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

Agenda

December 10, 2020
(At approximately 11:00 AM)

I. Call to Order

II. Minutes, Regular Meeting – September 1, 2020

III. Financial Report – Investment Performance Services

IV. Co- Counsel Report

V. Administrative Manager Report

VI. Invoices

VII. Provider Reports
   a. NFP (Stop Loss Renewal)
   b. Cigna

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 SEPTEMBER 1, 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:

A. Cochran – Associated Administrators, LLC
M. DeLancey – Blank Rome LLP
J. Kimble – Morgan, Lewis & Bockius, LLP
R. Sichel – Investment Performance Services, LLC

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 June 18, 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 June 18, 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 June 30, 2020 is contained in the meeting booklet.

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

1. Investment Performance

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

Mr. Sichel distributed his report titled, "Master Consulting Services Report – June 30, 2020." Mr. Sichel reported that the total market value of assets as of June 30, 2020 was $11,153,989. Mr. Sichel distributed his report titled, "Preliminary Monthly Performance Analysis – July 31, 2020." He reported that the total market value of assets as of July 31, 2020 was $11,408,289.

2. Asset Allocation

Mr. Sichel reported that as of June 30, 2020, the Fund held 46.3% in Investment Grade Fixed income, 36.8% in Short Duration High Yield,

7.4% in Real Estate, and 9.4% in cash equivalents. He noted Wedge Capital held $5,168,204, Chartwell Investment held $4,109,431, American Core Realty held $829,040, and there was $1,047,313, in the cash account.

Mr. Sichel noted that the cash allocation is within the targeted policy range, however based on the current cash needs, he recommended the Trustees consider reallocating as follows: 1) $250,000 from the cash account to Chartwell Investment (Short Duration High Yield) and 2) $250,000 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) $250,000 from the cash account to Chartwell Investment, 2) $250,000 from the cash account to Wedge Capital Management.

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

IV. COUNSEL REPORT

A. Subrogation Report

Mr. DeLancey reviewed the status of subrogation matters under collection as of September 1, 2020. He stated that there was one lien for which the Fund received full reimbursement, one for which he recommend writing off as further collection efforts would not be prudent, and one where he was in negotiation with the participant's

attorney. Mr. DeLancey said he would put his recommendations in writing via email to the Trustees so that formal action could be taken prior to the next Trustees' meeting.

B. IRS Letter Regarding Sick Pay

Mr. Kimble reported that in 2019 the IRS issued a Notice of Intent to Levy to the Fund for failing to pay taxes on sick pay benefits the Fund paid in 2018. Mr. Kimble reported that his firm sent the IRS a letter in October 2019 which explained that the Fund is not liable for the taxes because it provides payment as a third party payer under a benefit plan, and is not an agent of the employers. Mr. Kimble said he received a letter from the IRS on July 30 advising that IRS had reprocessed the claim and apologized for any inconvenience.

C. Patient-Centered Outcomes Research Institute (PCORI)

Mr. Kimble reported that he filed a protective claim for a refund with the IRS for PCORI fees the Fund paid from 2017 – 2020. He explained that the Supreme Court is scheduled to hear arguments in a case challenging the constitutionality of the Affordable Care Act ("ACA"). If the Court rules that the ACA in its entirety is unconstitutional, and if the ruling is applied retroactively, the Fund could be entitled to a refund of the 2017 – 2020 PCORI fees.

D. Purdue Pharma, L.P.

Mr. Kimble reported that the Fund filed a proof of claim in the Purdue Pharma L.P. bankruptcy in the event the Fund is determined to have an unsecured claim for claims/treatment related to Purdue's production, marketing, and sale of certain opioid medications.

Mr. DeLancey and Mr. Kimble said there were no other legal matters pending

before the Board of Trustees at this time.

