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
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Agenda

September 1, 2020
(At approximately 11:00 AM)

I. Call to Order

II. Minutes, Regular Meeting – June 18, 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 JUNE 18, 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:

S. Abunassar – Kaiser Permanente
K. Barshinger – Associated Administrators, LLC
S. Black – Cigna
M. Chubb – Kaiser Permanente
A. Cochran – Associated Administrators, LLC
M. DeLancey – Blank Rome LLP
K. Foster - Cigna
E. Foxman – NFP
J. Kimble – Morgan, Lewis & Bockius, LLP
D. Melloh – Investment Performance Services, LLC
B. Robertson – NFP
M. Vallario – NFP

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 March 3, 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 March 3, 2020 are approved as written.

III. FINANCIAL REPORT

A. Custodian Bank – PNC Bank, NA

Ms. Cochran noted a copy of the PNC Summary of Activity report for the period January 1, 2020 through March 31, 2020 is contained in the meeting booklet.

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

1. Investment Performance

The Trustees welcomed Mr. Dan Melloh of IPS to the meeting.

Mr. Melloh distributed his report titled, "Master Consulting Services Report – March 31, 2020." Mr. Melloh reported that the total market value of assets as of March 31, 2020 was $10,061,696. Mr. Melloh distributed his report titled, "Preliminary Monthly Performance Analysis – April 30, 2020." He reported that the total market value of assets as of April 30, 2020 was $10,448,179.

2. Asset Allocation

Mr. Melloh reported that as of March 31, 2020, the Fund held 47.9% in Investment Grade Fixed income, 35.1% in Short Duration High Yield, 8.4% in Real Estate, and 8.6% in cash equivalents. He noted Wedge Capital held $4,816,794, Chartwell Investment held $3,536,374, American Core Realty held $847,961, and there was $860,568 in the cash account.

Mr. Melloh noted that the cash allocation is within the targeted policy range, however based on the current cash needs, he recommended the Trustees consider reallocating funds as follows: 1) $350,000 from the cash account to Chartwell Investment (Short Duration High Yield) and 2) $200,000 from the cash account to Wedge Capital Management (Investment Grade Fixed Income).

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

RESOLVED to follow IPS' recommendation to rebalance by allocating funds as follows: 1) $350,000 from the cash account to Chartwell Investment, 2) $200,000 from the cash account to Wedge Capital Management.

The Trustees thanked Mr. Melloh 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 June 18, 2020. He stated that there are no cases requiring Trustee action at this time.

B. Patient-Centered Outcomes Research Institute (PCORI)

Mr. Kimble reported that the PCORI fee for Plan years ending October through December 2019 is now $2.54 per covered life and must be paid by July 31, 2020.

C. Deadline Extensions

Mr. Kimble reported that temporary changes have been 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. Ms. Cochran advised the Trustees that a one page insert has been added to the COBRA notices to notify the participants of the COBRA extensions allowable during the pandemic.

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

Ms. Cochran presented the Administrative Manager's Report for the first quarter 2020. Such report showed contributions of $1,355,838, interest and dividend income of $63,416, and miscellaneous income of $0.00, producing a total income of $1,419.254 for the quarter. Expenses included $976,861 of benefit expenses and $60,955 of operating expenses, producing a total expense of $1,037,816. This produced a total surplus of $318,438 for the quarter ended March 31, 2020. Ms. Cochran noted that contributions were made on behalf of 364 Plan participants.

VI. INVOICES

Ms. Cochran presented a list of invoices dated June 18, 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 June 18, 2020 are approved for payment as presented.

VII. PROVIDER REPORT – CIGNA

The Trustees welcomed Ms. Krista Foster and Ms. Samara Black of Cigna to the meeting. Ms. Foster distributed her report titled, "PPO Savings Results/Pharmacy Updates."

A. PPO Savings Report

Ms. Foster 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 63.1% for the period January 1, 2020 through March 31, 2020. Ms. Foster reviewed the out-of-network savings results for the period January 1, 2020 through March 31, 2020 noting a savings of 66.7%.

B. Pharmacy Report

Ms. Black reviewed the updated pharmacy utilization for the period January 1, 2020 through March 31, 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 July 1, 2020 that will continue to reflect Cigna's low net drug cost approach and proven utilization management strategies.

The Trustees thanked Ms. Foster and Ms. Black for their presentation, and they were excused.

VIII. PROVIDER REPORT – NFP/KAISER PERMANENTE

The Trustees welcomed Mr. Matthew Vallario, Ms. Beth Robertson, and Mr. Ethan Foxman of NFP and Mr. Sam Abunassar and Mr. Matthew Chubb of Kaiser Permanente. NFP distributed their report titled, "Local 730: Medical Plan Evaluation."

Ms. Cochran noted that the Trustees engaged Segal to review the Kaiser analysis and a copy of the analysis is contained in the meeting booklet.

Ms. Robertson gave an overview of the Kaiser proposal, noting this is a fully-insured product and would replace the current self-insured design, and the shared administration and pharmacy agreements with Cigna, the current network provider for medical benefits and pharmacy benefit manager for prescription benefits. Mr. Abunassar reviewed the proposed Kaiser plans noting there is both in-network and out-of-network coverage. He said that the plans were designed to mirror the current level of benefits. Mr. Chubb discussed the various Kaiser facility locations and that a dedicated team would be assigned to assist with benefit questions.

The Trustees thanked Ms. Robertson, Mr. Vallario, Mr. Foxman, Mr. Abunassar and Mr. Chubb for their presentation and they were excused from the meeting.

The Trustees discussed the presentation in detail, and on MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to decline the Kaiser proposal for medical and prescription benefits.

IX. OTHER FUND BUSINESS

A. Fiduciary Liability Insurance Renewal and Waiver of Recourse Premiums

Ms. Cochran referred to the proposal provided by NFP regarding the renewal of the Fiduciary Liability policy. There was one proposal from the incumbent carrier, Markel American Insurance Company/Ullico ("Ullico"). There was no increase in premium.

The Trustees requested that the Administrative Manager request proposals for the next renewal from both NFP and Segal Select to obtain more renewal options.

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

RESOLVED to approve the Fiduciary Liability Policy with Ullico for the period July 26, 2020 through July 26, 2021 with an annual premium of $10,387.

Ms. Cochran advised the Trustees that letters regarding their required payment of the Waiver of Recourse premium of $25 would be mailed.

B. Fidelity Bond Renewal

Ms. Cochran reported that the Fidelity Bond policy will expire July 11, 2020. She said that she is working with the broker, NFP, regarding

renewal proposals. Ms. Cochran said that she would poll the Trustees via email once she received the proposals.

C. 2019 Annual Audit

Ms. Cochran reported that Novak Francella performed fieldwork for the audit in the Administrative Manager's office the week of June 1, 2020. Due to the timing of the fieldwork, draft financials are not yet available. She said the auditor expected to file the Form 990 and Form 5500 on time, but requested an approval for extensions in case there were any unexpected issues.

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

RESOLVED to approve Novak Francella to file an extension for the Form 990 and Form 5500.

D. Employer Contribution Rate Letters

Ms. Cochran reported that Associated mailed contribution rate increase letters to Giant Warehouse and the Union Local 730 for rate the changes effective June 1, 2020.

She said contribution rate increase letters were mailed to Adams Burch and Giant Recycling for rate changes effective July 1, 2020.

E. Summary of Material Modifications ("SMM")

Ms. Cochran reported that Associated mailed a SMM regarding COVID-19 testing and treatment to participants on March 27, 2020, as a result of interim action taken by the Trustees to cover testing and treatment without any cost sharing.

F. Women's Health and Cancer Rights Act ("WHCRA")

Ms. Cochran said that Associated mailed the annual WHCRA notice to participants on March 27, 2020.

G. Dental Health Centers

Ms. Cochran reported that as a result of the COVID-19 pandemic, Dental Health Centers agreed to provide a 20% reduction in fees for two months.

H. COVID-19 Antibody Test

Ms. Cochran advised the Trustees that the DOL issued a FAQ clarifying that, antibody testing of COVID-19 should be covered with no cost sharing. Fund Counsel confirmed that the Fund would be required to cover antibody testing for any claims received.

I. Telehealth Office Visits – INTERIM ACTION

Ms. Cochran reported that the Trustees took interim action to approve coverage of telehealth visits during the period of the national emergency related to COVID-19. Coverage will be provided on the same level that applies to regular office visits per plan guidelines. The Trustees advised the Administrative Manager that coverage of telehealth visits would continue and that a discussion regarding the end date of coverage would be discussed at the next meeting.

