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 23, 2022
(At approximately 11:00 AM)

I. Call to Order

II. Minutes, Regular Meeting – June 6, 2022

III. Financial Report – Investment Performance Services

IV. Co- Counsel Report

V. Administrative Manager Report

VI. Invoices

VII. Provider Report – Segal

VIII. Other Fund Business

IX. Next Meeting Date and Location

X. Adjournment

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DRAFT

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND JUNE 6, 2022 VIA TELECONFERENCE

The following Trustees were present:

UNION TRUSTEES
T. Richardson – Chairman
J. Lacy

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

Also present were:

K. Bakich – The Segal Company
A. Cochran – Associated Administrators, LLC
M. DeLancey – Blank Rome LLP
R. Grant – Associated Administrators, LLC
G. Hayes – Cigna
J. Kimble – Morgan, Lewis & Bockius, LLP
G. Kreidler – Cigna
G. Richardson-Davis – Cigna
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 reviewed the minutes of the last regular meeting held March 14, 2022.

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 14, 2022 are approved as presented.

III. FINANCIAL REPORT

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

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

Mr. Sichel distributed his report titled, "Master Consulting Services Report – March 31, 2022." Mr. Sichel reported that the total market value of assets as of March 31, 2022 was $16,712,387.

B. Asset Allocation

Mr. Sichel reported that as of March 31, 2022, the Fund held 37.1% in Investment Grade Fixed Income, 42.5% in Short Duration High Yield, 4.1% in Real Estate – Core, 2.2% in Real Estate – Value Add, and 14.2% in cash equivalents. He noted Wedge Capital held $6,195,444, Chartwell Investment held $7,100,825, ARA Core Property Fund L.P. held $687,012, Boyd Watterson held $359,361, and there was $2,369,745 in the cash account.

IV. COUNSEL REPORT

A. Subrogation Report

Mr. DeLancey reviewed the status of subrogation matters as of June 6, 2022. He stated that there are no cases requiring Trustee action at this time.

B. Cigna Contracts

Mr. Kimble reviewed the status of the contracts between Cigna and the Fund, noting that negotiations were almost completed.

C. Consolidated Appropriations Act of 2021 ("CAA") – Section 408(b)(2)

Mr. Kimble reported on the new ERISA Section 408(b)(2) fee disclosures that service providers to the Fund are required to provide. The disclosure requirement applies to service providers that provide brokerage and consulting services to the Fund and who are first hired after December 21, 2021, or whose contract is renewed or extended after that date. Mr. Kimble noted that the CAA does not define the term "consulting services." As a result, co-counsel is recommending that the Fund send a letter to all service providers asking the service provider to provide the required disclosure, or to explain why the service provider believes they are not a covered service provider under the statute.

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

> **RESOLVED to approve sending the Section 408(b)(2) letter to service providers to identify if they are covered by the Health and Welfare provider fee disclosure.**

V. ADMINISTRATIVE MANAGER'S REPORT

Ms. Cochran presented the Administrative Manager's Report for the first quarter 2022. The report showed contributions of $1,621,011, interest and dividend income of

$130,676, self-payments of $4,133, and miscellaneous income of $4,873, producing a total income of $1,767,403 for the quarter. Expenses included $669,316 of benefit expenses and $107,664 of operating expenses, producing a total expense of $776,980. This produced a total surplus of $990,423 for the quarter ended March 31, 2022. Ms. Cochran noted that contributions were made on behalf of 338 Plan participants.

VI. INVOICES

Ms. Cochran presented a list of invoices dated June 6, 2022 for the Trustees' review. It was noted that there were no additions, deletions, or changes to the list.

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

RESOLVED that the invoices on the list dated June 6, 2022 are approved for payment as presented.

VII. PROVIDER REPORT – CIGNA

The Trustees welcomed Mr. Graham Hayes, Ms. Greta Kreidler, Ms. Gloria Richardson-Davis, and Ms. Jada Wuthrich from Cigna to the meeting.

A. PPO Savings Report

Mr. Hayes reviewed the CIGNA PPO savings report for the period January 1, 2022 through March 31, 2022. The PPO network savings, meaning the billed amount less the network allowed amount, equaled $470,545. This represents an overall PPO savings of 52.8% for the period January 1, 2022 through March 31, 2022. Mr. Hayes reviewed the out-of-network savings results for the period January 1, 2022 through March 31, 2022 noting a savings of 45.2%.

B. Patient Assurance Program

Ms. Wuthrich reviewed the Patient Assurance Program, which provides participant savings at the point of sale on preferred insulin and non-insulin diabetes medications.

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

> **RESOLVED to approve enrollment in the Patient Assurance Program as soon as administratively possible.**

C. Maintenance Medication Program

Ms. Wuthrich reviewed the Maintenance Medication Voluntary Program, which offers savings for the Fund and requires participants to use in-network pharmacies. The Trustees requested a list of the in-network pharmacies. The Trustees tabled the decision until additional information regarding the program is provided.

VIII. PROVIDER REPORT – SEGAL

The Trustees welcomed Ms. Kathy Bakich to the meeting. Ms. Bakich discussed the No Surprises Act and Transparency Rule regarding the Machine Readable Files ("MRF"). Ms. Bakich reviewed the status of each compliance item with the Trustees. She reviewed the proposals submitted by Greenlight and Med Expert to provide services for the out-of-network MRF. She stated that Change Healthcare did not submit a proposal. Ms. Bakich said Cigna would be able to provide MRF for in-network claims and recommended engaging Greenlight as the provider for the out-of-network MRF. Ms. Bakich noted the vendor fees: Greenlight (implementation fee of $1,000 and monthly fee of $500) and Med Expert (implementation fee of $20,000 and monthly fee of $1,800).

Ms. Bakich reviewed the Price Comparison Tool and described the requirements associated with the compliance item. She noted that some of the data needed for the MRF is similar to data needed for the Price Comparison Tool and recommended engaging the same vendor for those services.

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

RESOLVED to engage Greenlight to facilitate the out-of-network MRF under an implementation schedule prepared by Segal.

Ms. Bakich noted that she would like to review the Summary Plan Description ("SPD") with Counsel and Associated regarding Mental Health Parity compliance. Ms. Cochran stated she would arrange a conference call to review the remaining items.

Trustee Paradis asked if the assignment language in the SPD needed additional detail regarding the "injuries sustained during a criminal act" exclusion and how the Fund would enforce the rule if needed. Mr. Kimble stated the interpretation of the provisions can be difficult because there are so many scenarios that can arise, but the courts generally uphold such exclusions.

IX. OTHER FUND BUSINESS

A. Cyber Liability Policy

Ms. Cochran noted interim action regarding the renewal of the Cyber Liability policy for the period May 20, 2022 through May 20, 2023 with Markel, through the broker NFP Property & Casualty Service, Inc. She said that the annual premium increased by $3,429.90. She said the renewal was approved by Chairman and Secretary in an electronic poll conducted in May 2022.