V. ADMINISTRATIVE MANAGER'S REPORT

A. Second Quarter 2020

Ms. Cochran presented the Administrative Manager's Report for the second quarter 2020. Such report showed contributions of $1,366,022, interest and dividend income of $99,128, and miscellaneous income of $0.00, producing a total income of $1,465,468 for the quarter. Expenses included $653,231 of benefit expenses and $67,084 of operating expenses, producing a total expense of $720,315. This produced a total surplus of $745,153 for the quarter ended June 30, 2020. Ms. Cochran noted that contributions were made on behalf of 342 Plan participants.

B. Administrative Services Contract Renewal

Ms. Cochran distributed and reviewed her letter dated September 1, 2020 which noted that the administrative services contract between the Fund and Associated Administrators, LLC will expire on December 31, 2020 and provides detailed information in support of the request for a three-year renewal. The Trustees tabled the request for action after a discussion to be held after the meeting.

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

RESOLVED to approve a committee of two Union Trustees, two Employer Trustees, and Fund Counsel to discuss the administrative services contract presented by Associated Administrators during a separate conference call to be held after this meeting.

VI. INVOICES

Ms. Cochran presented a list of invoices dated September 1, 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 September 1, 2020 are approved for payment as presented.

VII. OTHER FUND BUSINESS

A. Group Vision Services (GVS) Report

Ms. Cochran referred to the proposal provided by GVS regarding the contract renewal for vision services that expires December 31, 2020. The renewal is for a two-year period from January 1, 2021 through December 31, 2022. She noted that the proposed renewal does not provide for an increase in premium.

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

RESOLVED to renew GVS' contract for vision benefit services the rate proposed premium of $5.90 per member per month for January 1, 2021 through December 31, 2022.

B. **Cigna PPO Savings Report**

Ms. Cochran noted a copy of the savings report for the period January 1, 2020 through June 30, 2020 is contained in the meeting booklet.

C. **Fiduciary Liability Insurance Renewal and Waiver of Recourse Premiums – INTERIM ACTION**

Ms. Cochran noted interim action the Trustees took to renew the Fiduciary Liability policy for the period July 26, 2020 through July 26, 2021 with the incumbent carrier, Markel American Insurance Company/Ullico ("Ullico"), through the broker NFP Property & Casualty Service, Inc. She said that there was no increase in the annual premium. She reported that the Trustees approved the renewal via an electronic poll conducted in June 2020.

Ms. Cochran advised the Trustees that letters regarding their required payment of the Waiver of Recourse premium of $25 were emailed on July 13, 2020.

D. **Fidelity Bond Renewal – INTERIM ACTION**

Ms. Cochran noted interim action the Trustees' took to renew the Fidelity Bond policy for the period July 11, 2020 through July 11, 2023 with the incumbent carrier, Fidelity and Deposit Company of Maryland, through the broker NFP Property & Casualty Service, Inc. She said that there was no increase in the annual premium. She reported that the Trustees approved the renewal via an electronic poll conducted in July 2020.

E. **Form 5500 and Form 990**

Ms. Cochran reported that the Fund's Auditor, Novak Francella, filed the Form 5500 and the Form 990 on July 14, 2020

F. **International Foundation of Employee Benefit Plans – Annual Membership**

Ms. Cochran reported receipt of the Fund's 2021 membership renewal invoice for the International Foundation of Employee Benefit Plans. The renewal fee is $1,265.00.

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

> **RESOLVED to approve the Fund's 2021 renewal with the International Foundation of Employee Benefit Plans at a fee of $1,265.00.**

G. **2019 Summary Annual Report**

Ms. Cochran reported the 2019 Summary Annual Report was mailed to Plan participants on August 4, 2020.

H. **Patient Centered Outcomes Research Institute (PCORI)**

Ms. Cochran stated the PCORI fee, imposed by the Affordable Care Act for self-insured group plans, was mailed by July 31, 2020. The amount paid was $1,986.28.

I. **Telehealth Office Visits**

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.

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

RESOLVED to extend telehealth office visits through December 31, 2020 and to have Segal look at the cost of providing coverage for telehealth services on a permanent basis.

