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

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

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

December 15, 2025
(At approximately 11:00 AM)

I. Call to Order

II. Trustee Appointment

III. Minutes, Regular Meeting –September 12, 2025

IV. Financial Report – Investment Performance Services

V. Co- Counsel Report

VI. Administrative Manager Report

VII. Invoices

VIII. Participant Appeal

IX. Provider Report - NFP

X. Other Fund Business

XI. Next Meeting Date and Location

XII. Adjournment

From:	Alicia Cochran
To:	"ritchiebrooks@verizon.net"; "Jason Paradis (jparadis@twincirclesconsulting.com)"; "Frank Stegman (fwstegman@gmail.com)"; "Mohamed Kamara"; "William Davis"; "Scott Clark"
Cc:	Elizabeth A. Saindon (bsaindon@mooneygreen.com); ""jkimble@morganlewis.com" (jkimble@morganlewis.com)"; Rachel Grant
Subject:	Whse 730 Welfare Fund - 9/12/25 Summary of Motions
Date:	Thursday, September 18, 2025 2:28:16 PM
Attachments:	image001.png image003.png

Good afternoon Trustees,

Below you will find the motions approved by the Trustees during the September 12, 2025 Warehouse Local 730 Health and Welfare Fund meeting. Since the meeting did not have a quorum present, we are requesting a vote from the Trustees to ratify the motions.

- On MOTION made and seconded, the Trustees voted unanimous approval of the following resolutions:
    - RESOLVED that the minutes of the last regular meeting held on June 2, 2025 are approved as presented.
    - RESOLVED to rebalance $500,000 from short duration high yield (Chartwell) and $1.0 million from cash to large cap equity (Northern Trust).
    - RESOLVED to approve IPS' recommendation to sign the Fund's revised investment management agreement, reducing the Chartwell fee schedule.
    - RESOLVED that the invoices on the list dated September 12, 2025 are approved for payment as presented.
    - RESOLVED to approve mailing a letter to members regarding the name change of CareAllies to Evernorth Health Services.
    - RESOLVED to approve payment of LabCorp and Quest subsidiaries as in-network with the exception of Ameripath as PPO rates are not the same for this particular subsidiary of Quest.
    - RESOLVED to discontinue the annual mailing of the Form 1095-B unless requested by the member. Trustees requested to include a note regarding this change with the upcoming mailings.
    - RESOLVED to approve the Fund's 2026 renewal with the International Foundation of Employee Benefit Plans at the $1,600.00 annual fee.

Please reply to this email with your vote to approve or deny the motions. Should you have any questions, feel free to let us know.

Alicia Cochran | Account Executive
P: (410) 683-7763 | C: (443) 695-5646
Associated Administrators, LLC | www.associated-admin.com

Giant

September 2, 2025

Via Email
VIA ELECTRONIC MAIL
Alicia Cochran
Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks, MD. 21152
aliciac@associated-admin.com

Dear Ms. Cochran,

Please be advised that, pursuant to the Trust Agreements, Giant Food appoints Brandi Petway as Alternate Employer Trustee (replacing Michael Goble) on the Local 730 Pension Trust Fund, Local 730 Health & Welfare Trust Fund and Local 730 Legal Services Fund effective immediately.

Regards,

Caron Sanders, Vice President Human Resources

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

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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 12, 2025 VIA ZOOM

The following Trustees were present:

UNION TRUSTEES
W. Davis – Secretary
R. Brooks
S. Clark

EMPLOYER TRUSTEES
J. Paradis – Chairman[1]
F. Stegman

Also present were:
A. Cochran – Associated Administrators, LLC
R. Grant – Associated Administrators, LLC
J. Kimble – Morgan, Lewis & Bockius, LLP
M. Pascal – Novak Francella, LLC
B. Saindon – Mooney, Green, Saindon, Murphy & Welch, P.C.
R. Sichel – Investment Performance Services, LLC

I. CALL TO ORDER

Ms. Cochran noted the lack of a quorum, as only one management trustee was present. Mr. Davis called the meeting to order. All motions were later ratified by the absent Trustees.

[1]Joined meeting at 11:10 a.m.

II. MINUTES

The Trustees reviewed the minutes of the last regular meeting held June 2, 2025.

On MOTION made and seconded, the Trustees present voted unanimous approval of the following recommendation, subject to final approval by the Board when a quorum is present:

RECOMMENDED that the minutes of the last regular meeting held on June 2, 2025 are approved as presented.

III. FINANCIAL REPORT

A. Custodian Bank – PNK Bank, NA

Ms. Cochran noted a copy of the PNC Summary of Activity report for the period January 1, 2025 through June 30, 2025 is contained in the meeting booklet.

B. 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 – June 30, 2025." He reviewed the financial markets generally. Mr. Sichel reported that the Fund's total market value of assets as of June 30, 2025 was $27,848,597, and the return for 2025 was 3.6%, compared to the 3.8% return for the index, gross of fees.

C. Quarterly Performance Report

Mr. Sichel reported that as of June 30, 2025 the Fund's assets were allocated as follows: 4.9% Domestic Large Cap Equity, 36.4% in Investment Grade Fixed Income, 38.8% in Short Duration High Yield, 6.4% in Real Estate – Core, 4.9% in Real Estate – Value Add, and 8.6% in cash equivalents. He noted Northern Trust held $1,355,810, Wedge Capital held $10,137,061, Chartwell Investment held $10,803,076, ARA Core Property Fund L.P. held $1,793,743, Boyd Watterson held $1,360,394, and there was

$2,398,513 in the cash account.

D. Rebalancing Recommendation

Mr. Sichel said that the allocations are expected to rebalance closer to Policy once the Domestic Large Cap Equity allocation is fully funded. He recommended the Trustees reallocate $500,000 from Chartwell (Short Duration High Yield) and $1,000,000 from cash to Northern Trust (Domestic Large Cap Equity).

On MOTION made and seconded, the Trustees present voted unanimous approval of the following recommendation, subject to final approval by the Board when a quorum is present:

> **RECOMMENDED to accept the recommendation of IPS to rebalance assets by allocating funds to Northern Trust as follows: 1) $500,000 from Chartwell and 2) $1,000,000 from the cash account.**

E. Chartwell Short Duration High Yield Fee Amendment

Mr. Sichel reviewed the Chartwell Fee Amendment provided prior to the meeting that was previously circulated to Chairman and Secretary. He said IPS negotiated a reduced fee schedule effective July 1, 2025 on behalf of the Fund. Co-Counsel stated the Amendment is under review.

On MOTION made and seconded, the Trustees present voted unanimous approval of the following recommendation, subject to final approval by the Board when a quorum is present:

> **RECOMMENDED to approve the Chartwell Fee Amendment pending Co-Counsel's review.**

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

IV. AUDITOR REPORT

The Trustees welcomed Ms. Marcella Pascal of Novak Francella LLC to the meeting.

Ms. Pascal reviewed the Financial Statements for the year ended December 31, 2024. She said that Novak Francella issued an unmodified opinion on the Plan's financial statements. She noted that total additions for the year ended December 31, 2024 were $6,474,465 and total deductions were $3,613,800, resulting in a net increase of Net Assets Available for Benefits of $2,860,665. As of December 31, 2024 net assets available for benefits were $26,756,705. Ms. Pascal reviewed the notes to the financial statements, the schedule of administrative expenses, the schedule of employer contributions, and the schedule of assets held for investment purposes.

Ms. Pascal stated that the Form 990 and Form 5500 were filed on July 31, 2025. The Trustees thanked Ms. Pascal for her report, and she was excused from the meeting.

V. COUNSEL REPORT

A. Subrogation Report

Ms. Saindon reviewed the status of the subrogation matters as of September 12, 2025. She reviewed the current cases and stated that there was one case requiring Trustee action at this time.

Ms. Saindon stated that the Fund received a check in the amount of $25,000 from Mr. Mansaray's attorney, though this was the settlement amount rejected by the Trustees at the previous meeting. She stated that after speaking with the attorney, he stated that the case had settled for $55,000 and that mailing the check was a mistake; he was aware that the settlement offer of $25,000 had been rejected. Ms.

Saindon informed the attorney the Fund would be offsetting the member and dependent's benefits as the full lien remains outstanding. She reminded the Trustees that the amount of the Fund's lien is $33,635.63. Ms. Saindon further reported that Mr. Mansaray's attorney stated that if the matter could not be settled, he would pursue an interpleader action. After discussion when Trustee Paradis joined the meeting, the Trustees directed Ms. Cochran to reinstate benefits for the member and dependents effective immediately. Additionally, after weighing the costs of pursuing the full amount of the lien against the likelihood of full recovery,

On MOTION made and seconded, the Trustees

RESOLVED to authorize Ms. Saindon to attempt to settle this matter for $30,000.

B. <u>SAR Amendment – Cigna medical</u>

Mr. Kimble reported that Cigna had agreed to Co-Counsel's edits to the Amendment effective January 1, 2025. Ms. Cochran said she would circulate the Amendment for Trustee signature.

C. <u>Pharmacy Benefit Manager ("PBM") Exit Audit – Cigna RX</u>

Mr. Kimble said that information was requested from Segal regarding an exit audit. Segal advised that when Cigna's pricing and contracts were reviewed in the past, they were found to be reasonable and that given the size of the Fund, the cost of an audit may outweigh the potential recoveries. The Trustees directed Ms. Cochran to request from Segal more detail regarding an audit, including the parameters and cost.

VI. ADMINISTRATIVE MANAGER'S REPORT

Ms. Cochran presented the Administrative Manager's Report for the second quarter 2025. The report showed contributions of $1,400,287, interest and dividend income of $291,922, COBRA payments of $1,220, self-payments of $1,236, and miscellaneous income of $2,222, producing a total income of $1,696,887 for the quarter. Expenses included $958,464 of benefit expenses and $107,412 of operating expenses, producing a total expense of $1,065,876. This produced a surplus of $631,011 for the quarter ended June 30, 2025. Ms. Cochran noted that contributions were made on behalf of 316 Plan participants.

VII. INVOICES

Ms. Cochran presented a list of invoices dated September 12, 2025 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 present voted unanimous approval of the following recommendation, subject to final approval by the Board when a quorum is present:

RECOMMENDED that the invoices on the list dated September 12, 2025 are approved for payment as presented.

VIII. OTHER FUND BUSINESS

A. Trustee Nomination

Ms. Cochran reported receipt of a nomination letter from Giant Food, Inc. for Ms. Brandi Petway to replace Mr. Michael Goble as an Alternate Employer Trustee. She reported that a letter was mailed to participating employers on September 4, 2025 regarding the nomination. Ms. Cochran said that if no response is received in writing within 10 business days of the dated letter, Ms. Brandi Petway will become an Alternate Employer Trustee effective September 18, 2025.