B. Fiduciary Liability Policy

Ms. Cochran reported the Fiduciary Liability policy expires July 26, 2022 and that proposals will be distributed to the Trustees once available.

C. 2021 Annual Audit

Ms. Cochran reported that Novak Francella performed fieldwork for the audit in the Administrative Manager's office the week of May 23, 2022. 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, however would like to request approval to file for extensions in case of an unforeseen delay.

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. Class Action Settlement

Ms. Cochran said the Fund received a class action settlement check in the amount of $17.32 related to Solodyn and an additional check in the amount of $2.27 related to DDAVP tablets.

E. 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 and paid by July 31, 2022. The fee is $2.79 multiplied by the average number of lives covered under the plan for the 2021 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, 2021 and to engage Novak Francella to file Form 720 at no additional fee**.

F. Payroll Audit Status – Warehouse Local 730 Union

Ms. Cochran reported that the audit for the period January 1, 2019 through December 31, 2021 was completed with no exceptions noted.

X. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected September 23, 2022 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 EMPLOYEES UNION LOCAL NO. 730
HEALTH AND WELFARE TRUST FUND
SUMMARY SUBROGATION REPORT
SEPTEMBER 23, 2022

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF SEPTEMBER 23, 2022

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

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

SECOND QUARTER 2022

ADMINISTRATIVE MANAGER'S REPORT

SECOND QUARTER 2022
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
ADAMS BURCH	$ 9.17	19,600.14	43	$ 179,733
EIGHT O'CLOCK COFFEE	$ 8.50	23,670.00	51	$ 201,195
GIANT RECYCLING[1]	$ 8.50	11,943.33	22	$ 106,986
GIANT WAREHOUSE[1]	$ 8.50	122,864.17	211	$ 1,100,071
UNION LOCAL 730[1]	$ 8.50	852.00	2	$ 7,644
WASHINGTON FOOD	$ 6.00	1,504.00	3	$ 9,024
COBRA			2	$ 4,872
SELF PAY			2	$ 3,071
TOTAL INCOME		**180,433.64**	**336**	**$ 1,612,596**

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 8,289	$ 0.046	
CIGNA HEALTH CARE	$ 29.09	$ 32,258	$ 0.179	
DENTAL	$ 31.58	$ 32,148	$ 0.178	
DISABILITY		$ 9,900	$ 0.055	
DRUG		$ 126,770	$ 0.703	
HEARING GVS/FULLY INSURED	$ 0.29	$ 300	$ 0.002	
LIFE/AD&D-ING	$ 0.21	$ 10,501	$ 0.058	$0.193 LIFE / $0.016 AD&D
MEDICAL		$ 282,092	$ 1.563	
OPTICAL GVS/FULLY INSURED	$ 5.90	$ 6,053	$ 0.034	
STOP LOSS	$ 24.98	$ 25,504	$ 0.141	
SUB TOTAL		$ 533,815	$ 2.959	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 25.46	$ 25,765	$ 0.143	
ADMINISTRATION HIPAA	$ 0.21	$ 213	$ 0.001	
MISCELLANEOUS		$ 94,855	$ 0.526	
SUB TOTAL		$ 120,833	$ 0.670	

TOTAL EXPENSES	**$ 654,648**	**$ 3.63**

SURPLUS (DEFICIT)	**$ 957,948**

AVG. HOURLY INCOME	**$ 8.94**
AVG. HOURLY EXPENSE	**$ 3.63**
SURPLUS (DEFICIT)	**$ 5.31**

[1] Rate change as of 06/01/22

SECOND QUARTER 2022
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	AMOUNT	
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$	1,981
AUDITOR	$	10,000
BOYD INVESTMENT MANAGER FEES	$	4,224
CHARTWELL INVESTMENT MANAGER FEES	$	8,878
CONFERENCE	$	23
CONSULTING	$	983
CYBER LIABILITY INSURANCE	$	597
INVESTMENT PERFORMANCE SERVICES	$	6,250
LEGAL	$	52,754
MEETING	$	350
PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND FEE	$	2,012
PNC FEES	$	2,728
POSTAGE	$	37
PRINTING	$	184
WEDGE CAPITAL INVESTMENT MANAGER FEES	$	3,854
TOTAL	**$**	**94,855**

2022
QUARTERLY RECAPS

INCOME	FIRST 2022	SECOND 2022	THIRD 2022	FOURTH 2022	TOTAL
CONTRIBUTIONS	$ 1,621,011	$ 1,604,653	$ -	$ -	$ 3,225,664
COBRA	$ 6,710	$ 4,872	$ -	$ -	$ 11,582
SELF PAY	$ 4,133	$ 3,071	$ -	$ -	$ 7,204
INTEREST & DIVIDENDS	$ 130,676	$ 141,450	$ -	$ -	$ 272,126
MISCELLANEOUS INCOME[1]	$ 4,873	$ 388	$ -	$ -	$ 5,261
TOTAL INCOME	**$ 1,767,403**	**$ 1,754,434**	**$ -**	**$ -**	**$ 3,521,837**
BENEFIT EXPENSES					
CIGNA OONSP	$ 15,693	$ 8,289	$ -	$ -	$ 23,982
CIGNA	$ 31,054	$ 32,258	$ -	$ -	$ 63,312
DENTAL	$ 31,580	$ 32,148	$ -	$ -	$ 63,728
DISABILITY	$ 7,201	$ 9,900	$ -	$ -	$ 17,101
DRUG	$ 33,044	$ 126,770	$ -	$ -	$ 159,814
HEARING GVS/FULLY INSURED	$ 303	$ 300	$ -	$ -	$ 603
LIFE/AD&D	$ 10,555	$ 10,501	$ -	$ -	$ 21,056
MEDICAL	$ 507,763	$ 282,092	$ -	$ -	$ 789,855
OPTICAL	$ 6,319	$ 6,053	$ -	$ -	$ 12,372
STOP LOSS	$ 25,804	$ 25,504	$ -	$ -	$ 51,308
SUBTOTAL	$ 669,316	$ 533,815	$ -	$ -	$ 1,203,131
OPERATING EXPENSES					
ADMINISTRATION	$ 25,978	$ 25,978	$ -	$ -	$ 51,956
MISCELLANEOUS	$ 81,686	$ 94,855	$ -	$ -	$ 176,541
SUBTOTAL	$ 107,664	$ 120,833	$ -	$ -	$ 228,497
TOTAL EXPENSE	**$ 776,980**	**$ 654,648**	**$ -**	**$ -**	**$ 1,431,628**
SURPLUS (DEFICIT)	**$ 990,423**	**$ 1,099,786**	**$ -**	**$ -**	**$ 2,090,209**
					AVERAGE
AVG HOURLY INCOME	$ 9.88	$ 9.72	$ -	$ -	$ 9.80
AVG HOURLY EXPENSE	$ 4.34	$ 3.63	$ -	$ -	$ 3.99
SURPLUS (DEFICIT)	$ 5.54	$ 6.09	$ -	$ -	$ 5.81
TOTAL PARTICIPANTS	338	336	0	0	337
FUND RESERVE	$ 16,712,387	$ 17,370,568			