J. Patient Centered Outcomes Research Institute (PCORI)

Ms. Cochran said the PCORI fee, imposed by the Affordable Care Act for self-insured group plans, must be filed by July 31, 2020. The fee is $2.54 multiplied by the average number of lives covered under the plan for the 2019 plan year. Ms. Cochran said the Board selected the snapshot method for the prior filings to determine the average number of lives

covered under the Plan. The Trustees directed the Administrative Manager to engage Novak Francella to file Form 720, which is the tax form to be filed along with the fee payment.

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

> **RESOLVED to approve the snapshot method for the Plan year ended December 31, 2019 and to engage Novak Francella to file Form 720 at no additional fee**.

K. Class Action Settlement

Ms. Cochran said that the Fund received a class action settlement check in the amount of $52.70 for Lipitor utilization by Fund participants.

X. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected September 1, 2020 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 JUNE 30, 2020

	Cash Reserve	Wedge Capital	Chartwell	American Core Realty	TOTAL
Beginning Market Value	$647,500	$4,692,610	$3,770,297	$837,374	$9,947,781
Receipts	$2,847,460	$0	$0	$0	$2,847,460
Disbursements	$1,906,926	$0	$0	$0	$1,906,926
Inter-Account Transfers	$550,000	$200,000	$350,000	$0	$0
Earnings	$2,579	$275,595	$10,867	$1,633	$265,673
Ending Market Value	**$1,040,613**	**$5,168,204**	**$4,109,431**	**$835,741**	**$11,153,989**

PNC BANK, NA

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
HEALTH AND WELFARE TRUST FUND
SUMMARY SUBROGATION REPORT
September 1, 2020

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF SEPTEMBER 1, 2020

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.
Robert Gilman 1031 Allen Ave. West River, MD 20778 (410) 867-6977	Kurt E. Nachtman Eldridge, Nachtman, & Crandall, LLC 217 North Charles Street, 3rd Fl. Baltimore, MD 21201 (443) 559-4384	3/8/19	Active	Ineligible	$357,902.80	Participant, Participant's Spouse, and two Dependent Sons were injured in a car collision. The driver of the other car was intoxicated and crossed a double yellow line hitting the Participant's car head-on. Participant's counsel has indicated that the other driver is judgment proof and his insurer has offered the policy limit ($300,000). August 18, 2020, contacted Participant's counsel and requested lien reduction request.
Tawana Randolph (Robert Randolph) 1509 Argonne Drive Baltimore, MD 21218 (410) 213-1843	Marc Atas 6 East Mulberry St. Baltimore, MD 21202 (410) 752-4878	12/28/19			$425.79	Participant's dependent sustained injuries in an automobile accident.

[1] Associated Administrators confirmed the lien amounts contained herein on August 25, 2020.

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT	STATUS OF COLLECTION EFFORTS
INACTIVE						
Ernest Gregory 2035 Northeast Ave. Halethorpe, MD 21227 (410) 242-0253	Stuart Schadt 300 East Lombard St. #815 Baltimore, MD 21202 (410) 727-7887	3/6/2015	Inactive	Eligibility terminated 02/28/2017	$1,297.20 (M)	• Subrogation file opened October 2015. • BR sent a certified letter to Mr. Gregory's attorney on July 25, 2018 that was received on July 28, 2018 requesting that Mr. Schadt confirm that there is no third-party liability in the accident. BR has not received a response to its letter. • BR will continue to monitor case.
Dominique Wilson 392 Dublin Drive Glen Burnie, MD 21060 (443)-882-5276	N/A	11/24/2015	Inactive, but eligible to return to Active Status	Eligibility terminated 08/31/2016	$2,014.30 (A&S)	• Subrogation file opened April 2016. • Associated Administrators sent a letter to Mr. Wilson on June 6, 2017 requesting that he certify that there is no third-party liability in the accident but has not received a response. • BR sent another certified letter to Mr. Wilson on July 25, 2018 that was received on July 27, 2018 requesting that he confirm that there is no liable third party. BR has not received a response to its letter. • BR will continue to monitor case.

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

SECOND QUARTER 2020

ADMINISTRATIVE MANAGER'S REPORT

SECOND QUARTER 2020
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
ADAMS BURCH	$ 7.58	18,546.65	43	$ 140,584
EIGHT O'CLOCK COFFEE	$ 7.58	21,761.75	47	$ 164,954
GIANT RECYCLING	$ 7.58	10,686.10	22	$ 81,001
GIANT WAREHOUSE[1]	$ 8.34	121,255.30	220	$ 947,068
UNION LOCAL 730[1]	$ 8.34	1,572.00	3	$ 12,299
WASHINGTON FOOD	$ 6.88	1,706.50	4	$ 11,741
COBRA			3	$ 8,375
SELF PAY			0	$ -
TOTAL INCOME		**175,528.30**	**342**	**$ 1,366,022**

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 4,150	$ 0.024	
CIGNA HEALTH CARE	$ 27.15	$ 30,181	$ 0.172	
DENTAL	$ 31.58	$ 31,131	$ 0.177	
DISABILITY		$ 15,386	$ 0.088	
DRUG		$ 229,197	$ 1.306	
LIFE/AD&D-ING	$ 0.240	$ 11,405	$ 0.065	$0.21 LIFE / $0.03 AD&D
MEDICAL		$ 301,269	$ 1.716	
OPTICAL GVS/FULLY INSURED	$ 5.90	$ 6,916	$ 0.039	
STOP LOSS	$ 22.24	$ 23,596	$ 0.134	
SUB TOTAL		$ 653,231	$ 3.721	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 24.47	$ 25,082	$ 0.143	
ADMINISTRATION HIPAA	$ 0.21	$ 215	$ 0.001	
MISCELLANEOUS		$ 41,787	$ 0.238	
SUB TOTAL		$ 67,084	$ 0.382	

TOTAL EXPENSES	**$ 720,315**	**$ 4.10**

SURPLUS (DEFICIT)	**$ 645,707**

AVG. HOURLY INCOME	**$ 7.78**
AVG. HOURLY EXPENSE	**$ 4.10**
SURPLUS (DEFICIT)	**$ 3.68**

[1] Rate increase as of 06/01/20

SECOND QUARTER 2020
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	**AMOUNT**	
AUDITOR	$	5,293
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$	2,303
CHARTWELL INVESTMENT MANAGER FEES	$	4,419
CONSULTING	$	6,268
CYBER LIABILITY INSURANCE	$	231
INVESTMENT PERFORMANCE SERVICES	$	6,250
LEGAL	$	12,639
MEETING	$	561
OFFICE SUPPLIES	$	6
PNC FEES	$	787
POSTAGE	$	36
WEDGE CAPITAL INVESTMENT MANAGER FEES	$	2,994

TOTAL	**$**	**41,787**

2020
QUARTERLY RECAPS

INCOME	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
CONTRIBUTIONS	$ 1,339,909	$ 1,357,647	$ -	$ -	$ 2,697,556
COBRA	$ 15,357	$ 8,375	$ -	$ -	$ 23,732
SELF PAY	$ 572	$ -	$ -	$ -	$ 572
INTEREST & DIVIDENDS	$ 63,416	$ 99,128	$ -	$ -	$ 162,544
MISCELLANEOUS INCOME[1]	$ -	$ 318	$ -	$ -	$ 318
TOTAL INCOME	**$ 1,419,254**	**$ 1,465,468**	**$ -**	**$ -**	**$ 2,884,722**
BENEFIT EXPENSES					
CIGNA OONSP	$ 19,261	$ 4,150	$ -	$ -	$ 23,411
CIGNA	$ 30,420	$ 30,181	$ -	$ -	$ 60,601
DENTAL	$ 33,064	$ 31,131	$ -	$ -	$ 64,195
DISABILITY	$ 16,458	$ 15,386	$ -	$ -	$ 31,844
DRUG	$ 20,092	$ 229,197	$ -	$ -	$ 249,289
LIFE/AD&D	$ 11,307	$ 11,405	$ -	$ -	$ 22,712
MEDICAL	$ 816,556	$ 301,269	$ -	$ -	$ 1,117,825
OPTICAL	$ 6,484	$ 6,916	$ -	$ -	$ 13,400
STOP LOSS	$ 23,219	$ 23,596	$ -	$ -	$ 46,815
SUBTOTAL	$ 976,861	$ 653,231	$ -	$ -	$ 1,630,092
OPERATING EXPENSES					
ADMINISTRATION	$ 26,777	$ 25,297	$ -	$ -	$ 52,074
MISCELLANEOUS	$ 34,178	$ 41,787	$ -	$ -	$ 75,965
SUBTOTAL	$ 60,955	$ 67,084	$ -	$ -	$ 128,039
TOTAL EXPENSE	**$ 1,037,816**	**$ 720,315**	**$ -**	**$ -**	**$ 1,758,131**
SURPLUS (DEFICIT)	**$ 381,438**	**$ 745,153**	**$ -**	**$ -**	**$ 1,126,591**
					AVERAGE
AVG HOURLY INCOME	$ 8.00	$ 8.35	$ -	$ -	$ 8.18
AVG HOURLY EXPENSE	$ 5.85	$ 4.10	$ -	$ -	$ 4.98
SURPLUS (DEFICIT)	$ 2.15	$ 4.25	$ -	$ -	$ 3.20
TOTAL PARTICIPANTS	364	342	0	0	353
FUND RESERVE	$ 10,061,696	$ 11,153,989			

