by allocating funds as follows: 1) $500,000 from the cash account to Wedge Capital Management and 2) $300,000 from the cash account to Chartwell Investment.**

3. Cyber Liability Amendment

Mr. Sichel said that IPS is proposing that the Fund amend its Investment Policy Statement to require investment managers to have cybersecurity insurance in place. He said cyberattacks are a growing threat in today's environment. He reported that he sent a memo and draft amendment regarding managers' cybersecurity

insurance coverage to Fund Counsel for review. Mr. Kimble and Mr. DeLancey recommended that the Trustees adopt and sign the amendment.

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

RESOLVED to adopt the amendment to the Investment Policy Statement.

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 under collection as of December 10, 2020. He stated that there was one lien for which the Fund received full reimbursement and one for which the Fund accepted a reduced lien. There are currently three open cases, with no action needed at this time.

B. Hearing Aid Benefit

Mr. Kimble noted that the contract with Group Vision Services for the hearing aid benefit the Trustees approved at the September meeting had been executed. Ms. Cochran said that the benefit was implemented on November 1, 2020.

Mr. DeLancey and Mr. Kimble said there were no other legal matters pending before the Board of Trustees at this time.

V. ADMINISTRATIVE MANAGER'S REPORT

A. Third Quarter 2020

Ms. Cochran presented the Administrative Manager's Report for the third quarter 2020. The report showed contributions of $1,504,413, interest and dividend income of $85,321, and miscellaneous income of $101, producing a total income of $1,589,835 for the quarter. Expenses included $720,114 of benefit expenses and $93,119 of operating expenses, producing a total expense of $813,233. This produced a total surplus of $776,602 for the quarter ended September 30, 2020. Ms. Cochran noted that contributions were made on behalf of 343 Plan participants.

B. Administrative Services Contract Renewal – INTERIM ACTION

Ms. Cochran noted that the committee of two Union Trustees and two Employer Trustees approved an extension of the administrative services contract with Associated Administrators, LLC, for the period January 1, 2021 through December 31, 2023, with 2% annual fee increases. Ms. Cochran thanked the Board of Trustees for the contract renewal and said a contractual amendment would be prepared and sent to Counsel for review.

VI. INVOICES

Ms. Cochran presented a list of invoices dated December 10, 2020 for Trustee 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 10, 2020 are approved for payment as presented.

VII. PROVIDER REPORT – NFP (Meltzer Group)

The Trustees welcomed Ms. Beth Robertson of NFP (Meltzer Group) to the meeting. She distributed her report titled, "The Warehouse Employees Union Local 730 – 2021 Stop Loss Renewal." Ms. Robertson noted that the current stop loss policy will expire December 31, 2020 and although the market did not produce competitive rates, Ullico proposed a 4.5% increase for the contract year January 1, 2021 through December 31, 2021, while the current stop loss trend renewal rate is running at a 15-18% increase in premium. She said the stop loss specific level of $500,000 is appropriate given the Plan's past years of claim experience. Ms. Robertson recommended that the Trustees renew the policy with Ullico, with a $500,000 specific level of coverage, a $50,000 aggregating deductible, and a premium of $99,633 (a 4.5% increase from last year).

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, 2021 through December 31, 2021.

VIII. PROVIDER REPORT – CIGNA

The Trustees welcomed Ms. Caroline Davis-Alpis, Ms. Greta Kreidler, Ms. Jada Wuthrich, and Mr. Graham Hayes of Cigna to the meeting.

A. PPO Savings Report

Mr. Hayes reviewed the CIGNA PPO savings report for the period January 1, 2020 through March 31, 2020. The PPO network savings, meaning the billed amount less the network allowed amount, equaled $1,060,054.47. This represents an overall PPO savings of 55.3% for the period January 1, 2020 through September 30, 2020. Mr. Hayes reviewed the out-of-network savings results for the period January 1, 2020 through September 30, 2020 noting a savings of 56.3%.

B. Pharmacy Report

Ms. Wuthrich reviewed the updated pharmacy utilization for the period January 1, 2020 through September 30, 2020. She reviewed the key indicator summary, top therapeutic classes by plan spend, and top drugs by plan spend and by volume. She then discussed the Formulary Changes beginning January 1, 2021 that will continue to reflect Cigna's low net drug cost approach and proven utilization management strategies.

C. Cigna/Express Scripts, Inc. Merge – New ID Cards

Mr. Hayes indicated that due to the merger between Cigna and Express Scripts, Inc., CignaRx is migrating the pharmacy claims engine to the Express Scripts platform and therefore participants will be receiving new medical/prescription ID cards. He said the new ID cards will be effective January 1, 2021.

D. Fee Proposals

Mr. Hayes discussed Cigna's renewal offer for a three-year period for the medical Shared Administration repricing program and prescription benefit and said that the current agreement with the Fund expires December 31, 2020. He said Cigna's revised proposal is a 3.5% increase for the first year, a 1.5% increase for the second year, and no increase for

the third year. Mr. Hayes noted that the rates presented in the renewal letter are contingent on Cigna remaining the Fund's Pharmacy Benefit Manager.

The Trustees thanked Ms. Caroline Davis-Alpis, Ms. Greta Kreidler, Ms. Jada Wuthrich, and Mr. Graham Hayes for their presentation, and they were excused.

The Trustees discussed the renewal that Cigna presented. They agreed that there should be a pharmacy benefit market check and asked Ms. Cochran to reach out to Segal regarding the matter.

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

RESOLVED to approve the Cigna medical renewal for a three-year period from January 1, 2021 through December 31, 2023, with a 3.5% increase for the first year, a 1.5% increase for the second year, and no increase for the third year, and to approve the pharmacy benefit renewal for the same three-year period.

IX. OTHER FUND BUSINESS

A. Memorandum of Agreement ("MOA") – Eight O'Clock Coffee

Ms. Cochran reported the receipt of a newly negotiated Memorandum of Agreement between the Union and Eight O'Clock Coffee for the period July 17, 2021 through July 17, 2027.

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

RESOLVED to accept the MOA between Eight O'Clock Coffee and the Union for the period July 17, 2021 through July 17, 2027.

B. 2021 COBRA Rates

Ms. Cochran reported that Fund Counsel had reviewed the 2021 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 2021 COBRA rates as contained in the meeting booklet.

C. 2021 Summary of Benefits & Coverage ("SBC")

Ms. Cochran reported that Associated mailed the 2021 SBC Notice for the period January 1, 2021 to December 31, 2021 to active participants on December 9, 2020.

D. Summary of Material Modifications ("SMM")

Ms. Cochran reported that on September 28, 2020, Associated mailed a SMM regarding the coverage of hearing aids effective November 1, 2020 as approved by the Trustees at the September Trustees' meeting.

E. 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 2021 calendar year. The 2021 annual fee is $700.

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

RESOLVED to approve the 2021 renewal for the Fund's participation in the HCCCC for the 2020 calendar year at an annual fee of $700.

F. Fidelity Bond Reimbursement

Ms. Cochran reported that Zurich American Insurance Company, the carrier for Fidelity Bond coverage, submitted a refund in the amount of $190.00 for the July 11, 2017 – July 11, 2020 policy due to a recalculation of the premium rate.