[1]Litigation settlements - $387.81

2021
QUARTERLY RECAPS

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

[1]Litigation settlements - $3,666.96

SECOND QUARTER 2022
CONTRACT INFORMATION

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

HEALTH AND WELFARE
DELINQUENCY REPORT
As of June 30, 2022

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2021		$ 3,147,512.00
	Jan - Jun 2022		$ 1,431,628.00
	Total		$ 4,579,140.00
	Per Month		$ 254,396.67
Fund Reserve			
	Jun-22		$ 17,370,568.00
	Months of Reserve 6/30/2022		**68.3**
	Months of Reserve 3/31/2022		63.9

Projected Hourly Contribution - Future Expenses
Based on Most Recent 12 Month Data
(March 2022 - June 2023)

Class E	$	4.77

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES

September 23, 2022

Associated Administrators, LLC

8/23/2022	Mailing 2021 Summary Annual Report	$ 229.84
8/19/2022	Mailing New Hire Packets w/ SPD	$ 707.20

Blank Rome LLP

8/9/2022	Fee for professional services rendered through July 31, 2022	$ 6,006.00
7/7/2022	Fee for professional services rendered through June 30, 2022	$ 10,098.00
6/3/2022	Fee for professional services rendered through May 31, 2022	$ 8,778.00

Chartwell Investment Partners

8/3/2022	Fee for investment services rendered through June 30, 2022	$ 8,542.34

Investment Performance Services, LLC

6/14/2022	Fee for professional services rendered through June 30, 2022	$ 6,250.00

Morgan, Lewis & Bockius, LLP

8/9/2022	Fee for professional services rendered through July 31, 2022	$ 6,379.50
7/13/2022	Fee for professional services rendered through June 30, 2022	$ 18,288.00
6/3/2022	Fee for professional services rendered through May 31, 2022	$ 14,671.50

NFP (The Meltzer Group)

7/25/2022	Fee for Fiduciary Liability Policy through July 26, 2023	$ 8,423.00
5/23/2022	Fee for Cyber Liability Insurance Policy through May 20, 2023	$ 5,871.00

Novak Francella, LLC

8/22/2022	Fee for Annual Audit services performed for plan year ended December 31, 2021	$ 15,200.00

Segal Consulting

7/5/2022	Fee for actuarial and consulting services through January 31, 2022 related to the No Surprises Act and Transparency in Coverage Final Rules	$ 491.25

Ullico

5/26/2022	Stop Loss Insurance Policy Premiums for June 2022 through September 2022	$ 33,548.14

Wedge Capital Management

7/13/2022	Fee for professional services rendered through June 30, 2022	$ 3,769.07

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2021 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, 2021 to December 31, 2021. 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, 2021 were $165,517.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtraction of the liabilities of the Plan, was $16,209,043 as of December 31, 2021 compared to $13,163,317 as of January 1, 2021. During the Plan year, the Plan experienced an increase in its net assets of $3,045,726. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the Plan year, the Plan had total income of $6,394,488. This income included employer contributions of $6,352,853, employee contributions of $35,540, realized gains of $95,210 from the sale of assets, losses from investments of $99,474 and other income of $10,359. Plan expenses were $3,348,762. These expenses included $460,186 in administrative expenses and $2,888,576 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

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Health & Welfare Trust Fund

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www.associated-admin.com

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Landover, Maryland 20785-2361
Telephone: (800) 730-2241
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June 2, 2022

Rick Gallagher
Adams-Burch, Inc.
1901 Stanford Court
Landover, MD 20785

Re: Warehouse Employees Union Local No. 730 Health and Welfare Fund
Contribution Rate Increase Effective July 1, 2022

Dear Mr. Gallagher:

In accordance with the Collective Bargaining Agreement (CBA) between Adams-Burch, Inc. and Teamsters Warehouse Employees Union Local No. 730 of Washington, D.C., for the period of July 1, 2022 through June 30, 2023, this is an official notification of the need to change the contribution rate.

Effective July 1, 2022 the new Warehouse Employees Union Local No. 730 Health and Welfare Fund contribution rate for Adams-Burch, Inc. will be $10.09 per hour.

Sincerely,

AHCochran

Alicia Cochran
Account Executive
Associated Administrators, LLC

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

WAREHOUSE LOCAL 730 HEALTH AND WELFARE FUND

January 2022 – June 2022

Savings Results

September 23, 2022

Together, all the way.®

Cigna®

PPO and Out of Network Savings Program
January 2022 – June 2022

In Network	Charges	Network Allowed	Network Savings	%
Inpatient	$52,601.36	$51,417.88	$1,183.48	2.2%
Outpatient	$489,328.65	$276,845.89	$212,482.76	43.4%
Physician	$1,146,071.80	$485,739.51	$660,332.29	57.6%
Total	**$1,688,001.81**	**$814,003.28**	**$873,998.53**	**51.8%**

Out of Network Savings Program	Charges	Network Allowed	Network Savings	%
Outpatient	$31,420.89	$23,969.39	$7,451.50	23.7%
Physician	$126,843.69	$42,523.94	$84,319.75	66.5%
Total	**$158,264.58**	**$66,493.33**	**$91,771.25**	**58.0%**

Total Year To Date Savings
January 2022 – June 2022

	Savings
PPO Network Savings	$873,998.53
Out of Network Savings	$91,771.25
Utilization Management Savings	$26,304.00
Case Management Savings	$1,190.00
Outpatient Care Management Savings	$18,901.00
Total Year To Date Savings	**$1,012,164.78**