[1]Litigation settlements - $317.62

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

SECOND QUARTER 2020
CONTRACT INFORMATION

COMPANY	PLAN	CURRENT RATES	CURRENT RATE EFF. DATE	NEXT RATE CHANGE DATE	CBA EXPIRATION
ADAMS BURCH	E	$7.58	07-01-19	07-01-20	06-30-23
EIGHT O'CLOCK COFFEE	E	$7.58	02-05-20	02-05-21	07-17-21
GIANT RECYCLING	E	$7.58	07-01-19	07-01-20	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 June 30, 2020

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2019		$ 4,413,856.00
	Jan - Jun 2020		$ 1,758,131.00
	Total		$ 6,171,987.00
	Per Month		$ 342,888.17
Fund Reserve			
	Jun-20		$ 11,153,989.00
	Months of Reserve 6/30/2020		**32.5**
	Months of Reserve 3/31/2020		27.7

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

Class E	$	5.77

September 1, 2020

The Board of Trustees:

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 and Welfare Trust Fund

Re: Administrative Services Contract Renewal

Trustees and Fund Counsel:

The administrative services contracts between Associated Administrators, LLC ("Associated") and the Warehouse Employees Union Local No. 730 & Contributing Companies' Prepaid Legal Services Fund, Pension Trust Fund, and Health and Welfare Trust Fund ("Funds") expires December 31, 2020. We hope that the Trustees will consider favorably our request for a three-year agreement at the rates attached in Exhibit A, which represents a 3% increase each year, designed to cover increased costs of doing business.

Services Recap

Brief recap of some of the services provided by Associated over the last three years:

- Implemented new Cyber Liability Policy for all Funds, which is updated annually
- Implemented and processed Legal Fund benefit changes
- Transitioned Welfare Fund Class C members from a fully-insured to self-insured arrangement
- Worked diligently to provide data to various vendors for special projects
    - CignaRx pharmacy pricing proposal
    - MPRA analysis
    - Kaiser proposal
- Implemented the COVID-19 changes to the Welfare Fund

Associated works hard to control its operating costs, but some are increasing.

911 Ridgebrook Road, Sparks, MD 21152-9451 (410) 683-6500
8400 Corporate Drive, Suite 430, Landover, MD 20785-2361 (301) 459-3020

Employee Benefits
Associated's bargaining unit employees participate in a multiemployer Health & Welfare Fund. Medical costs generally increase every year. Our unit employees are covered under a multiemployer Pension Plan. Those rates are scheduled to increase every year for nine years in accord with the Fund's Rehabilitation Plan.

Compliance Monitoring
Associated continues to provide a compliance monitoring program to help each of our client funds track regulatory reporting requirements, vendor contracts, and required documentation. Failure to comply can result in fines and fees for the Trustees.

Information Technology
Associated's highest cost increases and deliberate reinvestment have been in Information Technology. We paid over $700,000 in 2019 for system enhancements and support that allow us to better serve our clients and participants and maintain security (including software upgrades and new servers).

Postage
Associated pays all regular postage on behalf of the Fund, excluding mass mailings. The United States Postal Service implemented a 2.1% rate hike in 2018 and a 10% rate hike in 2019 for first class mail.

Associated has assigned to the Funds an Account Executive and an Account Manager with over 28 years of benefits fund administrative experience. Supporting the account management team are sixteen employees, which includes staff from our accounting, accident and sickness, eligibility, pension, medical claims, communications, mailroom, appeals, and IT departments. We are all dedicated to providing superior services.

Associated appreciates the opportunity to serve the Plan participants and the Trustees, and welcomes all questions concerning our proposal.

Sincerely,
ACochran

Alicia Cochran
Account Executive
Associated Administrators, LLC

EXHIBIT A

Fund	**Current Fee Per Month**	**01/01/21 Through 12/31/21**	**01/01/22 Through 12/31/22**	**01/01/23 Through 12/31/23**
Legal Fund *Additional annual fee*	$2.00	$2.06 *$484.56*	$2.12 *$499.10*	$2.18 *$514.07*
Pension Fund *Additional annual fee*	$7.50	$7.73 *$3,653.10*	$7.96 *$3,762.69*	$8.20 *$3,875.57*
Welfare Fund Admin HIPAA *Additional admin annual fee*	$24.47 $0.21	$25.20 $0.21 *$3,012.75*	$25.96 $0.21 *$3,103.13*	$26.74 $0.21 *$3,196.22*

01/01/2021 through 12/31/2023 Hourly Rates for

New Regulatory Changes and Implementation of New Vendors:

$100/Hour – IT/Management

$60/Hour – Supervisor

$30/Hour – Regular Employee

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES
September 1, 2020

Associated Administrators, LLC

8/10/2020	Mailing 2019 Summary Annual Report	$ 262.80

Blank Rome LLP

8/5/2020	Fee for professional services rendered through July 31, 2020	$ 1,562.40
7/7/2020	Fee for professional services rendered through June 30, 2020	$ 3,627.00
6/3/2020	Fee for professional services rendered through May 31, 2020	$ 558.00

Investment Performance Services, LLC

6/4/2020	Fee for professional services for the Quarter ending June 30, 2020	$ 6,250.00

Morgan, Lewis & Bockius, LLP

7/14/2020	Fee for professional services rendered through June 30, 2020	$ 6,733.50
6/8/2020	Fee for professional services rendered through May 31, 2020	$ 1,439.50
5/11/2020	Fee for professional services rendered through April 30, 2020	$ 2,244.00

NFP (The Meltzer Group)

7/1/2020	Fee for Fiduciary Liability Insurance Policy July 26, 2020 through July 26, 2021	$ 10,387.00
6/24/2020	Fee for Fidelity Bond Policy July 11, 2020 through July 11, 2021	$ 500.00

Novak Francella, LLC

6/5/2020	Fee for Annual Audit services performed for plan year ended December 31, 2019 and payroll audit	$ 11,686.31

Segal Consulting

5/31/2020	Fee for actuarial and consulting services through June 30, 2020 related to the Kaiser Proposal Review project	$ 7,268.75

Ullico

6/1/2020	Stop Loss Insurance Policy Premiums for June 2020 through August 2020	$ 23,440.96

Wedge Capital Management

7/10/2020	Fee for professional services for the Quarter ending June 30, 2020	$ 3,212.48

