FELRA AND UFCW VEBA FUND

UFCW AND FELRA LEGAL BENEFITS FUND

UFCW AND FELRA SCHOLARSHIP FUND

BOARD OF TRUSTEE MEETINGS

DECEMBER 15, 2021

FELRA & UFCW VEBA FUND

AGENDA

DECEMBER 15, 2021

(Approximately 11:00 a.m.)

I. CALL TO ORDER

II. MINUTES (pg. 4-16)
- **A. REGULAR MEETING – SEPTEMBER 27, 2021**
- **B. APPEALS COMMITTEE MEETING – OCTOBER 13, 2021**
- **C. APPEALS COMMITTEE MEETING – NOVEMBER 5, 2021**

III. FINANCIAL REPORT (pg. 18-19)
- **A. PNC REPORT**
- **B. INVESTMENT PERFORMANCE SERVICES**

IV. CONSULTANTS' REPORTS (pg. 21-25)
- **A. SEGAL COMPANY**
  - **i. CAREFIRST RENEWAL**
  - **ii. SUPERIOR VISION RENEWAL**
  - **iii. TELEHEALTH EXTENSION**
  - **iv. PREVENTIVE LIST**
  - **v. PLANS XX AND XXX PART TIME DEPENDENT CHILD RATES 2022**
- **B. CONFIDIO**
  - **i. MANAGED PHARMACY REPORT**

V. ATTORNEYS' REPORT (pg. 27-38)
- **A. REGULAR**
- **B. DELINQUENCY REPORT**
- **C. SUBROGATION**

VI. ADMINISTRATIVE MANAGER'S REPORT - (3Q21) (pg. 40-104)

VII. INVOICES (pg. 106-107)

VIII. OTHER FUND BUSINESS
- **A. SAFEWAY PAYROLL AUDIT – STATUS UPDATE**
- **B. ACTIVE OPEN ENROLLMENT UPDATE**
- **C. COVID-19 RELATED CLAIMS PROCESSING – STATUS UPDATE**
- **D. COBRA PREMIUM SUBSIDY – STATUS UPDATE**
- **E. MEDICARE LATE ENROLLMENT PENALTY**
- **F. MISCELLANEOUS CORRESPONDENCE**

IX. NEXT MEETING DATE AND LOCATION (TBD)

X. ADJOURNMENT

MINUTES

FELRA & UFCW Health & Welfare Plan

A Plan of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

A Program of the FELRA and UFCW VEBA Fund

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
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MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES
OF THE FELRA AND UFCW VEBA FUND
VIA VIDEO CONFERENCE
SEPTEMBER 27, 2021

The following Trustees were present:

Union Trustees	**Employer Trustees**
M. Federici – Secretary	J. Paradis – Chairman
J. Chorpenning	D. Dosenbach
A. Hanson	M. Goble

Also present were:

Y. Anwar – UFCW Local 400
N. Eid - Confidio
J. Hack – UFCW Local 27
J. Harrison – UFCW Local 27
D. Jensen – Associated Administrators, LLC
M. Kreps – Groom Law Group
C. McDonough – Investment Performance Services
R. McKnight – Associated Administrators, LLC
C. Murphy – Associated Administrators, LLC
S. Sanchez – Slevin & Hart, P.C.
A. Sims – Associated Administrators, LLC
B. Slevin – Slevin & Hart, P.C.
J. Timm – The Segal Company
L. Walsh – Associated Administrators, LLC
M. Wilson – UFCW Local 400
A. Yu – Investment Performance Services

I. CALL TO ORDER

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

II. MINUTES

The Trustees reviewed the minutes of the last regular meeting held on June 22, 2021, and the Appeals Committee meetings of July 6, 2021, August 13, 2021 and September 2, 2021, all of which were pre-circulated.

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

> **RESOLVED that the minutes of the regular meeting held on June 22, 2021, and the Appeals Committee meetings of July 6, 2021, August 13, 2021 and September 2, 2021 are approved, as presented.**

III. FINANCIAL REPORT

A. PNC Bank

1. Summary of Activity Report – ERISA Account – August 31, 2021

Mr. Jensen presented the PNC Summary of Activity report for the period January 1, 2021 through August 31, 2021. Such report indicated a beginning market value of $32,607,051, an investment gain of $800,223, receipts of $72,828,732, and disbursements of $87,981,014, producing an ending market value of $18,254,992 as of August 31, 2021.

2. Summary of Activity Report – Non-ERISA Account DDA – August 31, 2021

Mr. Jensen presented the PNC Summary of Activity report for the Non-ERISA account for the period January 1, 2021 through August 31, 2021. Such report indicated a beginning market value of $7,130,603, no investment change of, receipts of $75,390,290, and disbursements of $75,089,998, producing an ending market value of $7,430,896 as of August 31, 2021.

3. Reserves

Mr. Jensen noted that as of August 31, 2021, the FELRA VEBA Fund had $24,754,326 in reserves, representing 2.30 months of reserves, compared to 2.19 months as of July 31, 2021. The average expense for the four quarters ending June 30, 2021 was $10,744,650.

B. Investment Performance Services

The Trustees welcomed Mr. Chris McDonough, and Ms. Angela Yu of Investment Performance Services ("IPS") to the meeting.

1. Master Consulting Report – June 30, 2021

Mr. McDonough reviewed the Master Consulting Report for the period ending June 30, 2021. Such report indicated a beginning market value of $19,145,429, a net cash flow of negative $1,130,421, and a net investment change of $385,215, resulting in an ending market value of $18,400,224. The year-to-date performance through June 30, 2021 was 2.5%, gross of fees.

2. Preliminary Performance Update – July 31, 2021

Mr. McDonough reviewed the Preliminary Performance Report for the period ending July 31, 2021. Such report indicated a beginning market value of $18,400,224, negative net cash flow of $1,727,187, and a net investment change of $127,489, resulting in an ending market value of $16,800,525. The year-to-date performance was 3.2%, gross of fees.

The Trustees thanked the representatives of Investment Performance Services for their report and they were excused from the meeting.

C. Calibre CPA Group, PLLC ("Calibre")

The Trustees welcomed Mr. Joseph Herishen of Calibre to the meeting.

1. Financial Statements – December 31, 2020

Mr. Herishen presented the Financial Statements for the period ended December 31, 2020. He stated that the auditor's opinion was an unmodified opinion and the financial statements were in conformity with the generally accepted accounting principles.

Mr. Herishen reported that the total assets as of December 31, 2020 were $52,302,947 and the total liabilities were $2,472,788, producing net assets available for benefits of $49,830,159. Mr. Herishen reviewed the notes of the Financial Statements, Schedule of Assets Held for Investment Purposes, Schedule of Employer Contributions, and Schedule of Administrative Expenses.

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

RESOLVED, to accept the Auditor's 2020 Financial Statements as presented.

IV. CONSULTANT'S REPORT

The Trustees welcomed Mr. Josh Timm of the Segal Company (“Segal”) and Ms. Nancy Eid of Confidio to the meeting.

A. <u>The Segal Company</u>

1. Beacon Health Options Renewal

Mr. Timm reviewed the Beacon Health Options renewal pricing proposal. He noted that Beacon was proposing no increase in their rates for calendar years 2022 and 2023, and a 1% increase for 2024. He noted that the proposal appears to be reasonable and competitive.

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

> **RESOLVED to approve the renewal of Beacon Health Options’ contract for the MHSA and EAP services for the period January 1, 2022 through December 31, 2024, as presented.**

B. <u>Confidio</u>

1. <u>Managed Pharmacy Report</u>

Ms. Eid reviewed Confidio’s Executive Summary – Q2 2021 Key Performance Indicators. She noted that the Pharmacy Benefit Management (“PBM”) Program indicated for active members that the average number of members enrolled, per month, decreased from 17,448 in Q2 2020 to 16,647 in Q2 2021, representing a decrease of 5%. The number of unique patients increased from 8305 in Q2 2020 to 10,530 in Q2 2021, representing an increase of 26.8%. The average member age for Q2 2021 was 44. The Plan’s net cost in Q2 2021 increased to $6,086,464, compared to $5,902,965 for Q2 2020, representing a 3.1% increase. The Plan net cost PPPM increased to $121.87 in Q2 2021 compared to $112.77 in Q2 2020, representing a 8.1% increase.

Ms. Eid reviewed the Q2 2021 key performance indicators for the EGWP (retiree) Plans, noting that the average number of members enrolled, per month, increased by 23% from 1,620 in Q2 2020to 1,993 in Q2 2021. The number of unique patients decreased from 1,862 in Q2 2020 to 1,837 in Q2 2021, representing a decrease of 1.3%. The average member age for Q2 2021 was 75.6. The Plan’s net cost in Q2 2021 decreased to $1,546,420, compared to $1,673,090 for Q2 2020, representing a 7.6% decrease. The Plan net cost PPPM decreased to $258.51 in Q2 2021 compared to $266.20 in Q2 2020, representing a decrease of 2.9%.

Ms. Eid stated that the Fund's three cost management programs are still performing well, with cumulative savings for the period July 1, 2020 through June 30, 2021 of $4,804,618, or 138.5% of the estimated annualized goal.

Ms. Eid reviewed additional Utilization Management (UM) program recommendations for the Trustees' consideration, including prior authorization recommendations and drug quantity limit recommendations, and explained the estimated savings and reasons for the recommendations.

After discussion, On Motion made and seconded, the Trustees voted unanimous approval of the following resolution.

> **RESOLVED, to approve the UM recommendations made by Confidio, effective January 1, 2022 for the Active Plan and Retiree Plan, with grandfathering of current prescriptions as recommended by Confidio.**

Ms. Eid reported that the Trustees will need to execute certain documents to implement the prescription drug program changes.