G. Appeal – Late Filing of Subrogation Agreement – INTERIM ACTION

Ms. Cochran reported that an email was distributed to the Trustees on September 21, 2020 regarding a late appeal. The requested accident information and subrogation agreement were not received from the participant within the 365-day timely filing period. The Trustees voted to approve the appeal based on the temporary changes made to certain deadlines applicable to group health plans due to the COVID-19 pandemic. This includes special enrollment timeframes, COBRA enrollment and premium payment timeframes, and claims procedure timeframes. Fund Counsel indicated this matter would fall under the temporary extension.

H. Telehealth Office Visits

Ms. Cochran reported that the Trustees approved coverage of telehealth visits during the period of the national emergency related to COVID-19, through December 31, 2020. The Trustees requested guidance from Segal regarding the potential costs associated with this coverage. Ms. Cochran said that per Segal the coverage of telehealth services is

expected to be cost neutral. Mr. Timm from Segal said the Fund may expect a slight uptick in claims, but not an excessive amount of dollars.

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, 2021.

I. **<u>Eligibility Waiting Period for Employees of Eight O'Clock Coffee</u>**

Per the request of Trustee Sebhat, Ms. Cochran discussed the Fund's initial waiting period for benefits, which is currently six consecutive months with a total of 600 hours. Trustee Sebhat requested that the initial waiting period be waived for new Eight O'Clock Coffee employees and that benefits begin the first of the month following the employee's date of hire. It was noted that these employees would not have a benefit run-out and benefits would terminate the date of termination. Trustee Brooks said this is the arrangement currently in place for Giant employees that were formerly classified as Vacation Relief. Ms. Cochran noted that the Fund would need to be notified timely of hire and termination dates.

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

RESOLVED to modify, as described above, the initial waiting period and benefit termination for employees of Eight O'Clock Coffee hired after December 10, 2020.

X. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected March 26, 2021 as their next regular meeting date immediately following the companion Pension Fund meeting via teleconference.

XI. ADJOURNMENT

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

Respectfully submitted,

Jason Paradis
Secretary

WAREHOUSE LOCAL 730 - HEALTH & WELFARE FUND
SUMMARY OF ACTIVITY
JANUARY 01, 2020 to DECEMBER 31, 2020

	Cash Reserve	Cash in Transit *	Wedge Capital	Chartwell	American Core Realty	TOTAL
Beginning Market Value	$647,500	$0	$4,692,610	$3,770,297	$837,374	$9,947,781
Receipts	$5,913,424	$0	$0	$0	$0	$5,913,424
Disbursements	$3,627,425	$0	$0	$0	$0	$3,627,425
Inter-Account Transfers	$1,850,000	$88,909	$950,000	$900,000	$88,909	$0
Earnings	$2,770	$0	$362,507	$217,164	$3,952	$586,394
Ending Market Value	**$1,086,269**	**$88,909**	**$6,005,117**	**$4,887,462**	**$752,417**	**$12,820,174**

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
HEALTH AND WELFARE TRUST FUND
SUMMARY SUBROGATION REPORT
March 26, 2021

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF MARCH 26, 2021

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT[1]	STATUS OF COLLECTION EFFORTS
ACTIVE						
Douglas Short 5310 Mac's Hollow Rd. Prince Frederick, MD 20678 (410) 535-0104 (410) 474-4752 cell	Mark J. Palumbo 132 Main Street Prince Frederick, MD 20678 (410) 535-1780	2/25/19	Active	Eligible	$990.18	• Participant assaulted. Counsel contacted on 2/20/20 requesting status update; no response. August 18, 2020, Participant's counsel represented that Complaint has been filed but still pursuing settlement. On 12/1/20, participant's counsel represented that there has not been any change to the matter's status. On 2/21/19, participant's counsel stated case is pending in Circuit Court with pre-trial conference on 2/23/21. Trial date of October 26, 2021 provided at pre-trial conference.
Stefan Mansar 5645 Settler Place Columbia, MD 21044	David Snyder Snyder Law Group The Woodholme Center 1829 Reisterstown Rd. Suite 250 Baltimore, MD 21208 (410) 843-3476	7/22/20	Active	Eligible	$12,845.31	• Participant sustained injuries in an automobile accident. On 12/1/20, Participant's counsel stated that a complaint has not been filed. Participant is still undergoing treatment and will be for some time. • Participant has retained new representation. On 3/11/21, participant's "new" counsel, David Snyder of the Snyder Law Group, contacted the Fund. Current and future claims are being pended until AA receives subrogation agreement signed by new counsel.

[1] Associated Administrators confirmed the lien amounts contained herein on March 15, 2021.

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT	STATUS OF COLLECTION EFFORTS
CLOSED						
Miguel Ochoa 3947 Susanna Road Randallstown, MD 21133	Vadim A. Mzhen 9 Park Center Court #220 Owings Mills, MD 21117 (410) 654-3600	6/18/19	Active	Eligible	$0	• On 2/2/21 Participant paid lien in full ($1,621.68).

Morgan Lewis

MEMORANDUM

TO: Board of Trustees of the Warehouse Employees Local 730 Health and Welfare Fund

FROM: Jim Kimble
Merle DeLancey

DATE: March 26, 2021

SUBJECT: Consolidated Appropriations Act Welfare Plan Changes Applicable for Multiemployer Plans

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The Consolidated Appropriations Act, 2021 (the "Act") that was signed into law on December 27, 2020 contains provisions impacting multiemployer health and welfare plans, such as protecting group health plan participants from surprise medical bills and enhancing multiemployer health and welfare plan transparency. The provisions of the Act generally apply to both grandfathered and non-grandfathered multiemployer plans, except as indicated below. We expect additional guidance from the Secretaries of HHS, Labor, and the Treasury (collectively, the Departments) which will address the Act and its requirements in greater detail.

After release of the additional guidance, we will provide more concrete examples of how the Act may impact the Fund and its participants. In the meantime, key provisions are summarized below.

NO SURPRISES ACT – COMBATTING SURPRISE MEDICAL BILLING

Within the Act is the "No Surprises Act," which prohibits surprise medical billing from out-of-network providers, emergency service providers, and air ambulance providers. These provisions generally apply with respect to plan years beginning on or after January 1, 2022.

Specifically, the No Surprises Act:

- Prohibits surprise medical billing from out-of-network providers, emergency service providers and air ambulance providers.
- Prohibits balance billing a participant by an out-of-network provider for services received at an in-network facility, unless the out-of-network provider provides notice to the participant and the participant consents. The consent rules are narrowly drafted and require consent to be given at least 72 hours prior to receiving treatment.
- Requires coverage of emergency services at in-network rates and without prior authorization.
- Prohibits out-of-network air ambulances from charging participants more than the in-network cost-sharing amounts for their services.
- Requires a 30-day open negotiation period for group health plans to settle out-of-network claims with providers, including out-of-network air ambulance claims.

- Establishes an "Independent Dispute Resolution" process (i.e., binding arbitration) ("IDR") for plans and out-of-network providers who cannot agree on a rate during the open negotiation period.
    - Both sides offer a rate and the arbitrator selects one of the two offers based on the market-based median in-network rates and other relevant information. However, the out-of-network provider's actual billed charges and public payer rates are excluded from consideration.
    - No minimum rate that must be at issue to access IDR.
    - Built-in protections to prevent abuse:
        - Plans must make an interim payment to the provider while the rate is being negotiated (though no minimum amount is specified).
        - The party whose rate is ultimately not chosen by the arbitrator is responsible for paying for all fees charged.
        - The party who initiates the IDR is prohibited from initiating another IDR with the same party related to the same item or service for 90 days following the arbitrator's determination.