J. Coverage of Hearing Aids

Ms. Cochran reported that she was asked to obtain information regarding the cost of providing coverage for hearing aids. She advised that she requested information from the Fund's optical provider, Group Vision Services. She noted that the benefit is provided by EPIC Hearing Healthcare (EPIC), an affiliate of Group Vision Services. Ms. Cochran said the benefit would be administered in an ASO arrangement and the cost would be $0.29 per member per month. The benefit allows for a specific payment, not to exceed $2,500 every five years.

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

RESOLVED to amend the Plan to provide coverage of hearing aids effective November 1, 2020 with a cost of $0.29 per member per month, up to $2,500 per year.

VIII. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected December 10, 2020 as their next regular meeting date immediately following the companion Pension Fund meeting via teleconference.

IX. 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
December 10, 2020

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF DECEMBER 10, 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. On 12/1/20, participant's counsel represented that there has not been any change to the matter's status.
Miguel Ochoa 3947 Susanna Road Randallstown, MD 21133	Vadim A. Mzhen 9 Park Center Court #220 Owings Mills, MD 21117 (410) 654-3600	6/18/19	Active	Eligible	$1,621.68	• Participant sustained injuries in an automobile accident. On 12/1/20, Participant's counsel stated that a complaint has been filed. Currently, negotiating settlement with insurer.
Stefan Mansar 5645 Settler Place Columbia, MD 21044	Andrew B. Saller 12 South Calvert St. 2nd Floor Baltimore, MD 21202 (410) 783-7945	7/22/20	Active	Eligible	$12,447.80	• Participant sustained injuries in an automobile accident. On 12/1/20, Participant's counsel stated that a complaint has not been filed. Participant is still undergoing treatment and will be for some time.

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

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT	STATUS OF COLLECTION EFFORTS
CLOSED						
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	$0	• After the September 2020 Trustees' meeting, in interim action, the Trustees agreed to 80% lien reductions for Mr. and Mrs. Gilman and a 50% lien reduction for Robert Gilman III. On November 9, 2020, the Fund received three checks in the aggregate amount of $86,170.76 representing payment in full of the reduced liens. In addition, the Gilman's agreed that, in the event that Mr. Gilman becomes eligible for benefits, the Fund will not be responsible for any future medical costs for injuries caused by or related to the car accident that gave rise to the subrogation liens. Matter closed.
Tawana Randolph (Ronald 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	Active	Eligible	$0	• Participant's dependent sustained injuries in an automobile accident. Lien paid in full. Matter closed.

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

THIRD QUARTER 2020

ADMINISTRATIVE MANAGER'S REPORT

THIRD QUARTER 2020
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
ADAMS BURCH	$ 8.34	19,673.62	48	$ 164,078
EIGHT O'CLOCK COFFEE	$ 7.58	21,016.25	47	$ 159,303
GIANT RECYCLING	$ 8.34	10,932.00	22	$ 91,173
GIANT WAREHOUSE	$ 8.34	126,285.52	215	$ 1,053,221
UNION LOCAL 730	$ 8.34	1,016.00	2	$ 8,473
WASHINGTON FOOD	$ 6.88	2,003.00	4	$ 13,781
COBRA			3	$ 10,702
SELF PAY			2	$ 3,682
TOTAL INCOME		**180,926.39**	**343**	**$ 1,504,413**

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 551	$ 0.003	
CIGNA HEALTH CARE	$ 27.15	$ 29,878	$ 0.165	
DENTAL	$ 31.58	$ 31,049	$ 0.172	
DISABILITY		$ 7,500	$ 0.041	
DRUG		$ 202,603	$ 1.120	
LIFE/AD&D-ING	$ 0.240	$ 11,383	$ 0.063	$0.21 LIFE / $0.03 AD&D
MEDICAL		$ 407,464	$ 2.252	
OPTICAL GVS/FULLY INSURED	$ 5.90	$ 6,556	$ 0.036	
STOP LOSS	$ 22.24	$ 23,130	$ 0.128	
SUB TOTAL		$ 720,114	$ 3.980	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 24.47	$ 25,180	$ 0.139	
ADMINISTRATION HIPAA	$ 0.21	$ 216	$ 0.001	
MISCELLANEOUS		$ 67,723	$ 0.374	
SUB TOTAL		$ 93,119	$ 0.514	