B. Cigna PPO Savings Report

The Trustees reviewed a copy of the CIGNA PPO Savings Report for the period January 1, 2025 through June 30, 2025.

C. Utilization Management Provider

Ms. Cochran reported that CareAllies would be changing their name to EverNorth Health Services effective December 19, 2025. She noted that Cigna will not be communicating this information to the participants. The Trustees requested a letter be mailed to the participants regarding the name change.

On MOTION made and seconded, the Trustees present voted unanimous approval of the following recommendation, subject to final approval by the Board when a quorum is present:

RECOMMENDED that a letter is sent to participants regarding the name change.

D. Quest Diagnostics and LabCorp Subsidiaries

Ms. Cochran stated that Cigna confirmed the PPO rates of all but one of the subsidiaries of LabCorp and Quest are the same as the LabCorp and Quest Diagnostics laboratories. She said the current Fund rule excludes the subsidiaries and any claims would be denied as out-of-network. Given the rates of the subsidiary laboratories are the same with the exception of Ameripath, a subsidiary of Quest, Ms. Cochran requested Trustee guidance whether these subsidiaries should be considered in-network. She noted that Cigna would need to provide and maintain a list of subsidiaries so that the information could be programmed in the system for claims processing.

On MOTION made and seconded, the Trustees present voted unanimous approval of the following recommendation, subject to final approval by the Board when a

quorum is present:

RECOMMENDED to approve subsidiaries of LabCorp and Quest Diagnostics as in-network with the exception of Ameripath.

E. International Foundation of Employee Benefit Plans – Annual Membership

Ms. Cochran reported receipt of the Fund's 2026 membership renewal invoice for the International Foundation of Employee Benefit Plans. The renewal fee contains a $75 increase from the prior year.

On MOTION made and seconded, the Trustees present voted unanimous approval of the following recommendation, subject to final approval by the Board when a quorum is present:

RECOMMENDED to approve the Fund's 2026 renewal with the International Foundation of Employee Benefit Plans at the $1,600.00 annual fee.

F. Form 1095-B

Ms. Cochran stated that the IRS no longer requires employer sponsored health plans to mail the Form 1095-B annually. She stated that the Fund could opt-out of the annual mailing. If the Trustees opt out, Associated would 1) mail a Form 1095-B within 30 days of a participant's request and 2) post a notice with instructions on how to obtain the form on the Fund's website.

On MOTION made and seconded, the Trustees present voted unanimous approval of the following recommendation, subject to final approval by the Board when a quorum is present:

RECOMMENDED to approve the discontinuation of the annual mailing of 1095-B forms effective with the 2025 tax year.

G. 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 on June 27, 2025. The amount paid was $2,047.30.

H. Stop Loss Policy – Ullico

Ms. Cochran reported that the Fund received a dividend in the amount of $1,990.00 for the January 1, 2024 through December 31, 2024 policy year. The rebate is 2% of the plan's specific gross stop loss premium.

I. Cigna Performance Guarantee Check

Ms. Cochran reported that the Fund received a check in the amount of $853.07 for the 2024 Plan Year.

J. Fiduciary Liability Policy

Ms. Cochran reviewed the INTERIM action the Trustees took to renew the Fiduciary Liability policy for the period July 26, 2025 through July 26, 2027 with the incumbent carrier, Markel American Insurance Company/Ullico ("Ullico").

Ms. Cochran said there were outstanding balances for the Trustee Waiver of Recourse premiums. The Trustees requested Ms. Cochran contact the Trustees individually and confirm whether their premium has been paid.

K. No Surprise Act and Transparency Rule

Ms. Cochran stated that Associated submitted the medical portion of the Prescription Drug and Health Care Spending Report to CMS. She said that Cigna confirmed submitting the prescription portion prior to the deadline.

L. Class Action Settlements

Ms. Cochran reported that the Fund received a check in the amount of $95.10 related to the Ranbaxy class action settlement.

Trustee Paradis joined the meeting.

IX. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected December 15, 2025 as their next regular meeting date immediately following the companion Pension Fund meeting via Zoom.

X. ADJOURNMENT

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

Respectfully submitted,

William Davis
Secretary

WAREHOUSE LOCAL 730 - HEALTH & WELFARE FUND
SUMMARY OF ACTIVITY
JANUARY 01, 2025 to SEPTEMBER 30, 2025

	Cash Reserve	Wedge Capital	Chartwell	TOTAL
Beginning Market Value	$2,298,123.29	$9,724,016.66	$11,167,290.38	$23,189,430.33
Receipts	$4,341,568.48	-	-	$4,341,568.48
Disbursements	$6,338,646.31	-	-	$6,338,646.31
Inter-Account Transfers	$1,330,101.00	-	$1,350,000.00	19,899.00
Earnings	$64,263.05	$573,905.99	$646,634.35	$1,284,803.39
Ending Market Value	**$1,695,409.51**	**$10,297,922.65**	**$10,463,924.73**	**$22,457,256.89**

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
HEALTH AND WELFARE TRUST FUND
SUMMARY SUBROGATION REPORT
December 15, 2025

I. Active Subrogation Cases Open as of December 15, 2025 Trustees' Meeting 1

II. Inactive Subrogation Cases Open as of December 15, 2025 Trustees' Meeting 0

III. Subrogation Cases Closed Since September 12, 2025 Trustees' Meeting.....1

IV. Subrogation Cases Opened Since September 12, 2025 Trustees' Meeting.....0

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF DECEMBER 15, 2025

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT[1]	STATUS OF COLLECTION EFFORTS
			ACTIVE			
Quentin Chase 7 East Bend Court Apt. F Windsor Mill, MD 21244 (443) 423-2033	Kent L. Greenberg The Law Office of Kent L. Greenberg 10995 Owings Mills Blvd. Suite 209 Owings Mills, MD 21117 (410) 363-1020	10/7/2024	**Terminated**	**Ineligible**	$966.44 (Medical) $15,600.14 (A&S) **$16,566.58 (ESTIMATED TOTAL; additional physical therapy claims are pending approval)**	• Participant was injured in a motor vehicle accident on 10/7/2024. • He has retained an attorney and both Participant and the attorney have signed the Subrogation Agreement. • **Participant's attorney stated on December 3, 2025, that Participant is contemplating an additional surgery and will keep us updated on the progress of his case.** • **We will continue to monitor this case.**
			CLOSED			
Mohamed Mansaray 8123 Mission Hill Road Jessup, MD 20794 (301) 917-4984	Turner Sothoron McGowan & Cecil LLC 319 Main Street Suite 300 Laurel, MD 20707 (301) 483-9960	10/7/22	Active	Eligible	$26,864.17 (Medical) $6,771.46 (A&S): **$33,635.63** (TOTAL)	• Participant fractured his elbow in a slip and fall outside of a gas station. • Participant's medical treatment is ongoing. He received A&S benefits for the period 10/22/22 through 3/28/23. • At a mediation held on June 17, 2024, Participant's counsel reached a tentative settlement for $50,000 contingent on making "the numbers work for [his] client." • Counsel has asked for an unspecified reduction, but stated that he needs to "put at least $20,000 in his client's pocket." In support of this request, he has submitted the information in the attached letter in which he states:

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF DECEMBER 15, 2025

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT[1]	STATUS OF COLLECTION EFFORTS
						1. Legal fees and costs: $15,422.17 2. Outstanding medical bills: $6,234.66 3. Client recovery: $20,000 TOTAL: $41,656.83 • That leaves $8,343.17 for the Fund • There is video evidence that is very unfavorable to the Participant and his counsel believes this is the best recovery they can hope for. He estimates the chances of recovering at trial at 5%. • In between meetings, the Trustees' denied Participant's renewed request to accept $11,671.59 in satisfaction of the lien. • On August 29, 2024, counsel for BJs, the store at which Participant fell, contacted us to offer to show the Trustees the video evidence establishing what they believe is Participant's negligence and emphasizing that he will not prevail at trial. They have increased their offer by $5,000 in order to resolve this matter. • The Trustees rejected the increased offer at their September meeting. • Participant's counsel engaged a third-party subrogation firm to negotiate a reduced lien. The Trustees rejected that offer in October. • The case settled in July 2025 for $55,000 and counsel's office accidentally sent the Fund a settlement check for $25,000. The Fund Office has not cashed the check. • Participant's benefits are currently being offset and counsel has asked the Trustees to reconsider a reduction in the lien amount.

[1] Associated Administrators confirmed the lien amounts contained herein on December 5, 2025.

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF DECEMBER 15, 2025

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT[1]	STATUS OF COLLECTION EFFORTS
						• If an agreement cannot be reached, counsel has stated that he will file an interpleader action. • **This matter settled in October 2025 for $30,000. The Fund Office received the final payment on October 27, 2025. This matter is now closed and will be removed from the report.**

MOONEY, GREEN, SAINDON, MURPHY & WELCH, P.C.

INTERNET: www.mooneygreen.com

1620 EYE STREET, N.W.
SUITE 700
WASHINGTON, DC 20006

TELEPHONE (202) 783-0010
FACSIMILE (202) 783-6088

November 25, 2025

Boards of Trustees
Warehouse Employees Union Local 730
Pension, Health and Welfare, and Legal Trust Funds
c/o Alicia Cochran
Associated Administrators. LLC
911 Ridgebrook Rd.
Sparks, MD 21152
aliciac@associated-admin.com

Re: Retainer Agreement

Dear Trustees:

This letter sets out the proposed terms and associated fees for the retention of Mooney, Green, Saindon, Murphy & Welch, P.C. (the "Firm") to provide legal services to and on behalf of the Warehouse Employees Union Local 730 Pension, Health and Welfare, and Legal Trust Funds (the "730 Funds") for the period January 1, 2026 through December 31, 2028. Each year of the fees reflects a 3.0% increase from the prior year. It has been our great pleasure to serve the 730 Funds and we look forward to continuing our work with you.

1. The Firm shall provide legal services as required by the Funds.

2. The Firm shall be compensated for its services on an hourly basis at the following rates:

Year	Sr. Partner	Jr. Partner	Sr. Associate	Jr. Associate	Benefit Specialist	Paralegal	Law Clerk
2026	$504	$442	$356	$282	$308	$194	$111
2027	$519	$455	$367	$290	$317	$200	$114
2028	$535	$469	$378	$299	$327	$206	$117

3. The Firm shall be reimbursed for its expenses incurred in representing the Funds, including, but not limited to, postage, long distance calling charges, transportation costs, copying costs, filing fees, on-line research fees, witness fees, transcript costs and facsimile charges.