Ms. Eid reported that the Fund has two near-term opportunities to improve prescription pricing for the Active Plan and Retiree Plan: (1) the Fund has a contractual right to perform a market check by benchmarking the Fund's pricing against pricing that is commercially available in the competitive marketplace for plans materially similar to the Fund for the same period; and (2) the Fund may perform a request for proposal for PBM services in advance of the expiration of the current contract term on December 31, 2022.

Ms. Eid reviewed the requirements for the market check, noting that during Q3 and Q4 2021, the Fund may present evidence to Express Scripts that better pricing is available in the marketplace for clients similar in size, demographics, and contract terms. She said the expected savings to the Fund would be between 2% and 5% annualized and the effective date for adjusting pricing would be January 1, 2022, assuming new pricing is approved by the Fund and Express Scripts no later than November 1, 2021. Ms. Eid stated that Confidio's fee to perform the market check, including preparing and presenting the benchmark reports, negotiating competitive pricing adjustments, and negotiating the necessary contract amendments would be $12, 500.

After discussion, On Motion made and seconded, the Trustees voted unanimous approval of the following resolution.

RESOLVED, to engage Confidio to perform the 2021 Market Check for a fee of $12,500.

Ms. Eid provided an overview of the competitive bidding RFP process, noting that the objective would be to leverage the competitive marketplace to drive best in class pricing, contract terms and conditions. She said the optimal timing for submitting an RFP to vendor candidates would be the second quarter of 2022, for a January 1, 2023 effective date. She noted that this process generally takes three to four months to complete and contract negotiations take an additional 60 to 120 days. Ms. Eid reported that the estimated savings to the Fund would be between 7% and 10% annualized. She stated that Confidio's fee to manage the RFP process, including RFP design, vendor solicitation, scoring and reporting on RFP results, and facilitating contract negotiations would be $60,000.

After discussion, On Motion made and seconded, the Trustees voted unanimous approval of the following resolution.

RESOLVED, to engage Confidio to perform the Competitive Bidding RFP for a fee of $60,000.

Ms. Eid reported on the SaveOn program change effective January 1, 2022, noting that SaveOn is changing from a flat copay program to a 30% coinsurance, which is expected to bring additional savings to the Fund of approximately $0.45 to $0.65 PMPM or a 10% increase in PMPM savings, with no impact on participants.

V. ATTORNEY'S REPORT

A. Blue Cross Blue Shield Class Action

Mr. Slevin reported on a class action involving the Blue Cross Blue Shield Association.

B. Mental Health Parity Review Services

Ms. Sanchez reported on Segal's proposal to provide Mental Health Parity review services for benefits provided by the Fund. Mr. Timm presented the proposal, explaining that Segal would provide a compliance review and documented analysis of the Plan's non-quantitative treatment limits ("NQTLs"). He noted that Segal proposes a fee of the lesser of $30,000 or the actual billed amount to perform this analysis.

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

> **RESOLVED, to approve engaging Segal to perform the NQTL Review for a fee not to exceed $30,000.**

C. <u>Consolidated Appropriations Act</u>

Ms. Sanchez reported on the Consolidated Appropriations Act ("CAA"), including the No Surprises Act, and the Transparency in Coverage Final Rule, as well as agency guidance that has been issued.

D. <u>COBRA Subsidy</u>

Ms. Sanchez reported on the COBRA subsidy under the American Rescue Plan Act of 2021. Ms. Sims reported that the Fund office has issued the required termination notices regarding the subsidy and has filed the Form 940 requesting the tax credit for the subsidized COBRA premiums.

E. <u>ACA Non-Discrimination Requirements</u>

Ms. Sanchez reported on HHS's Final rule implementing Section 1557 of the ACA.

F. <u>Delinquency Policy Amendment</u>

Ms. Sanchez reported on an amendment to the Delinquency Policy.

G. <u>EpiPen Class Action</u>

Ms. Sanchez reported on the EpiPen Class Action.

H. <u>Valeant Pharmaceuticals Class Action</u>

Ms. Sanchez reported on the Valeant Pharmaceuticals Class Action.

I. <u>Mallinckrodt Bankruptcy Action</u>

Ms. Sanchez reported on the Mallinckrodt Bankruptcy Action.

J. <u>Purdue Pharma Bankruptcy Action</u>

Ms. Sanchez report on the Purdue Pharma Bankruptcy Action.

K. <u>Administrative Services Agreement</u>

Ms. Sanchez reported on the amendment to Associated Administrators, LLC's contract.

L. Summary Plan Descriptions ("SPD")

Ms. Sanchez reported on the status of the Fund's SPD restatements.

M. Dentegra – Appeal Process

Ms. Sanchez reported on Dentegra's contract and appeal process.

N. Safeway 2014-2017 Payroll Audit Delinquency

Ms. Sanchez reported on Safeway's payroll audit delinquency.

O. Fiduciary Liability Policy and Fidelity Bond Policy

Ms. Sanchez reported on the Fund's renewal fiduciary liability insurance policy and renewal fidelity bond policy.

P. Calibre Engagement Letter

Ms. Sanchez reported on Calibre's engagement letter and side letter.

Q. Superior Vision Policy

Ms. Sanchez reported on the Fund's Superior Vision Policy and Evidence of Coverage.

R. Symetra Policy

Ms. Sanchez reported on the Fund's Symetra life insurance policy.

S. Subrogation Report

Mr. Jensen stated that Slevin & Hart had reported subrogation recoveries of $31,930.94, with $7,982.74 payable to Slevin & Hart for the second quarter 2021.

VI. ADMINISTRATIVE MANAGER'S REPORT

A. Second Quarter 2021 – Combined Fund Recap

Mr. Jensen presented the Administrative Manager's Report Second Quarter 2021. For the combined VEBA Fund, Active and Retiree Plans, total income was $30,881,297. Expenses totaled $30,260,063, producing a net surplus of $621,234 for the second quarter 2021. Mr. Jensen noted that contributions were made on behalf of 15,895 active Plan participants.

Mr. Jensen presented a snapshot of work performed by Associated Administrators during the second quarter 2021. The report reflected the processing of 323 accident and sickness claims, 100 appeals, 28,678 participant service calls, the production of 2,187 COBRA notices, the processing of 91,045 medical claims, and mailings to 100,875 Plan participants.

VII. INVOICES

The Trustees reviewed the lists of invoices for the Active Plan and Retiree Plan dated September 27, 2021. It was noted there was one addition to the list.

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

> **RESOLVED that the invoices on the lists dated September 27, 2021 for the Active Plan and Retiree Plan, including one additional presented invoice, are approved for payment.**

VIII. OTHER FUND BUSINESS

A. **Safeway Payroll Audit – Status Update**

Mr. Jensen reported that Safeway has not remitted payment in the amount of $38,141.60 for the payroll audit conducted by Calibre. Mr. Dosenbach indicated that payment is forthcoming.

B. COBRA Rate – Status Update

Mr. Jensen reported that approved COBRA rates effective October 1, 2021 have been implemented and eligible participants were notified of the rate change.

C. 2022 Kaiser Permanente Medicare Advantage Renewal

Mr. Jensen presented the Kaiser Permanente 2022 Medicare Advantage renewal for the period January 1, 2022 to December 31, 2022. He noted that the rates would increase by 1.3% in 2022. The proposed 2022 rates are $246.36 per participant per month and $142.00 per participant per month for the Part Time Spouse Only coverage. After review,

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

RESOLVED to approve the 1.3% to the Kaiser Permanente Medicare Advantage Plan 2022 – 2024 rates, effective January 1, 2022.

D. Kaiser Permanente Active Rates Effective 10/01/2021

Mr. Jensen noted that that the Kaiser Permanente Active rates, effective for the period October 1, 2021 to September 30, 2022, have been implemented and notices were mailed to eligible participants.

E. COVID-19 Related Claims Processing

Mr. Jensen provided a summary of COVID-19 medical claims experience for the period January 1, 2021 through July 31, 2021. He noted that 5,931 tests were paid at a cost of $737,857.85. Treatment was provided to 1,205 plan participants at a cost of $775,617.45. He noted that there were three COVID claims paid in excess of $50,000. 814 COVID vaccines were paid in the amount of $38,592.04 and 3,762 telehealth claims were paid in the amount of $188,208.00.

F. COBRA Premium Subsidy

Mr. Jensen noted that COBRA Premium subsidy termination notices had been sent to 21 Plan participants on September 1, 2021.

G. Dentegra Transition/Credit

Mr. Jensen reported that the Fund had received the implementation credit allowance of $20,000 from Dentegra.

H. Miscellaneous Correspondence

1. ESI Rebate Checks

Mr. Jensen reported that the Fund had received a rebate check from ESI for the fourth quarter 2020 in the amount of $1,289,451.47. He further reported that the Fund had received a rebate check from ESI related to first quarter 2021 EGWP in the amount of $1,437,235.00.

2. Madoff Victim Fund

Mr. Jensen reported that the Fund had received a check in the amount of $101,990.27 from the Madoff Victim Fund.

3. Patient-Centered Outreach Institute ("PCORI")

Mr. Jensen reported the fees owed for PCORI were paid on July 7, 2021 in the amount of $51,580.06.

IX. ADOPTION OF COMMITTEE RECOMMENDATIONS

After review of the recommendations made by the Severance, Legal and Scholarship Committees during their meetings,

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

> **RESOLVED, that the recommendations made by the Severance, Legal and Scholarship Committees are adopted.**

X. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees noted that the next meeting is scheduled for December 15, 2021. The meeting will be held virtually.