The No Surprises Act also contains other "patient protections" that are tangentially related to surprise billing, including:

- A requirement that insurance ID cards include in- and out-of-network deductible amounts and maximum out-of-pocket costs.
- A requirement that the Departments issue proposed regulations under the Affordable Care Act's "Provider Nondiscrimination" protections.
- An extension of the Affordable Care Act's external review process to adverse benefit determinations under the surprise billing provisions.
- A requirement that group health plans provide an "Advanced Explanation of Benefits" containing good faith estimates of the costs of services the participant is likely to receive and associated disclaimers.
- A requirement that certain participants receive up to 90 days of continued coverage at in-network cost-sharing rates when their provider moves out-of-network.
- A requirement that group health plans offer price comparison guidance via telephone and an online cost comparison tool.
- The establishment of a grant program to create and improve "State All Payer Claims Databases," under which the Secretary of Labor is required to establish a standardized reporting format for voluntary reporting to such databases by self-insured group health plans.
- A requirement that group health plans provide participants up-to-date provider directories, and participants who rely on incorrect information received will only be liable for in-network cost-sharing amounts.

TRANSPARENCY PROVISIONS

The Act adds several requirements to enhance multiemployer health and welfare plan transparency. These transparency enhancements include:

- **Mental Health Parity Analysis**: Requiring that group health plans conduct comparative analyses of the nonquantitative treatment limitations ("NQTLs") (e.g., medical management standards, formulary design for prescription drugs, fail-first policies or step therapy protocols) used for medical and surgical benefits as compared to mental health and substance use disorder benefits (This was previously recommended, but not required to be compliant with the Mental Health Parity and Addiction Equity Act ("Mental Health Parity Act").
    - Must also be able to provide, if requested by either the DOL, HHS or state insurance regulator (if applicable), a detailed written analysis of such compliance with the Mental Health Parity Act.
    - Requests may start to be made by regulators as soon as February 10, 2021 (45 days after enactment of the Act).
    - Multiemployer plans should start to prepare if not already conducting this analysis and your service providers are likely to assist with this analysis.
    - Departments are required to request comparative analysis from at least 20 plans per year that involve potential violations of the Mental Health Parity Act.
        - If found non-compliant, plans have 45 days to correct compliance issues.
        - If final determination made of noncompliance, required to notify enrollees of noncompliance within 7 days.
    - Departments required to issue guidance within 18 months with at least a 60 day comment period.
- **Prohibition on Gag Clauses**: Prohibiting a group health plan from entering into a services agreement that, directly or indirectly, restricts the group health plan from disclosing provider-specific costs, quality of care information, or electronically accessing de-identified claims data. A group health plan is required to annually report compliance with this requirement.
    - No effective date specified, so likely effective upon enactment of Act (12/27/20).
    - Multiemployer plans should review existing contracts with TPAs and modify as necessary to ensure compliance.
- **Disclosure of Compensation**: Requiring disclosure by health benefit brokers and consultants to plan sponsors regarding at the time of contracting their reasonably expected direct and indirect compensation for referral of services to group health plans. This does not apply to insurance providers or pharmacy benefit managers and only applies if direct or indirect compensation will be more than $1,000.
    - These changes take effect one year after enactment of the Act (12/27/21).

- **Reporting of Benefits and Costs:** Requiring group health plans to annually report on plan medical costs, prescription drug spending, premiums, and any manufacturer rebates received by the plan to the Departments.

    - The first reporting is due one year after enactment of the Act (12/27/21). Each subsequent report would be due by June 1 of each year.

    - Most multiemployer plan sponsors will have their vendors do this reporting.

Morgan Lewis

MEMORANDUM

TO: Board of Trustees of the Warehouse Employees Local 730 Health and Welfare Fund

FROM: Jim Kimble
Merle DeLancey

DATE: March 26, 2021

SUBJECT: American Rescue Plan Act ("ARPA") Temporary COBRA Subsidy

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On March 11, 2021, President Biden signed into law the American Rescue Plan Act ("ARPA"). The ARPA includes a temporary 100% COBRA premium subsidy for individuals (and their covered dependents) who, presumably due to the pandemic, have suffered an involuntary termination of service or reduction in hours, which has led to a loss or reduction of their group health plan coverage. The subsidy is not available to individuals who voluntarily terminate their employment. The following is a summary of the Act's COBRA premium subsidy provisions.

The COBRA premium subsidy is available from April 1, 2021, through September 30, 2021. However, the subsidy will end prior to September 30, 2021, if the individual's maximum COBRA continuation coverage period expires prior to this date or if the individual becomes eligible for coverage under another group health plan or Medicare. Covered individuals are responsible for notifying the plan of their eligibility for coverage under another group health plan or Medicare. If an individual fails to notify a plan of their eligibility for other coverage (and the failure is not due to reasonable cause), a penalty of $250 will be imposed on such individual. However, if there is an intentional failure to notify a plan of the eligibility for other coverage, the penalty is the greater of $250 or 110% of the premium subsidy amount provided after the loss of eligibility.

In addition to individuals who first become eligible for COBRA on and after April 1, 2021, the subsidy must also be extended to those who were eligible to elect COBRA, but have not yet done so as of April 1, and those who previously elected COBRA coverage, but then discontinued it prior to April 1. These individuals must be provided a special 60-day COBRA election period beginning April 1, 2021 and ending 60 days after their receipt of a special COBRA election notice, explaining their rights under the ARPA. Associated should immediately begin identifying the individuals who will qualify for this relief, so that notification can be made as soon as possible following April 1 (or sooner, if circumstances allow).

In addition to notification of the above special COBRA election period, notice of the availability of the premium subsidy must be included with the plan's COBRA election notice materials. Plans may either amend their current COBRA forms to include the required language or include a separate notice in the COBRA election notice packet. The DOL has been instructed to issue model notices within 30-days of enactment and we recommend using the DOL model notices. Plans will also be required to notify individuals if their COBRA premium subsidy will be ending due to the expiration of the maximum COBRA continuation coverage period (generally, 18 months). This notice will be included with the plan's COBRA expiration notice and model language will be provided by the DOL.

The ARPA provides that the value of the COBRA premium subsidies will be recouped by plan sponsors as a credit against payroll taxes. If the credit exceeds the amount of payroll taxes due (if any), then it will be paid to the plan sponsor as a fully refundable (or advanced) tax credit. It is not yet clear how this will work for multiemployer plans, but additional guidance will be provided by the Treasury to address this issue.

Morgan Lewis

MEMORANDUM

TO: Board of Trustees of Warehouse Employees Local 730 Health and Welfare Fund

FROM: Jim Kimble
Merle DeLancey

DATE: March 26, 2021

SUBJECT: COVID-19 Deadline Extensions

In March 2020, DOL's Employee Benefit Security Administration and the Department of Health and Human Services (the "Agencies") suspended certain deadlines related to COBRA, Claims and Appeals, and HIPAA open enrollment. Specifically, effective March 1, 2020, these deadlines were suspended until 60 days after the announced end of the National Emergency due to COVID-19 or such other date announced by the Agencies in a future notification (i.e., the "Outbreak Period"). The statutory provisions under which the deadlines were extended, however, did not appear to permit an extension of these timeframes beyond one year. In EBSA Disaster Relief Notice 2021-01 ("Notice"), the Agencies confirmed that the statutory one-year period could not be extended and provided guidance on how to deal with the deadline extensions.