4. The Firm shall provide itemized billing invoices on a monthly basis.

5. Payment to the Firm shall be due thirty days from the date billed.

6. This Agreement is effective May 11, 2023.

7. The Firm shall provide the Boards of Trustees with at least thirty (30) days notice of any proposed increase to the Firm's hourly rates.

8. This Agreement is terminable at will by either party.

9. This Agreement shall be governed by the laws of the District of Columbia.

10. Any disputes arising hereunder that cannot be resolved between the parties shall be subject to final and binding arbitration under the Federal Arbitration Act.

Please sign your acknowledgment on the line below and return a copy to us at your earliest convenience.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Elizabeth A. Saindon
Mooney, Green, Saindon, Murphy & Welch, P.C.

So Agreed:
Alicia Cochran
Account Executive
On behalf of the Boards of Trustees
Warehouse Employees Union Local 730 Pension, Health and Welfare, and Legal Trust Funds

_____ DATED: _____, 2025

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

THIRD QUARTER 2025

ADMINISTRATIVE MANAGER'S REPORT

THIRD QUARTER 2025
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
EIGHT O'CLOCK COFFEE	$ 8.50	29,651.75	69	$ 252,040
GIANT RECYCLING	$ 8.50	14,005.80	28	$ 119,049
GIANT WAREHOUSE	$ 8.50	118,759.50	214	$ 1,009,456
WASHINGTON FOOD	$ 6.00	1,358.00	3	$ 8,148
COBRA			0	$ -
SELF PAY			0	$ -
TOTAL INCOME		**163,775.05**	**314**	**$ 1,388,693**

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 2,117	$ 0.013	
CIGNA HEALTH CARE	$ 29.09	$ 28,810	$ 0.176	
DENTAL	$ 35.26	$ 33,674	$ 0.206	
DISABILITY		$ 10,757	$ 0.066	
DRUG		$ 147,706	$ 0.902	
HEARING GVS/FULLY INSURED	$ 0.29	$ 280	$ 0.002	
LIFE/AD&D-ING	$ 0.228	$ 11,046	$ 0.067	$0.212 LIFE / $0.016 AD&D
MEDICAL		$ 751,213	$ 4.587	
OPTICAL GVS/FULLY INSURED	$ 6.32	$ 5,852	$ 0.036	
STOP LOSS	$ 29.22	$ 27,934	$ 0.171	
SUB TOTAL		$ 1,019,389	$ 6.226	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 28.09	$ 26,432	$ 0.161	
ADMINISTRATION HIPAA	$ 0.21	$ 198	$ 0.001	
MISCELLANEOUS		$ 82,888	$ 0.506	
SUB TOTAL		$ 109,518	$ 0.668	

TOTAL EXPENSES		**$ 1,128,907**	**$ 6.894**

SURPLUS (DEFICIT)		**$ 259,786**

AVG. HOURLY INCOME		**$ 8.48**
AVG. HOURLY EXPENSE		**$ 6.89**
SURPLUS (DEFICIT)		**$ 1.59**

THIRD QUARTER 2025
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	**AMOUNT**
ACTUARY	
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$ 4,986
AUDITOR	$ 17,700
CHARTWELL INVESTMENT MANAGER FEES	$ 15,091
GREEN LIGHT TECHNOLOGY SERVICES	$ 4,500
INVESTMENT PERFORMANCE SERVICES	$ 10,000
LEGAL FEES - FUND CO-COUNSEL	$ 17,703
MEETING	$ 525
PNC FEES	$ 5,938
PRINTING	$ 146
WEDGE CAPITAL INVESTMENT MANAGER FEES	$ 6,299
TOTAL	**$ 82,888**

2025
QUARTERLY RECAPS

INCOME	FIRST 2025	SECOND 2025	THIRD 2025	FOURTH 2025	TOTAL
CONTRIBUTIONS	$ 1,365,145	$ 1,400,287	$ 1,388,693	$ -	$ 4,154,125
COBRA	$ 4,881	$ 1,220	$ -	$ -	$ 6,101
SELF PAY	$ -	$ 1,236	$ -	$ -	$ 1,236
INTEREST & DIVIDENDS	$ 229,531	$ 291,922	$ 231,143	$ -	$ 752,596
MISCELLANEOUS INCOME[1]	$ 3,012	$ 2,222	$ 95	$ -	$ 5,329
TOTAL INCOME	**$ 1,602,569**	**$ 1,696,887**	**$ 1,619,931**	**$ -**	**$ 4,919,387**
BENEFIT EXPENSES					
CIGNA OONSP	$ 5,054	$ 10,652	$ 2,117	$ -	$ 17,823
CIGNA	$ 28,422	$ 28,189	$ 28,810	$ -	$ 85,421
DENTAL	$ 34,308	$ 33,462	$ 33,674	$ -	$ 101,444
DISABILITY	$ 9,214	$ 13,672	$ 10,757	$ -	$ 33,643
DRUG	$ 111,468	$ 87,697	$ 147,706	$ -	$ 346,871
HEARING GVS/FULLY INSURED	$ 281	$ 276	$ 280	$ -	$ 837
LIFE/AD&D	$ 10,990	$ 10,864	$ 11,046	$ -	$ 32,900
MEDICAL	$ 567,100	$ 739,755	$ 751,213	$ -	$ 2,058,068
OPTICAL	$ 5,791	$ 5,933	$ 5,852	$ -	$ 17,576
STOP LOSS	$ 27,594	$ 27,964	$ 27,934	$ -	$ 83,492
SUBTOTAL	$ 800,222	$ 958,464	$ 1,019,389	$ -	$ 2,778,075
OPERATING EXPENSES					
ADMINISTRATION	$ 26,884	$ 26,744	$ 26,630	$ -	$ 80,258
MISCELLANEOUS	$ 117,520	$ 80,668	$ 82,888	$ -	$ 281,076
SUBTOTAL	$ 144,404	$ 107,412	$ 109,518	$ -	$ 361,334
TOTAL EXPENSE	**$ 944,626**	**$ 1,065,876**	**$ 1,128,907**	**$ -**	**$ 3,139,409**
SURPLUS (DEFICIT)	**$ 657,943**	**$ 631,011**	**$ 491,024**	**$ -**	**$ 1,779,978**
					AVERAGE
AVG HOURLY INCOME	$ 9.96	$ 10.27	$ 9.89	$ -	$ 10.04
AVG HOURLY EXPENSE	$ 5.87	$ 6.45	$ 6.89	$ -	$ 6.40
SURPLUS (DEFICIT)	$ 4.09	$ 3.82	$ 3.00	$ -	$ 3.64
TOTAL PARTICIPANTS	316	316	314	0	315
FUND RESERVE	$ 27,061,833	$ 27,848,597	$ 28,643,960		

[1]Litigation settlements: Ranbaxy - $95.10

2024
QUARTERLY RECAPS

INCOME	FIRST 2024	SECOND 2024	THIRD 2024	FOURTH 2024	TOTAL
CONTRIBUTIONS	$ 1,404,185	$ 1,413,687	$ 1,419,899	$ 1,409,050	$ 5,646,821
COBRA	$ 2,497	$ 3,414	$ 1,707	$ 5,121	$ 12,739
SELF PAY	$ 2,380	$ 3,409	$ -	$ -	$ 5,789
INTEREST & DIVIDENDS	$ 206,391	$ 252,180	$ 215,668	$ 257,865	$ 932,104
MISCELLANEOUS INCOME[1]	$ -	$ 5,390	$ -	$ 3,144	$ 8,534
TOTAL INCOME	**$ 1,615,453**	**$ 1,678,080**	**$ 1,637,274**	**$ 1,675,180**	**$ 6,605,987**
BENEFIT EXPENSES					
CIGNA OONSP	$ 10,717	$ 2,983	$ 2,018	$ 3,506	$ 19,224
CIGNA	$ 29,062	$ 28,537	$ 28,307	$ 29,493	$ 115,399
DENTAL	$ 27,948	$ 30,286	$ 29,812	$ 29,780	$ 117,826
DISABILITY	$ 8,872	$ 7,843	$ 12,857	$ 12,600	$ 42,172
DRUG	$ 179,519	$ 285,619	$ 230,610	$ 368,283	$ 1,064,031
HEARING GVS/FULLY INSURED	$ 272	$ 276	$ 275	$ 280	$ 1,103
LIFE/AD&D	$ 9,604	$ 9,980	$ 9,949	$ 10,116	$ 39,649
MEDICAL	$ 412,811	$ 302,165	$ 685,747	$ 381,629	$ 1,782,352
OPTICAL	$ 5,865	$ 5,936	$ 5,361	$ 6,091	$ 23,253
STOP LOSS	$ 26,678	$ 27,132	$ 27,330	$ 19,903	$ 101,043
SUBTOTAL	$ 711,348	$ 700,757	$ 1,032,266	$ 861,681	$ 3,306,052
OPERATING EXPENSES					
ADMINISTRATION	$ 25,531	$ 25,477	$ 25,396	$ 25,532	$ 101,936
MISCELLANEOUS	$ 62,931	$ 73,432	$ 160,046	$ 76,026	$ 372,435
SUBTOTAL	$ 88,462	$ 98,909	$ 185,442	$ 101,558	$ 474,371
TOTAL EXPENSE	**$ 799,810**	**$ 799,666**	**$ 1,217,708**	**$ 963,239**	**$ 3,780,423**
SURPLUS (DEFICIT)	**$ 815,643**	**$ 878,414**	**$ 419,566**	**$ 711,941**	**$ 2,825,564**
					AVERAGE
AVG HOURLY INCOME	$ 9.76	$ 10.07	$ 9.79	$ 10.09	$ 9.93
AVG HOURLY EXPENSE	$ 4.83	$ 4.80	$ 7.28	$ 5.80	$ 5.68
SURPLUS (DEFICIT)	$ 4.93	$ 5.27	$ 2.51	$ 4.29	$ 4.25
TOTAL PARTICIPANTS	312	313	312	313	313
FUND RESERVE	$ 23,995,529	$ 24,427,928	$ 25,772,273	$ 26,283,503	

[1]Litigation settlements: Ranbaxy Generics - $3,129.28, Libor Bondholders - $14.42

THIRD QUARTER 2025
CONTRACT INFORMATION

COMPANY	PLAN	CURRENT RATES	CURRENT RATE EFF. DATE	NEXT RATE CHANGE DATE	CBA EXPIRATION
EIGHT O'CLOCK COFFEE	E	$8.50	02-01-21	TBD	07-17-27
GIANT RECYCLING	E	$8.50	06-01-22	TBD	06-20-26
GIANT WAREHOUSE	E	$8.50	06-01-22	TBD	05-15-27
WASHINGTON FOOD	E	$6.00	11-01-21	TBD	11-02-27