XI. ADJOURNMENT

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

Respectfully submitted,

Mark Federici, Secretary

21043086v1

APPEALS EMAILED TO THE APPEALS SUBCOMMITTEE
OF THE FELRA & UFCW VEBA FUND ON OCTOBER 13, 2021
AND RESOLVED VIA EMAIL

The following Committee members made determinations on the appeals:

UNION TRUSTEES
Y. Anwar
T. Hipkins

EMPLOYER TRUSTEE
M. Goble

Also present was:
C. Brown – Associated Administrators, LLC

APPEALS
The following appeals were reviewed by the Trustees:

Local 27 – September 2021

Code	Issue	Decision
M21/318-3535	Experimental/Investigational (Avastin)	#1 Approved #2 Approved
M21/335-3773	Loss of Coverage	Denied

Local 400 – September 2021

Code	Issue	Decision
A21/107-9891	Accident & Sickness – Not Actively at Work	Denied
E21/178-9872	Initial Enrollment	Denied
E21/180-7289	Initial Enrollment	Denied
E21/177-3563	Retiree Network of Coverage (Kaiser Medicare HMO)	Denied
Rx21/183-2654	Brand Name (Synthroid)	Approved
M21/260-5102	Late Filing	Denied
M21/320-3721	Laboratory Services	Denied
M21/339-5613	Nonparticipating Provider	Denied
M21/336-0074-B	CRNA	Denied
M21/336-0074-C	Excluded Services	Denied
M21/337-9950	Pre-Service, Excluded Services (Hearing Aids)	Denied
M21/297-5697	Chiropractic Benefit Maximum	Denied

Respectfully submitted,

Chris Brown, Appeals Supervisor

APPEALS EMAILED TO THE APPEALS SUBCOMMITTEE
OF THE FELRA & UFCW VEBA FUND ON NOVEMBER 5, 2021
AND RESOLVED VIA EMAIL

The following Committee members made determinations on the appeals:

UNION TRUSTEES
Y. Anwar
T. Hipkins

EMPLOYER TRUSTEE
M. Goble

Also present was:
C. Brown – Associated Administrators, LLC

APPEALS
The following appeals were reviewed by the Trustees:

Local 27 – October 2021

Code	Issue	Decision
E21/186-4405	Dependent Spouse Eligibility Audit *(Late but **complete**)*	Approved
E21/182-7754	Dependent Spouse Eligibility Audit *(Late and **incomplete**)*	Denied
M21/359-1729	CRNA	Denied
M21/346-5925	CRNA	Denied
M21/345-2815	CRNA	Denied
M21/347-8674	CRNA	Denied
M21/355-8678	Schedule of Benefits for Durable Medical Equipment	Denied

Local 400 – October 2021

Code	Issue	Decision
A21/108-5891	Accident & Sickness – Successive Periods of Disability	Denied
A21/110-6395	Accident & Sickness – Not Eligible	Denied
E21/188-6258	Initial Enrollment	Denied
E21/187-4534	Kaiser Open Enrollment	Approved Non-precedent
E21/189-2105	(#1) Kaiser Open Enrollment, (#2) Enrollment of Dependent Child	#1 Denied #2 Denied
E21/184-5449	Dependent Spouse Eligibility Audit *(Late but **complete**)*	Approved
E21/181-0265	Dependent Spouse Eligibility Audit *(Late but **complete**)*	Approved
E21/179-8201	Enrollment of Dependent Spouse (Retiree)	Denied
M21/350-9231	CRNA	Denied
M21/351-8957	Laboratory Services	Denied
M21/352-3660	Laboratory Services	Denied

Respectfully submitted,

Chris Brown, Appeals Supervisor

FINANCIAL REPORT

FELRA & UFCW VEBA WELFARE FUND
SUMMARY OF ACTIVITY
JANUARY 1, 2021 to OCTOBER 31, 2021

Item	Amount
Market Value 01/01/2021	$32,607,051
Earnings	$782,634
Receipts	$93,515,267
Disbursements	($109,978,613)
Market Value 10/31/2021	$16,926,339

PNC BANK, NA

FELRA & UFCW VEBA WELFARE FUND - NON ERISA DDA
SUMMARY OF ACTIVITY
JANUARY 1, 2021 to OCTOBER 31, 2021

Item	Amount
Market Value 01/01/2021	$7,130,603
Earnings	-
Receipts	$90,125,656
Disbursements	($96,392,194)
Market Value 10/31/2021	$864,066

PNC BANK, NA

CONSULTANTS' REPORT

TO: Members of the Board of Trustees of the FELRA Health and Welfare Fund

Anne-Marie Sims, Chief Business Officer, Associated Administrators, LLC

Joshua Timm, Vice Chief Business Officer, Segal

FROM: Joe Scibilia, Vice President Commercial Markets Sales, CareFirst BlueCross BlueShield

Romil Aparentado, Labor Relations Account Consultant, CareFirst BlueCross BlueShield

RE: Network Lease and FlexLink Renewal Rates (January 1, 2022 – December 31, 2026)

DATE: November 8, 2021

CareFirst BlueCross BlueShield would like to thank the FELRA Board of Trustees and its members for the opportunity to provide its services over the past thirteen years. During this time, the joint efforts between the FELRA Board, Associated Administrators, and CareFirst have produced the following results:

(1) Cost savings to the Fund in excess of $436 million from January 1, 2017 – September 30, 2021
(2) Broad access to the BlueCross BlueShield credentialed PPO network of hospitals, physicians, and labs
(3) Efficient integration of system and adjudication processes with Associated Administrations via daily operations
(4) Lower appeals volumes and greater member satisfaction.

CareFirst is requesting that the FELRA Board consider extending its partnership with CareFirst into the future by renewing its contract an additional five years. Please find on the subsequent page a five-year proposal which outlines a new rate structure for Network Lease and FlexLink fees from 1/1/2022 – 12/31/2026:

Current Rate

	Network Lease	Increase over Previous Year's Network Lease Rate	FlexLink	Increase over Previous Year's FlexLink Rate
1/1/2021 – 12/31/2021	$4.66 pcpm	N/A	$23.55 pcpm	N/A

Proposed Renewal Rate

	Network Lease	Increase Over Previous Year's Network Lease Rate	FlexLink	Increase Over Previous Year's FlexLink Rate
Yr 1 (1/1/2022 – 12/31/2022)	$4.76 pcpm	2.3%	$23.95 pcpm	1.7%
Yr 2 (1/1/2023 – 12/31/2023)	$4.88 pcpm	2.5%	$24.55 pcpm	2.5%
Yr 3 (1/1/2024 – 12/31/2024)	$5.03 pcpm	3.0%	$25.29 pcpm	3.0%
Yr 4 (1/1/2025 – 12/31/2025)	$5.18 pcpm	3.0%	$26.04 pcpm	3.0%
Yr 5 (1/1/2026 – 12/31/2026)	$5.33 pcpm	3.0%	$26.83 pcpm	3.0%

(Note: "pcpm" is an abbreviation for "per contract per month")

This new rate structure, which only impacts the administrative service fees paid to CareFirst, represents small increases to our Network Lease and FlexLink fees. We are happy to report that our 5-year proposal contains incremental increases on Flex Link at 1.7% and on Net Lease at 2.3% in Year 1 (1/1/2022 – 12/31/2022), and that the total increase over the five-year period is 14.0% in aggregate. Components of the request for an increase include, but are not limited to:

- Increases in costs of Technical and Operational Support
- Transitioning to a value-based national BlueCross BlueShield network, which requires implementation of Patient Centered Medical Home ("PCMH") and supporting programs required by the BlueCross BlueShield Association.
- Implementation of Consolidated Appropriations Act mandates

Should you have any questions about the proposed renewal rates, feel free to reach out to Joe Scibilia at (202) 680-7272 or Romil Aparentado at (410) 998-5558. CareFirst wishes to thank you again for your business, and we look forward to continuing our partnership with FELRA and its members for many years.

30 Waterside Drive
Suite 300
Farmington, CT 06032-3069
segalco.com

Memorandum

Via E-Mail

To: David Jensen and Anne-Marie Sims
Associated Administrators LLC

From: Josh Timm
Christopher Heppner

Date: September 29, 2021

Re: Food Employers Labor Relations Association (FELRA) and United Food & Commercial Workers' (UFCW) VEBA Fund
Plans XX and XXX Costs Per Enrolled Dependent Child Effective January 1, 2022

The chart below illustrates projected monthly expenses for Plans XX and XXX for an enrolled dependent child effective January 1, 2022. Costs include medical claims and prescription drug (Rx) claims. Calculations are based on the most recent budget projections.

Plans XX and XXX Costs Per Enrolled Dependent Child Effective January 1, 2022						
	Per Child Rate*			3 or More Children Rate		
Plan	**Medical**	**Rx**	**Total**	**Medical**	**Rx**	**Total**
Plan XX – Part Time	$107.33	$31.77	$139.10	$321.99	$95.31	$417.30
Plan XXX – Part Time	$113.62	$33.10	$146.72	$340.86	$99.30	$440.16

** Based on budget projections with data through June 30, 2019.*

These rates reflect approximately a 5.8% increase. These rates have been set based on the actual experience of the participants of each plan.

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

The projections in this memorandum are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases. Unless otherwise noted, these projections do not include any cost or savings impact resulting from the new health care reform legislation or other recently passed state or federal regulations.

The Coronavirus (COVID-19) pandemic has impacted the US economy and health plan claims projections for most Health Plan Sponsors. As a result, projections of near-term income and claim expenses could be significantly altered by emerging events. Unless specifically noted, the current report does not include any adjustments in healthcare costs. Additionally, the potential for federal or state fiscal relief is also not contemplated in this report.

jt/smb

cc: Mitch Bramstaedt
John Priester
Thomas Wyszomirski

ATTORNEYS' REPORT

FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION AND UNITED FOOD AND COMMERCIAL WORKERS VEBA FUND

FELRA & UFCW ACTIVE HEALTH AND WELFARE PLAN Plans I, X, XX, and XXX

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund ("Fund") is pleased to inform you of the following improvement made to your coverage under the FELRA & UFCW Active Health and Welfare Plan ("Plan") Plans I, X, XX, and XXX, effective January 1, 2022. These changes to your Plan are designed to comply with the No Surprises Act of 2021, which was enacted to shield patients from the negative financial impacts of unexpected balance billing by non-network providers for certain medical claims such as those relating to emergency medical care. Please keep this document with your Summary Plan Description ("SPD").