The Notice provides that the suspended deadlines will be disregarded (or tolled) **until the earlier of (a) one year from the date the plan or individual was first eligible for relief, or (b) the end of the Outbreak Period.** There's an additional clarification (or caveat) that the maximum tolling period will not exceed one year. This interpretation means that each participant or beneficiary has his/her own personal rolling deadline from the date of his/her own event. In other words, the time period each participant or beneficiary has to report an event falling within the Guidance is suspended until the earlier of one year from the date of that event or until the end of the Outbreak Period.

The deadlines that are suspended are:

- HIPAA Special Enrollment Dates
- Date to Elect COBRA Continuation Coverage
- Date to Pay COBRA Premiums
- Date to Notify the Plan of a Qualifying Event that Would Trigger a Beneficiary's Loss of Coverage
- Date to File a Benefit Claim
- Date to File an Appeal of a Claim Denial
- Date to Request External Review of a Claim Denial
- Date to File Additional Information to Perfect External Review Request

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

FOURTH QUARTER 2020

ADMINISTRATIVE MANAGER'S REPORT

FOURTH QUARTER 2020
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
ADAMS BURCH	$ 8.34	19,862.54	48	$ 165,654
EIGHT O'CLOCK COFFEE	$ 7.58	21,038.75	47	$ 159,474
GIANT RECYCLING	$ 8.34	10,933.86	23	$ 91,188
GIANT WAREHOUSE	$ 8.34	122,835.10	212	$ 1,024,445
UNION LOCAL 730	$ 8.34	768.00	2	$ 6,405
WASHINGTON FOOD	$ 6.88	1,741.50	4	$ 11,982
COBRA			2	$ 7,210
SELF PAY			1	$ 2,274
TOTAL INCOME		**177,179.75**	**339**	**$ 1,468,632**

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 22,265	$ 0.126	
CIGNA HEALTH CARE	$ 27.15	$ 28,825	$ 0.163	
DENTAL	$ 31.58	$ 32,180	$ 0.182	
DISABILITY		$ 12,343	$ 0.070	
DRUG		$ 199,742	$ 1.127	
LIFE/AD&D-ING	$ 0.240	$ 11,006	$ 0.062	$0.21 LIFE / $0.03 AD&D
MEDICAL		$ 410,937	$ 2.319	
OPTICAL GVS/FULLY INSURED	$ 5.90	$ 6,332	$ 0.036	
STOP LOSS	$ 22.24	$ 22,551	$ 0.127	
SUB TOTAL		$ 746,181	$ 4.212	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 24.47	$ 24,959	$ 0.141	
ADMINISTRATION HIPAA	$ 0.21	$ 214	$ 0.001	
MISCELLANEOUS		$ 39,526	$ 0.223	
SUB TOTAL		$ 64,699	$ 0.365	

TOTAL EXPENSES	**$ 810,880**	**$ 4.577**

SURPLUS (DEFICIT)		**$ 657,752**

AVG. HOURLY INCOME		**$ 8.29**
AVG. HOURLY EXPENSE		**$ 4.58**
SURPLUS (DEFICIT)		**$ 3.71**

FOURTH QUARTER 2020
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	**AMOUNT**
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$ 2,202
CHARTWELL INVESTMENT MANAGER FEES	$ 5,358
CYBER LIABILITY INSURANCE	$ (190)
HEALTHCARE COST CONTAINMENT COALITION FEES	$ 700
INVESTMENT PERFORMANCE SERVICES	$ 6,250
LEGAL	$ 18,662
MEETING	$ 350
PNC FEES	$ 2,102
POSTAGE	$ 592
PRINTING	$ 96
WEDGE CAPITAL INVESTMENT MANAGER FEES	$ 3,404

TOTAL	**$ 39,526**

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	

2019
QUARTERLY RECAPS

INCOME	FIRST 2019	SECOND 2019	THIRD 2019	FOURTH 2019	TOTAL
CONTRIBUTIONS	$ 1,210,971	$ 1,241,850	$ 1,303,080	$ 1,292,851	$ 5,048,752
COBRA	$ 1,678	$ 6,965	$ 10,322	$ 12,928	$ 31,893
SELF PAY	$ 21,667	$ 6,396	$ -	$ 363	$ 28,426
INTEREST & DIVIDENDS	$ 70,731	$ 82,322	$ 71,259	$ 101,108	$ 325,420
MISCELLANEOUS INCOME[1]	$ 176	$ 194	$ 85,219	$ 1,733	$ 87,322
TOTAL INCOME	**$ 1,305,223**	**$ 1,337,727**	**$ 1,469,880**	**$ 1,408,983**	**$ 5,521,813**
BENEFIT EXPENSES					
CIGNA OONSP	$ 30,874	$ 38,643	$ 51,876	$ 11,458	$ 132,851
CIGNA	$ 29,314	$ 29,946	$ 29,696	$ 30,453	$ 119,409
DENTAL	$ 33,569	$ 33,791	$ 33,380	$ 33,443	$ 134,183
DISABILITY	$ 2,700	$ 18,471	$ 19,671	$ 19,114	$ 59,956
DRUG	$ 189,515	$ 243,103	$ 191,486	$ 207,763	$ 831,867
LIFE/AD&D	$ 11,481	$ 11,555	$ 11,404	$ 11,438	$ 45,878
MEDICAL	$ 507,366	$ 867,259	$ 676,600	$ 685,594	$ 2,736,819
OPTICAL	$ 6,559	$ 6,626	$ 6,690	$ 6,537	$ 26,412
STOP LOSS	$ 22,349	$ 22,080	$ 21,851	$ 22,183	$ 88,463
SUBTOTAL	$ 833,727	$ 1,271,474	$ 1,042,654	$ 1,027,983	$ 4,175,838
OPERATING EXPENSES					
ADMINISTRATION	$ 26,213	$ 25,830	$ 25,207	$ 25,782	$ 103,032
MISCELLANEOUS	$ 19,962	$ 33,831	$ 54,736	$ 26,457	$ 134,986
SUBTOTAL	$ 46,175	$ 59,661	$ 79,943	$ 52,239	$ 238,018
TOTAL EXPENSE	**$ 879,902**	**$ 1,331,135**	**$ 1,122,597**	**$ 1,080,222**	**$ 4,413,856**
SURPLUS (DEFICIT)	**$ 425,321**	**$ 6,592**	**$ 347,283**	**$ 328,761**	**$ 1,107,957**
					AVERAGE
AVG HOURLY INCOME	$ 7.76	$ 7.87	$ 8.49	$ 8.20	$ 8.08
AVG HOURLY EXPENSE	$ 5.23	$ 7.83	$ 6.49	$ 6.29	$ 6.46
SURPLUS (DEFICIT)	$ 2.53	$ 0.04	$ 2.00	$ 1.91	$ 1.62
TOTAL PARTICIPANTS	366	372	350	359	362
FUND RESERVE	$ 9,080,552	$ 9,114,374	$ 9,571,604	$ 9,947,782	