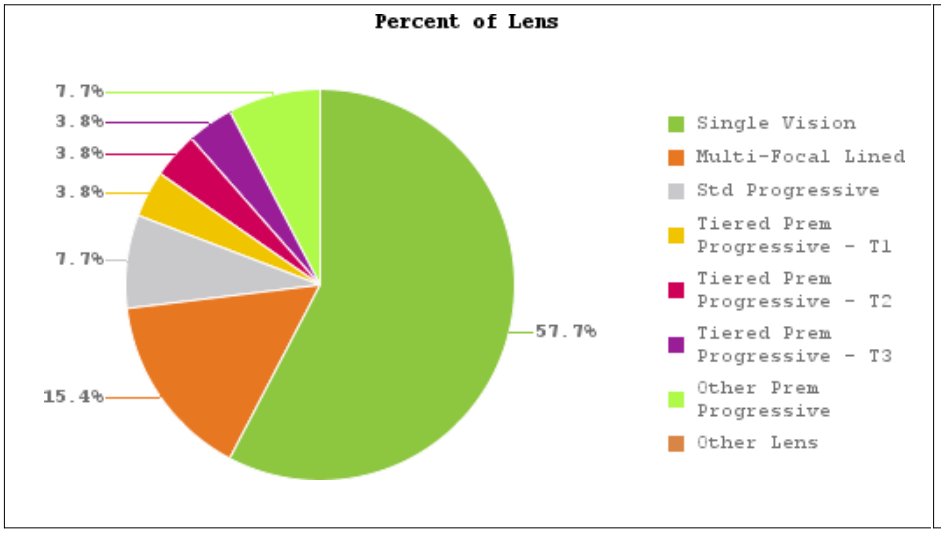
GVS - Warehouse Local 730

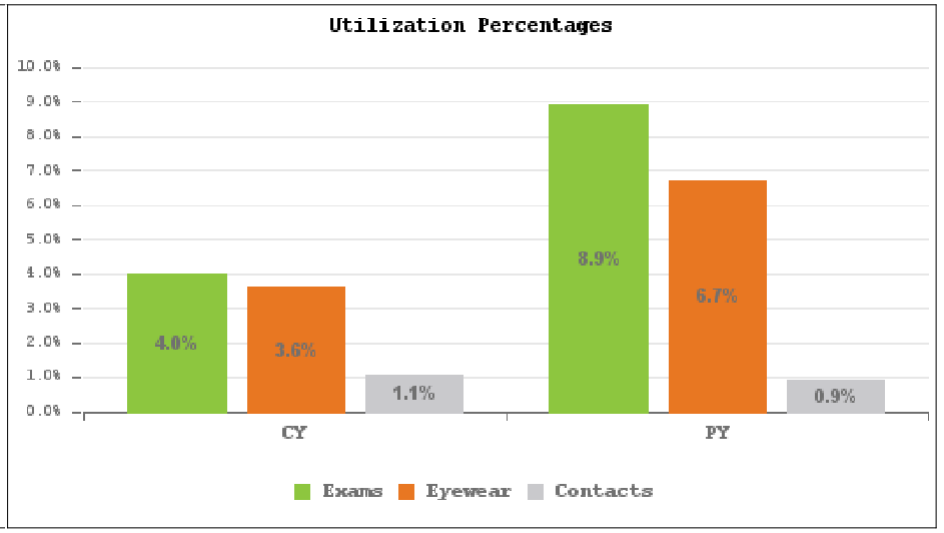
Warehouse Local 730 the following utilization reports for your review.

- Summary Page – High Level Comparison of Utilization Percentages, Current vs. Prior Year
- Utilization – Utilization Percentages & Dollars by Month, Current vs. Prior Year
- Network Utilization – Utilization Percentages by Provider Bands, Current vs. Prior Year
- Benefit Utilization – Client Savings by Service/Material Purchased
- Member Experience – Member Savings by Service/Material Purchased
- Glossary – Glossary of Terms and Calculations

Please contact your Account Manager should you have any questions about your utilization. Thank you for your business.

GVS - Warehouse Local 730
YTD Member Savings: $12,986





Utilization	Membership		Exam Utilization				Material Utilization			
	Client		Client		BOB		Client		BOB	
Member Type	CY #	PY #	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %
Subscriber	359	364	3.9%	9.1%	10.3%	10.5%	5.9%	9.6%	12.3%	11.8%
Spouse/Partner	143	151	4.9%	12.6%	13.9%	13.4%	4.2%	9.3%	16.3%	15.0%
Child/Other	247	258	3.6%	6.6%	9.2%	9.8%	3.2%	3.9%	9.9%	9.8%

For more information, please review the Utilization page(s).

Network Utilization	Exam & Mat'l Share		Exam Share				Material Share			
	Client		Client		BOB		Client		BOB	
Location Type	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %
Independent	20.0%	25.8%	23.3%	29.0%	59.3%	61.4%	17.1%	22.0%	49.2%	52.1%
Retail	78.5%	73.4%	76.7%	71.0%	39.5%	37.5%	80.0%	76.3%	46.0%	43.7%
Out of Network	1.5%	0.8%	0.0%	0.0%	1.1%	1.0%	2.9%	1.7%	3.9%	3.5%

For more information, please review the Network Utilization page.

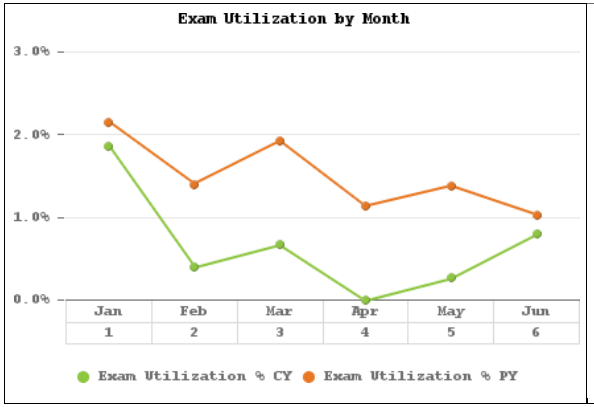
Benefit Utilization	Client		BOB	
Benefit Type	CY %	PY %	CY %	PY %
Exam	4.0%	8.9%	10.4%	10.7%
Material	4.7%	7.6%	12.2%	11.7%
Eyewear (% of Materials)	77.1%	88.1%	75.6%	75.1%
Contacts (% of Materials)	22.9%	11.9%	24.4%	24.9%
Single Vision (% of Lens)	57.7%	49.0%	54.2%	53.7%
Multi-Focal Lined (% of Lens)	15.4%	11.8%	11.3%	12.4%
Progressive (% of Lens)	26.9%	39.2%	34.5%	33.9%
Other Lens (% of Lens)	0.0%	0.0%	0.0%	0.0%

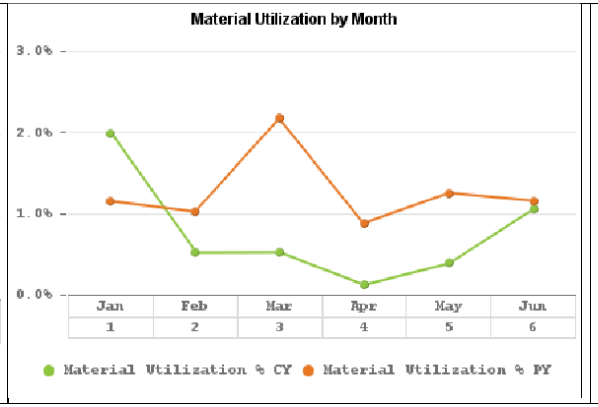
For more information, please review the Benefit Utilization page.

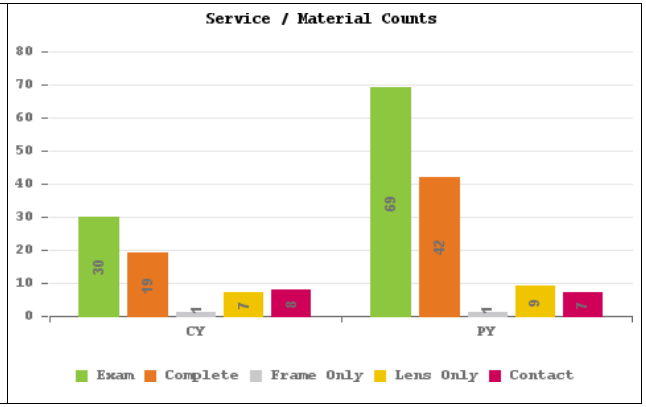
Lens Enhancements	Client		BOB	
Top Add-Ons (% of Lens)	CY %	PY %	CY %	PY %
Polycarbonate	80.8%	56.9%	61.3%	60.7%
Anti-Reflective Coating	88.5%	58.8%	60.9%	59.8%
Scratch Coating	23.1%	17.6%	19.7%	16.1%
Photochromic	38.5%	23.5%	19.2%	20.1%

For more information, please review the Member Experience page.

Client Utilization	Subscribers		Members		Members Using Benefit		Exam Utilization				Material Utilization			
By Month	CY #	PY #	CY #	PY #	CY #	PY #	CY #	CY $	PY #	PY $	CY #	CY $	PY #	PY $
January	361	362	751	696	17	16	14	$560	15	$600	15	$1,507	8	$907
February	360	361	748	784	5	13	3	$120	11	$440	4	$442	8	$675
March	355	358	743	781	6	21	5	$200	15	$600	4	$308	17	$1,647
April	356	366	745	795	1	11	0	$0	9	$360	1	$95	7	$729
May	361	372	752	799	3	14	2	$80	11	$440	3	$272	10	$1,060
June	360	362	751	778	9	10	6	$240	8	$320	8	$938	9	$1,123
	359	**364**	**748**	**772**	**41**	**85**	**30**	**$1,200**	**69**	**$2,760**	**35**	**$3,561**	**59**	**$6,141**







		Client Combined (Ex & Matls)		Client Exam Share		Client Mat'l Share	
Location Type	Provider Band	CY %	PY %	CY %	PY %	CY %	PY %
Independent	Independent	20.0%	25.8%	23.3%	29.0%	17.1%	22.0%
Total: Independent		**20.0%**	**25.8%**	**23.3%**	**29.0%**	**17.1%**	**22.0%**
Retail	LensCrafters	24.6%	21.9%	20.0%	21.7%	28.6%	22.0%
	Pearle Vision	4.6%	6.3%	6.7%	7.2%	2.9%	5.1%
	Target Optical	4.6%	0.0%	3.3%	0.0%	5.7%	0.0%
	JCPenney Optical	0.0%	0.8%	0.0%	0.0%	0.0%	1.7%
	Other Retail	44.6%	44.5%	46.7%	42.0%	42.9%	47.5%
Total: Retail		**78.5%**	**73.4%**	**76.7%**	**71.0%**	**80.0%**	**76.3%**
Out of Network	Out of Network	1.5%	0.8%	0.0%	0.0%	2.9%	1.7%
Total: Out of Network		**1.5%**	**0.8%**	**0.0%**	**0.0%**	**2.9%**	**1.7%**