HEALTH AND WELFARE
DELINQUENCY REPORT
As of September 30, 2025

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2024		$ 3,780,423.00
	Jan - Sep 2025		$ 3,139,409.00
	Total		$ 6,919,832.00
	Per Month		$ 329,515.81
Fund Reserve			
	Sep-25		$ 28,643,960.00
	Months of Reserve 9/30/2025		**86.9**
	Months of Reserve 6/30/2025		85.9

Projected Hourly Contribution - Future Expenses
Based on Most Recent 12 Month Data
(Aug 2025 - Sep 2026)

Class E	$	6.79

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES

December 15, 2025

Chartwell Investment Partners			
10/21/2025	Fee for investment services rendered through September 30, 2025	$	10,925.99
Investment Performance Services, LLC			
9/5/2025	Fee for professional services rendered through September 30, 2025	$	10,000.00
Mooney, Green, Saindon, Murphy & Welch, P.C.			
9/5/2025	Fee for professional services rendered through June 30, 2025 B. Saindon, Rate: $475.00 per hour	$	3,180.00
10/4/2025	Fee for professional services rendered through July 31, 2025 B. Saindon, Rate: $475.00 per hour	$	3,005.37
11/13/2025	Fee for professional services rendered through August 31, 2025 B. Saindon, Rate: $475.00 per hour	$	2,846.50
Morgan, Lewis & Bockius, LLP			
9/17/2025	Fee for professional services rendered through August 31, 2025 J. Kimble, Rate: $750.00 per hour	$	2,700.00
10/10/2025	Fee for professional services rendered through September 30, 2025 J. Kimble, Rate: $750.00 per hour	$	5,175.00
11/13/2025	Fee for professional services rendered through October 31, 2025 J. Kimble, Rate: $750.00 per hour	$	3,600.00
Ullico			
10/28/2025	Stop Loss Insurance Policy Premiums for October 2025 through November 2025	$	18,700.80
Wedge Capital Management			
10/10/2025	Fee for professional services rendered through September 30, 2025	$	6,396.84

NAME: **SS#:**
REGARDING:

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

EMPLOYER:	Giant Food Warehouse	**LOCAL:**	730
PLAN:	E	**STATUS:**	Full Time

ISSUE: Medical – Laboratory Services #M25/118-5181

FUND RULE:
"**IMPORTANT NOTICE:**

CHANGES TO COVERED OUTPATIENT LABORATORY SERVICES

EFFECTIVE JANUARY 1, 2022

Due to the continuing increase in health care costs, the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund ('Fund') will only cover outpatient laboratory services when performed by Quest Diagnostics® ('Quest') and/or Laboratory Corporation of America Holdings® ('LabCorp') effective January 1, 2022. If you receive outpatient laboratory services with a lab other than Quest or LabCorp after January 1, 2022, the services will not be covered under the Fund and you will be responsible for 100% of the cost."
(Quoted from the letter mailed to the participant on November 15, 2021)

"**OUTPATIENT DIAGNOSTIC LABORATORY X-RAY**

Benefits are provided for outpatient laboratory services if the benefits are performed at a Quest Diagnostics or LabCorp facility. The Fund will not pay benefits for services performed at any other facility. Benefits are paid under major medical, applying to the deductible and out-of-pocket maximum."
(Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, December 2022, Page 46)

SUMMARY:

Date(s) of Service:	September 23, 2025
Claim(s) Received:	September 29, 2025
Claim(s) Denied:	October 1, 2025
Appeal Received:	October 30, 2025

The **participant** is appealing the denial of a claim for laboratory services provided to his dependent spouse. The participant states, "[My spouse] was not given any choice by the provider on where these tests/labs were being sent to. She went to a Cigna in-network provider for her healthcare, and we feel that we did everything in our power to obtain the best preventative healthcare possible, while staying in-network. We would like this reevaluated, as well as the LabCorp or Quest requirement revisited. Medical providers, specifically in-network, must be able to perform tests and labs for their patients."

Effective January 1, 2022, the Fund will only cover outpatient laboratory services when performed by a Quest Diagnostics and/or LabCorp facility. Fund records indicate that a letter was mailed to the participant on November 15, 2021, advising of this change.

St. Paul Place Specialists submitted claims for an office visit and outpatient laboratory services rendered on September 23, 2025. The claim for the office visit was paid, up to the limits of the Plan. The claim for the laboratory services was denied because the services were not rendered by a Quest Diagnostics or LabCorp facility or subsidiary.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

[redacted]

October 27, 2025

To Whom It May Concern,

My name is [redacted] I am writing this letter regarding a doctor visit for my wife, [redacted]. On 09/23/2025 [redacted] had a routine GYN appointment. During this preventative health visit/check-up, she underwent the procedures/tests that are outlined below.

Iadna Human Papillomavirus Hi-Rsk Typ Poold Rslt - 87624 (CPT®)$117.00

Cytp C/V Auto Thin Lyr Prepj Scr Mnl Rescr Phys - 88175 (CPT®)$89.00

We received an EOB (Statement Date 10/01/2025) stating that these were not covered, since they were not sent to Labcorp or Quest.

[redacted] was not given any choices by the provider on where these tests/labs were being sent to. She went to a Cigna in-network provider for her healthcare, and we feel that we did everything in our power to obtain the best preventative healthcare possible, while staying in-network.

We would like this reevaluated, as well as the Lapcorp or Quest requirement revisited. Medical providers, specifically in-network, must be able to perform tests and labs for their patients.

Thanks for your consideration, and time

[redacted]

Mercy Health Services
345 St Paul Place
Baltimore, MD 21202-2102
410-332-7555

THIS IS NOT A BILL

[redacted]

The following document contains the requested services for [redacted] If you have any questions, please contact customer service.

Charges	Insurance Payments	Patient Payments	Adjustments	Total Balance
1,451.00	**-1,170.64**	**0.00**	**0.00**	**280.36**

Well Woman Exam Visit to The Gynecology Center at Lutherville (Acct #1016550494)

September 23, 2025

Svc Date	Code	Description	Qty	Amount
Charges				
Charges for visit with **Edgar Alonsozana, MD**				
09/23/25	87624	Iadna Human Papillomavirus Hi-Rsk Typ Poold Rslt	1	117.00
09/23/25	88175	Cytp C/V Auto Thin Lyr Prepj Scr Mnl Rescr Phys	1	89.00
Charges for visit with **Latasha Murphy, MD**				
09/23/25	99396	Periodic Preventive Med Est Patient 40-64yrs	1	361.00
09/23/25	99459	Pelvic Examination	1	72.00
		Total Charges		**639.00**
Insurance Payments and Adjustments				
10/14/25	2000	Insurance Payment	1	-205.86
10/14/25	3000	Contractual Write-Off	1	-187.59
10/14/25	3000	Contractual Write-Off	1	-39.55
		Total Insurance Payments and Adjustments		**-433.00**

US Pelvic and Transvaginal Non Preg Visit to Mercy Imaging at Glen Burnie (Acct #1018575006)

September 24, 2025

Svc Date	Code	Description	Qty	Amount
Charges				
Charges for visit with **Eli Shapiro, MD**				
09/24/25	76830	US Transvaginal	1	110.00
09/24/25	76830	US Transvaginal	1	322.00
09/24/25	76856	US Pelvic Nonobstetric Real-Time Image Complete	1	109.00

Svc Date	Code	Description	Qty	Amount
09/24/25	76856	US Pelvic Nonobstetric Real-Time Image Complete	1	271.00
		Total Charges		**812.00**

Insurance Payments and Adjustments

10/14/25	2000	Insurance Payment	1	-297.46
		Coinsurance: 74.36		
10/14/25	3000	Contractual Write-Off	1	-234.35
10/14/25	3000	Contractual Write-Off	1	-205.83
		Total Insurance Payments and Adjustments		**-737.64**

Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks MD 21152

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

Forwarding Service Requested

**********ALL FOR AADC 212
PB-COL-37-ENV 20801 56
[redacted]

Warehouse Employee H&W Trust

If you have any questions, please call
(800) 730-2241

Statement Date: 10/01/25

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: [redacted]			Patient: [redacted]								
Provider: PAUL PLACE ST			Employee:								
09/23-09/23/2025	PREV. DIAG/LAB	117.00	117.00	A1	0.00	0.00		0	0.00	0.00	117.00
09/23-09/23/2025	PAP SMEAR TEST	89.00	89.00	A1	0.00	0.00		0	0.00	0.00	89.00
	TOTALS	206.00	206.00		0.00	0.00			0.00	0.00	206.00

Total Plan Benefit 0.00

Total Plan Pays 0.00
Less COB Adjustment: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 503.32

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: [redacted]			Patient: [redacted]								
Provider: PAUL PLACE ST			Employee:								
09/23-09/23/2025	ROUTINE GYN	361.00	187.59	A1 A2 A3	173.41	0.00	B	100	173.41	0.00	0.00
09/23-09/23/2025	ROUTINE MED SER	72.00	39.55	A1 A2	32.45	0.00	B	100	32.45	0.00	0.00
	TOTALS	433.00	227.14		205.86	0.00			205.86	0.00	0.00

Total Plan Benefit 205.86

Total Plan Pays 205.86
Less COB Adjustment: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 503.32

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: [redacted]			Patient: [redacted]								
Provider: PAUL PLACE ST			Employee:								
09/24-09/24/2025	DIAG. LAB&X-RAY	432.00	234.35	A1 A2	197.65	0.00	M	80	158.12	0.00	39.53
09/24-09/24/2025	DIAG. LAB&X-RAY	380.00	205.83	A1 A2	174.17	0.00	M	80	139.34	0.00	34.83
	TOTALS	812.00	440.18		371.82	0.00			297.46	0.00	74.36

Total Plan Benefit 371.82

Total Plan Pays 297.46
Less COB Adjustment: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 503.32

Claim	Line	Code	Description
[redacted]	001	A1	EFFECTIVE 1/1/2022, PLAN REQUIRES THAT LABORATORY SERVICES MUST BEOBTAINED AT QUEST DIAGNOSTIC PATIENT SERVICE CENTERS OR LABCORPFACILITIES PER SMM DATED 11/2021.
	002	A1	EFFECTIVE 1/1/2022, PLAN REQUIRES THAT LABORATORY SERVICES MUST BEOBTAINED AT QUEST DIAGNOSTIC PATIENT SERVICE CENTERS OR LABCORPFACILITIES PER SMM DATED 11/2021.
	001	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.
	001	A2	YOU HAVE COVERAGE FOR ONE ANNUAL ROUTINE GYN VISIT.
	001	A3	$187.59 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	002	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	002	A2	$39.55 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	001	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	001	A2	$234.35 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	002	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	002	A2	$205.83 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	00C	B1	YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $499.99.