[1]Stop Loss dividend - $1,733.00

FOURTH QUARTER 2020
CONTRACT INFORMATION

COMPANY	PLAN	CURRENT RATES	CURRENT RATE EFF. DATE	NEXT RATE CHANGE DATE	CBA EXPIRATION
ADAMS BURCH	E	$8.34	07-01-20	07-01-21	06-30-23
EIGHT O'CLOCK COFFEE	E	$7.58	02-05-20	02-05-21	07-17-27
GIANT RECYCLING	E	$8.34	07-01-20	07-01-21	06-25-22
GIANT WAREHOUSE	E	$8.34	06-01-20	06-01-21	05-14-27
UNION LOCAL 730	E	$8.34	06-01-20	06-01-21	FOLLOWS GIANT WAREHOUSE CBA
WASHINGTON FOOD	E	$6.88	11-01-18	11-01-20	10-31-21

HEALTH AND WELFARE
DELINQUENCY REPORT
As of December 31, 2020

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2019		$ 4,413,856.00
	Jan - Dec 2020		$ 3,382,244.00
	Total		$ 7,796,100.00
	Per Month		$ 324,837.50
Fund Reserve			
	Dec-20		$ 12,820,175.00
	Months of Reserve 12/31/2020		**39.5**
	Months of Reserve 9/30/2020		35.8

Projected Hourly Contribution - Future Expenses
Based on Most Recent 12 Month Data
(December 2020 - November 2021)

Class E	$	5.01

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES
March 26, 2021

Associated Administrators, LLC

2/17/2021	Mailing of WHCRA and SMM for COVID-19 Vaccine	$ 240.10
12/14/2020	Mailing of Letter/Flyer Regarding New Medical and Prescription ID cards	$ 245.70
12/9/2020	Mailing of 2021 Summary of Benefits and Coverage/HIPAA Notice of Privacy Practices Availability	$ 374.34

Blank Rome LLP

3/9/2021	Fee for professional services rendered through Febraury 28, 2021	$ 446.40
2/4/2021	Fee for professional services rendered through January 31, 2021	$ 613.80
1/8/2021	Fee for professional services rendered through December 31, 2020	$ 3,124.80
12/2/2020	Fee for professional services rendered through November 30, 2020	$ 1,674.00

Chartwell Investment Partners

12/31/2020	Fee for investment services for the Quarter ending December 31, 2020	$ 5,797.84

Health Care Cost Containment Corporation

10/14/2020	Fee for 2021 annual membership dues	$ 700.00

Investment Performance Services, LLC

3/3/2021	Fee for professional services for the Quarter ending March 31, 2021	$ 6,250.00
12/2/2020	Fee for professional services for the Quarter ending December 31, 2020	$ 6,250.00

Morgan, Lewis & Bockius, LLP

3/4/2021	Fee for professional services rendered through February 28, 2021	$ 2,352.00
2/8/2021	Fee for professional services rendered through January 31, 2021	$ 2,772.00
1/11/2021	Fee for professional services rendered through December 31, 2020	$ 3,300.00
12/7/2020	Fee for professional services rendered through November 30, 2020	$ 4,065.00

Ullico

12/1/2020	Stop Loss Insurance Policy Premiums for December 2020 through February 2021	$ 23,365.91

Wedge Capital Management

1/26/2021	Fee for professional services for the Quarter ending December 31, 2020	$ 3,731.85

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 22, 2021

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 2020 Annual Report and the Summary of Cost of Care (including the Largo Dental Center).

The Summary of 2020 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 2020 Cost of Care report also indicates that our overall profit for 2020 was 18.00%. Utilization and the value of dental services was slightly lower in 2020 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 2020 Annual Report
Local 730

Dental Health Centers is pleased to present the Annual Utilization Report for the 2020 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 345 Class E members).

	Class E Total
Total yearly premium paid for dental coverage	$127,425.30
Amount of dentistry produced at average U.C.R. fees in 2020	158,532.00
Total premium paid per member/month (average)	30.78
Amount of dentistry received at U.C.R. fees per member/month	38.30

We are most pleased to report that for every $.80 in premium, the members are receiving $1.00 worth of dental services, and for each $1.00 in premium paid, the members are receiving $1.24 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 (2018 edition), from the 2018 annual fee survey contained in Dental Economics magazine, and from the 2018 fee survey in Dental Practice Report.

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ROBERT P. COHEN, D.M.D.
Director

SUMMARY OF 2020 COST OF CARE INCLUDING THE DENTAL CENTER IN LARGO, MD

TOTAL	ASSOC. DENTISTS INCLUDING LARGO
PREMIUMS PAID	$127,425.30
COST OF CARE	$104,488.76
EXCESS	$22,936.54
EXCESS %	18.00%

Dental Health Centers, LLC
BATCHDATE: 12/31/2020

Dental Value Summary
Local 730A

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	63	57	7,800.00	20	12	2,080.00	83	69	9,880.00
0140	$95.00	EMER. EXAM	8	12	1,900.00	8	4	1,140.00	16	16	3,040.00
0150	$110.00	INITIAL EXAM	15	16	3,410.00			0.00	15	16	3,410.00
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	4	1	1,000.00			0.00	4	1	1,000.00
0220	$45.00	IND. X-RAYS	24	16	1,800.00	26	11	1,665.00	50	27	3,465.00
0230	$40.00	IND. X-RAYS ADDITIONAL	19	9	1,120.00			0.00	19	9	1,120.00
0240	$50.00	OCCLUSAL			0.00			0.00	0	0	0.00
0272	$80.00	BITEWINGS	4	17	1,680.00		1	80.00	4	18	1,760.00
0274	$110.00	BITEWINGS	41	25	7,260.00	11	8	2,090.00	52	33	9,350.00
0330	$150.00	PANORAMIC	14	10	3,600.00	2	1	450.00	16	11	4,050.00
0362		CONE BEAM - 2 DIMENSIONAL			0.00			0.00	0	0	0.00
1110	$125.00	ADULT PROPHY	76	46	15,250.00	19	13	4,000.00	95	59	19,250.00
1120	$71.00	CHILD PROPHY		27	1,917.00			0.00	0	27	1,917.00
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		13	845.00			0.00	0	13	845.00
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	1		200.00			0.00	1	0	200.00
2150	$250.00	TWO SURFACES - PRIMARY OR PER	2		500.00			0.00	2	0	500.00
2160	$325.00	THREE SURFACES - PRIMARY OR PI	7		2,275.00			0.00	7	0	2,275.00
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		1	250.00			0.00	0	1	250.00
2331	$275.00	COMPOSITE TWO SURFACE	3	1	1,100.00			0.00	3	1	1,100.00
2332	$350.00	COMPOSITE THREE SURFACES	6	4	3,500.00	1		350.00	7	4	3,850.00
2335	$425.00	COMP RESIN 4 OR MORE	6		2,550.00			0.00	6	0	2,550.00
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	12	15	6,750.00		4	1,000.00	12	19	7,750.00
2392	$325.00	RESIN - TWO SURFACES POSTERIOI	19	9	9,100.00		2	650.00	19	11	9,750.00
2393	$380.00	RESIN - THREE OR MORE SURF POS	9	5	5,320.00	1		380.00	10	5	5,700.00
2394	$450.00	RESIN - FOUR OR MORE SURF POST	3	4	3,150.00	2	1	1,350.00	5	5	4,500.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2020