Frames by Price Point and Network (CY)	Independent	LensCrafters	Pearle Vision	Target Optical	JCPenney Optical	Other Retail	Out of Network	Total All Frames
<= $100	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	**5.0%**
$100-$110	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$110-$120	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$120-$130	33.3%	11.1%	0.0%	0.0%	0.0%	60.0%	100.0%	**30.0%**
$130-$140	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	**5.0%**
$140-$150	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	**5.0%**
$150-$170	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	**15.0%**
$170-$200	33.3%	11.1%	0.0%	100.0%	0.0%	0.0%	0.0%	**15.0%**
$200-$300	0.0%	11.1%	100.0%	0.0%	0.0%	20.0%	0.0%	**15.0%**
$300-$400	33.3%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	**10.0%**
> $400	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Frame Count by Network	**3**	**9**	**1**	**1**	**0**	**5**	**1**	**20**
Network Percent of Total	**15.0%**	**45.0%**	**5.0%**	**5.0%**	**0.0%**	**25.0%**	**5.0%**	**100.0%**
Percent of Frames < Allowance	**33.3%**	**11.1%**	**0.0%**	**0.0%**	**0.0%**	**80.0%**	**0.0%**	**30.0%**
Avg Frame Retail Price	**$233**	**$177**	**$230**	**$173**	**$0**	**$136**	**$127**	**$175**

Average Transaction (CY)		Count	Utilization Percent	Retail	Net to Provider	Client Savings	Avg Retail	Client Savings
Service / Material	Lens Type							
Exam		30	4.0%	$3,614	$1,200	$2,414	$120	66.8%
Contacts		8	1.1%	$1,512	$1,512	$0	$189	0.0%
Fit & Follow		1	0.1%	$69	$40	$29	$69	42.0%
Frame		20	2.7%	$3,498	$2,213	$1,285	$175	36.7%
Lens	Single Vision	15	2.0%	$1,573	$515	$1,058	$105	67.3%
Lens	Multi-Focal Lined	4	0.5%	$653	$333	$320	$163	49.0%
Lens	Std Progressive	2	0.3%	$398	$240	$158	$199	39.7%
Lens	Tiered Prem Progressive - T1	1	0.1%	$248	$199	$50	$248	20.0%
Lens	Tiered Prem Progressive - T2	1	0.1%	$269	$215	$54	$269	20.0%
Lens	Tiered Prem Progressive - T3	1	0.1%	$349	$279	$70	$349	20.0%
Lens	Other Prem Progressive	2	0.3%	$544	$435	$109	$272	20.0%
Lens	Other Lens	0	0.0%	$0	$0	$0	$0	0.0%
Total Lenses		**26**	**3.5%**	**$4,034**	**$2,216**	**$1,818**	**$155**	**45.1%**

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	164	104	115	229	124	15
Exam	2.4%	4.8%	1.7%	6.6%	2.4%	6.7%
Contacts	0.6%	1.9%	1.7%	1.3%	0.0%	0.0%
Frame	0.6%	2.9%	0.9%	3.9%	4.0%	6.7%
Single Vision	1.2%	2.9%	0.9%	2.6%	2.4%	0.0%
Multi-Focal Lined	0.0%	0.0%	0.0%	1.3%	0.8%	0.0%
Std Progressive	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%
Other Prem Progressive	0.0%	0.0%	0.0%	0.0%	0.8%	6.7%
Other Lens	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Exam	30	4.0%	$3,614	$0	$3,614	$120	$0	100.0%
Total: Exams	**30**	**4.0%**	**$3,614**	**$0**	**$3,614**	**$120**	**$0**	**100.0%**
Dilation	4	0.5%	$65	$0	$65	$16	$0	100.0%
Retinal Photo	2	0.3%	$59	$59	$0	$30	$30	0.0%
Refraction	25	3.3%	$836	$0	$836	$33	$0	100.0%
Total: Exam Services	**31**	**4.1%**	**$960**	**$59**	**$901**	**$31**	**$2**	**93.9%**
Contacts	8	1.1%	$1,512	$508	$1,004	$189	$63	66.4%
Total: Contacts	**8**	**1.1%**	**$1,512**	**$508**	**$1,004**	**$189**	**$63**	**66.4%**
Fit & Follow	1	0.1%	$69	$40	$29	$69	$40	42.0%
Total: Fit & Follow	**1**	**0.1%**	**$69**	**$40**	**$29**	**$69**	**$40**	**42.0%**
Frame	20	2.7%	$3,498	$846	$2,652	$175	$42	75.8%
Total: Frames	**20**	**2.7%**	**$3,498**	**$846**	**$2,652**	**$175**	**$42**	**75.8%**
Single Vision	15	2.0%	$1,573	$0	$1,573	$105	$0	100.0%
Multi-Focal Lined	4	0.5%	$653	$123	$530	$163	$31	81.2%
Std Progressive	2	0.3%	$398	$130	$268	$199	$65	67.3%
Tiered Prem Progressive - T1	1	0.1%	$248	$144	$105	$248	$144	42.1%
Tiered Prem Progressive - T2	1	0.1%	$269	$160	$109	$269	$160	40.4%
Tiered Prem Progressive - T3	1	0.1%	$349	$224	$125	$349	$224	35.8%
Other Prem Progressive	2	0.3%	$544	$325	$219	$272	$162	40.2%
Other Lens	0	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Lenses	**26**	**3.5%**	**$4,034**	**$1,106**	**$2,928**	**$155**	**$43**	**72.6%**

GVS - Warehouse Local 730

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating	16	2.1%	$1,287	$675	$612	$80	$42	47.6%
Anti-Reflective Coating Tier 1	1	0.1%	$99	$79	$20	$99	$79	20.0%
Anti-Reflective Coating Tier 2	2	0.3%	$267	$213	$53	$133	$107	20.0%
Prem Anti-Reflective Coating	4	0.5%	$418	$335	$84	$105	$84	20.0%
Total: Anti-Reflective Coating	**23**	**3.1%**	**$2,071**	**$1,302**	**$769**	**$90**	**$57**	**37.1%**
Polycarbonate	21	2.8%	$1,516	$750	$766	$72	$36	50.5%
Total: Polycarbonate	**21**	**2.8%**	**$1,516**	**$750**	**$766**	**$72**	**$36**	**50.5%**
Photochromic	10	1.3%	$1,239	$991	$248	$124	$99	20.0%
Total: Photochromic	**10**	**1.3%**	**$1,239**	**$991**	**$248**	**$124**	**$99**	**20.0%**
Premium Scratch Coating	0	0.0%	$0	$0	$0	$0	$0	0.0%
Scratch Coating	6	0.8%	$0	$0	$0	$0	$0	0.0%
Total: Scratch Coating	**6**	**0.8%**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0%**
High Index	0	0.0%	$0	$0	$0	$0	$0	0.0%
Other Misc Add-Ons	6	0.8%	$188	$151	$38	$31	$25	20.0%
Roll/Polish	3	0.4%	$40	$32	$8	$13	$11	20.0%
Tint	1	0.1%	$35	$15	$20	$35	$15	57.6%
Ultra-Violet Coating	13	1.7%	$40	$30	$10	$3	$2	25.0%
Total: Other	**23**	**3.1%**	**$304**	**$228**	**$76**	**$13**	**$10**	**25.0%**
Total: Service / Material (CY)	**199**	**6.7%**	**$18,816**	**$5,830**	**$12,986**	**$376**	**$117**	**69.0%**

GVS - Warehouse Local 730

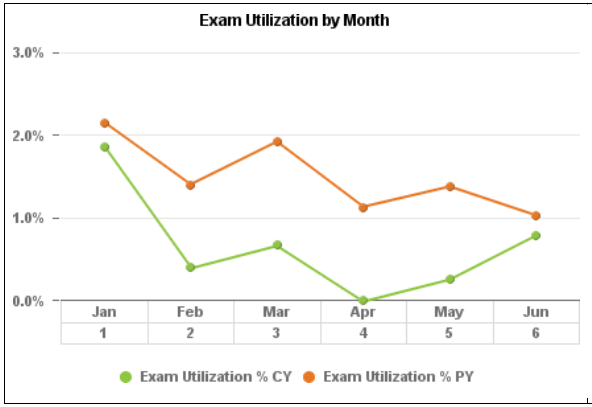
Group ID	Group Name	Plan	Effective Date	Renewal Date	Voluntary Indicator	Type
9756487 1001	GVS - WHSE LOCAL 730 H&W FUND1	0101	8/1/2009	12/31/2019	Non-Voluntary	Fee for Service