TOTAL EXPENSES	**$ 813,233**	**$ 4.494**

SURPLUS (DEFICIT)		**$ 691,180**

AVG. HOURLY INCOME		**$ 8.32**
AVG. HOURLY EXPENSE		**$ 4.49**
SURPLUS (DEFICIT)		**$ 3.83**

THIRD QUARTER 2020
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	**AMOUNT**
ACTUARY	$ 1,001
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$ 2,277
AUDITOR	$ 10,486
BONDING AND INSURANCE	$ 10,387
CHARTWELL INVESTMENT MANAGER FEES	$ 4,728
CYBER LIABILITY INSURANCE	$ 500
IFEBP DUES	$ 1,265
INVESTMENT PERFORMANCE SERVICES	$ 6,250
LEGAL	$ 21,663
MEETING	$ 350
PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND FEE	$ 1,986
PNC FEES	$ 3,288
POSTAGE	$ 19
PRINTING	$ 311
WEDGE CAPITAL INVESTMENT MANAGER FEES	$ 3,212

TOTAL	**$ 67,723**

2020
QUARTERLY RECAPS

INCOME	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
CONTRIBUTIONS	$ 1,339,909	$ 1,357,647	$ 1,490,029	$ -	$ 4,187,585
COBRA	$ 15,357	$ 8,375	$ 10,702	$ -	$ 34,434
SELF PAY	$ 572	$ -	$ 3,682	$ -	$ 4,254
INTEREST & DIVIDENDS	$ 63,416	$ 99,128	$ 85,321	$ -	$ 247,865
MISCELLANEOUS INCOME[1]	$ -	$ 318	$ 101	$ -	$ 419
TOTAL INCOME	**$ 1,419,254**	**$ 1,465,468**	**$ 1,589,835**	**$ -**	**$ 4,474,557**
BENEFIT EXPENSES					
CIGNA OONSP	$ 19,261	$ 4,150	$ 551	$ -	$ 23,962
CIGNA	$ 30,420	$ 30,181	$ 29,878	$ -	$ 90,479
DENTAL	$ 33,064	$ 31,131	$ 31,049	$ -	$ 95,244
DISABILITY	$ 16,458	$ 15,386	$ 7,500	$ -	$ 39,344
DRUG	$ 20,092	$ 229,197	$ 202,603	$ -	$ 451,892
LIFE/AD&D	$ 11,307	$ 11,405	$ 11,383	$ -	$ 34,095
MEDICAL	$ 816,556	$ 301,269	$ 407,464	$ -	$ 1,525,289
OPTICAL	$ 6,484	$ 6,916	$ 6,556	$ -	$ 19,956
STOP LOSS	$ 23,219	$ 23,596	$ 23,130	$ -	$ 69,945
SUBTOTAL	$ 976,861	$ 653,231	$ 720,114	$ -	$ 2,350,206
OPERATING EXPENSES					
ADMINISTRATION	$ 26,777	$ 25,297	$ 25,396	$ -	$ 77,470
MISCELLANEOUS	$ 34,178	$ 41,787	$ 67,723	$ -	$ 143,688
SUBTOTAL	$ 60,955	$ 67,084	$ 93,119	$ -	$ 221,158
TOTAL EXPENSE	**$ 1,037,816**	**$ 720,315**	**$ 813,233**	**$ -**	**$ 2,571,364**
SURPLUS (DEFICIT)	**$ 381,438**	**$ 745,153**	**$ 776,602**	**$ -**	**$ 1,903,193**
					AVERAGE
AVG HOURLY INCOME	$ 8.00	$ 8.35	$ 8.79	$ -	$ 8.38
AVG HOURLY EXPENSE	$ 5.85	$ 4.10	$ 4.49	$ -	$ 4.81
SURPLUS (DEFICIT)	$ 2.15	$ 4.25	$ 4.30	$ -	$ 3.57
TOTAL PARTICIPANTS	364	342	343	0	350
FUND RESERVE	$ 10,061,696	$ 11,153,989	$ 11,908,639		