1. **The following new definitions are added under the "Definitions" section of the SPDs:**

ANCILLARY SERVICES. With respect to an in-network *Health Care Facility*, (1) items and services related to emergency medicine, anesthesiology, pathology, radiology, and neonatology, whether provided by a physician or non-physician practitioner; (2) items and services provided by assistant surgeons, hospitalists, and intensivists; (3) diagnostic services, including radiology and laboratory services; and (4) items and services provided by a nonparticipating provider if there is no participating provider who can furnish such item or service at such facility.

CONTINUING CARE PATIENT. An individual who is: (1) receiving a course of treatment for a *Serious and Complex Condition*; (2) scheduled to undergo non-elective surgery (including any post-operative care); (3) pregnant and undergoing a course of treatment for the pregnancy; (4) determined to be terminally ill and receiving treatment for the illness; or (5) is undergoing a course of institutional or inpatient care from the provider or facility.

EMERGENCY SERVICES. Any of the following, with respect to an *Emergency Medical Condition*:

- An appropriate medical screening examination that is within the capability of the emergency department of a *Hospital* or *Independent Freestanding Emergency Department*, including *Ancillary Services* routinely available to the emergency department to evaluate such *Emergency Medical Condition*;
- Such further medical examination and treatment as are required to stabilize the patient (regardless of the department of the hospital in which such further examination or treatment is furnished); and

- Services provided by an out-of-network provider or facility after the patient is stabilized and as part of outpatient observation or an inpatient or outpatient stay related to the emergency visit, until:
  - The provider or facility determines the patient is able to travel using nonmedical transportation or nonemergency medical transportation;
  - The patient is supplied with a written *Notice*, as required by federal law, that the provider is an out-of-network provider with respect to the Plan, of the estimated charges for treatment and any advance limitations that the Plan may put on such treatment, of the names of any in-network providers at the facility who are able to treat the patient, and that the patient may elect to be referred to one of the in-network providers listed; and
  - The patient gives informed *Consent* to continued treatment by the nonparticipating provider, acknowledging that she or he understands that continued treatment by the out-of-network provider may result in greater cost to the patient.

HEALTH CARE FACILITY. For non-*Emergency Services*, a: (1) hospital; (2) hospital outpatient department; (3) critical access hospital; or (4) ambulatory surgical center.

INDEPENDENT FREESTANDING EMERGENCY DEPARTMENT. A facility that is geographically separate and distinct from a *Hospital* under applicable state law and provides, and is licensed under state law to provide, *Emergency Services*.

NO SURPRISES ACT. The No Surprises Act enacted under the federal Consolidated Appropriations Act of 2021.

NO SURPRISES SERVICES. The following services, to the extent covered under the Plan: (1) out-of-network *Emergency Services*; (2) out-of-network air ambulance services; (3) non-emergency *Ancillary Services* (such as anesthesiology, pathology, radiology, neonatology and diagnostic services and other services defined as ancillary under the *No Surprises Act* and its implementing regulations) when performed by out-of-network providers at in-network *Health Care Facilities*; and (4) other out-of-network non-*Emergency Services* performed by an out-of-network provider at in-network *Health Care Facilities* with respect to which the provider does not comply with federal *Notice and Consent* requirements.

NOTICE AND CONSENT. With respect to out-of-network services provided at an in-network *Health Care Facility*, *Notice and Consent* means: (1) that at least 72 hours before the day of the appointment (or 3 hours in advance of services rendered in the case of a same-day appointment), you are provided with a written notice, as required by federal law, that the provider is an out-of-network provider with respect to the Plan, the estimated charges for your treatment and any advance limitations that the Plan may put on your treatment, the names of any in-network providers at the facility who are able to treat you, and that you may elect to be referred to one of the in-network providers listed; and (2) you give informed consent to continued treatment by the out-of-network provider, acknowledging that you understand that continued treatment by the out-of-network provider may result in greater cost to you.

SERIOUS AND COMPLEX CONDITION. A condition, (1) in the case of an acute illness, that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm; or (2) in the case of a chronic illness or condition, that is life-threatening, degenerative, potentially disabling, or congenital; and requires specialized medical care over a prolonged period of time.

2. The definitions of "Co-Payment or Co-Insurance" and "Medical Emergency" under the "Definitions" Section of the SPDs are deleted and replaced with the following:

CO-PAYMENT OR CO-INSURANCE. The out-of-pocket amount of the *Allowable Charge* that a participant or dependent is responsible for paying when receiving benefits after paying any applicable *Deductible* amount for that year. Effective January 1, 2022, the *Co-insurance* or *Co-payment* applicable to *No Surprises Services* is based on the lesser of the median of the in-network rates payable for the same or similar service in the same geographic region, which may also be referred to as the "Qualifying Payment Amount" ("QPA"), or the amount billed by the provider.

EMERGENCY MEDICAL CONDITION. A medical condition, including a mental health condition or substance use disorder, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

3. **All references in the SPDs to the "Usual, Customary, and Reasonable charge" or the "UCR charge" are deleted and replaced with the "Allowable Charge," and the definition of "Usual, Customary, and Reasonable or UCR" under the "Definitions Section of the SPDs is deleted and replaced with the following:**

ALLOWABLE CHARGE. The fee, as determined by the *Fund*, that is the lowest of: (1) the health care provider's actual charge; (2) the usual charge by the health care provider for the same or similar service or supply; (3) the maximum amount that the Fund has determined it will pay for the service or supply; or (4) the amount that is reasonable and customary for the locality in which incurred. Notwithstanding the above, for CareFirst in-network claims, the *Allowable Charge* is the CareFirst allowed amount.

4. **The first sentence under "Hospitalization" in the SPDs' "Schedule of Benefits for Full Time Participants" and "Schedule of Benefits for Part Time Participants" is deleted and replaced with the following:**

All emergency *Inpatient Hospital* stays must be certified within 24 hours of admission and all non-emergency *Inpatient* stays must be pre-certified with Conifer Health Solutions, to the extent consistent with applicable law.

5. **The last sentence under "Hospitalization" in the Plan I SPD's "Schedule of Benefits for Full Time Participants" and "Schedule of Benefits for Part Time Participants" is deleted.**

6. **The last sentence under "Hospitalization" in the Plan X, XX and XXX SPDs' "Schedule of Benefits for Full Time Participants" and "Schedule of Benefits for Part Time Participants" is deleted and replaced with the following:**

> **You must use an in-network CareFirst PPO provider (with the exception of (1) *No Surprises Services* and (2) emergency *Ambulance Service*).**

7. **The last sentence under "Medical" in the Plan I SPD's "Schedule of Benefits for Full Time Participants" and "Schedule of Benefits for Part Time Participants" is deleted and replaced with the following:**

> **You must use LabCorp or Quest facilities** in order to be covered for laboratory services, except that laboratory services performed by out-of-network providers at in-network facilities also are covered.

8. **The last three sentences under "Medical" in the Plan X, XX and XXX SPDs' "Schedule of Benefits for Full Time Participants" and "Schedule of Benefits for Part Time Participants" are deleted and replaced with the following:**

> **You must use a CareFirst PPO participating provider (with the exception of (1) *No Surprises Services* and (2) emergency *Ambulance Service*). You must pre-certify all non- emergency *Inpatient Hospital* stays with Conifer Health Solutions. You must use LabCorp or Quest facilities** in order to be covered for laboratory services, except that laboratory services performed by out-of-network providers at in-network facilities also are covered.

9. **The "Use Participating Doctors" Subsection under the "Consumer Tips" Section of the Plans X, XX, and XXX SPDs is deleted and replaced with the following:**

> **Use Participating Doctors**
> When you need to see a doctor or go to a *Hospital* or other facility, you must use a CareFirst provider to have coverage, with the exception of (1) *No Surprises Services* and emergency *Ambulance Service*. To locate a CareFirst provider, contact CareFirst at the number listed on your ID card.

10. **The first two paragraphs of the "CareFirst PPO" Section of the Plans X, XX, and XXX SPDs are deleted and replaced with the following:**

> CareFirst PPO is a network of *Hospitals*, *Physicians*, and other health care providers which offers medical and *Hospital* services at discounted rates that are generally lower than usual provider fees. **You must use a CareFirst provider to have coverage for *Hospital*,**

medical, or surgical benefits under the *Fund* (with the exception of: (1) *No Surprises Services* and (2) emergency *Ambulance Service*)**.**

Exceptions
You are covered for *No Surprises Services* provided by non-PPO network providers. You are also covered for out-of-network emergency *Ambulance Service*.

11. **The following paragraph is added to the SPDs' "CareFirst PPO" Section:**

Provider Directory
The provider directory listing those providers that are in-network because they participate in CareFirst's network will be updated at least every ninety (90) days and will be available through the Fund's website. If you receive services from a provider that you thought was in-network, based on inaccurate information in a current provider directory, then the services provided by that out-of-network provider will be covered as if the provider was in-network.

12. **The last paragraph of the SPDs' "CareFirst PPO" Section is deleted and replaced with the following:**

Important: For laboratory services to be covered, you must use either LabCorp or Quest Diagnostic Laboratories for all laboratory services (except those performed when you are an *Inpatient* in the *Hospital* or by out-of-network providers at in-network facilities). Lab services performed in your doctor's office or other locations generally will not be covered. To find the nearest LabCorp location, call (888) 522-2677 or log onto their website at www.labcorp.com/psc/index.html. To find the nearest Quest location, call (800) 377-7220 or go to their website at www.questdiagnostics.com/appointment.

13. **The following is added to the beginning of the "Comprehensive Medical Benefits" Section of the SPDs:**

Notwithstanding anything in this Section to the contrary, no prior authorization requirement will apply to *Emergency Services*.