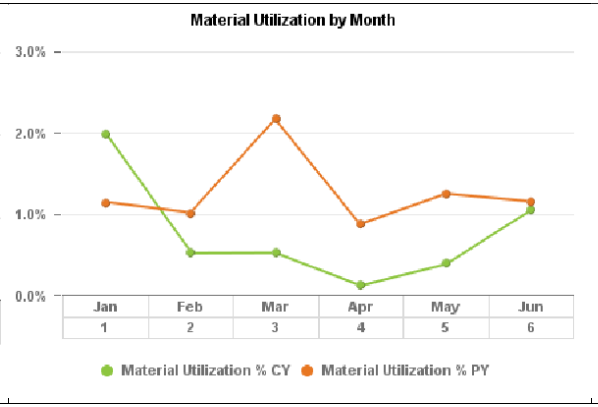
Report Name	Field & Definition
General	*Claims must include a funded exam, frame, lens or contact to be included within these reports. *Fit & Follow Up must be attached to a claim with a funded exam or contact to be included within these reports. CY - Current year reporting period. PY - Prior year reporting period.
Summary	BOB - EyeMed Book of Business. Exam Utilization - Number of exam claims divided by average member count. Material Utilization - Number of material claims divided by average member count. Exam Share - Percentage of exam claims by location type. Material Share - Percentage of material claims by location type.
Utilization	Members Using Benefit - Number of members with claim activity. Number of Exams - Number of exams billed from claims. Exam Claim Dollars - Claim dollars billed for the exams as reported on claims received. Number of Materials - Sum of eyewear and contacts billed from claims. Material Claim Dollars - Claim dollars billed for eyewear, contacts and fit & follow up as reported on claims received.
Benefit Utilization	Retail Dollars - Original cost (before discounts) of services as reported on the claims received. Net to Provider - Claim dollars billed for service and/or material type as reported on the claims received plus member out of pocket dollars. Client Savings Dollars - Retail dollars less net to provider dollars. Avg Retail Dollars - Retail dollars divided by count. Client Savings % - Client savings divided by retail dollars.
Member Experience	*Data includes Out-of-Network transactions. Member Responsibility - Dollars spent by members (member out of pocket). Member Savings - Retail dollars less member responsibility. Member Discount % - Member savings divided by retail dollars.

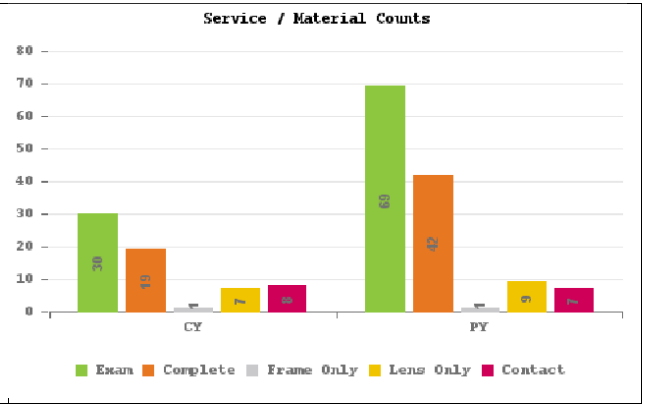
Group: 9756487 1001 - GVS - WHSE LOCAL 730 H&W FUND1

Plan: 0101

Client Utilization	Subscribers		Members		Members Using Benefit		Exam Utilization				Material Utilization			
By Month	CY #	PY #	CY #	PY #	CY #	PY #	CY #	CY $	PY #	PY $	CY #	CY $	PY #	PY $
January	361	362	751	696	17	16	14	$560	15	$600	15	$1,507	8	$907
February	360	361	748	784	5	13	3	$120	11	$440	4	$442	8	$675
March	355	358	743	781	6	21	5	$200	15	$600	4	$308	17	$1,647
April	356	366	745	795	1	11	0	$0	9	$360	1	$95	7	$729
May	361	372	752	799	3	14	2	$80	11	$440	3	$272	10	$1,060
June	360	362	751	778	9	10	6	$240	8	$320	8	$938	9	$1,123
	359	364	748	772	41	85	30	$1,200	69	$2,760	35	$3,561	59	$6,141







Group: **9756487 1001 - GVS - WHSE LOCAL 730 H&W FUND1**

Plan: **0101**

		Client Combined (Ex & Matls)		Client Exam Share		Client Mat'l Share	
Location Type	**Provider Band**	**CY %**	**PY %**	**CY %**	**PY %**	**CY %**	**PY %**
Independent	Independent	20.0%	25.8%	23.3%	29.0%	17.1%	22.0%
Total: Independent		**20.0%**	**25.8%**	**23.3%**	**29.0%**	**17.1%**	**22.0%**
Retail	LensCrafters	24.6%	21.9%	20.0%	21.7%	28.6%	22.0%
	Pearle Vision	4.6%	6.3%	6.7%	7.2%	2.9%	5.1%
	Target Optical	4.6%	0.0%	3.3%	0.0%	5.7%	0.0%
	JCPenney Optical	0.0%	0.8%	0.0%	0.0%	0.0%	1.7%
	Other Retail	44.6%	44.5%	46.7%	42.0%	42.9%	47.5%
Total: Retail		**78.5%**	**73.4%**	**76.7%**	**71.0%**	**80.0%**	**76.3%**
Out of Network	Out of Network	1.5%	0.8%	0.0%	0.0%	2.9%	1.7%
Total: Out of Network		**1.5%**	**0.8%**	**0.0%**	**0.0%**	**2.9%**	**1.7%**

Frames by Price Point and Network (CY)	Independent	LensCrafters	Pearle Vision	Target Optical	JCPenney Optical	Other Retail	Out of Network	Total All Frames
<= $100	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	**5.0%**
$100-$110	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$110-$120	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$120-$130	33.3%	11.1%	0.0%	0.0%	0.0%	60.0%	100.0%	**30.0%**
$130-$140	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	**5.0%**
$140-$150	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	**5.0%**
$150-$170	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	**15.0%**
$170-$200	33.3%	11.1%	0.0%	100.0%	0.0%	0.0%	0.0%	**15.0%**
$200-$300	0.0%	11.1%	100.0%	0.0%	0.0%	20.0%	0.0%	**15.0%**
$300-$400	33.3%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	**10.0%**
> $400	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Frame Count by Network	**3**	**9**	**1**	**1**	**0**	**5**	**1**	**20**
Network Percent of Total	**15.0%**	**45.0%**	**5.0%**	**5.0%**	**0.0%**	**25.0%**	**5.0%**	**100.0%**
Percent of Frames < Allowance	**33.3%**	**11.1%**	**0.0%**	**0.0%**	**0.0%**	**80.0%**	**0.0%**	**30.0%**
Avg Frame Retail Price	**$233**	**$177**	**$230**	**$173**	**$0**	**$136**	**$127**	**$175**

Group: **9756487 1001 - GVS - WHSE LOCAL 730 H&W FUND1**

Plan: **0101**

Average Transaction (CY)			Utilization		Net to	Client	Avg	Client
Service /	Lens Type	Count	Percent	Retail	Provider	Savings	Retail	Savings
Exam		30	4.0%	$3,614	$1,200	$2,414	$120	66.8%
Contacts		8	1.1%	$1,512	$1,512	$0	$189	0.0%
Fit & Follow		1	0.1%	$69	$40	$29	$69	42.0%
Frame		20	2.7%	$3,498	$2,213	$1,285	$175	36.7%
Lens	Single Vision	15	0.0%	$1,573	$515	$1,058	$105	67.3%
Lens	Multi-Focal Lined	4	0.0%	$653	$333	$320	$163	49.0%
Lens	Std Progressive	2	0.0%	$398	$240	$158	$199	39.7%
Lens	Tiered Prem Progressive - T1	1	0.0%	$248	$199	$50	$248	20.0%
Lens	Tiered Prem Progressive - T2	1	0.0%	$269	$215	$54	$269	20.0%
Lens	Tiered Prem Progressive - T3	1	0.0%	$349	$279	$70	$349	20.0%
Lens	Other Prem Progressive	2	0.0%	$544	$435	$109	$272	20.0%
Lens	Other Lens	0	0.0%	$0	$0	$0	$0	0.0%
	Total Lenses	**26**	**0.0%**	**$4,034**	**$2,216**	**$1,818**	**$155**	**45.1%**