[1]Litigation settlements - $101.16

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

THIRD QUARTER 2020
CONTRACT INFORMATION

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

HEALTH AND WELFARE
DELINQUENCY REPORT
As of September 30, 2020

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2019		$ 4,413,856.00
	Jan - Sep 2020		$ 2,571,634.00
	Total		$ 6,985,490.00
	Per Month		$ 332,642.38
Fund Reserve			
	Sep-20		$ 11,908,639.00
	Months of Reserve 9/30/2020		**35.8**
	Months of Reserve 6/30/2020		32.5

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

Class E	$	5.50

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES
December 10, 2020

Associated Administrators, LLC

9/30/2020	Mailing of SMM and Creditable Coverage Notice	$ 317.59

Blank Rome LLP

11/30/2020	Fee for professional services rendered through October 31, 2020	$ 2,399.40
10/2/2020	Fee for professional services rendered through September 30, 2020	$ 3,961.80
9/3/2020	Fee for professional services rendered through August 31, 2020	$ 2,845.80

Chartwell Investment Partners

9/30/2020	Fee for investment services for the Quarter ending September 30, 2020	$ 5,357.59
6/30/2020	Fee for investment services for the Quarter ending June 30, 2020	$ 4,727.95

Investment Performance Services, LLC

9/2/2020	Fee for professional services for the Quarter ending September 30, 2020	$ 6,250.00

Morgan, Lewis & Bockius, LLP

11/10/2020	Fee for professional services rendered through October 31, 2020	$ 4,318.00
10/12/2020	Fee for professional services rendered through September 30, 2020	$ 2,244.00
9/4/2020	Fee for professional services rendered through August 31, 2020	$ 3,528.25
8/10/2020	Fee for professional services rendered through July 31, 2020	$ 3,366.00

Novak Francella, LLC

8/10/2020	Fee for Annual Audit services performed for plan year ended December 31, 2019 and payroll audit	$ 2,000.00

Ullico

9/1/2020	Stop Loss Insurance Policy Premiums for September 2020 through November 2020	$ 22,662.56

Wedge Capital Management

10/9/2020	Fee for professional services for the Quarter ending September 30, 2020	$ 3,403.60

Memorandum of Agreement between Teamsters Warehouse Employees Union No. 730 and Eight O'Clock Coffee Company

Item	Proposal	Disposition
1.	**ARTICLE 24 – TERM** Six (6) Year Term for New CBA beginning July 17, 2021 through July 17, 2027	Agreed
2.	**NEW ARTICLE** – New Business Operation The Employer reserves the right to establish one or more new business operations ("New Operation") at the Landover Maryland Plant (Plant") that may require new job classifications with qualifications not usually required in the Employer's current operations.	Agreed
3	**ARTICLE 3 WORK WEEK SECTION 2.** In furtherance of operational changes, the period of mandatory overtime increased from two **2 hours** to **4 hours** and 15-minute break every 2hrs of overtime	Agreed
4	**ARTICLE 3 SECTION 3** Correct grammatical typo in first sentence of section 3 from "guarantee" to "'Guaranteed" (Proposed language changes are reflected below.	Agreed
5	**ARTICLE 3 SECTION 6** Delete as moot last sentence in the first paragraph because it is related to a one-time agreement for two specific relief workers.	Agreed
6	**ARTICLE 3 SECTION 6** Amend fourth paragraph to add "qualified".	Agreed
7	**ARTICLE 6 SECTION 1** Addition of new classification and elimination of classification that no longer exists. • Add Machine Operator II • Add Sanitation • Add production operator floater • Eliminate Production Forklift • Eliminate Control Room Operator • Add Maintenance Coordinator	Agreed
8	**ARTICLE 6 SECTION 11** Ratification Bonus to be paid at • $250 the first pay period of each quarter for the first year of ratification in addition to • $500 the first paycheck in December each year. • Eligible Retirees will receive the rest of the $1,000 ratification bonus if the retirement occurs within the first year of the contract.	Agreed
9	**ARTICLE 21, SECTION 3** Total of 4 temporary Plant Shutdowns in 1-week increments. One per calendar quarter. The 4th shutdown staying within the Christmas week.	Agreed
10	**ARTICLE 22,** Anti-discrimination (add language)	Agreed
11	**AGREEMENT** Update to reflect new agreement	Agreed