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

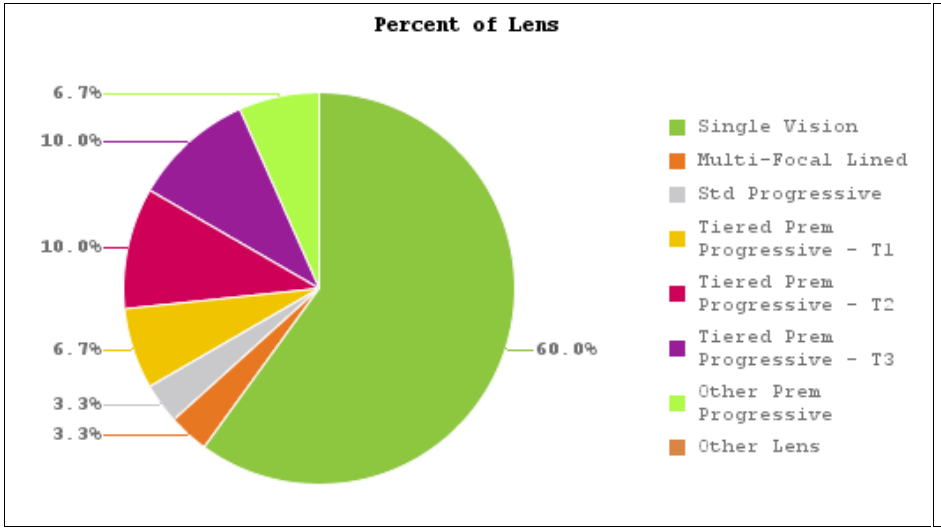
GVS - Warehouse Local 730

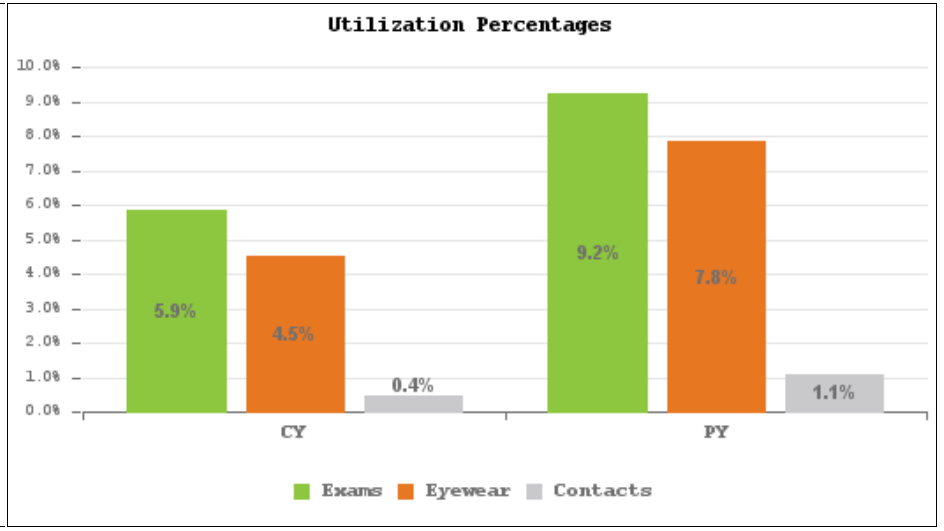
EyeMed provides GVS - Warehouse Local 730 the following utilization reports for your review.

· 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: $14,264





Utilization	Membership		Exam Utilization				Material Utilization			
	Client		Client		BOB		Client		BOB	
Member Type	CY #	PY #	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %
Subscriber	337	343	4.7%	9.9%	9.5%	10.5%	5.3%	11.1%	11.2%	11.6%
Spouse/Partner	127	139	6.3%	8.6%	13.4%	13.7%	4.7%	8.6%	16.6%	16.1%
Child/Other	220	246	7.3%	8.5%	9.3%	9.1%	4.5%	6.1%	9.7%	8.9%

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	14.9%	25.0%	17.5%	28.4%	57.6%	58.5%	11.8%	21.5%	48.2%	49.5%
Retail	82.4%	75.0%	80.0%	71.6%	41.0%	39.5%	85.3%	78.5%	46.7%	44.9%
Out of Network	2.7%	0.0%	2.5%	0.0%	1.4%	1.3%	2.9%	0.0%	4.3%	4.1%

For more information, please review the Network Utilization page.

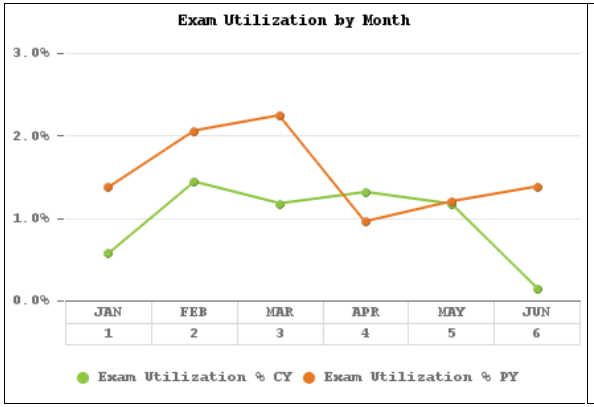
Benefit Utilization	Client		BOB	
Benefit Type	CY %	PY %	CY %	PY %
Exam	5.9%	9.2%	9.9%	10.6%
Material	5.0%	8.9%	11.5%	11.5%
Eyewear (% of Materials)	91.2%	87.7%	73.9%	76.2%
Contacts (% of Materials)	8.8%	12.3%	26.1%	23.8%
Single Vision (% of Lens)	60.0%	50.9%	51.8%	52.7%
Multi-Focal Lined (% of Lens)	3.3%	14.0%	11.2%	11.0%
Progressive (% of Lens)	36.7%	35.1%	37.0%	36.2%
Other Lens (% of Lens)	0.0%	0.0%	0.0%	0.0%

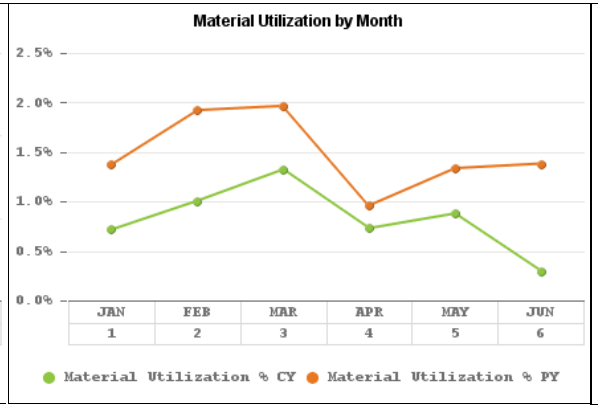
For more information, please review the Benefit Utilization page.