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	164	104	115	229	124	15
Exam	2.4%	4.8%	1.7%	6.6%	2.4%	6.7%
Contacts	0.6%	1.9%	1.7%	1.3%	0.0%	0.0%
Frame	0.6%	2.9%	0.9%	3.9%	4.0%	6.7%
Single Vision	1.2%	2.9%	0.9%	2.6%	2.4%	0.0%
Multi-Focal Lined	0.0%	0.0%	0.0%	1.3%	0.8%	0.0%
Std Progressive	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%
Other Prem Progressive	0.0%	0.0%	0.0%	0.0%	0.8%	6.7%
Other Lens	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Group: **9756487 1001 - GVS - WHSE LOCAL 730 H&W FUND1**

Plan: **0101**

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Exam	30	4.0%	$3,614	$0	$3,614	$120	$0	100.0%
Total: Exams	**30**	**4.0%**	**$3,614**	**$0**	**$3,614**	**$120**	**$0**	**100.0%**
Dilation	4	0.5%	$65	$0	$65	$16	$0	100.0%
Retinal Photo	2	0.3%	$59	$59	$0	$30	$30	0.0%
Refraction	25	3.3%	$836	$0	$836	$33	$0	100.0%
Total: Exam Services	**31**	**4.1%**	**$960**	**$59**	**$901**	**$31**	**$2**	**93.9%**
Contacts	8	1.1%	$1,512	$508	$1,004	$189	$63	66.4%
Total: Contacts	**8**	**1.1%**	**$1,512**	**$508**	**$1,004**	**$189**	**$63**	**66.4%**
Fit & Follow	1	0.1%	$69	$40	$29	$69	$40	42.0%
Total: Fit & Follow	**1**	**0.1%**	**$69**	**$40**	**$29**	**$69**	**$40**	**42.0%**
Frame	20	2.7%	$3,498	$846	$2,652	$175	$42	75.8%
Total: Frames	**20**	**2.7%**	**$3,498**	**$846**	**$2,652**	**$175**	**$42**	**75.8%**
Single Vision	15	0.0%	$1,573	$0	$1,573	$105	$0	100.0%
Multi-Focal Lined	4	0.0%	$653	$123	$530	$163	$31	81.2%
Std Progressive	2	0.0%	$398	$130	$268	$199	$65	67.3%
Tiered Prem Progressive - T1	1	0.0%	$248	$144	$105	$248	$144	42.1%
Tiered Prem Progressive - T2	1	0.0%	$269	$160	$109	$269	$160	40.4%
Tiered Prem Progressive - T3	1	0.0%	$349	$224	$125	$349	$224	35.8%
Other Prem Progressive	2	0.0%	$544	$325	$219	$272	$162	40.2%
Other Lens	0	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Lenses	**26**	**0.0%**	**$4,034**	**$1,106**	**$2,928**	**$155**	**$43**	**72.6%**

Group: **9756487 1001 - GVS - WHSE LOCAL 730 H&W FUND1**

Plan: **0101**

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating	16	0.0%	$1,287	$675	$612	$80	$42	47.6%
Anti-Reflective Coating Tier 1	1	0.0%	$99	$79	$20	$99	$79	20.0%
Anti-Reflective Coating Tier 2	2	0.0%	$267	$213	$53	$133	$107	20.0%
Prem Anti-Reflective Coating	4	0.0%	$418	$335	$84	$105	$84	20.0%
Total: Anti-Reflective Coating	**23**	**0.0%**	**$2,071**	**$1,302**	**$769**	**$90**	**$57**	**37.1%**
Polycarbonate	21	0.0%	$1,516	$750	$766	$72	$36	50.5%
Total: Polycarbonate	**21**	**0.0%**	**$1,516**	**$750**	**$766**	**$72**	**$36**	**50.5%**
Photochromic	10	0.0%	$1,239	$991	$248	$124	$99	20.0%
Total: Photochromic	**10**	**0.0%**	**$1,239**	**$991**	**$248**	**$124**	**$99**	**20.0%**
Premium Scratch Coating	0	0.0%	$0	$0	$0	$0	$0	0.0%
Scratch Coating	6	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Scratch Coating	**6**	**0.0%**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0%**
High Index	0	0.0%	$0	$0	$0	$0	$0	0.0%
Other Misc Add-Ons	6	0.0%	$188	$151	$38	$31	$25	20.0%
Roll/Polish	3	0.0%	$40	$32	$8	$13	$11	20.0%
Tint	1	0.0%	$35	$15	$20	$35	$15	57.6%
Ultra-Violet Coating	13	0.0%	$40	$30	$10	$3	$2	25.0%
Total: Other	**23**	**0.0%**	**$304**	**$228**	**$76**	**$13**	**$10**	**25.0%**
Total: Service / Material (CY)	**199**	**6.7%**	**$18,816**	**$5,830**	**$12,986**	**$376**	**$117**	**69.0%**

GroupVision SERVICE

Renewal

Includes a Hearing Exam and Hearing Aid allowance by

EPIC HEARING HEALTHCARE

On line network options:

Frames available through glasses.com

Contacts available through contactsdirect.com

Member Discount Program through Benefit Hub

BenefitHub

Warehouse Employees Union No. 730 Health and Welfare Trust Fund

Group Vision Service
6700 Alexander Bell Drive Suite 200
Columbia, MD 21046
240-453-2000

Insured Plans Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO
Administered by Forrest T. Jones & Company, Inc.
Vision Network powered by EyeMed Vision Care, LLC
Hearing Network powered by EPIC Hearing Healthcare

GroupVision SERVICE **Warehouse Employees Union No. 730 Health and Welfare Trust Fund**

Application for Renewal of Vision Care Benefits

Underwritten by Fidelity Security Life Insurance Company
Kansas, City, Missouri

We at GVS are very pleased to provide **Warehouse Employees Union No. 730 Health and Welfare Trust Fund** and its members with vision benefits. We appreciate your business and look forward to a long-term relationship. Your signature indicates acceptance of the group renewal, rates and rate guarantee. Please return this renewal form to GVS by 11/1/20 via email to Craig Allebach at callebach@gvsmd.com. **Please note the upgrade from a 12/12/24 to a 12/12/12 plan frequency.**

Renewal Date: 1/1/21

Group I.D.: 12030 - 1

Current Premiums:

Composite PEPM	$5.90

Renewal Premiums:

Composite PEPM	**$5.90**

Rate Guarantee: 24 months

Contribution: Employer Paid

Commission: Net

Enrollment per tier:

Members: 363

Dependents: 391

Total Enrolled: 754

Family Size: 2.07

GroupVision SERVICE

Warehouse Employees Union No. 730 Health and Welfare Trust Fund

Application for Renewal of Vision Care Benefits

Underwritten by Fidelity Security Life Insurance Company
Kansas, City, Missouri

VC-83/VC-87

This plan provides coverage for a vision examination, eyeglass lenses or contact lenses and frame. Vision benefits are available from an extensive national network of participating providers powered by Eye Med Vision Care. You can easily find a conveniently located provider near you. You have a choice of independent optometrists and ophthalmologists, as well as retail locations such as Lens Crafters, Sears Optical, Target Optical and JC Penney Optical and most Pearle Vision Centers. Members will receive additional savings from Network Providers for lens upgrades and additional pair purchases.

NETWORK PROVIDERS - By using a network provider, you minimize your out-of-pocket costs and receive the benefit of our paperless claims processing. Network Providers verify your eligibility and obtain all the necessary information to validate your level of coverage. You simply pay your copayment and any remaining balance for non-covered services or materials at the time of your appointment. In addition, Network Providers offer you discount pricing which is significantly below retail. You receive substantial savings of 15%-40% or more on most additional pair purchases, conventional contact lenses, lens treatments, specialized lenses and various accessory items. Out of Network Benefits** – If you choose to go to a non-network provider, you must pay the provider his or her full charges at the time of service. Members will be responsible for submitting a claim for reimbursement for the amount indicated in the member reimbursement schedule.