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibili
STATEMENT TOTALS	1,451.00	873.32		577.68	0.00		503.32	0.00	280

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Description** section on the front of this Explanation of Benefits, or "EOB" you have the right to appeal this decision within 180 days of your receipt of this EOB. You may submit written comments, documents, and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address, and telephone number. The Fund will direct all future communications to the representativ

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment, or similar exclusion or limit, such explanation is available upc request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in whi case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The noti will describe the reason for the delay, and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In t event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. A appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or st court under Section 502(a) of ERISA on your claim for benefits. However, you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD, or mail your appeal to **"Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator"**. You may als contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Spanish (Español): Para obtener asistencia en Español, llame al 800-730-2241.

Warehouse Employees Local No. 730 H&W Fund
COBRA Rates for 2026

CORE & Non-CORE Rates

Months 1-18

Plan		Individual	Family
E		$1,033.41	$1,397.86

Months 19-29

Plan		Individual	Family
E		$1,519.72	$2,055.68

CORE ONLY RATES

Months 1-18

Plan		Individual	Family
E		$991.71	$1,356.17

Months 19-29

Plan		Individual	Family
E		$1,458.40	$1,994.36

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?	In-**Network** **$400** Individual /**$800** Family Out-of-**Network** **$800** Individual /**$1,600** Family. Balance billing, excluded services, **Preventive care**, and **deductibles** for specific services do not count toward the **deductible**.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible.**
Are there services covered before you meet your deductible?	Yes. **Preventive care and COVID-19 Testing**	This plan covers some items and services even if you haven't met the deductible amount, but a copayment or coinsurance may apply. For example, this plan covers certain **preventive services** without **cost-sharing** and before you meet your **deductible**. See a list of covered **preventive services** at https://www.healthcare.gov/coverage/preventive-care-benefits/. This plan also covers COVID-19 testing with cost-sharing.
Are there other deductibles for specific services?	Yes. **$100 deductible** per hospital confinement. There are no other specific **deductibles**	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. You don't have to meet deductibles for specific services. See chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan?	Medical in-**network**: **$3,125** Individual / **$6,250** Family Medical out-of-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	Yes, but only in certain	This plan uses a provider network. You will generally pay less if you use a provider in the plan's

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

use a network provider?	circumstances. See www.cignasharedadministration.com or call 1-800-768-4695 for a list of **network providers**	network. If you use an out-of-network provider, you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). However, balance billing will not apply to emergency services, certain services provided by an out-of-network provider at a network facility, and out-of-network services provided without sufficient notice to you. If possible, check with your provider before you obtain services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year except for **preventive services.**
	Specialist visit	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year except for **preventive services.**
	Preventive care/screening/ immunization	No charge	No charge	No **deductible** for **in-network/ out-of-network** visits. You may have to pay for services that are not preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
	Imaging (CT/PET scans, MRIs)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
If you need drugs to treat your illness or condition More information about **prescription drug**	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-
	Preferred brand drugs	$40.00 **copay** per prescription	$40.00 **copay** per prescription	
	Non-preferred brand drugs	$75.00 **copay** per	$75.00 **copay** per	

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)	
coverage is available at www.express-scripts.com		prescription	prescription	Mart or Sam's Club pharmacies are used.
	Specialty drugs	$75.00 **copay** per prescription	$75.00 **copay** per prescription	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
	Physician/surgeon fees	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
If you need immediate medical attention	Emergency room care	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Qualifying Payment Amount	Expenses must be incurred within 72 hours of accident or illness. Non-Emergency Illness not covered. The Qualifying Payment Amount (QPA) is based on the median of the in-network rates payable for the same or similar service in the same geographic region, adjusted for inflation. You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
	Emergency medical transportation	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount; 20% of the Qualifying Payment Amount (air ambulance only)	You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
	Urgent care	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder.

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)	
	Physician/surgeon fees	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	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** of the Maximum Allowed Amount	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year.
	Inpatient services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder
If you are pregnant	Office visits	Prenatal - No charge/ Postnatal - After plan pays $35/visit, you pay 20% **coinsurance** (of the Maximum Allowed Amount	Prenatal - No charge/ Postnatal - After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Cost Sharing does not apply for **Preventive** prenatal care.
	Childbirth/delivery professional services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement.
	Childbirth/delivery facility services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement.
If you need help recovering or have other special health needs	Home health care	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Rehabilitation services	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required. Preauthorization required after Physical and Occupational therapy max/16 visits per year Preauthorization required after Speech therapy max/26 visits per year for dependents diagnosed with autism.

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)	
	Habilitation services	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Skilled nursing care	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Durable medical equipment	20% coinsurance of the Maximum Allowed Amount	Not covered	Must use CareCentrix.
	Hospice services	Inpatient - 20% **coinsurance** Outpatient - 20% **coinsurance**	Inpatient - 20% **coinsurance** Outpatient - 20% **coinsurance**	Patient with a life expectancy of six months or less.
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. Delta Dental.

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 programs

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
- 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

must be pre-authorized)

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	$400
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*	$500
Copayments	$10
Coinsurance	$700
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,270**

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

The plan's overall deductible	$400
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*	$400
Copayments	$1,000
Coinsurance	$100
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,520**

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

The plan's overall deductible	$400
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*	$400
Copayments	$10
Coinsurance	$300
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$710**

*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.

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

2024 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, 2024 to December 31, 2024. 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 Metropolitan Life Insurance Company to pay certain life insurance and Accidental Death and Dismemberment insurance; Fidelity Security Life Insurance (Group Vision Services) for optical benefits; Union Labor Life Insurance Company for stop loss coverage. The total premiums paid for these contracts for the Plan year ending on December 31, 2024 were $171,139.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtraction of the liabilities of the Plan, was $26,297,291 as of December 31, 2024 compared to $23,591,667 as of January 1, 2024. During the Plan year, the Plan experienced an increase in its net assets of $2,705,624. 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 $6,607,885. This income included employer contributions of $5,646,819, employee contributions of $19,383, realized gain of $57,995 from the sale of assets, earnings from investments of $880,543 and other income of $3,145. Plan expenses were $3,902,261. These expenses included $588,648 in administrative expenses and $3,313,613 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

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

September 2025

Notice of Creditable Coverage Regarding Your Prescription Drug Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage under the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage
Contact the Fund Office for further information at (800) 730-2241. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan or if this coverage through the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You should receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 2025

Name of Entity/Sender: Fund Office
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

Phone Number: (800) 730-2241

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September 2025

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

If you have any questions about your WHCRA benefits, or your benefits under the Plan in general, please do not hesitate to contact us.

Draft SMM re: COBRA, Self-Pay, A&S

Summary Plan Description (SPD) Page 20:

Personal Contributions ("Self-pay")
If you fail to earn either 300 hours in the current Calendar Work Quarter, or 600 hours in the preceding two Calendar Work Quarters, you may make personal contributions for up to 300 hours for the current Calendar Work Quarter only, for a maximum of two consecutive Calendar Work Quarters and a lifetime maximum of tensix total Calendar Work Quarters regardless of how many hours you have self-paid. If you are eligible to make these personal contributions, known as the "self-pay" option, the Fund Office will notify you of the amount due. Any amount due for continuing eligibility **must be paid before the Benefit Quarter begins.**

SPD Page 102 add this at the end of the COBRA section:

If you return to work after a period of COBRA continuation coverage, you must re-establish your eligibility for benefits as set forth in the eligibility rules on page 18. This means that you will need to work at least 600 hours in six consecutive months with a Contributing Employer in a position represented by the Union before you are eligible to receive benefits from the Fund. You will become eligible for benefits on the first day of the seventh month and you will remain eligible for a maximum of three months.

SPD Page 68:

To obtain these benefits, a Weekly Accident & Sickness form must be completed by you and your attending physician and must be submitted to the Fund Office after the appropriate waiting period (see chart on page 72). Contact the Fund Office at (800) 730-2241 if you need the form. Continuation of Disability forms should be filed periodically after that, as required by the Fund Office, during the time that you are away from work because of disability and while benefits remain to be paid. Additionally, if your injury or illness continues beyond 16 weeks, the Fund may require you to see, or submit your medical records to, an Independent Medical Examiner in order to verify your continuing disability. To apply for Weekly Accident & Sickness benefits, sSend your claim to the Fund Office:

Warehouse Employees Union Local No. 730
Health & Welfare Trust Fund
P.O. Box 1064
Sparks, Maryland 21152-1064

WAREHOUSE EMPLOYEES LOCAL 730 HEALTH AND WELFARE FUND

January 2025 – September 2025
Savings Results

December 15, 2025

Network Savings Results

PPO and Out of Network Savings Program January 2025 – September 2025

In Network

	Charges	Network Allowed	Network Savings	%
Inpatient	$1,864,130	$1,187,140	$676,990	36.3%
Outpatient	$2,838,462	$590,111	$2,248,352	79.2%
Physician	$1,478,689	$649,563	$829,126	56.1%
Total	**$6,181,282**	**$2,426,814**	**$3,754,468**	**60.7%**

Out of Network Savings Program

	Charges	Network Allowed	Network Savings	%
Inpatient				
Outpatient	$44,375	$1,567	$42,808	96.5%
Physician	$39,624	$19,010	$20,614	52.0%
Total	**$83,999**	**$20,577**	**$63,422**	**75.5%**

cigna healthcare

Total Year To Date Savings
January 2025 – September 2025

	Savings
PPO Network Savings	$3,754,468
Out of Network Savings	$63,422
Utilization Management Savings	$39,969
Case Management Savings	$292,385
Outpatient Care Management Savings	$18,689
Total Year To Date Savings	**$4,168,932**