14. **The following new sections are added under the "Comprehensive Medical Benefits" Section of the SPDs:**

Air Ambulance Services
Under applicable law, the cost-sharing requirement applicable to out-of-network air ambulance services must be no greater than the cost-sharing requirement that would apply if the services had been furnished by an in-network provider. In general, you cannot be balance billed for these air ambulance services.

Continuing Care Patients
If an in-network provider leaves the CareFirst network, a *Continuing Care Patient* who is

receiving care with that provider will be notified, and may elect to continue to receive such care at the same in-network *Co-Payment* and *Co-Insurance* rate for up to 90 days after the provider leaves the network.

15. **The "You Must Use a CareFirst Provider" Subsection of the Plan X, XX and XXX SPDs' "Comprehensive Medical Benefits" Section is deleted and replaced with the following:**

You Must Use a CareFirst Provider
Medical benefits will be covered for active participants in Plans X, XX, and XXX ***only if services are performed by an in-network provider,*** with the exception of: (1) *No Surprises Services* and (2) emergency *Ambulance Service*. When you need to use a provider (whether a *Hospital*, *Physician*, or other health care provider), be sure they are in the CareFirst network. Otherwise, your claim will be denied unless it fits into one of the specific exceptions mentioned above.

16. **The "Payment of Benefits" Subsection of the SPDs' "Comprehensive Medical Benefits" Section is deleted and replaced with the following:**

Payment of Benefits
When the professional services described below are rendered by a *Physician*, physician's assistant, nurse practitioner or certified surgical assistant, the Plan will provide benefit payment at the percentage shown in your Schedule of Benefits, up to the *Allowable Charge*. The annual *Deductible* applies, except as may otherwise be provided here or under applicable law. Payment by the *Fund* will constitute full and final payment, except as may otherwise be provided or limited here or under applicable law. Charges made in excess of these amounts are the responsibility of the patient, **except** in the case of No Surprises Services. Your only financial responsibility for any *No Surprises Service* is any applicable *Deductible*, *Co-Insurance* and/or *Co-Payment* amount, up to the lesser of the median of the in-network rates payable for the same or similar service in the same geographic region, which may also be referred to as the "Qualifying Payment Amount" ("QPA"), or the amount billed by the provider. You will not be responsible for any other amount relating to *No Surprises Services*, even if the provider does not accept the *Allowable Charge*.

17. **The "Hospital Services" Subsection of the SPDs' "Comprehensive Medical Benefits" Section is deleted and replaced with the following:**

Hospital Services
Conifer Health Solutions pre-authorization is required for all Hospital admissions, **except that there is no prior authorization requirement for *Emergency Services*.** Contact Conifer Health Solutions at (833) 778-9806.

18. **The third paragraph under the "Diagnostic X-Ray and Laboratory Services" Subsection of the SPDs' "Comprehensive Medical Benefits" Section is deleted and replaced with the following:**

<u>Important:</u> For laboratory services to be covered, you must use either LabCorp or Quest Diagnostic Laboratories for all laboratory services (except those performed when you are an *Inpatient* in the Hospital or by out-of-network providers at in-network facilities). Lab services performed in your doctor's office or other locations generally will not be covered. To find the nearest LabCorp location, call (888) 522-2677 or log onto their website at www.labcorp.com/psc/index.html. To find the nearest Quest location, call (800) 377-7220 or go to their website at www.questdiagnostics.com/appointment.

19. **The second, third, and fourth paragraphs under the "Inpatient Medical Services" Subsection of the Plan X, XX and XXX SPDs' "Comprehensive Medical Benefits" Section are deleted.**

20. **The "Outpatient Emergency Care" Subsection of the SPDs' "Comprehensive Medical Benefits" Section is deleted and replaced with the following:**

<u>Outpatient Emergency Care</u>
Benefits are available to you or your eligible dependents for care received within 72 hours of an *Accidental Injury*, by a *Physician*, wherever it is performed, and for *Outpatient Emergency Services*.

21. **The first two paragraphs of the "Outpatient Lab Work" Subsection of the Plan I SPD's "Comprehensive Medical Benefits" Section are deleted and replaced with the following:**

Outpatient laboratory and x-ray services are covered as a Comprehensive Medical Benefit at 80% up to the *Allowable Charge*, after satisfying the *Deductible*. ***You must use either a Quest Diagnostics ("Quest") or Laboratory Corporation ("LabCorp") facility for all outpatient laboratory services in order for such services to be covered by the Plan (except for laboratory services provided by out-of-network providers at in-network facilities).***

Be sure your doctor knows **<u>before lab work is performed</u>** that you generally will only be covered for services if the bill comes to the Fund directly from either a LabCorp or Quest facility. Even if your doctor has a contract with LabCorp to perform lab work or x-ray services in his/her office, tell him/her that generally ***only lab work performed at a Quest or LabCorp facility will be covered.*** Your Plan generally will not pay for lab work performed and billed from your doctor's office.

22. **The "Outpatient Treatment" Subsection of the SPDs' "Comprehensive Medical Benefits" Section is deleted and replaced with the following:**

<u>Outpatient Treatment</u>
Outpatient Hospital treatment will be covered when the treatment is for:
1. The performance by a *Physician* of minor surgical procedures required for treatment and not solely for diagnosis,
2. care rendered within 72 hours after a non-occupational *Accidental Injury*, or

3. *Emergency Services*.

Benefits for coverage of *Outpatient* radiation and radioactive isotope therapy will be provided when performed in the *Outpatient* department of a *Hospital* and billed as a *Hospital* service.

23. **In the "Conifer Health Solutions" (formerly "Carewise Health") Section of the SPDs, the last bullet point under "2. Emergency Admission (Requires Certification within 48 Hours of Admission)" is deleted and replaced with the following:**

- Emergency room visits do not require certification and *Emergency Services* do not require prior authorization.

24. **In the first numbered list under the SPDs' "Claims Filing and Review Procedure" Section, the first sentence of number 6. is deleted and replaced with the following:**

You must use a CareFirst PPO participating provider (with the exception of (1) *No Surprises Services* and (2) emergency *Ambulance Service*).

25. **The following is added to the end of the "Claims Review – Types of Claims," "4. Post-Service Claim" Subsection of the SPDs' "Claims Filing and Review Procedure" Section:**

Notwithstanding the above, providers of *No Surprises Services* will receive payment, or a denial, of a *Post-Service Claim* for *No Surprises Services* within 30 days of the Fund's receipt of all information necessary to adjudicate the claim.

26. **The second sentence under the "External Review of Claims for Uninsured Benefit – Comprehensive Medical and Prescription Drug" Subsection of the SPDs' "Claims Filing and Review Procedure" Section is deleted and replaced with the following:**

External review is limited to claims: (a) relating to a *No Surprises Service;* (b) involving medical judgment (e.g., lack of *Medical Necessity*, or a determination that a claim is *Experimental* or cosmetic); or (c) involving a retroactive rescission of coverage.

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FELRA & UFCW Health & Welfare Plan
A Plan of the Food Employers Labor Relations Association
and United Food and Commercial Workers
VEBA Fund

911 Ridgebrook Road
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Procedure for Handling Participant and Dependent Complaints or Concerns Relating to Claims Covered Under No Surprises Act of 2021

Effective January 1, 2022

The No Surprises Act of 2021 provides rules relating to the coverage of the following types of claims under the Fund's Plan of benefits, including rules limiting the amount of cost-sharing for which participants are responsible:

- Out-of-network emergency services, including air ambulance services.
- Ancillary services (including anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist) performed by an out-of-network provider at an in-network facility
- Non-ancillary, non-emergency out-of-network services performed at in-network facilities when the provider fails to give the appropriate notice to, and does not obtain consent from, the patient

Effective January 1, 2022, when any Participant or covered Dependent, or their authorized representative, contacts the Fund office to make a complaint or raise a concern relating to the Fund's processing of any of the above-described types of claims, the recipient of such call or correspondence will direct the caller, or the correspondence, to **[insert name and title of individual]**, who is the designated Fund office contact to review all such complaints and concerns and address them in accordance with the requirements of the No Surprises Act and any other applicable law or regulations. Participants and covered Dependents also have a separate and independent right under the No Surprises Act to submit a complaint to the Department of Health and Human Services relating to the processing of the above-described types of claims.

Notwithstanding the foregoing, nothing in this Procedure document is intended to amend the Fund's rules for the review of claimant appeals under the Fund's Plan of benefits.

21042623v1

SLEVIN & HART, P.C.
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14 Wall Street, 20th Floor
New York, NY 10005

MEMORANDUM

TO: Health and Welfare Plan Clients

FROM: Slevin & Hart, P.C.

DATE: September 27, 2021

RE: Valeant Pharmaceuticals Class Action and Proposed Settlements

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This is to notify the Fund of two proposed settlements (collectively, "Settlements") in the class action lawsuit against Valeant Pharmaceuticals International, Inc.; Philidor Rx Services, LLC; Andrew Davenport; and the Estate of Matthew S. Davenport (collectively, "Defendants"). The Fund may be eligible to share in the proposed $23,125,000 Settlements explained below. **To share in the Settlements, the Fund must submit a Claim Form by January 6, 2022. To opt out of class membership, the Fund must send a written "Request for Exclusion" to the Claims Administrator so that it is received by November 11, 2021.**

I. Lawsuit Background and Class Member Eligibility

The lawsuit alleges that the Defendants violated the Racketeer Influenced and Corrupt Organizations ("RICO") Act by causing third-party payors, including health plans, to pay artificially inflated prices for Valeant-branded drugs. Valeant is alleged to have controlled a captive pharmacy network through Philidor and used the Philidor pharmacy network to inflate the price of its drugs. The Court has made no decision on the merits of the claims at this time and the parties have reached the proposed Settlements. A settlement hearing is scheduled for December 2, 2021 to consider approval of the Settlements and hear objections, if any.