Benefits from a GVS Network Provider*		Copay	Out-of-Network Benefit Schedule **	
Vision Examination – includes dilation as indicated	**Once Every 12 Months***	**$ 0.00**	Vision Examination	Up to $32.00
Eyeglass Lenses - single vision, bifocal, or trifocal in standard/basic plastic **w/Standard Scratch Resistance and Polycarbonate Lenses for Dependent Children Under 19**	**Once Every 12 Months***	**$ 0.00**	Lenses • Single Vision • Bifocal • Trifocal • Standard Scratch • Polys Child	 Up to $30.00 Up to $45.00 Up to $75.00 Up to $12.00 Up to $32.00
Frame – covered in full up to a **$ 130.00 retail value**. Members receive 20% off balance for selection costing more than the plan allowance. **Glasses available through glasses.com**	**Once Every 12 Months***	N/A	Frame	Up to $57.00
Contact Lenses - in lieu of spectacle lenses (does not include fitting and follow-up) • **Elective** – Disposable or Conventional, covered in full up to **$ 130.00** allowance. Conventional lenses: members receive 15% discount off balance over plan allowance. **Contacts available through contactsdirect.com** • **Medically Necessary** – Covered in full up to $250.00	**Once Every 12 Months***	N/A	Elective Contact Lenses (in lieu of spectacle lenses) Medically Necessary Contact Lenses	Up to $105.00 Up to $200.00

*** Benefits are available 12 months from last date of service** *In-network services and materials may be subject to a copayment at the time of service. **Out-of-Network amounts are maximum reimbursable amounts paid to members after the claim is filed. **Co-pays do not apply to OON reimbursements.**

Additional Savings Program				Monthly Premium – Fully Insured	
Lens Options	**Member Pricing**	**Other Options/Services**	**Member Pricing**	**Employer Paid Renewal Rate Guarantee 24 Months**	
Tint (solid & gradient)	$15.00	Other Lens Options and Services	20% off Retail	**Composite PEPM**	**$5.90**
UV Coating	$15.00	Complete Pair Purchases ***	40% off Retail		
Standard Scratch Resistance*	**Covered**	Conventional Contact Lenses	15% off Retail		
Standard Polycarbonate Adult **Standard Polycarbonate Children***	$40.00 **Covered**	Standard Contact Lens Fitting & Follow-up Premium Contact Lens Fitting & Follow-up	$40.00 10% discount		
Standard Anti-Reflective	$45.00	**EPIC Hearing Savings Program (Discount Only included with this vision quote).**	**Fixed Fee Schedule**	*Covered by plan benefit. ** Standard/Premium Progressive lenses are not covered benefits – however when upgrading in conjunction with your funded benefit the bifocal lens amount will be applied. Members are responsible for the lens copayment and any additional charges. (Bifocal co-pay + $65 + 80% of retail less $120. *** Discount applies on complete pair purchase once funded benefit is used.	
Standard Progressive Lens**	$65.00	Retinal Imaging	$39.00 max		
Premium Progressive Lenses**	20% off Retail	Photo chromatic Lenses	20% discount		

GroupVision SERVICE **Warehouse Employees Union No. 730 Health and Welfare Trust Fund**

Application for Renewal of Vision Care Benefits

Underwritten by Fidelity Security Life Insurance Company
Kansas, City, Missouri

PROVIDE CURRENT GROUP INFORMATION, AS REFLECTED IN THE COMPANY'S RECORDS

Group Name: _____
DBA, if applicable: _____
Business Address: _____
Primary Contact: _____
Phone Number: _____

YOU DO NOT NEED TO COMPLETE ALL SECTIONS BELOW. PLEASE CHECK AND COMPLETE SECTIONS ONLY IF CHANGES ARE REQUESTED IN THE AREA(S) IDENTIFIED.

YOU MUST ALSO SIGN AND DATE THE REVERSE SIDE WHERE INDICATED

☐ **NAME CHANGE (Same Tax ID Number):** _____

New Group Name: _____
DBA, if applicable: _____

☐ **CHANGE IN PRIMARY BUSINESS ADDRESS**

New Street Address: _____
P.O. Box: _____
City: _____ State: _____ Zip Code: _____

☐ **CHANGE TO COVERAGE FOR DOMESTIC PARTNERS***

A. Are Domestic Partners to be covered under this Plan? ☐ Yes ☐ No

B. Same Sex*? ☐ Yes ☐ No Opposite Sex*? ☐ Yes ☐ No

** Except as required by state law.*

☐ **CHANGE TO DEPENDENT AGE COVERAGE**

Dependent Children to be covered to Age** ☐ 19 ☐ 21 ☐ 25 ☐ 26*** ☐ Other_____

Dependent Children to be covered if Full-Time Student** ☐ Yes ☐ No

If "Yes", Dependent Full-Time Student Covered to** ☐ 21 ☐ 25 ☐ 27 ☐ Other_____

***Unless state law has different requirements for Dependent Child status.*
**** Regardless of financial dependency, residency, student status, or marital status.*

☐ **NEW RATES, BENEFITS, NETWORK OR PLANS**

- ☐ A. New Rates — Please refer to the attached proposal page.
- ☐ B. New Benefits — Please refer to the attached proposal page.
- ☐ C. New Network — Please refer to the attached proposal page.
- ☐ D. New Plan — Please refer to the attached proposal page.

☐ **CHANGE IN GROUP SIZE - FLORIDA POLICYHOLDERS ONLY**

Original Number of full-time Employees: _____

New Number of full-time Employees: _____

The Group hereby makes application to Fidelity Security Life Insurance Company for renewal of the Vision Care Benefits. The Group agrees to maintain and furnish any records necessary to administer this plan and to forward premiums monthly.

The Group certifies that all of the information shown on the Application for renewal of Vision Care Benefits and any attachments are correct and complete as of the date this Application is signed. The Group understands that the Company intends to rely on this information in determining whether or not it can renew the Vision Care Benefits insurance. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY;** and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation. It is understood that the insurance as to any Employee/Member will not become effective on the date insurance should otherwise be effective if he or she is not at work on such date performing all duties of his or her occupation and otherwise meets the requirements of the Company.

I hereby represent that I have reviewed the fraud warning notice (if applicable) on reverse side of this Application for the Group's state of domicile.

Renewal date: _____

*Authorized Signature _____

_____ Date Signed _____

**Signature indicates acknowledgement of plan design, rates and effective dates for sold case implementation. The current guaranteed premium rate is subject to modification based upon any change in benefits, policyholder contributions; number of eligible employees, family size, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the Insurer's risk in underwriting this coverage.*

FRAUD WARNING NOTICE	
For residents of all states (except the following:)	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
Arkansas, Louisiana Rhode Island West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine Tennessee Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Nebraska	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a materially false or deceptive statement is guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
North Carolina	Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon Texas Vermont	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Pennsylvania	Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Virginia	Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

WAREHOUSE LOCAL 730 HEALTH AND WELFARE FUND

January 2020 – June 2020

Savings Results

September 1, 2020

Together, all the way.®

Cigna®

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

In Network	Charges	Network Allowed	Network Savings	%
Inpatient	$323,955	$299,780	$24,174	7.46%
Outpatient	$1,255,438	$340,167	$915,271	72.90%
Physician	$892,135	$398,379	$493,756	55.35%
Total	**$2,471,528**	**$1,038,326**	**$1,433,201**	**57.99%**

Out of Network Savings Program	Charges	Network Allowed	Network Savings	%
Inpatient	$0	$0	$0	0.00%
Outpatient	$18,019	$15,340	$2,679	14.87%
Physician	$123,941	$46,348	$77,593	62.60%
Total	**$141,960**	**$61,688**	**$80,273**	**56.55%**

Total Year To Date Savings
January 2020 – June 2020

	Savings
PPO Network Savings	$1,433,201
Out of Network Savings	$80,273
Utilization Management Savings	$43,860
Case Management Savings	$20,812
Outpatient Care Management Savings	$14,404
Total Year To Date Savings	**$1,592,550**

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

2019 SUMMARY ANNUAL REPORT

FOR

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
HEALTH AND WELFARE TRUST FUND

This is a summary of the annual report for the WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND, (Employer Identification No. 52-6058419, Plan No. 501) for the period January 1, 2019 to December 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has contracts with ReliaStar Life Insurance Company to pay certain life insurance and Accidental Death and Dismemberment insurance; Fidelity Security Life Insurance (Group Vision Services) for certain optical benefits; Union Labor Life Insurance Company for stop loss coverage. The total premiums paid for the plan year ending on December 31, 2019 were $156,235.

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtraction of the liabilities of the plan, was $9,834,595 as of December 31, 2019 compared to $8,855,177 as of January 1, 2019. During the plan year, the plan experienced an increase in its net assets of $979,418. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of $5,681,535. This income included employer contributions of $5,050,430, employee contributions of $42,209, realized losses of $9,388 from the sale of assets, earnings from investments of $596,414 and other income of $1,870. Plan expenses were $4,702,117. These expenses included $364,809 in administrative expenses and $4,337,308 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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

An accountant's report;

1. Financial information and information on payments to service providers;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

Associated Administrators, LLC (Administrative Manager)
911 Ridgebrook Road
Sparks, MD 21152-9541
52-6058419 (EIN - Health & Welfare Fund)
(800) 730-2241

The charge to cover copying costs will be $7.00 for the full report, $0.25 per page for any part thereof.

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

You also have the legally protected right to examine the annual report at the main office of the plan:

Associated Administrators, LLC (Administrative Manager)
911 Ridgebrook Road
Sparks, MD 21152-9451

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210

BOARD OF TRUSTEES