Thank You

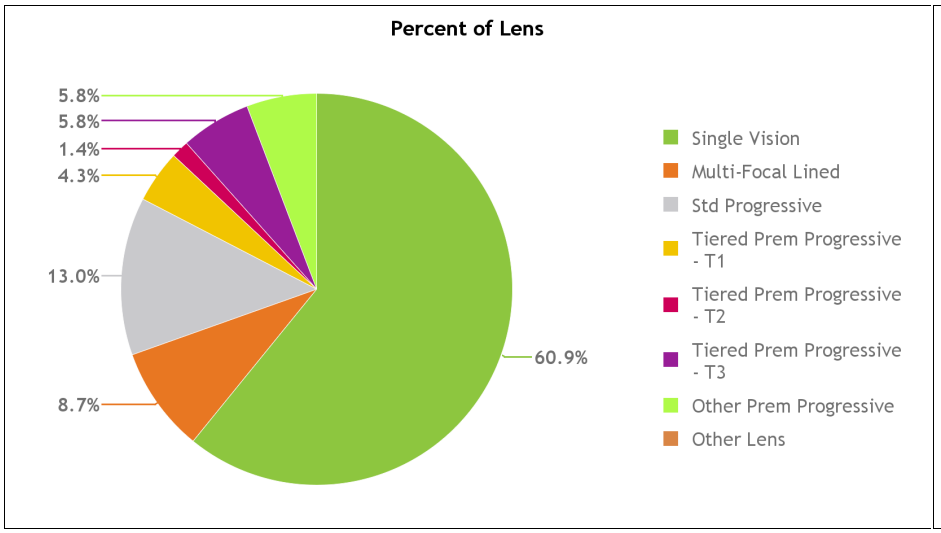
GVS - Warehouse Local 730

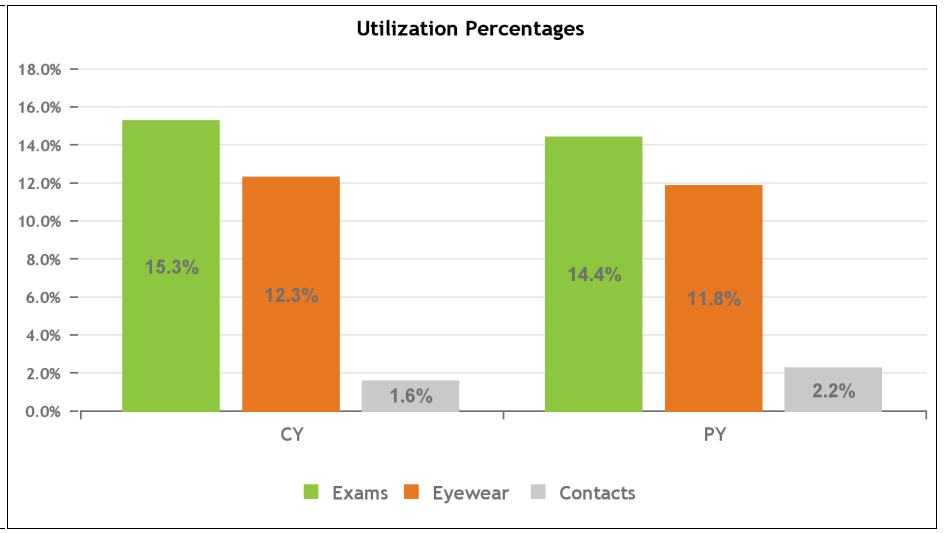
EyeMed provides GVS - Warehouse Local 730 the following utilization reports for your review.

· 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: $33,406





Utilization	Membership		Exam Utilization				Material Utilization			
	Client		Client		BOB		Client		BOB	
Member Type	CY #	PY #	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %
Subscriber	310	322	14.8%	11.5%	20.3%	20.4%	12.2%	11.2%	24.1%	22.8%
Spouse/Partner	98	114	16.3%	20.2%	28.4%	27.2%	14.2%	19.4%	34.4%	29.6%
Child/Other	161	190	15.5%	15.8%	19.4%	18.7%	16.7%	15.8%	19.5%	16.9%

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	20.5%	24.7%	20.7%	26.7%	54.2%	57.2%	20.3%	22.7%	44.2%	47.4%
Retail	76.5%	70.2%	78.2%	70.0%	44.2%	41.3%	74.7%	70.5%	50.3%	47.9%
Out of Network	3.0%	5.1%	1.1%	3.3%	1.5%	1.4%	5.1%	6.8%	4.6%	4.0%

For more information, please review the Network Utilization page.

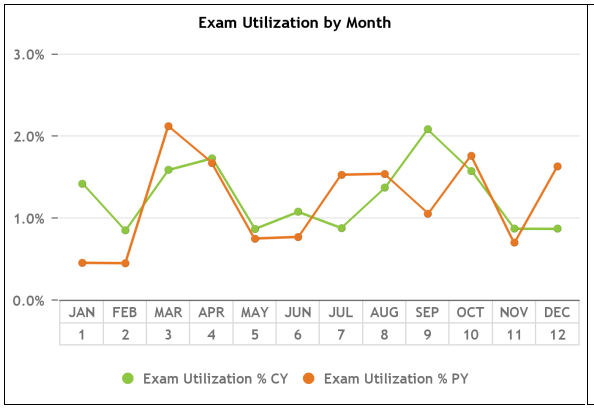
Benefit Utilization	Client		BOB	
Benefit Type	CY %	PY %	CY %	PY %
Exam	15.3%	14.4%	20.9%	20.7%
Material	13.9%	14.1%	24.1%	22.3%
Eyewear (% of Materials)	88.6%	84.1%	74.7%	76.6%
Contacts (% of Materials)	11.4%	15.9%	25.3%	23.4%
Single Vision (% of Lens)	60.9%	62.5%	50.7%	47.6%
Multi-Focal Lined (% of Lens)	8.7%	5.6%	11.2%	13.0%
Progressive (% of Lens)	30.4%	31.9%	38.1%	39.3%
Other Lens (% of Lens)	0.0%	0.0%	0.0%	0.0%

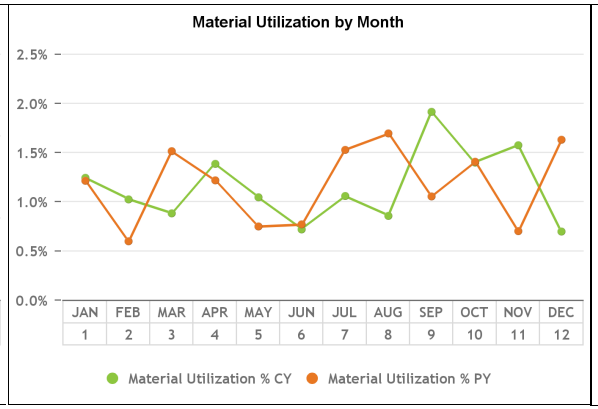
For more information, please review the Benefit Utilization page.

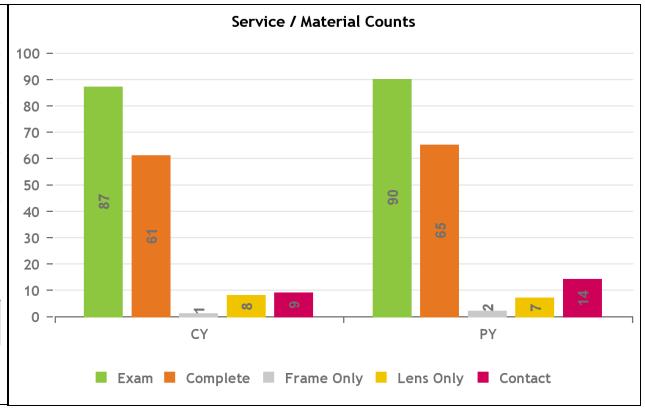
Lens Enhancements	Client		BOB	
Top Add-Ons (% of Lens)	CY %	PY %	CY %	PY %
Polycarbonate	62.3%	66.7%	63.5%	63.5%
Anti-Reflective Coating	71.0%	63.9%	64.2%	62.6%
Scratch Coating	27.5%	16.7%	13.4%	12.3%
Photochromic	17.4%	22.2%	22.9%	25.2%

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	296	333	561	657	9	8	8	$320	3	$120	7	$819	8	$980
FEBRUARY	317	336	583	664	7	5	5	$200	3	$120	6	$655	4	$434
MARCH	309	331	565	658	10	15	9	$360	14	$560	5	$525	10	$1,109
APRIL	315	334	576	656	12	12	10	$400	11	$432	8	$740	8	$752
MAY	313	338	573	664	8	7	5	$200	5	$200	6	$730	5	$589
JUNE	302	328	553	647	7	7	6	$245	5	$200	4	$510	5	$475
JULY	312	337	566	653	9	13	5	$192	10	$400	6	$589	10	$1,022
AUGUST	317	335	580	648	9	14	8	$320	10	$405	5	$604	11	$1,185
SEPTEMBER	310	297	574	568	15	8	12	$480	6	$232	11	$1,167	6	$662
OCTOBER	312	297	570	567	11	11	9	$360	10	$400	8	$879	8	$958
NOVEMBER	312	299	570	568	9	4	5	$200	4	$170	9	$921	4	$409
DECEMBER	309	293	571	551	6	11	5	$200	9	$352	4	$442	9	$943
	310	**322**	**570**	**625**	**112**	**115**	**87**	**$3,477**	**90**	**$3,591**	**79**	**$8,581**	**88**	**$9,519**







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	20.5%	24.7%	20.7%	26.7%	20.3%	22.7%
Total: Independent		**20.5%**	**24.7%**	**20.7%**	**26.7%**	**20.3%**	**22.7%**
Retail	LensCrafters	14.5%	15.7%	13.8%	15.6%	15.2%	15.9%
	Pearle Vision	4.8%	1.1%	5.7%	1.1%	3.8%	1.1%
	Target Optical	1.2%	1.1%	1.1%	0.0%	1.3%	2.3%
	Contacts Direct	0.6%	0.0%	0.0%	0.0%	1.3%	0.0%
	Glasses.com	0.0%	0.6%	0.0%	0.0%	0.0%	1.1%
	Other Retail	55.4%	51.7%	57.5%	53.3%	53.2%	50.0%
Total: Retail		**76.5%**	**70.2%**	**78.2%**	**70.0%**	**74.7%**	**70.5%**
Out of Network	Out of Network	3.0%	5.1%	1.1%	3.3%	5.1%	6.8%
Total: Out of Network		**3.0%**	**5.1%**	**1.1%**	**3.3%**	**5.1%**	**6.8%**

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%	36.4%	50.0%	**22.6%**
$100-$110	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$110-$120	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	**1.6%**
$120-$130	0.0%	18.2%	0.0%	0.0%	0.0%	30.3%	0.0%	**19.4%**
$130-$140	8.3%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	**3.2%**
$140-$150	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	**1.6%**
$150-$170	8.3%	0.0%	0.0%	0.0%	0.0%	3.0%	25.0%	**4.8%**
$170-$200	33.3%	18.2%	100.0%	0.0%	0.0%	3.0%	25.0%	**14.5%**
$200-$300	41.7%	36.4%	0.0%	100.0%	0.0%	15.2%	0.0%	**24.2%**
$300-$400	8.3%	27.3%	0.0%	0.0%	0.0%	3.0%	0.0%	**8.1%**
> $400	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Frame Count by Network	**12**	**11**	**1**	**1**	**0**	**33**	**4**	**62**
Network Percent of Total	**19.4%**	**17.7%**	**1.6%**	**1.6%**	**0.0%**	**53.2%**	**6.5%**	**100.0%**
Percent of Frames < Allowance	**0.0%**	**18.2%**	**0.0%**	**0.0%**	**0.0%**	**69.7%**	**25.0%**	**41.9%**
Avg Frame Retail Price	**$226**	**$231**	**$200**	**$206**	**$0**	**$142**	**$118**	**$174**