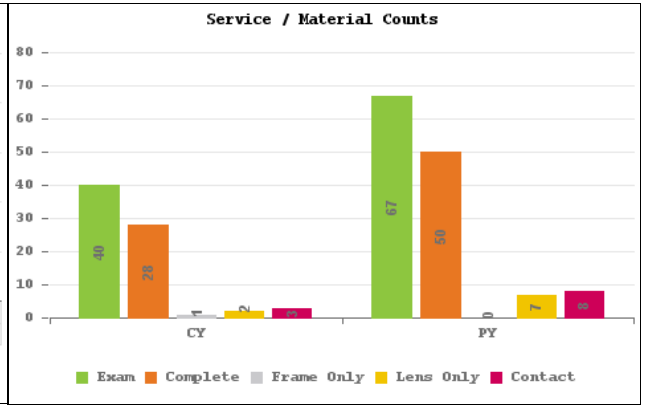
Lens Enhancements	Client		BOB	
Top Add-Ons (% of Lens)	CY %	PY %	CY %	PY %
Polycarbonate	73.3%	71.9%	63.2%	62.4%
Anti-Reflective Coating	83.3%	75.4%	64.3%	63.3%
Scratch Coating	26.7%	15.8%	18.1%	18.3%
Photochromic	26.7%	26.3%	21.6%	20.5%

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	339	343	697	727	6	13	4	$160	10	$400	5	$525	10	$1,133
FEBRUARY	343	344	694	728	12	18	10	$400	15	$600	7	$847	14	$1,513
MARCH	335	336	679	712	12	19	8	$320	16	$640	9	$840	14	$1,671
APRIL	340	341	684	728	10	9	9	$360	7	$280	5	$650	7	$642
MAY	340	351	682	748	11	11	8	$312	9	$360	6	$637	10	$1,097
JUNE	327	342	666	723	2	11	1	$40	10	$400	2	$292	10	$1,073
	337	**343**	**684**	**728**	**53**	**81**	**40**	**$1,592**	**67**	**$2,680**	**34**	**$3,791**	**65**	**$7,129**







Network Utilization by Band (CY)		Client Combined (Ex & Matls)		Client Exam Share		Client Mat'l Share	
Location Type	Provider Band	CY %	PY %	CY %	PY %	CY %	PY %
Independent	Independent	14.9%	25.0%	17.5%	28.4%	11.8%	21.5%
Total: Independent		**14.9%**	**25.0%**	**17.5%**	**28.4%**	**11.8%**	**21.5%**
Retail	LensCrafters	28.4%	9.8%	25.0%	7.5%	32.4%	12.3%
	Pearle Vision	4.1%	5.3%	5.0%	6.0%	2.9%	4.6%
	Target Optical	0.0%	3.8%	0.0%	3.0%	0.0%	4.6%
	Glasses.com	1.4%	0.0%	0.0%	0.0%	2.9%	0.0%
	Other Retail	48.6%	56.1%	50.0%	55.2%	47.1%	56.9%
Total: Retail		**82.4%**	**75.0%**	**80.0%**	**71.6%**	**85.3%**	**78.5%**
Out of Network	Out of Network	2.7%	0.0%	2.5%	0.0%	2.9%	0.0%
Total: Out of Network		**2.7%**	**0.0%**	**2.5%**	**0.0%**	**2.9%**	**0.0%**

Frames by Price Point and Network (CY)	Independent	LensCrafters	Pearle Vision	Target Optical	Glasses.com	Other Retail	Out of Network	Total All Frames
<= $100	0.0%	0.0%	0.0%	0.0%	0.0%	30.8%	0.0%	**13.8%**
$100-$110	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	**3.4%**
$120-$130	33.3%	10.0%	100.0%	0.0%	0.0%	23.1%	0.0%	**20.7%**
$130-$140	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	**3.4%**
$140-$150	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$150-$170	0.0%	30.0%	0.0%	0.0%	0.0%	7.7%	100.0%	**17.2%**
$170-$200	33.3%	30.0%	0.0%	0.0%	0.0%	15.4%	0.0%	**20.7%**
$200-$300	33.3%	10.0%	0.0%	0.0%	0.0%	15.4%	0.0%	**13.8%**
$300-$400	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**3.4%**
> $400	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**3.4%**
Frame Count by Network	**3**	**10**	**1**	**0**	**1**	**13**	**1**	**29**
Network Percent of Total	**10.3%**	**34.5%**	**3.4%**	**0.0%**	**3.4%**	**44.8%**	**3.4%**	**100.0%**
Percent of Frames < Allowance	**33.3%**	**10.0%**	**100.0%**	**0.0%**	**0.0%**	**61.5%**	**0.0%**	**37.9%**
Avg Frame Retail Price	**$186**	**$218**	**$130**	**$0**	**$140**	**$139**	**$160**	**$172**

Average Transaction (CY)			Utilization		Net to	Client	Avg	Client
Service / Material	Lens Type	Count	Percent	Retail	Provider	Savings	Retail	Savings
Exam		40	5.9%	$4,368	$1,629	$2,739	$109	62.7%
Contacts		3	0.4%	$714	$714	$0	$238	0.0%
Fit & Follow		5	0.7%	$318	$199	$119	$64	37.4%
Frame		29	4.2%	$4,975	$3,128	$1,847	$172	37.1%
Lens	Single Vision	18	2.6%	$1,832	$620	$1,212	$102	66.2%
Lens	Multi-Focal Lined	1	0.1%	$49	$49	$0	$49	0.0%
Lens	Std Progressive	1	0.1%	$149	$120	$29	$149	19.5%
Lens	Tiered Prem Progressive - T1	2	0.3%	$458	$366	$92	$229	20.0%
Lens	Tiered Prem Progressive - T2	3	0.4%	$596	$477	$119	$199	20.0%
Lens	Tiered Prem Progressive - T3	3	0.4%	$713	$570	$143	$238	20.0%
Lens	Other Prem Progressive	2	0.3%	$400	$342	$58	$200	14.5%
Lens	Other Lens	0	0.0%	$0	$0	$0	$0	0.0%
	Total Lenses	**30**	**4.4%**	**$4,197**	**$2,545**	**$1,652**	**$140**	**39.4%**