Dental Value Summary
Local 730A

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	1		1,500.00			0.00	1	0	1,500.00
2920	$150.00	RECEMENT CROWN	1		150.00	4		600.00	5	0	750.00
2930	$355.00	PREFAB STAINLESS STEEL CROWN		1	355.00			0.00	0	1	355.00
2932	$475.00	PREFAB RESIN CROWN			0.00			0.00	0	0	0.00
2940	$180.00	SEDATIVE FILLING	1	3	720.00			0.00	1	3	720.00
2950	$365.00	CROWN BUILDUP	2	1	1,095.00			0.00	2	1	1,095.00
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			0.00	1	0	455.00
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	2		1,990.00			0.00	2	0	1,990.00
3320	$1,100.00	2 ROOT CANAL		1	1,100.00			0.00	0	1	1,100.00
3330	$1,400.00	3 ROOT CANAL	4	2	8,400.00			0.00	4	2	8,400.00
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			0.00			0.00	0	0	0.00
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 RE(			0.00			0.00	0	0	0.00
4285	$1,100.00	NON-AUTOGEN CONN. TISSUE GRAI			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			0.00			0.00	0	0	0.00
4342	$275.00	PERIO SCALING (ONE TO THREE TEI			0.00			0.00	0	0	0.00
4346	$175.00	SCALING GENERALIZED MODERATE			0.00			0.00	0	0	0.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2020

Dental Value Summary
Local 730A

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	1		195.00			0.00	1	0	195.00
5000	$65.00	PROSTHETICS STEPS			0.00	4		260.00	4	0	260.00
5110	$2,525.00	FULL DENTURE - UPPER	1		2,525.00			0.00	1	0	2,525.00
5120	$2,525.00	FULL DENTURE - LOWER			0.00			0.00	0	0	0.00
5211	$2,025.00	PARTIAL DENTURES			0.00			0.00	0	0	0.00
5212	$2,025.00	PARTIAL DENTURES	1		2,025.00			0.00	1	0	2,025.00
5213	$2,500.00	PARTIAL DENT. -UPPER		1	2,500.00			0.00	0	1	2,500.00
5214	$2,500.00	PARTIAL DENT. -LOWER	1	1	5,000.00			0.00	1	1	5,000.00
5610	$295.00	SIMPLE REPAIRS 2 OR LESS			0.00			0.00	0	0	0.00
5630	$275.00	COMPLEX REPAIR 3 OR MORE	1		275.00			0.00	1	0	275.00
5630	$375.00	COMPLEX REPAIR 3 OR MORE	1		375.00			0.00	1	0	375.00
5730	$525.00	RELINE COMPLETE MAX. - CHSD.			0.00			0.00	0	0	0.00
5731	$500.00	RELINE COMPLETE MAN. - CHSD.			0.00			0.00	0	0	0.00
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			0.00			0.00	0	0	0.00
6545	$1,250.00	MD BRIDGE/ UNIT			0.00			0.00	0	0	0.00
6930	$235.00	RECEMENT FIXED PARTIAL DENTUR	1		235.00			0.00	1	0	235.00
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		7	1,750.00			0.00	0	7	1,750.00
7210	$400.00	SURG. REMOV. OF ERUP. TOOTH	21	2	9,200.00	1	1	800.00	22	3	10,000.00
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	16	3	8,550.00			0.00	16	3	8,550.00
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	4		1,700.00			0.00	4	0	1,700.00
7311	$400.00	ALVEOPLASTY WITH EXT. 1-3 TEETH			0.00			0.00	0	0	0.00

Dental Health Centers, LLC
BATCHDATE: 12/31/2020

Dental Value Summary
Local 730A

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		1	350.00	1		350.00	1	1	700.00
7953	$2,150.00	BONE REPLACEMENT GRAFT FOR R			0.00			0.00	0	0	0.00
7960	$625.00	FRENECTOMY			0.00			0.00	0	0	0.00
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	2	3	1,000.00	3		600.00	5	3	1,600.00
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	3	5	2,000.00			0.00	3	5	2,000.00
9230	$125.00	ANALGESIA	1	3	500.00			0.00	1	3	500.00
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	7	2	1,800.00			0.00	7	2	1,800.00
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			$138,827.00			$17,845.00			$156,672.00

Add: patient reimbursements

1,860.00
$158,532.00

WAREHOUSE LOCAL 730 HEALTH AND WELFARE FUND

January 2020 – December 2020

Savings Results

March 26, 2021

Together, all the way.®

Cigna®

PPO and Out of Network Savings Program
January 2020 – December 2020

In Network	Charges	Network Allowed	Network Savings	%
Inpatient	$560,217.43	$452,969.51	$107,247.92	19.1%
Outpatient	$1,607,948.79	$571,606.99	$1,036,341.80	64.5%
Physician	$2,462,058.25	$1,082,539.65	$1,379,518.60	56.0%
Total	**$4,630,224.47**	**$2,107,116.15**	**$2,523,108.32**	**54.5%**

Out of Network Savings Program	Charges	Network Allowed	Network Savings	%
Inpatient	$3,000.00	$1,800.00	$1,200.00	40.0%
Outpatient	$74,823.08	$23,138.01	$51,685.07	69.1%
Physician	$268,230.06	$86,221.35	$182,008.71	67.9%
Total	**$346,053.14**	**$111,159.36**	**$234,893.78**	**67.9%**

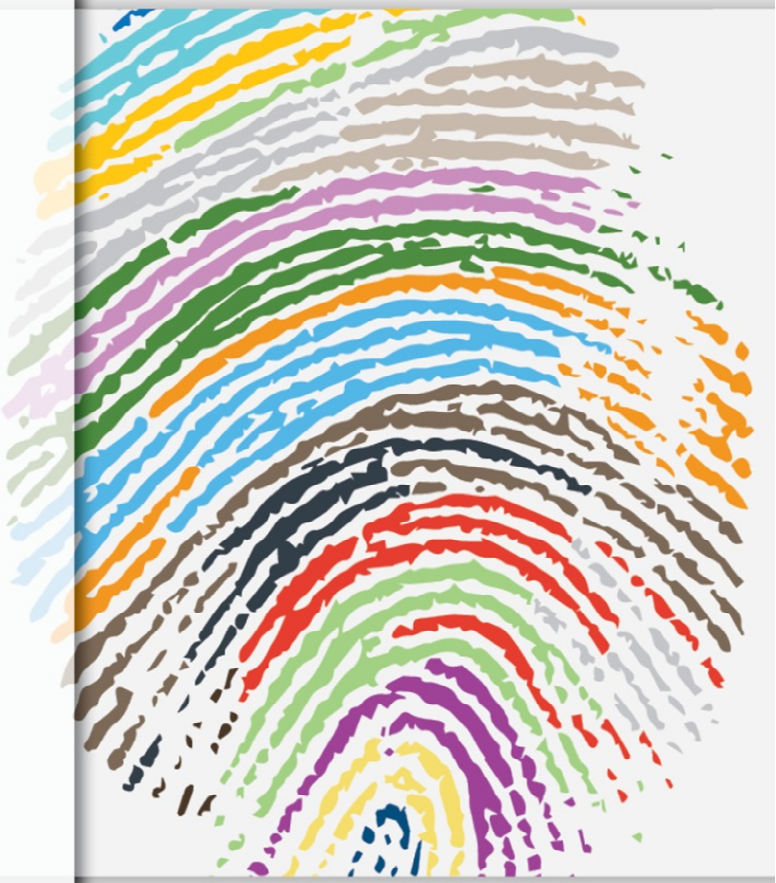
Total Year To Date Savings
January 2020 – December 2020