A Fund is a Class Member if it paid or incurred costs for Valeant's branded drug products during the period from January 2, 2013 through November 9, 2015 (the "Class Period") in connection with: (a) a claim submitted by Philidor; (b) a claim submitted by any pharmacy in which Philidor had a direct or indirect ownership interest (collectively, a "Philidor Network Pharmacy"); or (c) a claim by any pharmacy for which the amount sought for reimbursement was alleged to be inflated as a result of the Defendants' allegedly fraudulent scheme. A list of Philidor Network Pharmacies and Valeant-branded drugs is in the attached Notice. The Fund should contact its Pharmacy Benefit Manager ("PBM") and medical claims processor as soon as possible to determine if it paid any eligible claims during the Class Period.

II. How To File A Claim

If the Fund is a Class Member, it may file a Claim Form through the settlement website, www.ValeantTPPSettlement.com, or by mail to Valeant TPP Settlements, c/o A.B. Data, Ltd., P.O. Box 173052, Milwaukee, WI 53217. If submitted through the settlement website, the Claim Form must be submitted **no later than January 6, 2022**. If submitted by mail, the Claim Form must be postmarked **no later than January 6, 2022**. Unless the deadline is extended, the failure to submit a timely Claim Form will preclude the Fund from receiving any portion of the Settlement proceeds. The amount of the Fund's expected recovery is unknown at this time, since it will depend on the number of claims submitted by all Class Members and will be based on the Fund's allowed claims compared to the total allowed claims of all Class Members.

The attached Notice includes a Claim Form, instructions for submitting a claim, and a list of NDC numbers. To file a claim, the Fund must complete "Part I, Section A: Settlement Class Member," "Part II – Amount Claimed," and "Part III – Release of Claims and Certification". To do so, the Fund will need to know its total amount paid for eligible claims. If the total claim amount is **more than $100,000,** the Fund must include with the Claim Form claims documentation that contains additional information listed in the attached Notice. The required claims documentation includes providing a unique patient identification number or code, NDC number, fill date or date of service, name of pharmacy, amount billed, and amount paid net of co-pays, deductibles, and co-insurance. These documents, as well as a Third-Party Payor Filing Template (required if the total claim amount is more than $100,000) also can be found on the settlement website, www.ValeantTPPSettlement.com.

III. Deadline to Opt-Out or Object to the Settlement

If the Fund wants to opt out of class membership, it must do so by **November 11, 2021** by following the instructions in the attached Notice. If the Fund does not opt out by November 11th, it is prohibited from bringing its own legal action alleging the same claims against the Defendants. We assume that the Fund will want to participate in this class action as a Class Member instead of opting out, unless it has incurred very significant costs related to the coverage of these products or is already involved in another lawsuit against the Defendants.

The Fund also has an opportunity to object to or comment on the Settlement by November 11, 2021. We note that there are no limitations on how the Fund can use the recovery it receives, and health plans are treated the same as other payors. Nonetheless, if the Fund has any concerns about the terms of the Settlement, please feel free to contact us.

Please contact us if you have any questions about your Class Member eligibility or filing your Claim Form.

cc: Co-counsel

Attachment

21020167v1

SLEVIN & HART, P.C.
Attorneys at Law
WWW.SLEVINHART.COM

1625 Massachusetts Avenue, NW, Suite 450
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14 Wall Street, 20th Floor
New York, NY 10005

MEMORANDUM

TO: Health and Welfare Plan Clients

FROM: Slevin & Hart, P.C.

DATE: November 23, 2021

RE: Opana ER® Class Action

This memorandum is to notify the Fund of a class action lawsuit that is pending in the U.S. District Court for the Northern District of Illinois against Endo Health Solutions Inc., Endo Pharmaceuticals Inc., Penwest Pharmaceuticals Co., and Impax Laboratories, Inc. in connection with the sale of various brand and generic versions of the drug Opana ER®. ("Covered Drugs"). The lawsuit alleges that the defendants violated certain state antitrust, consumer protection, and unjust enrichment laws, causing class members to overpay for the Covered Drugs.

If the Fund is an eligible class member, the Fund does not have to take any action to preserve its rights as part of the class at this time. However, if the Fund wants to "opt out" of class membership in order to bring its own legal action on these claims against the same defendants, it must do so by December 6, 2021. If the Fund chooses to opt-out, the attached notice provides instructions on how to do that. We assume the Fund will want to participate in this class action and not opt-out, unless the Fund has incurred significant claim costs for the Covered Drugs or is already involved in another lawsuit against the defendants.

There are two classes of plaintiffs, the Antitrust/Consumer Class and the Unjust Enrichment Class ("Class" or "Classes"), which generally include all persons or entities who paid for Covered Drugs in certain specified states from April 2011 through September 2018. The eligibility requirements for each Class and a list of applicable states are included in the attached Notice. Additional information regarding this class action is available at www.opanaerantitrustlitigation.com.

The court has made no decision on the merits of the claims and a trial is scheduled to begin on June 7, 2022. **If and when there is a proof of claim deadline set by which the Fund can claim a portion of any class action recovery, we will let you know.**

Please contact us with any questions.

21045805v1

ADMINISTRATIVE MANAGER'S REPORT

FELRA & UFCW

ACTIVE HEALTH PLAN

THIRD QUARTER 2021

ADMINISTRATIVE MANAGER'S REPORT

PLAN I
FULL TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	$1,579.09	308	$961,074
SAFEWAY	$1,585.35	199	680,448
EMPLOYER CONTRIBUTION INCOME - RETIREE PLAN[1]			3,827,163
TOTAL		507	$5,468,685

[1]PLAN I RETIREE RELATED INCOME THAT IS INCLUDED IN PLAN X MOB CALCULATION IS REPORTED ON THE PLAN INCOME PAGE, AS IT IS PLAN I RELATED INCOME.

PLAN I
PART TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	$1,297.29	64	$141,235
SAFEWAY	$1,303.55	17	9,861
EMPLOYER CONTRIBUTION INCOME - RETIREE PLAN[1]			611,440
TOTAL		81	$762,536

[1]PLAN I RETIREE RELATED INCOME THAT IS INCLUDED IN PLAN X MOB CALCULATION IS REPORTED ON THE PLAN INCOME PAGE, AS IT IS PLAN I RELATED INCOME.

PLAN X
FULL TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$1,035.73	48	$150,181
GIANT	$1,225.62	2,468	9,074,491
SAFEWAY	$1,231.88	1,503	5,557,011
SAFEWAY DELAWARE	$1,231.88	46	168,768
EMPLOYER CONTRIBUTION INCOME - RETIREE PLAN[1]			(3,827,163)
TOTAL		4,065	$11,123,288

[1]PLAN I RETIREE RELATED INCOME THAT IS INCLUDED IN PLAN X MOB CALCULATION IS REPORTED ON THE PLAN INCOME PAGE, AS IT IS PLAN I RELATED INCOME.

PLAN X
PART TIME
THIRD QUARTER 2021

CONTRIBUTIONS
INDIVIDUAL

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$588.88	1	$1,767
GIANT	$769.53	1,631	3,765,310
SAFEWAY	$775.79	626	1,456,158
SAFEWAY DELAWARE	$775.79	27	63,615
EMPLOYER CONTRIBUTION INCOME - RETIREE PLAN[1]			(473,286)
TOTAL		2,285	$4,813,564

[1]PLAN I RETIREE RELATED INCOME THAT IS INCLUDED IN PLAN X MOB CALCULATION IS REPORTED ON THE PLAN INCOME PAGE, AS IT IS PLAN I RELATED INCOME.

PLAN X
PART TIME
THIRD QUARTER 2021

CONTRIBUTIONS
DEPENDENT

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$1,385.26	0	$0
GIANT	$1,583.25	519	2,466,703
SAFEWAY	$1,589.51	140	666,005
SAFEWAY DELAWARE	$1,589.51	8	38,148
EMPLOYER CONTRIBUTION INCOME - RETIREE PLAN[1]			(138,154)
TOTAL		667	$3,032,702

[1]PLAN I RETIREE RELATED INCOME THAT IS INCLUDED IN PLAN X MOB CALCULATION IS REPORTED ON THE PLAN INCOME PAGE, AS IT IS PLAN I RELATED INCOME.

PLAN XX
FULL TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$387.85	79	$91,533
GIANT	$395.76	267	316,211
SAFEWAY	$395.76	151	179,280
SAFEWAY DELAWARE	$395.76	3	3,562
TOTAL		500	$590,586

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN XX
PART TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$210.54	2	$1,474
GIANT	$213.78	519	332,642
GIANT[1]	$345.31	11	11,741
GIANT[2]	$476.84	6	8,583
GIANT[3]	$608.37	0	0
SAFEWAY	$213.78	258	165,038
SAFEWAY[1]	$345.31	1	1,036
SAFEWAY[2]	$476.84	2	2,861
SAFEWAY DELAWARE	$213.78	5	3,420
TOTAL		804	$526,795

[1]PARTICIPANTS WITH ONE DEPENDENT CHILD
[2]PARTICIPANTS WITH TWO DEPENDENT CHILDREN
[3]PARTICIPANTS WITH THREE OR MORE DEPENDENT CHILDREN

PLAN XXX
FULL TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	$268.65	790	$636,432
LOCAL 400 STAFF TEMPS	$268.65	0	0
SAFEWAY	$268.65	366	295,246
SAFEWAY DELAWARE	$268.65	20	16,388
TOTAL		1,176	$948,066

PLAN XXX
PART TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	$161.42	1,951	$944,146
GIANT[1]	$300.14	20	17,708
GIANT[2]	$438.86	6	7,899
GIANT[3]	$577.58	1	1,733
SAFEWAY	$161.42	1,207	584,442
SAFEWAY[1]	$300.14	8	7,203
SAFEWAY[2]	$438.86	5	6,583
SAFEWAY[3]	$577.58	1	1,733
SAFEWAY DELAWARE	$161.42	24	11,461
TOTAL		3,223	$1,582,908