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	150	87	95	202	117	15
Exam	8.0%	4.6%	1.1%	5.4%	8.5%	13.3%
Contacts	0.7%	1.1%	1.1%	0.0%	0.0%	0.0%
Frame	4.0%	2.3%	1.1%	5.0%	7.7%	6.7%
Single Vision	4.0%	2.3%	1.1%	2.0%	4.3%	0.0%
Multi-Focal Lined	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%
Std Progressive	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.5%	0.9%	0.0%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	1.0%	0.9%	0.0%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	0.5%	0.9%	6.7%
Other Prem Progressive	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
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	40	5.9%	$4,368	$37	$4,331	$109	$1	99.2%
Total: Exams	**40**	**5.9%**	**$4,368**	**$37**	**$4,331**	**$109**	**$1**	**99.2%**
Dilation	0	0.0%	$0	$0	$0	$0	$0	0.0%
Retinal Photo	7	1.0%	$233	$223	$10	$33	$32	4.3%
Refraction	24	3.5%	$707	$0	$707	$29	$0	100.0%
Total: Exam Services	**31**	**4.5%**	**$940**	**$223**	**$717**	**$30**	**$7**	**76.3%**
Contacts	3	0.4%	$714	$340	$374	$238	$113	52.4%
Total: Contacts	**3**	**0.4%**	**$714**	**$340**	**$374**	**$238**	**$113**	**52.4%**
Fit & Follow	5	0.7%	$318	$199	$119	$64	$40	37.4%
Total: Fit & Follow	**5**	**0.7%**	**$318**	**$199**	**$119**	**$64**	**$40**	**37.4%**
Frame	29	4.2%	$4,975	$1,205	$3,769	$172	$42	75.8%
Total: Frames	**29**	**4.2%**	**$4,975**	**$1,205**	**$3,769**	**$172**	**$42**	**75.8%**
Single Vision	18	2.6%	$1,832	$0	$1,832	$102	$0	100.0%
Multi-Focal Lined	1	0.1%	$49	$0	$49	$49	$0	100.0%
Std Progressive	1	0.1%	$149	$65	$84	$149	$65	56.4%
Tiered Prem Progressive - T1	2	0.3%	$458	$256	$202	$229	$128	44.0%
Tiered Prem Progressive - T2	3	0.4%	$596	$312	$284	$199	$104	47.7%
Tiered Prem Progressive - T3	3	0.4%	$713	$405	$308	$238	$135	43.1%
Other Prem Progressive	2	0.3%	$400	$237	$163	$200	$119	40.8%
Other Lens	0	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Lenses	**30**	**4.4%**	**$4,197**	**$1,276**	**$2,921**	**$140**	**$43**	**69.6%**

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating	13	1.9%	$970	$585	$385	$75	$45	39.7%
Anti-Reflective Coating Tier 1	2	0.3%	$152	$122	$30	$76	$61	20.0%
Anti-Reflective Coating Tier 2	6	0.9%	$752	$601	$150	$125	$100	20.0%
Prem Anti-Reflective Coating	4	0.6%	$493	$419	$75	$123	$105	15.1%
Total: Anti-Reflective Coating	**25**	**3.7%**	**$2,367**	**$1,727**	**$640**	**$95**	**$69**	**27.0%**
Polycarbonate	22	3.2%	$1,480	$620	$860	$67	$28	58.1%
Total: Polycarbonate	**22**	**3.2%**	**$1,480**	**$620**	**$860**	**$67**	**$28**	**58.1%**
Photochromic	8	1.2%	$1,126	$916	$210	$141	$114	18.7%
Total: Photochromic	**8**	**1.2%**	**$1,126**	**$916**	**$210**	**$141**	**$114**	**18.7%**
Premium Scratch Coating	0	0.0%	$0	$0	$0	$0	$0	0.0%
Scratch Coating	8	1.2%	$0	$0	$0	$0	$0	0.0%
Total: Scratch Coating	**8**	**1.2%**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0%**
High Index	4	0.6%	$614	$512	$102	$154	$128	16.6%
Other Misc Add-Ons	10	1.5%	$629	$503	$126	$63	$50	20.0%
Polarize Lens	3	0.4%	$230	$184	$46	$77	$61	20.0%
Roll/Polish	2	0.3%	$40	$32	$8	$20	$16	20.0%
Tint	4	0.6%	$70	$30	$40	$18	$8	57.3%
Ultra-Violet Coating	11	1.6%	$0	$0	$0	$0	$0	0.0%
Total: Other	**34**	**5.0%**	**$1,583**	**$1,261**	**$322**	**$47**	**$37**	**20.3%**
Total: Service / Material (CY)	**235**	**9.5%**	**$22,067**	**$7,804**	**$14,264**	**$339**	**$120**	**64.6%**

GVS - Warehouse Local 730

Group ID	Group Name	Plan	Effective Date	Renewal Date	Voluntary Indicator	Type
9756487 1001	GVS WHSE LOCAL 730 HW FUND1	0101	8/1/2009	8/1/2025	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 HW 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	339	343	697	727	6	13	4	$160	10	$400	5	$525	10	$1,133
FEBRUARY	343	344	694	728	12	18	10	$400	15	$600	7	$847	14	$1,513
MARCH	335	336	679	712	12	19	8	$320	16	$640	9	$840	14	$1,671
APRIL	340	341	684	728	10	9	9	$360	7	$280	5	$650	7	$642
MAY	340	351	682	748	11	11	8	$312	9	$360	6	$637	10	$1,097
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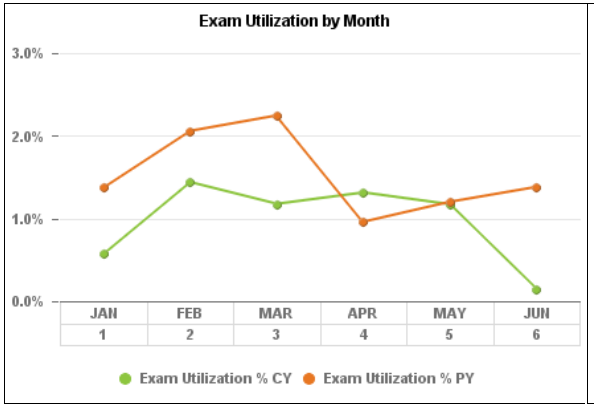