Average Transaction (CY)			Utilization		Net to	Client	Avg	Client
Service / Material	Lens Type	Count	Percent	Retail	Provider	Savings	Retail	Savings
Exam		87	15.3%	$11,427	$3,494	$7,933	$131	69.4%
Contacts		9	1.6%	$1,692	$1,692	$0	$188	0.0%
Fit & Follow		11	1.9%	$944	$730	$214	$86	22.7%
Frame		62	10.9%	$10,816	$6,897	$3,920	$174	36.2%
Lens	Single Vision	42	7.4%	$3,481	$1,553	$1,929	$83	55.4%
Lens	Multi-Focal Lined	6	1.1%	$749	$434	$315	$125	42.1%
Lens	Std Progressive	9	1.6%	$1,864	$1,136	$728	$207	39.1%
Lens	Tiered Prem Progressive - T1	3	0.5%	$699	$559	$140	$233	20.0%
Lens	Tiered Prem Progressive - T2	1	0.2%	$189	$151	$38	$189	20.0%
Lens	Tiered Prem Progressive - T3	4	0.7%	$1,375	$1,076	$299	$344	21.7%
Lens	Other Prem Progressive	4	0.7%	$1,742	$1,529	$213	$436	12.3%
Lens	Other Lens	0	0.0%	$0	$0	$0	$0	0.0%
	Total Lenses	**69**	**12.1%**	**$10,100**	**$6,438**	**$3,662**	**$146**	**36.3%**

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	103	62	87	176	94	13
Exam	12.6%	21.0%	5.7%	19.3%	20.2%	23.1%
Contacts	1.9%	3.2%	2.3%	1.7%	0.0%	0.0%
Frame	10.7%	16.1%	4.6%	11.9%	14.9%	15.4%
Single Vision	10.7%	17.7%	4.6%	5.1%	7.4%	0.0%
Multi-Focal Lined	1.0%	0.0%	0.0%	1.7%	2.1%	0.0%
Std Progressive	0.0%	0.0%	0.0%	3.4%	2.1%	7.7%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.0%	2.1%	7.7%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	2.3%	0.0%	0.0%
Other Prem Progressive	0.0%	0.0%	0.0%	1.7%	1.1%	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	87	15.3%	$11,427	$17	$11,410	$131	$0	99.9%
Total: Exams	**87**	**15.3%**	**$11,427**	**$17**	**$11,410**	**$131**	**$0**	**99.9%**
Dilation	3	0.5%	$0	$0	$0	$0	$0	0.0%
Retinal Photo	15	2.6%	$578	$528	$50	$39	$35	8.7%
Refraction	62	10.9%	$1,951	$0	$1,951	$31	$0	100.0%
Total: Exam Services	**80**	**14.0%**	**$2,529**	**$528**	**$2,001**	**$32**	**$7**	**79.1%**
Contacts	9	1.6%	$1,692	$510	$1,182	$188	$57	69.9%
Total: Contacts	**9**	**1.6%**	**$1,692**	**$510**	**$1,182**	**$188**	**$57**	**69.9%**
Fit & Follow	11	1.9%	$944	$730	$214	$86	$66	22.7%
Total: Fit & Follow	**11**	**1.9%**	**$944**	**$730**	**$214**	**$86**	**$66**	**22.7%**
Frame	62	10.9%	$10,816	$2,721	$8,095	$174	$44	74.8%
Total: Frames	**62**	**10.9%**	**$10,816**	**$2,721**	**$8,095**	**$174**	**$44**	**74.8%**
Single Vision	42	7.4%	$3,481	$140	$3,341	$83	$3	96.0%
Multi-Focal Lined	6	1.1%	$749	$131	$618	$125	$22	82.5%
Std Progressive	9	1.6%	$1,864	$651	$1,213	$207	$72	65.1%
Tiered Prem Progressive - T1	3	0.5%	$699	$394	$305	$233	$131	43.6%
Tiered Prem Progressive - T2	1	0.2%	$189	$96	$93	$189	$96	49.1%
Tiered Prem Progressive - T3	4	0.7%	$1,375	$880	$495	$344	$220	36.0%
Other Prem Progressive	4	0.7%	$1,742	$1,319	$423	$436	$330	24.3%
Other Lens	0	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Lenses	**69**	**12.1%**	**$10,100**	**$3,611**	**$6,488**	**$146**	**$52**	**64.2%**

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating	28	4.9%	$2,396	$1,380	$1,016	$86	$49	42.4%
Anti-Reflective Coating Tier 1	4	0.7%	$380	$304	$76	$95	$76	20.0%
Anti-Reflective Coating Tier 2	2	0.4%	$215	$172	$43	$108	$86	20.0%
Anti-Reflective Coating Tier 3	15	2.6%	$2,462	$1,970	$492	$164	$131	20.0%
Total: Anti-Reflective Coating	**49**	**8.6%**	**$5,453**	**$3,826**	**$1,627**	**$111**	**$78**	**29.8%**
High Index	8	1.4%	$1,370	$1,096	$274	$171	$137	20.0%
Total: High Index	**8**	**1.4%**	**$1,370**	**$1,096**	**$274**	**$171**	**$137**	**20.0%**
Polycarbonate	43	7.5%	$2,705	$1,374	$1,331	$63	$32	49.2%
Total: Polycarbonate	**43**	**7.5%**	**$2,705**	**$1,374**	**$1,331**	**$63**	**$32**	**49.2%**
Photochromic - Plastic	12	2.1%	$1,900	$1,520	$380	$158	$127	20.0%
Total: Photochromic	**12**	**2.1%**	**$1,900**	**$1,520**	**$380**	**$158**	**$127**	**20.0%**
Premium Scratch Coating	1	0.2%	$0	$0	$0	$0	$0	0.0%
Scratch Coating	18	3.2%	$98	$0	$98	$5	$0	100.0%
Total: Scratch Coating	**19**	**3.3%**	**$98**	**$0**	**$98**	**$5**	**$0**	**100.0%**
Tint	10	1.8%	$283	$120	$163	$28	$12	57.6%
Total: Tint	**10**	**1.8%**	**$283**	**$120**	**$163**	**$28**	**$12**	**57.6%**
Other Misc Add-Ons	5	0.9%	$103	$82	$21	$21	$16	20.0%
Polarize Lens	4	0.7%	$360	$288	$72	$90	$72	20.0%
Roll/Polish	2	0.4%	$0	$0	$0	$0	$0	0.0%
Ultra-Violet Coating	21	3.7%	$155	$105	$50	$7	$5	32.3%
Total: Other	**32**	**5.6%**	**$618**	**$475**	**$143**	**$19**	**$15**	**23.1%**
Total: Service / Material (CY)	**491**	**24.4%**	**$49,933**	**$16,527**	**$33,406**	**$359**	**$119**	**66.9%**

GVS - Warehouse Local 730

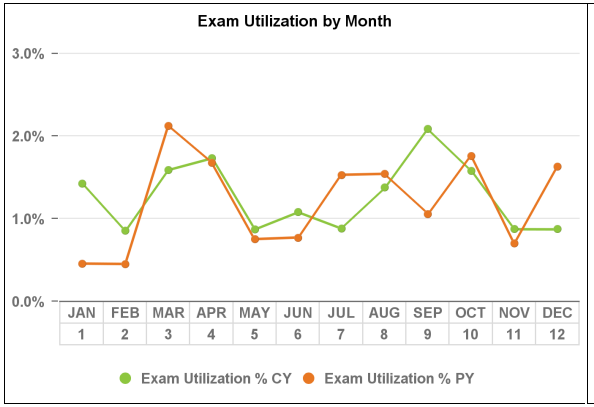
Group ID	Group Name	Plan	Effective Date	Renewal Date	Voluntary Indicator	Type
9756487 1001	GVS WHSE LOCAL 730 HW FUND1	0101	8/1/2009		Non-Voluntary	Fee for Service

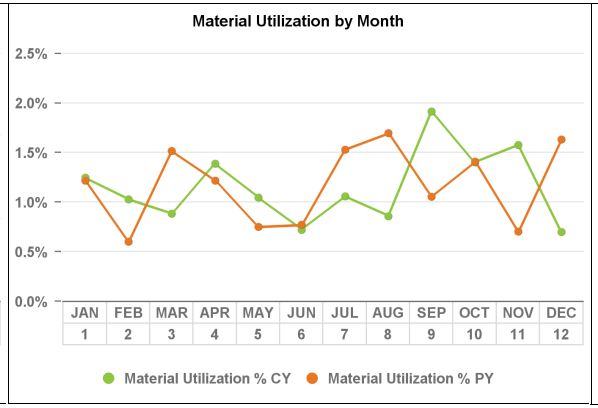
Report Name	Field & Definition
General	*Claims must include a funded exam, frame, lens or contact to be included within these reports. *Fit & Follow Up must be attached to a claim with a funded exam or contact to be included within these reports. CY - Current year reporting period. PY - Prior year reporting 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.