[1]PARTICIPANTS WITH ONE DEPENDENT CHILD
[2]PARTICIPANTS WITH TWO DEPENDENT CHILDREN
[3]PARTICIPANTS WITH THREE OR MORE DEPENDENT CHILDREN

PLAN XL
PART TIME
THIRD QUARTER 2021

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	$25.72	1,557	$120,113
SAFEWAY	$25.72	879	67,823
SAFEWAY DELAWARE	$25.72	21	1,646
TOTAL		2,457	$189,582

PLAN I
FULL TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL BENEFIT 24	$4.95	$4,395		296 PART
OPTICAL BENEFIT 12	$6.95	4,469		214 PART
TOTAL OPTICAL		$8,864	$5.83	
DENTAL INDIVIDUAL	$27.60	$24,096		241 PART
DENTAL FAMILY	$54.72	37,827		267 PART
TOTAL DENTAL		$61,923	$40.71	
DRUG	$.80/SCRIPT	$361,648	$237.77	3,886 SCRIPTS
HMO KAISER	$2,260.77	$20,347		3 PART
HOSPITAL		16,578		
SURGICAL		19,103		
DIAGNOSTIC		17,531		
MAJOR MEDICAL		1,828,427		
MEDICAL ADMINISTRATION	$15.02	22,905		508 PART
TOTAL MEDICAL		$1,924,891	$1,265.54	
BEHAVIORAL HEALTH	$2.59	$3,957	$2.60	509 PART
BEHAVIORAL HEALTH		$21,296	$14.00	
E.A.P.	$.67	$1,023	$0.67	509 PART
UM/DM	$1.03/2.80	$10,623	$6.98	508 PART
PRESCRIPTION CARE MNGMT	$0.65	$1,684	$1.11	512 PART
P.P.O. CAREFIRST FLEXLINK	$23.55	$9,508	$6.25	134 PART
P.P.O. CAREFIRST NETWORK	$4.66	$5,275	$3.47	377 PART
HRGI/A&G CLAIM DISCOUNTER		$469	$0.31	
LIFE-AD&D	$.183/.018/1000	$5,033	$3.31	517 PART
A & S		$130,085	$85.53	
SUB TOTAL		$2,546,279	$1,674.08	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$23,294	$15.31	529 PART
MISCELLANEOUS		$10,873	$7.15	
SUB TOTAL		$34,167	$22.46	
TOTAL		**$2,580,446**	**$1,696.54**	

PLAN I
PART TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL BENEFIT 24	$4.95	$704		47 PART
OPTICAL BENEFIT 12	$6.95	680		33 PART
TOTAL OPTICAL		$1,384	$5.70	
DENTAL INDIVIDUAL	$27.60	$3,986		39 PART
DENTAL FAMILY	$54.72	5,706		41 PART
TOTAL DENTAL		$9,692	$39.88	
DRUG	$.80/SCRIPT	$23,888	$98.30	670 SCRIPTS
HMO KAISER	$2,158.91	$0		
HOSPITAL		3,050		
SURGICAL		4,897		
DIAGNOSTIC		4,429		
MAJOR MEDICAL		133,844		
MEDICAL ADMINISTRATION	$15.02	3,591		80 PART
TOTAL MEDICAL		$149,811	$616.51	
BEHAVIORAL HEALTH	$2.59	$622	$2.56	80 PART
BEHAVIORAL HEALTH		$3,439	$14.15	
E.A.P.	$.67	$160	$0.66	80 PART
UM/DM	$1.03/2.80	$1,530	$6.30	79 PART
PRESCRIPTION CARE MNGMT	$0.65	$254	$1.05	82 PART
P.P.O. CAREFIRST FLEXLINK	$23.55	$1,518	$6.25	21 PART
P.P.O. CAREFIRST NETWORK	$4.66	$853	$3.51	61 PART
HRGI/A&G CLAIM DISCOUNTER		$77	$0.32	
LIFE-AD&D	$.183/.018/1000	$340	$1.40	82 PART
A & S		$12,312	$50.67	
SUB TOTAL		**$205,880**	$847.26	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$3,783	$15.57	86 PART
MISCELLANEOUS		$1,737	$7.15	
SUB TOTAL		$5,520	$22.72	
TOTAL		**$211,400**	**$869.98**	

PLAN X
FULL TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$60,241	$4.94	4,057 PART
DENTAL FAMILY	$57.65	$306,009		2,027 PART
DENTAL INDIVIDUAL	$28.01	197,921		2,030 PART
TOTAL DENTAL		$503,930	$41.32	
DRUG	$.80/SCRIPT	$2,548,911	$209.01	25,687 SCRIPTS
HMO KAISER	$1,439.37	$109,392		25 PART
MEDICAL INDIVIDUAL		3,755,168		
MEDICAL FAMILY		4,402,227		
MEDICAL ADMINISTRATION	$15.02	181,772		4,034 PART
TOTAL MEDICAL		$8,448,559	$692.79	
BEHAVIORAL HEALTH	$2.59	$31,316	$2.57	4,030 PART
BEHAVIORAL HEALTH		$86,936	$7.13	
E.A.P.	$0.67	$8,102	$0.66	4,030 PART
UM/DM	$1.03/2.80	$94,553	$7.75	4,033 PART
PRESCRIPTION CARE MNGMT	$0.65	$15,022	$1.23	4,065 PART
P.P.O. CAREFIRST FLEXLINK	$23.55	$68,320	$5.60	965 PART
P.P.O. CAREFIRST NETWORK	$4.66	$43,259	$3.55	3,094 PART
HRGI/A&G CLAIM DISCOUNTER		$3,700	$0.30	
LIFE-AD&D	$.183/.018/1000	$17,959	$1.47	4,093 PART
A & S		$884,132	$72.50	
SUB TOTAL		**$12,814,940**	$1,050.82	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$183,997	$15.09	4,175 PART
MISCELLANEOUS		$87,175	$7.15	
SUB TOTAL		$271,172	$22.24	
TOTAL		**$13,086,112**	**$1,073.06**	

PLAN X
PART TIME
THIRD QUARTER 2021

BENEFIT EXPENSES
INDIVIDUAL

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$32,130	$4.69	2,164 PART
DENTAL	$28.01	$192,791	$28.12	2,166 PART
DRUG	$.80/SCRIPT	$1,233,831	$179.99	9,099 SCRIPTS
HMO KAISER	$1,036.71	$12,441		4 PART
MEDICAL		3,008,122		
MEDICAL ADMINISTRATION	$15.02	97,510		2,164 PART
TOTAL MEDICAL		$3,118,073	$454.86	
BEHAVIORAL HEALTH	$2.59	$16,820	$2.45	2,165 PART
BEHAVIORAL HEALTH		$5,604	$0.82	
E.A.P.	$0.67	$4,351	$0.63	2,165 PART
UM/DM	$1.03/2.80	$26,695	$3.89	2,163 PART
PRESCRIPTION CARE MNGMT	$0.65	$4,209	$0.61	2,171 PART
P.P.O CAREFIRST FLEXLINK	$23.55	$30,472	$4.45	430 PART
P.P.O CAREFIRST NETWORK	$4.66	$24,521	$3.58	1,754 PART
HRGI/A&G CLAIM DISCOUNTER		$2,177	$0.32	
LIFE-AD&D	$.183/.018/1000	$6,329	$0.92	2,197 PART
A.&.S.		$187,828	$27.40	
SUB TOTAL		**$4,885,831**	$712.73	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$108,176	$15.78	2,448 PART
MISCELLANEOUS		$49,002	$7.15	
SUB TOTAL		$157,178	$22.93	
TOTAL		**$5,043,009**	**$735.66**	

PLAN X
PART TIME
THIRD QUARTER 2021

BENEFIT EXPENSES
DEPENDENT

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$10,187	$5.09	686 PART
DENTAL	$57.65	$107,352	$53.65	684 PART
DRUG	$.80/SCRIPT	$633,889	$316.79	6,945 SCRIPTS
HMO KAISER	$1,807.09	$37,949		7 PART
MEDICAL		1,820,595		
MEDICAL ADMINISTRATION	$15.02	30,626		680 PART
TOTAL MEDICAL		$1,889,170	$944.11	
BEHAVIORAL HEALTH	$2.59	$5,276	$2.64	679 PART
BEHAVIORAL HEALTH		$4,422	$2.21	
E.A.P.	$.67	$1,365	$0.68	679 PART
UM/DM	$1.03/2.80	$22,688	$11.34	680 PART
PRESCRIPTION CARE MNGMT	$0.65	$3,605	$1.80	688 PART
P.P.O. CAREFIRST FLEXLINK	$23.55	$11,573	$5.78	163 PART
P.P.O. CAREFIRST NETWORK	$4.66	$7,316	$3.66	523 PART
HRGI/A&G CLAIM DISCOUNTER		$611	$0.31	
LIFE-AD&D	$.183/.018/1000	$1,972	$0.99	685 PART
A.&.S.		$53,753	$26.86	
SUB TOTAL		**$2,753,179**	$1,375.91	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$30,244	$15.11	687 PART
MISCELLANEOUS		$14,304	$7.15	
SUB TOTAL		$44,548	$22.26	
TOTAL		**$2,797,727**	**$1,398.17**	

PLAN XX
FULL TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$6,514	$4.34	439 PART
DENTAL FAMILY	$33.99	$11,345		116 PART
DENTAL INDIVIDUAL	$16.51	16,945		322 PART
TOTAL DENTAL		$28,290	$18.86	
DRUG	$.80/SCRIPT	$34,088	$22.73	1,188 SCRIPTS
HMO KAISER	$206.68	$2,894		5 PART
MEDICAL INDIVIDUAL		498,674		
MEDICAL FAMILY		73,936		
MEDICAL ADMINISTRATION	$15.02	19,797		439 PART
TOTAL MEDICAL		$595,301	$396.87	
BEHAVIORAL HEALTH	$2.59	$3,416	$2.28	440 PART
BEHAVIORAL HEALTH		$1,834	$1.22	
UM/DM	$1.03/2.80	$8,038	$5.36	439 PART
PRESCRIPTION CARE MNGMT	$0.65	$1,273	$0.85	440 PART
P.P.O CAREFIRST FLEXLINK	$23.55	$7,803	$5.20	110 PART
P.P.O CAREFIRST NETWORK	$4.66	$4,623	$3.08	331 PART
LIFE-AD&D	$.183/.018/1000	$1,342	$0.89	445 PART
A.&.S.		$18,396	$12.26	
SUB TOTAL		**$710,918**	$473.94	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$22,562	$15.04	511 PART
MISCELLANEOUS		$10,722	$7.15	
SUB TOTAL		$33,284	$22.19	
TOTAL		**$744,202**	**$496.13**	