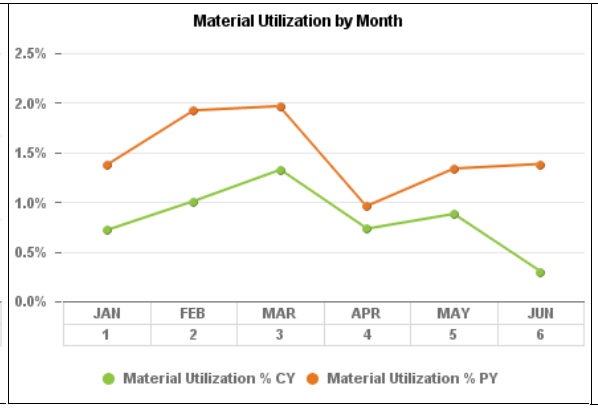

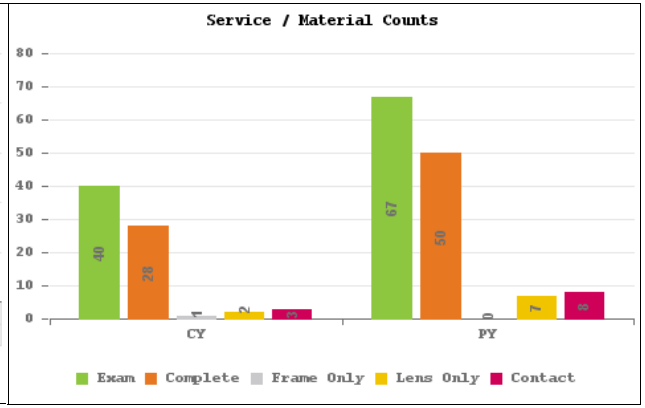

Group: **9756487 1001 - GVS WHSE LOCAL 730 HW FUND1**

Plan: **0101**

Network Utilization by Band (CY)		Client Combined (Ex & Matls)		Client Exam Share		Client Mat'l Share	
Location Type	**Provider Band**	**CY %**	**PY %**	**CY %**	**PY %**	**CY %**	**PY %**
Independent	Independent	14.9%	25.0%	17.5%	28.4%	11.8%	21.5%
Total: Independent		**14.9%**	**25.0%**	**17.5%**	**28.4%**	**11.8%**	**21.5%**
Retail	LensCrafters	28.4%	9.8%	25.0%	7.5%	32.4%	12.3%
	Pearle Vision	4.1%	5.3%	5.0%	6.0%	2.9%	4.6%
	Target Optical	0.0%	3.8%	0.0%	3.0%	0.0%	4.6%
	Glasses.com	1.4%	0.0%	0.0%	0.0%	2.9%	0.0%
	Other Retail	48.6%	56.1%	50.0%	55.2%	47.1%	56.9%
Total: Retail		**82.4%**	**75.0%**	**80.0%**	**71.6%**	**85.3%**	**78.5%**
Out of Network	Out of Network	2.7%	0.0%	2.5%	0.0%	2.9%	0.0%
Total: Out of Network		**2.7%**	**0.0%**	**2.5%**	**0.0%**	**2.9%**	**0.0%**

Frames by Price Point and Network (CY)	Independent	LensCrafters	Pearle Vision	Target Optical	Glasses.com	Other Retail	Out of Network	Total All Frames
<= $100	0.0%	0.0%	0.0%	0.0%	0.0%	30.8%	0.0%	**13.8%**
$100-$110	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	**3.4%**
$120-$130	33.3%	10.0%	100.0%	0.0%	0.0%	23.1%	0.0%	**20.7%**
$130-$140	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	**3.4%**
$140-$150	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$150-$170	0.0%	30.0%	0.0%	0.0%	0.0%	7.7%	100.0%	**17.2%**
$170-$200	33.3%	30.0%	0.0%	0.0%	0.0%	15.4%	0.0%	**20.7%**
$200-$300	33.3%	10.0%	0.0%	0.0%	0.0%	15.4%	0.0%	**13.8%**
$300-$400	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**3.4%**
> $400	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**3.4%**
Frame Count by Network	**3**	**10**	**1**	**0**	**1**	**13**	**1**	**29**
Network Percent of Total	**10.3%**	**34.5%**	**3.4%**	**0.0%**	**3.4%**	**44.8%**	**3.4%**	**100.0%**
Percent of Frames < Allowance	**33.3%**	**10.0%**	**100.0%**	**0.0%**	**0.0%**	**61.5%**	**0.0%**	**37.9%**
Avg Frame Retail Price	**$186**	**$218**	**$130**	**$0**	**$140**	**$139**	**$160**	**$172**

Group: **9756487 1001 - GVS WHSE LOCAL 730 HW FUND1**

Plan: **0101**

Average Transaction (CY)			Utilization		Net to	Client	Avg	Client
Service /	Lens Type	Count	Percent	Retail	Provider	Savings	Retail	Savings
Exam		40	5.9%	$4,368	$1,629	$2,739	$109	62.7%
Contacts		3	0.4%	$714	$714	$0	$238	0.0%
Fit & Follow		5	0.7%	$318	$199	$119	$64	37.4%
Frame		29	4.2%	$4,975	$3,128	$1,847	$172	37.1%
Lens	Single Vision	18	0.0%	$1,832	$620	$1,212	$102	66.2%
Lens	Multi-Focal Lined	1	0.0%	$49	$49	$0	$49	0.0%
Lens	Std Progressive	1	0.0%	$149	$120	$29	$149	19.5%
Lens	Tiered Prem Progressive - T1	2	0.0%	$458	$366	$92	$229	20.0%
Lens	Tiered Prem Progressive - T2	3	0.0%	$596	$477	$119	$199	20.0%
Lens	Tiered Prem Progressive - T3	3	0.0%	$713	$570	$143	$238	20.0%
Lens	Other Prem Progressive	2	0.0%	$400	$342	$58	$200	14.5%
Lens	Other Lens	0	0.0%	$0	$0	$0	$0	0.0%
	Total Lenses	**30**	**0.0%**	**$4,197**	**$2,545**	**$1,652**	**$140**	**39.4%**

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	150	87	95	202	117	15
Exam	8.0%	4.6%	1.1%	5.4%	8.5%	13.3%
Contacts	0.7%	1.1%	1.1%	0.0%	0.0%	0.0%
Frame	4.0%	2.3%	1.1%	5.0%	7.7%	6.7%
Single Vision	4.0%	2.3%	1.1%	2.0%	4.3%	0.0%
Multi-Focal Lined	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%
Std Progressive	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.5%	0.9%	0.0%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	1.0%	0.9%	0.0%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	0.5%	0.9%	6.7%
Other Prem Progressive	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
Other Lens	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Group: **9756487 1001 - GVS WHSE LOCAL 730 HW FUND1**

Plan: **0101**

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Exam	40	5.9%	$4,368	$37	$4,331	$109	$1	99.2%
Total: Exams	**40**	**5.9%**	**$4,368**	**$37**	**$4,331**	**$109**	**$1**	**99.2%**
Dilation	0	0.0%	$0	$0	$0	$0	$0	0.0%
Retinal Photo	7	1.0%	$233	$223	$10	$33	$32	4.3%
Refraction	24	3.5%	$707	$0	$707	$29	$0	100.0%
Total: Exam Services	**31**	**4.5%**	**$940**	**$223**	**$717**	**$30**	**$7**	**76.3%**
Contacts	3	0.4%	$714	$340	$374	$238	$113	52.4%
Total: Contacts	**3**	**0.4%**	**$714**	**$340**	**$374**	**$238**	**$113**	**52.4%**
Fit & Follow	5	0.7%	$318	$199	$119	$64	$40	37.4%
Total: Fit & Follow	**5**	**0.7%**	**$318**	**$199**	**$119**	**$64**	**$40**	**37.4%**
Frame	29	4.2%	$4,975	$1,205	$3,769	$172	$42	75.8%
Total: Frames	**29**	**4.2%**	**$4,975**	**$1,205**	**$3,769**	**$172**	**$42**	**75.8%**
Single Vision	18	0.0%	$1,832	$0	$1,832	$102	$0	100.0%
Multi-Focal Lined	1	0.0%	$49	$0	$49	$49	$0	100.0%
Std Progressive	1	0.0%	$149	$65	$84	$149	$65	56.4%
Tiered Prem Progressive - T1	2	0.0%	$458	$256	$202	$229	$128	44.0%
Tiered Prem Progressive - T2	3	0.0%	$596	$312	$284	$199	$104	47.7%
Tiered Prem Progressive - T3	3	0.0%	$713	$405	$308	$238	$135	43.1%
Other Prem Progressive	2	0.0%	$400	$237	$163	$200	$119	40.8%
Other Lens	0	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Lenses	**30**	**0.0%**	**$4,197**	**$1,276**	**$2,921**	**$140**	**$43**	**69.6%**