	Savings
PPO Network Savings	$2,523,108
Out of Network Savings	$234,894
Utilization Management Savings	$150,616
Case Management Savings	$41,660
Outpatient Care Management Savings	$33,187
Total Year To Date Savings	**$2,983,465**

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

CYBER INSURANCE PROPOSAL FOR

Warehouse Employees Union Local No. 730 & Contributing Companies' Prepaid Legal Services Fund, Warehouse Employees Union Local No. 730 Pension Trust Fund Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund



911 Ridgebrook Road
Sparks, MD 21152

Prepared by:

Reginald Moses
Senior Account Executive
Management Liability
Bethesda - Burtonsville
T: 301-214-7097
Reginald.moses@nfp.com

March 5, 2021

NFP®

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AGENCY CONTACTS

Main Switchboard 301-214-7000
Main Fax 301-214-7001

COMMERCIAL INSURANCE – BETHESDA, MD

Reginald Moses, Senior Account Executive-Management Liability.....301-214-7097
Tina Robinson, Account Manager-Management Liability.....301-581-7371

PERSONAL INSURANCE

Kim Holmes, Assistant Vice President 301-214-7023

IMPORTANT INFORMATION

Please review the proposal carefully as terms and conditions may differ from your current insurance program and also differ from the insurance specifications submitted by you or your representative.

All premiums and proposed are based on information provided by you at the time of quotation and are subject to adjustment. Rates are those offered at the time of quotation and may be subject to change based on carrier considerations prior to policy inception. Electing to buy or renew only some of the types of coverage may result in changes to the terms, conditions and premiums of the remaining insurance lines.

When this proposal contains references to liability limits, please note that other limits may be available. Please advise us if you would like premium indications for alternate liability limits. Please note that limits may extend through excess and/or umbrella policies and this should be factored into your decision concerning the appropriate limits.

When this proposal contains references to property limits it is understood that it is the insured's responsibility to determine the replacement cost of such property and to select an appropriate limit. We would be pleased to assist in helping to determine property values however the ultimate decision on limits purchased is the insured's.

INSURANCE COMPENSATION DISCLOSURE

As an insurance broker/agent, NFP Property & Casualty Services, Inc. (NFP P&C) is licensed as an insurance broker/agent, in all fifty states. Our insurance producers are authorized by their license to confer with the insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

NFP P&C may receive compensation in the form of commissions of either a specific dollar amount or a percentage of premium set at the time of the purchase, renewal or servicing of a particular insurance policy; therefore, the amount of commissions we receive will depend on the policies and the insurance company you select. We may also receive contingent commissions based on the volume of business placed with the insurance company, the profitability of that business and other factors. We generally do not know if a contingent payment will be made, or the amount of any such contingent payment, at the time the insurance contract is placed with an insurance company. In addition to the compensation that NFP P&C receives, our corporate parent or affiliates may receive contingent payments from insurance companies based on factors that are not client-specific, such as the performance or size of the overall book of business produced with an insurance company. We may also participate in insurer-sponsored events such as trips, seminars, and advisory council meetings, based on the volume of business placed with the insurance company you select.

You may receive information about NFP P&C's expected compensation on the policy or policies you select and about any policies we have presented to you which you did not select by asking for the information.

Should this proposal recommend the use of surplus lines carriers, please be aware that these carriers may not be eligible for financial insolvency protection in the same manner that admitted carriers could be protected. This could lead to potentially uninsured exposure. Also, please be aware that NFP P&C is under no obligation to monitor any financing obligation of your premium or any matter related to premium billing conducted directly by any carrier(s).

CYBER LIABILITY COVERAGE

CARRIER	Syndicate 2623/623 at Lloyd's – **Non-Admitted**
A.M. BEST RATING	A s (Excellent) XV ($2 Billion or greater)
POLICY PERIOD	March 12, 2021 – March 12, 2022
POLICY FORM	Beazley Breach Response (F00653 112017 ed.) with BBR Information Pack

COVERAGE SECTION	LIMIT OF LIABILITY
Each Claim Limit of Liability	
• Legal, Forensic & Public Relations/Crisis Mgmt	$1,000,000
• Policy Aggregate Limit of Liability	$1,000,000
• Notified Individuals	100,000
Breach Response	
• Breach Response	$1,000,000
Additional Breach Response Limit	
• Additional Breach Response Limit	$1,000,000
First Party Insuring Agreements	
Business Interruption	
• Resulting from Security Breach	$1,000,000
• Resulting from System Failure	$1,000,000
Dependent Business Loss:	
• Resulting from Dependent Security Breach:	$100,000
• Resulting from Dependent System Failure	$100,000
Cyber Extortion Loss	$1,000,000
Data Recovery Costs	$1,000,000
Liability:	
• Data & Network Liability:	$1,000,000
• Regulatory Defense & Penalties:	$1,000,000
• Payment Card Liabilities & Costs:	Not Included
• Media Liability:	$1,000,000
E-Crime	
• Fraudulent Instruction	$250,000
• Funds Transfer Fraud	$250,000
• Telephone Fraud	$250,000
Criminal Rewards	
• Criminal Reward	$50,000
Retentions	
Legal, Forensic & Public Relations/Crisis Mgmt	$2,500/$1,250 for Legal
Retention for Cyber Extortion Loss	$1,000
Each Incident, Claim, or loss	$2,500

TOTAL ANNUAL PREMIUM	**$ 2,370.00**
SURPLUS LINES TAX MD (3%)	**$ 71.10**
TOTAL ANNUAL PREMIUM	**$ 2,441.10**

Expiring premium w/taxes $2,101.20

POLICY OVERVIEW

- Duty to Defend – Yes
- Continuity Date – November 10, 2018
- Option Extension Period – 12 months
- Optional Extension Premium – 100% of the annual policy premium
- Waiting Period - 8 Hours
- Notified Individuals Threshold – 100 Notified Individuals

ENDORSEMENTS/TERMS TO BE ADDED TO THE BASIC POLICY INCLUDE BUT ARE NOT LIMITED TO

FORM NUMBER	ENDORSEMENTS/DESCRIPTION	NEW OR AS EXPIRING
SCHEDULE2021	Lloyd's Security Schedule 2021	As Expiring
BSLMUNMA2868	Lloyd's Certificate – No policy language	As Expiring
NMA1256	Nuclear Incident Exclusion Clause-Liability-Direct (Broad) (U.S.A.)	As Expiring
NMA1477	Radioactive Contamination Exclusion Clause-Liability-Direct (U.S.A.)	As Expiring
E02804 032011 ed.	Sanction Limitation and Exclusion Clause	As Expiring
E10602 112017 ed.	War and Civil War Exclusion	As Expiring
E10595 112017 ed.	Asbestos, Pollution, and Contamination Exclusion Endorsement	As Expiring
E11122 012018 ed.	Cap on Losses Arising Out of Certified Acts of Terrorism	As Expiring
E10596 122019 ed.	Choice of Law and Service of Suite • Choice of Law: New York	As Expiring
E11294 032018 ed.	Amend Data Recovery Costs	As Expiring
E12604 012019 ed.	Amend Definition of Data	As Expiring
E06799 112017 ed.	Amend Definition of Fraudulent Instruction	As Expiring
E07594 112017 ed.	Amend Notified Individuals Threshold	As Expiring
E12698 022019 ed.	Amend Other Insurance Clause – Primary With Respect To Breach Response Services And First Party Loss	As Expiring
E11783 072018 ed.	Computer Hardware Replacement Cost • Sublimit: *$100,000*	As Expiring
E10675 012019 ed.	Contingent Bodily Injury With Sublimit Endorsement • Sublimit: *$250,000*	As Expiring