12	**ARTICLE 4**, Holidays – Add June 19th	Agreed
13	**ARTICLE 6, SECTION 1** Increase hourly rate by $0.50 per hour per year.	Agreed
14	**ARTICLE 6, SECTION 3** Delete preference list by July 1, 2006 and delete February	Agreed
15	**ARTICLE 12, SECTION 4** Four days for funeral leave regardless of distance	Agreed
16	**ARTICLE 13, SECTION 1** 1. Employees hired after June 12, 2006 and before ratification of new contract will gain one day of sick leave per year up to a maximum of 12 days. 2. Employees hired after June 12, 2006 and before ratification of new contract can bank a maximum of 12 days. 3. Employees hired after the ratification of new contract will gain half (0.5) days sick days per month.	Agreed
17	**ARTICLE 17, SECTION 2** **Health and Welfare** 1st year rate will increase on February 2021 from $8.34 to $8.50 per hour and stays at this rate unless the fund reserve goes below 15 months. If the reserve goes below 15 months, rate will increase by $0.50 per hour for a period of 12 months.	Agreed
18	**ARTICLE 19, SECTION 1** **Pension** 4.9 percent increase each year of the contract beginning July 1, 2021.	Agreed

Union Signatures:

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Employer Signatures:

_____

_____

_____

_____

Warehouse Employees Local No. 730 H&W Fund
COBRA Rates for 2021

CORE & Non-CORE Rates

Months 1-18

Plan		Individual	Family
E		$798.63	$1,088.40

Months 19-29

Plan		Individual	Family
E		$1,174.45	$1,600.59

CORE ONLY RATES

Months 1-18

Plan		Individual	Family
E		$760.68	$1,050.46

Months 19-29

Plan		Individual	Family
E		$1,118.65	$1,544.79

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

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

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

Summary of Material Modification – New Benefit Added to Your Plan

September 2020

The Board of Trustees of the Warehouse Employees Union Local No. 730 Health & Welfare Fund ("Fund") is pleased to announce that it has added a new hearing aid benefit to the Warehouse Employees Union Local No. 730 Health & Welfare Plan. Please keep this document with your Summary Plan Description ("SPD") and your Summary of Benefits and Coverage ("SBC").

Coverage of Hearing Aids under your Optical Benefit

Effective November 1, 2020, routine hearing exams and hearing aids will be covered under the Plan's optical benefit. This benefit is provided by EPIC Hearing Healthcare (EPIC), an affiliate of Group Vision Services, your optical provider. The benefit allows for a specific payment, not to exceed $2,500 per ear, towards your choice of hearing aids. If you have any questions regarding the hearing aid products, including the cost, please call EPIC at 866-956-5400.

Sincerely,

Board of Trustees

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-730-2241. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.associated-admin.com or call 1-800-730-2241 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$800** person/**$1,600** family. Balance billing, excluded services, **Preventive care**, **deductibles** for specific services do not count toward the **deductible**.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible.**
Are there services covered before you meet your deductible?	Yes. **Preventive care and COVID-19 Testing**	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain **preventive services** without **cost-sharing** and before you meet your **deductible**. See a list of covered **preventive services** at https://www.healthcare.go/coverage/preventive-care-benefits/. This plan also covers COVID-19 testing without any cost-sharing.
Are there other deductibles for specific services?	Yes. **$100 deductible** per hospital confinement. There are no other specific **deductibles**.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. You don't have to meet deductibles for specific services. See chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan?	Yes. Medical in-**network**: **$6,250** Individual / **$12,500** Family Prescription Drugs: **$1,100** Individual/ **$2,200** Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	**Premiums**, **balance-billing charges**, health care this plan does not cover, and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.cignasharedadministration.com or call 1-800-768-4695 for a list of	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance

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

	network providers	billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	After Plan pays $35/visit, you pay 20% **coinsurance** (UCR)	After Plan pays $35/visit, you pay 20% **coinsurance** (UCR)	Maximum of 90 visits/year except for **preventive services**
	Specialist visit	After Plan pays $35/ visit, you pay 20% **coinsurance** (UCR)	After Plan pays $35/ visit, you pay 20% **coinsurance** (UCR)	Maximum of 90 visits/year except for **preventive services**
	Preventive care/screening/ immunization	No charge	No charge	No **deductible** for **in-network/ out-of-network** visits
If you have a test	Diagnostic test (x-ray, blood work)	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** required for outpatient services
	Imaging (CT/PET scans, MRIs)	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** required for outpatient services
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.mycigna.com	Generic drugs	$15.00 **copay** per prescription	$15.00 **copay** per prescription	**Preauthorization** required for prescriptions of more than a 34-day supply or 180 tablets. You are responsible for a **copay** and difference in cost if you elect a name brand drug when a generic option is available. Not covered if Wal-Mart or Sam's Club pharmacies are used.
	Preferred brand drugs	$40.00 **copay** per prescription	$40.00 **copay** per prescription	
	Non-preferred brand drugs	$75.00 **copay** per prescription	$75.00 **copay** per prescription	
	Specialty drugs	$75.00 **copay** per prescription	$75.00 **copay** per prescription	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** required for outpatient services
	Physician/surgeon fees	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** required for outpatient services
If you need immediate medical attention	Emergency room care	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	Expenses must be incurred within 72 hours of accident or illness. Non-emergency illness not covered
	Emergency medical	20% **coinsurance**	20% **coinsurance** (UCR)	-------None-------

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	transportation	(UCR)		
	Urgent care	After Plan pays $35/ visit, you pay 20% **coinsurance** (UCR)	After Plan pays $35/visit, you pay 20% **coinsurance** (UCR)	-------None-------
If you have a hospital stay	Facility fee (e.g., hospital room)	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder
	Physician/surgeon fees	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	Maximum of 90 visits/year
If you need mental health, behavioral health, or substance abuse services	Outpatient services	After Plan pays $35/ visit, you pay 20% **coinsurance** (UCR)	After Plan pays $35/ visit, you pay 20% **coinsurance** (UCR)	Maximum of 90 visits/year
	Inpatient services	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder
If you are pregnant	Office visits	Prenatal - No charge/ Postnatal - After Plan pays $35/visit, you pay 20% **coinsurance** (UCR)	Prenatal - No charge/ Postnatal - After Plan pays $35/visit, you pay 20% **coinsurance** (UCR)	**Preventive** prenatal care at no charge.
	Childbirth/delivery professional services	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement
	Childbirth/delivery facility services	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement
If you need help recovering or have other special health needs	Home health care	20% **coinsurance** (UCR)	20% **coinsurance** (UCR)	**Preauthorization** required
	Rehabilitation services	Outpatient - 20% **coinsurance** (UCR)	Outpatient - 20% **coinsurance** (UCR)	**Preauthorization** required
	Habilitation services	Outpatient - 20% **coinsurance** (UCR)	Outpatient - 20% **coinsurance** (UCR)	**Preauthorization** required
	Skilled nursing care	Outpatient - 20%	Outpatient - 20%	**Preauthorization** required

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

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

Excluded Services & Other Covered Services:

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

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

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

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

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

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

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

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

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

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

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

About these Coverage Examples:

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

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

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

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

Total Example Cost	**$12,700**

In this example, Peg would pay:

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

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

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

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

Total Example Cost	**$5,600**

In this example, Joe would pay:

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

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

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

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

Total Example Cost	**$2,800**

In this example, Mia would pay:

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

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