Group: **9756487 1001 - GVS WHSE LOCAL 730 HW 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	13	0.0%	$970	$585	$385	$75	$45	39.7%
Anti-Reflective Coating Tier 1	2	0.0%	$152	$122	$30	$76	$61	20.0%
Anti-Reflective Coating Tier 2	6	0.0%	$752	$601	$150	$125	$100	20.0%
Prem Anti-Reflective Coating	4	0.0%	$493	$419	$75	$123	$105	15.1%
Total: Anti-Reflective Coating	**25**	**0.0%**	**$2,367**	**$1,727**	**$640**	**$95**	**$69**	**27.0%**
Polycarbonate	22	0.0%	$1,480	$620	$860	$67	$28	58.1%
Total: Polycarbonate	**22**	**0.0%**	**$1,480**	**$620**	**$860**	**$67**	**$28**	**58.1%**
Photochromic	8	0.0%	$1,126	$916	$210	$141	$114	18.7%
Total: Photochromic	**8**	**0.0%**	**$1,126**	**$916**	**$210**	**$141**	**$114**	**18.7%**
Premium Scratch Coating	0	0.0%	$0	$0	$0	$0	$0	0.0%
Scratch Coating	8	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Scratch Coating	**8**	**0.0%**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.0%**
High Index	4	0.0%	$614	$512	$102	$154	$128	16.6%
Other Misc Add-Ons	10	0.0%	$629	$503	$126	$63	$50	20.0%
Polarize Lens	3	0.0%	$230	$184	$46	$77	$61	20.0%
Roll/Polish	2	0.0%	$40	$32	$8	$20	$16	20.0%
Tint	4	0.0%	$70	$30	$40	$18	$8	57.3%
Ultra-Violet Coating	11	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Other	**34**	**0.0%**	**$1,583**	**$1,261**	**$322**	**$47**	**$37**	**20.3%**
Total: Service / Material (CY)	**235**	**9.5%**	**$22,067**	**$7,804**	**$14,264**	**$339**	**$120**	**64.6%**

GroupVision SERVICE

WHSL Union Local 730 Utilization Report

Group Number: 12033-21

Billing Date	EE's	Depends	Members	Avg. Fam Size	ASO Fee	Hearing Claims Paid	Claim PEPM	Claim PMPM	Hearing # Claims Paid
2020	697	816	1,513	2.17	$ 202.13	$ 4,798.00	$ 6.88	$ 3.17	2

Billing Date	EE's	Depends	Members	Avg. Fam Size	ASO Fee	Hearing Claims Paid	Claim PEPM	Claim PMPM	Hearing # Claims Paid
8/1	345	404	749	2.17	$ 100.05	$ -	$ -	$ -	0
9/1	349	413	762	2.18	$ 101.21	$ -	$ -	$ -	0
10/1	343	418	761	2.22	$ 99.47	$ -	$ -	$ -	0
11/1	346	400	746	2.16	$ 100.34	$ -	$ -	$ -	0
12/1	350	392	742	2.12	$ 101.50	$ -	$ -	$ -	0
1/1	344	400	744	2.16	$ 99.76	$ -	$ -	$ -	0
2/1	367	398	765	2.08	$ 100.92	$ -	$ -	$ -	0
3/1	353	381	734	2.08	$ 102.08	$ -	$ -	$ -	0
4/1	360	388	748	2.08	$ 98.89	$ -	$ -	$ -	0
5/1	360	389	749	2.08	$ 100.05	$ -	$ -	$ -	0
6/1	348	381	729	2.09	$ 100.63	$ -	$ -	$ -	0
7/1	360	387	747	2.08	$ 103.53	$ -			0
LTM	4,225	4,751	8,976	2.12	$ 1,208.43	$ -	$ -	$ -	0
YTD	2,492	2,724	5,216	2.09	$ 705.86	$ -	$ -	$ -	0

GroupVision SERVICE

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

Includes a Hearing Exam and Hearing Aid allowance by

EPIC HEARING HEALTHCARE

Online 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

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 and hearing 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 12/1/22 via email to Craig Allebach at callebach@gvsmd.com.

Renewal Date: 1/1/23

Group I.D.: 12030 - 1

Current Premiums:

Composite PEPM	$5.90

Renewal Premiums:

Vision Composite Fully Insured PEPM	**$5.90**
Hearing Composite ASO PEPM Admin Fee	**$.29**

Rate Guarantee:

36 months

Contribution: Employer Paid

Commission: Net

Enrollment per tier:

E: 163 F: 167

Family Size: 2.08

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 HC-100/HC-101

This plan provides coverage for a vision examination, eyeglass lenses or contact lenses or frames and a hearing exam with allowances for hearing aids. Vision benefits are available from an extensive national network of participating providers powered by EyeMed 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.

In-Network Benefit Schedule		Member Co-pay	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 **Frames 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. • **In Network allowance 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
Hearing Aid (per ear) – A hearing device indemnity benefit of $2500. Adults 18+ Children age 0-17	**Once Every 60 Months** **Once Every 24 Months**	N/A	Hearing Aid	Up to $2500.00

Vision * **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-pay does not apply to OON reimbursements.**

Additional Savings Program				Monthly Premium – Fully Insured Vision ASO Hearing	
Lens Options	**Member Pricing**	**Other Options/Services**	**Member Pricing**	**Employer Paid Rate Guarantee 36 Months**	
Tint (solid & gradient)	$15.00	Other Lens Add-Ons and Services	20% off Retail	Composite PEPM Fully Insured Vision	**$5.90**
UV Coating	$15.00	Complete Pair Purchases ***	40% off Retail		
Standard Scratch Resistance*	**Covered**	Conventional Contact Lenses	15% off Retail	Hearing Aids ASO PEPM Admin Fee	**$.29**
Standard Polycarbonate Adult **Standard Polycarbonate Children***	$40.00 **Covered**	Std Contact Lens Fitting & Follow-up Premium Contact Lens Fitting & follow Up	$40.00 10% discount		
Standard Anti-Reflective	$45.00	**EPIC Hearing Aid Savings Program (Routine hearing air conduction test included through EPIC providers)**	**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		
Photo chromatic Lenses	20% off Retail	Premium Progressive Lenses**	20% off Retail		

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.