E12968 052019 ed.	Cryptojacking Endorsement • Sublimit: *$100,000* • Retention: *$2,500*	As Expiring
E11290 032018 ed.	GDPR Cyber Endorsement	As Expiring
E11848 072018 ed.	Invoice Manipulation Coverage • Limit: *$100,000* • Retention $2,500	As Expiring
E10944 032019 ed.	Post Breach Remedial Services Endorsement	As Expiring
E13038 062019 ed.	Reputation Loss • Limit: *$1,000,000* • Retention: *$2,500*	As Expiring
E12967 052019 ed.	Voluntary Shutdown Coverage	As Expiring
E05819 112017 ed.	Amend Definition of Insured	As Expiring
E09580 112017 ed.	Amend Definition of Insured Organization - Scheduled Entities Insured Organization • Warehouse Employees Union Local No 730 & Contributing Employers Prepaid Legal Service Fund • Warehouse Employees Union Local No 730 Pension Trust Fund	As Expiring
E06928 082020 ed.	Policyholder Disclosure Notice of Terrorism Insurance Coverage	As Expiring
E13915 052020 ed.	Employee Device Endorsement	New
E13372 092019 ed.	State Consumer Privacy Statutes Endorsement	As Expiring

INFORMATION REQUIRED PRIOR TO BINDING COVERAGE – PLEASE NOTE THAT COVERAGE OR PREMIUM MAY CHANGE BASED ON THE INFORMATION PROVIDED

- The additional terms in this provision supersede all other provisions. This is a conditional renewal quote, subject to change per a material change in risk since the last policy renewal or as indicated on the renewal application.

- Signed and dated questionnaire

MARKETING SUMMARY

CARRIER	RESPONSE	DETAILS
CNA	Declined	Underwriting guidelines
Chubb	Declined	Non-competitive
Travelers	Declined	Non-competitive

BEST'S FINANCIAL STRENGTH RATING GUIDE

A Best's Financial Strength Rating (FSR) is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. An FSR is not assigned to specific insurance policies or contracts and does not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. An FSR is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In addition, an FSR may be displayed with a rating identifier, modifier or affiliation code that denotes a unique aspect of the opinion.

Best's Financial Strength Rating (FSR) Scale

Rating Categorie	Rating Symbo	Rating Notche	Category Definitions
Superior	A+	A++	Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
Excellent	A	A-	Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
Good	B+	B++	Assigned to insurance companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Fair	B	B-	Assigned to insurance companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Marginal	C+	C++	Assigned to insurance companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Weak	C	C-	Assigned to insurance companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
Poor	D	-	Assigned to insurance companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

*Each Best's Financial Strength Rating Category from "A+" to "C" includes a Rating Notch to reflect a gradation of financial strength within the category. A Rating Notch is expressed with either a second plus "+" or a minus "-".

Financial Strength Non-Rating Designations

Designation Symbols	Designation Definitions
E	Status assigned to insurers that are publicly placed, via court order into conservation or rehabilitation, or the international equivalent, or in the absence of a court order, clear regulatory action has been taken to delay or otherwise limit policyholder payments.
F	Status assigned to insurers that are publicly placed via court order into liquidation after a finding of insolvency, or the international equivalent.
S	Status assigned to rated insurance companies to suspend the outstanding FSR when sudden and significant events impact operations and rating implications cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory requirements.
NR	Status assigned to insurance companies that are not rated; may include previously rated insurance companies or insurance companies that have never been rated by AM Best.

Rating Disclosure – Use and Limitations

A Best's Credit Rating (BCR) is a forward-looking independent and objective opinion regarding an insurer's, issuer's or financial obligation's relative creditworthiness. The opinion represents a comprehensive analysis consisting of a quantitative and qualitative evaluation of balance sheet strength, operating performance, business profile and enterprise risk management or, where appropriate, the specific nature and details of a security. Because a BCR is a forward-looking opinion as of the date it is released, it cannot be considered as a fact or guarantee of future credit quality and therefore cannot be described as accurate or inaccurate. A BCR is a relative measure of risk that implies credit quality and is assigned using a scale with a defined population of categories and notches. Entities or obligations assigned the same BCR symbol developed using the same scale, should not be viewed as completely identical in terms of credit quality. Alternatively, they are alike in category (or notches within a category), but given there is a prescribed progression of categories (and notches) used in assigning the ratings of a much larger population of entities or obligations, the categories (notches) cannot mirror the precise subtleties of risk that are inherent within similarly rated entities or obligations. While a BCR reflects the opinion of A.M. Best Rating Services, Inc. (AM Best) of relative creditworthiness, it is not an indicator or predictor of defined impairment or default probability with respect to any specific insurer, issuer or financial obligation. A BCR is not investment advice, nor should it be construed as a consulting or advisory service, as such; it is not intended to be utilized as a recommendation to purchase, hold or terminate any insurance policy, contract, security or any other financial obligation, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. Users of a BCR should not rely on it in making any investment decision; however, if used, the BCR must be considered as only one factor. Users must make their own evaluation of each investment decision. A BCR opinion is provided on an "as is" basis without any expressed or implied warranty. In addition, a BCR may be changed, suspended or withdrawn at any time for any reason at the sole discretion of AM Best.

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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

SUMMARY OF MATERIAL MODIFICATION

February 2021

The Board of Trustees of the Warehouse Employees Union Local No. 730 Health & Welfare Fund ("Fund") is pleased to announce the following changes to the Warehouse Employees Union Local No. 730 Health & Welfare Plan. Please keep this document with your Summary Plan Description ("SPD") and your Summary of Benefits and Coverage ("SBC").

COVID-19 Vaccination

The Plan normally provides coverage for in-network preventative services required by the Affordable Care Act ("ACA") without cost-sharing. The Coronavirus Aid Relief and Economic Services Act added to the ACA mandate, to ensure that all participants and dependents have access to the COVID-19 vaccine. The Plan will waive all cost-sharing (deductible and co-insurance) on the COVID-19 vaccine(s) and related administration charges, regardless of whether the vaccine is administered by an in-network or out-of-network provider.

Sincerely,

Board of Trustees

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

December 15, 2020

Hanna Sebhat
Eight O'Clock Coffee Company
3300 Pennsy Drive
Landover, MD 20785

RE: Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund
Contribution Increase Effective February 1, 2021

Dear Ms. Sebhat:

In accordance with the Memorandum of Agreement (MOA) between Eight O'Clock Coffee Company and Teamsters Warehouse Employees Union No. 730 of Washington, D.C., this is official notification of the need to change the contribution rate.

Effective February 1, 2021, the new Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund contribution rate will be $8.50 per hour.

Sincerely,

Kristen Barshinger
Account Manager
Associated Administrators, LLC

cc: Chairman/Secretary
I. Brover
M. DeLancey, Esq.
J.DiBattista
J. Kimble, Esq.
M. Sgarlato
Y. Vinarev
J. Waldron