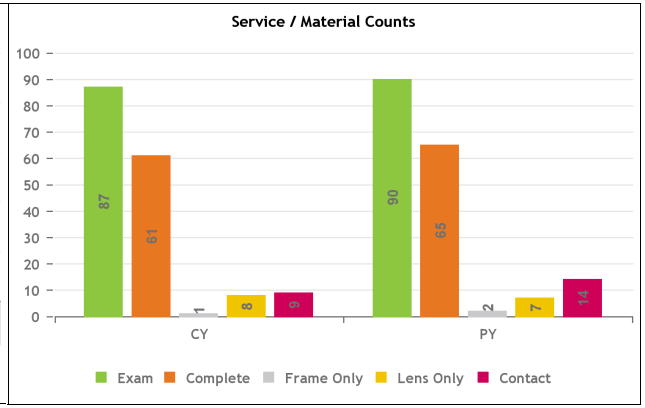
Group: **9756487 1001 - GVS WHSE LOCAL 730 HW FUND1**

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	296	333	561	657	9	8	8	$320	3	$120	7	$819	8	$980
FEBRUARY	317	336	583	664	7	5	5	$200	3	$120	6	$655	4	$434
MARCH	309	331	565	658	10	15	9	$360	14	$560	5	$525	10	$1,109
APRIL	315	334	576	656	12	12	10	$400	11	$432	8	$740	8	$752
MAY	313	338	573	664	8	7	5	$200	5	$200	6	$730	5	$589
JUNE	302	328	553	647	7	7	6	$245	5	$200	4	$510	5	$475
JULY	312	337	566	653	9	13	5	$192	10	$400	6	$589	10	$1,022
AUGUST	317	335	580	648	9	14	8	$320	10	$405	5	$604	11	$1,185
SEPTEMBER	310	297	574	568	15	8	12	$480	6	$232	11	$1,167	6	$662
OCTOBER	312	297	570	567	11	11	9	$360	10	$400	8	$879	8	$958
NOVEMBER	312	299	570	568	9	4	5	$200	4	$170	9	$921	4	$409
DECEMBER	309	293	571	551	6	11	5	$200	9	$352	4	$442	9	$943
	310	**322**	**570**	**625**	**112**	**115**	**87**	**$3,477**	**90**	**$3,591**	**79**	**$8,581**	**88**	**$9,519**







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	20.5%	24.7%	20.7%	26.7%	20.3%	22.7%
Total: Independent		**20.5%**	**24.7%**	**20.7%**	**26.7%**	**20.3%**	**22.7%**
Retail	LensCrafters	14.5%	15.7%	13.8%	15.6%	15.2%	15.9%
	Pearle Vision	4.8%	1.1%	5.7%	1.1%	3.8%	1.1%
	Target Optical	1.2%	1.1%	1.1%	0.0%	1.3%	2.3%
	Contacts Direct	0.6%	0.0%	0.0%	0.0%	1.3%	0.0%
	Glasses.com	0.0%	0.6%	0.0%	0.0%	0.0%	1.1%
	Other Retail	55.4%	51.7%	57.5%	53.3%	53.2%	50.0%
Total: Retail		**76.5%**	**70.2%**	**78.2%**	**70.0%**	**74.7%**	**70.5%**
Out of Network	Out of Network	3.0%	5.1%	1.1%	3.3%	5.1%	6.8%
Total: Out of Network		**3.0%**	**5.1%**	**1.1%**	**3.3%**	**5.1%**	**6.8%**

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%	36.4%	50.0%	**22.6%**
$100-$110	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
$110-$120	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	**1.6%**
$120-$130	0.0%	18.2%	0.0%	0.0%	0.0%	30.3%	0.0%	**19.4%**
$130-$140	8.3%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	**3.2%**
$140-$150	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	**1.6%**
$150-$170	8.3%	0.0%	0.0%	0.0%	0.0%	3.0%	25.0%	**4.8%**
$170-$200	33.3%	18.2%	100.0%	0.0%	0.0%	3.0%	25.0%	**14.5%**
$200-$300	41.7%	36.4%	0.0%	100.0%	0.0%	15.2%	0.0%	**24.2%**
$300-$400	8.3%	27.3%	0.0%	0.0%	0.0%	3.0%	0.0%	**8.1%**
> $400	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Frame Count by Network	**12**	**11**	**1**	**1**	**0**	**33**	**4**	**62**
Network Percent of Total	**19.4%**	**17.7%**	**1.6%**	**1.6%**	**0.0%**	**53.2%**	**6.5%**	**100.0%**
Percent of Frames < Allowance	**0.0%**	**18.2%**	**0.0%**	**0.0%**	**0.0%**	**69.7%**	**25.0%**	**41.9%**
Avg Frame Retail Price	**$226**	**$231**	**$200**	**$206**	**$0**	**$142**	**$118**	**$174**

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

Plan: **0101**

Average Transaction (CY)								
Service / Material	Lens Type	Count	Utilization Percent	Retail	Net to Provider	Client Savings	Avg Retail	Client Savings
Exam		87	15.3%	$11,427	$3,494	$7,933	$131	69.4%
Contacts		9	1.6%	$1,692	$1,692	$0	$188	0.0%
Fit & Follow		11	1.9%	$944	$730	$214	$86	22.7%
Frame		62	10.9%	$10,816	$6,897	$3,920	$174	36.2%
Lens	Single Vision	42	0.0%	$3,481	$1,553	$1,929	$83	55.4%
Lens	Multi-Focal Lined	6	0.0%	$749	$434	$315	$125	42.1%
Lens	Std Progressive	9	0.0%	$1,864	$1,136	$728	$207	39.1%
Lens	Tiered Prem Progressive - T1	3	0.0%	$699	$559	$140	$233	20.0%
Lens	Tiered Prem Progressive - T2	1	0.0%	$189	$151	$38	$189	20.0%
Lens	Tiered Prem Progressive - T3	4	0.0%	$1,375	$1,076	$299	$344	21.7%
Lens	Other Prem Progressive	4	0.0%	$1,742	$1,529	$213	$436	12.3%
Lens	Other Lens	0	0.0%	$0	$0	$0	$0	0.0%
	Total Lenses	**69**	**0.0%**	**$10,100**	**$6,438**	**$3,662**	**$146**	**36.3%**

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	103	62	87	176	94	13
Exam	12.6%	21.0%	5.7%	19.3%	20.2%	23.1%
Contacts	1.9%	3.2%	2.3%	1.7%	0.0%	0.0%
Frame	10.7%	16.1%	4.6%	11.9%	14.9%	15.4%
Single Vision	10.7%	17.7%	4.6%	5.1%	7.4%	0.0%
Multi-Focal Lined	1.0%	0.0%	0.0%	1.7%	2.1%	0.0%
Std Progressive	0.0%	0.0%	0.0%	3.4%	2.1%	7.7%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.0%	2.1%	7.7%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	2.3%	0.0%	0.0%
Other Prem Progressive	0.0%	0.0%	0.0%	1.7%	1.1%	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	87	15.3%	$11,427	$17	$11,410	$131	$0	99.9%
Total: Exams	**87**	**15.3%**	**$11,427**	**$17**	**$11,410**	**$131**	**$0**	**99.9%**
Dilation	3	0.5%	$0	$0	$0	$0	$0	0.0%
Retinal Photo	15	2.6%	$578	$528	$50	$39	$35	8.7%
Refraction	62	10.9%	$1,951	$0	$1,951	$31	$0	100.0%
Total: Exam Services	**80**	**14.0%**	**$2,529**	**$528**	**$2,001**	**$32**	**$7**	**79.1%**
Contacts	9	1.6%	$1,692	$510	$1,182	$188	$57	69.9%
Total: Contacts	**9**	**1.6%**	**$1,692**	**$510**	**$1,182**	**$188**	**$57**	**69.9%**
Fit & Follow	11	1.9%	$944	$730	$214	$86	$66	22.7%
Total: Fit & Follow	**11**	**1.9%**	**$944**	**$730**	**$214**	**$86**	**$66**	**22.7%**
Frame	62	10.9%	$10,816	$2,721	$8,095	$174	$44	74.8%
Total: Frames	**62**	**10.9%**	**$10,816**	**$2,721**	**$8,095**	**$174**	**$44**	**74.8%**
Single Vision	42	0.0%	$3,481	$140	$3,341	$83	$3	96.0%
Multi-Focal Lined	6	0.0%	$749	$131	$618	$125	$22	82.5%
Std Progressive	9	0.0%	$1,864	$651	$1,213	$207	$72	65.1%
Tiered Prem Progressive - T1	3	0.0%	$699	$394	$305	$233	$131	43.6%
Tiered Prem Progressive - T2	1	0.0%	$189	$96	$93	$189	$96	49.1%
Tiered Prem Progressive - T3	4	0.0%	$1,375	$880	$495	$344	$220	36.0%
Other Prem Progressive	4	0.0%	$1,742	$1,319	$423	$436	$330	24.3%
Other Lens	0	0.0%	$0	$0	$0	$0	$0	0.0%
Total: Lenses	**69**	**0.0%**	**$10,100**	**$3,611**	**$6,488**	**$146**	**$52**	**64.2%**

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

Plan: **0101**

Service / Material Averages (CY)	Lens Options Grouping Sort	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating	1	28	0.0%	$2,396	$1,380	$1,016	$86	$49	42.4%
Anti-Reflective Coating Tier 1	1	4	0.0%	$380	$304	$76	$95	$76	20.0%
Anti-Reflective Coating Tier 2	1	2	0.0%	$215	$172	$43	$108	$86	20.0%
Anti-Reflective Coating Tier 3	1	15	0.0%	$2,462	$1,970	$492	$164	$131	20.0%
Total: Anti-Reflective Coating		**49**	**0.0%**	**$5,453**	**$3,826**	**$1,627**	**$111**	**$78**	**29.8%**
High Index	2	8	0.0%	$1,370	$1,096	$274	$171	$137	20.0%
Total: High Index		**8**	**0.0%**	**$1,370**	**$1,096**	**$274**	**$171**	**$137**	**20.0%**
Polycarbonate	3	43	0.0%	$2,705	$1,374	$1,331	$63	$32	49.2%
Total: Polycarbonate		**43**	**0.0%**	**$2,705**	**$1,374**	**$1,331**	**$63**	**$32**	**49.2%**
Photochromic - Plastic	4	12	0.0%	$1,900	$1,520	$380	$158	$127	20.0%
Total: Photochromic		**12**	**0.0%**	**$1,900**	**$1,520**	**$380**	**$158**	**$127**	**20.0%**
Premium Scratch Coating	5	1	0.0%	$0	$0	$0	$0	$0	0.0%
Scratch Coating	5	18	0.0%	$98	$0	$98	$5	$0	100.0%
Total: Scratch Coating		**19**	**0.0%**	**$98**	**$0**	**$98**	**$5**	**$0**	**100.0%**
Tint	6	10	0.0%	$283	$120	$163	$28	$12	57.6%
Total: Tint		**10**	**0.0%**	**$283**	**$120**	**$163**	**$28**	**$12**	**57.6%**
Other Misc Add-Ons	7	5	0.0%	$103	$82	$21	$21	$16	20.0%
Polarize Lens	7	4	0.0%	$360	$288	$72	$90	$72	20.0%
Roll/Polish	7	2	0.0%	$0	$0	$0	$0	$0	0.0%
Ultra-Violet Coating	7	21	0.0%	$155	$105	$50	$7	$5	32.3%
Total: Other		**32**	**0.0%**	**$618**	**$475**	**$143**	**$19**	**$15**	**23.1%**
Total: Service / Material (CY)	**491**	**24.4%**	**$49,933**	**$16,527**	**$33,406**	**$359**	**$119**	**66.9%**	