PLAN XX
PART TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$7,782	$3.23	524 PART
DENTAL FAMILY	$33.99	$1,529		19 PART
DENTAL INDIVIDUAL	$16.51	26,362		504 PART
DENTAL		$27,891	$11.56	
DRUG	$.80/SCRIPT	$96,905	$40.18	1,435 SCRIPTS
HMO KAISER	$206.68	$1,860		3 PART
MEDICAL		477,698		
MEDICAL ADMINISTRATION	$15.02	23,475		521 PART
TOTAL MEDICAL		$503,033	$208.55	
BEHAVIORAL HEALTH	$2.59	$4,045	$1.68	521 PART
BEHAVIORAL HEALTH		$1,489	$0.62	
UM/DM	$1.03/2.80	$6,745	$2.80	521 PART
PRESCRIPTION CARE MNGMT	$0.65	$1,068	$0.44	526 PART
P.P.O CAREFIRST FLEXLINK	$23.55	$5,857	$2.43	83 PART
P.P.O CAREFIRST NETWORK	$4.66	$6,240	$2.59	446 PART
LIFE-AD&D	$.183/.018/1000	$808	$0.33	535 PART
A & S		$13,713	$5.69	
SUB TOTAL		**$675,576**	$280.10	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$33,982	$14.09	769 PART
MISCELLANEOUS		$17,241	$7.15	
SUB TOTAL		$51,223	$21.24	
TOTAL		**$726,799**	**$301.34**	

PLAN XXX
FULL TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$10,014	$2.84	674 PART
DENTAL FAMILY	$33.99	$20,192		219 PART
DENTAL INDIVIDUAL	$16.51	24,232		454 PART
TOTAL DENTAL		$44,424	$12.59	
DRUG	$.80/SCRIPT	$249,428	$70.70	2,148 SCRIPTS
HMO KAISER	$330.14	$5,282		5 PART
MEDICAL INDIVIDUAL		496,369		
MEDICAL FAMILY		117,762		
MEDICAL ADMINISTRATION	$15.02	30,445		676 PART
TOTAL MEDICAL		$649,858	$184.20	
BEHAVIORAL HEALTH	$2.59	$5,250	$1.49	676 PART
BEHAVIORAL HEALTH		$8,152	$2.31	
UM/DM	$1.03/2.80	$13,082	$3.71	676 PART
PRESCRIPTION CARE MNGMT	$0.65	$2,077	$0.59	680 PART
P.P.O CAREFIRST FLEXLINK	$23.55	$12,261	$3.48	173 PART
P.P.O CAREFIRST NETWORK	$4.66	$7,027	$1.99	503 PART
LIFE AD&D	$.183/.018/1000	$2,060	$0.58	683 PART
A & S		$55,339	$15.69	
SUB TOTAL		**$1,058,972**	$300.17	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$49,547	$14.04	1,118 PART
MISCELLANEOUS		$25,220	$7.15	
SUB TOTAL		$74,767	$21.19	
TOTAL		**$1,133,739**	**$321.36**	

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN XXX
PART TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$11,954	$1.24	805 PART
DENTAL FAMILY	$33.99	$1,996		33 PART
DENTAL INDIVIDUAL	$16.51	40,516		771 PART
DENTAL		$42,512	$4.40	
DRUG	$.80/SCRIPT	$137,275	$14.20	2,304 SCRIPTS
HMO KAISER	$206.25	$5,363		9 PART
MEDICAL INDIVIDUAL		483,356		
MEDICAL FAMILY		658		
MEDICAL ADMINISTRATION	$15.02	47,899		1,063 PART
TOTAL MEDICAL		$537,276	$55.57	
BEHAVIORAL HEALTH	$2.59	$8,330	$0.86	1,072 PART
BEHAVIORAL HEALTH		$8,566	$0.89	
UM/DM	$1.03/2.80	$13,848	$1.43	1,064 PART
PRESCRIPTION CARE MNGMT	$0.65	$2,223	$0.23	1,090 PART
P.P.O. CAREFIRST FLEXLINK	$23.55	$16,692	$1.73	236 PART
P.P.O. CAREFIRST NETWORK	$4.66	$11,939	$1.23	854 PART
LIFE-AD&D	$.183/.018/1000	$1,526	$0.16	1,013 PART
A & S		$5,371	$0.56	
SUB TOTAL		**$797,512**	$82.50	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$141,869	$14.67	3,139 PART
MISCELLANEOUS		$69,119	$7.15	
SUB TOTAL		$210,988	$21.82	
TOTAL		**$1,008,500**	**$104.32**	

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN XL
PART TIME
THIRD QUARTER 2021

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$4,807	$0.65	324 PART
DENTAL	$16.51	$16,720	$2.27	321 PART
LIFE-AD&D	$.183/.018/1000	$634	$0.09	439 PART
A & S		$529	$0.07	
SUB TOTAL		**$22,690**	$3.08	

OPERATING EXPENSES

ADMINISTRATION	$14.66	$111,105	$15.07	2,520 PART
MISCELLANEOUS		$52,692	$7.15	
SUB TOTAL		$163,797	$22.22	
TOTAL		**$186,487**	**$25.30**	

PLAN I
FULL TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTR - ACTIVE	$1,221,714	$2,411,061	$2,091,159		$5,723,934
EMPLOYER CONTR - RETIREE	3,438,589	3,463,049	3,377,526		10,279,164
MISC. INCOME - RETIREE	862,085	854,882	843,782		2,560,749
-LOA	0	0	0		0
-COBRA	4,314	4,314	4,314		12,942
-HMO COPAY	7,079	14,391	10,728		32,198
TOTAL	$5,533,781	$6,747,697	$6,327,509	$0	$18,608,987
EXPENSES					
MEDICAL	$1,408,162	$1,379,593	$1,924,891		$4,712,646
RETIREE	3,293,195	3,641,556	3,575,547		10,510,298
A & S	140,586	205,778	130,085		476,449
DENTAL	67,620	64,675	61,923		194,218
DRUG	489,609	387,553	361,648		1,238,810
BEHAVIORAL HEALTH	88,719	54,733	25,253		168,705
OPTICAL	9,342	9,084	8,864		27,290
LIFE & AD & D	5,274	5,151	5,033		15,458
UM/DM	11,276	11,200	10,623		33,099
PRESCRIPTION CARE MNGMT	1,774	1,736	1,684		5,194
E.A.P.	1,072	1,046	1,023		3,141
P.P.O.	16,703	15,425	15,252		47,380
OPERATING EXPENSE	36,165	33,400	34,167		103,732
TOTAL EXPENSE	$5,569,497	$5,810,930	$6,155,993	$0	$17,536,420
SURPLUS (DEFICIT)	**($35,716)**	**$936,767**	**$171,516**	**$0**	**$1,072,567**
AVERAGE INCOME	$3,461	$4,301	$4,160	$0	$3,974
AVERAGE EXPENSE	$3,483	$3,704	$4,047	$0	$3,745
SURPLUS (DEFICIT)	($22)	$597	$113	$0	$229
TOTAL PARTICIPANTS	533	523	507		521

PLAN I
PART TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTR - ACTIVE	$109,815	$231,102	$265,628		$606,545
EMPLOYER CONTR - RETIREE	543,587	520,793	496,908		1,561,288
MISC. INCOME - RETIREE	183,461	183,518	181,573		548,552
-LOA	0	0	0		0
-COBRA	0	0	0		0
-HMO COPAY	0	0	0		0
TOTAL	$836,863	$935,413	$944,109	$0	$2,716,385
EXPENSES					
MEDICAL	$209,371	$167,179	$149,811		$526,361
RETIREE	592,548	670,176	585,181		1,847,905
A & S	8,741	12,594	12,312		33,647
DENTAL	10,707	10,223	9,692		30,622
DRUG	47,925	41,246	23,888		113,059
BEHAVIORAL HEALTH	3,313	2,940	4,061		10,314
OPTICAL	1,412	1,524	1,384		4,320
LIFE & AD & D	365	354	340		1,059
UM/DM	1,673	1,684	1,530		4,887
PRESCRIPTION CARE MNGMT	265	263	254		782
E.A.P.	172	169	160		501
P.P.O.	2,746	2,477	2,448		7,671
OPERATING EXPENSE	6,033	5,506	5,520		17,059
TOTAL EXPENSE	$885,271	$916,335	$796,581	$0	$2,598,187
SURPLUS (DEFICIT)	**($48,408)**	**$19,078**	**$147,528**	**$0**	**$118,198**
AVERAGE INCOME	$3,099	$3,668	$3,885	$0	$3,551
AVERAGE EXPENSE	$3,279	$3,593	$3,278	$0	$3,383
SURPLUS (DEFICIT)	($180)	$75	$607	$0	$168
TOTAL PARTICIPANTS	90	85	81		85

PLAN X
FULL TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$8,271,146	$10,521,871	$11,123,288		$29,916,305
MISC. INCOME - LOA	0	0	0		0
-COBRA	28,826	23,161	16,485		68,472
-HMO COPAY	73,649	60,803	59,737		194,189
TOTAL INCOME	$8,373,621	$10,605,835	$11,199,510	$0	$30,178,966
EXPENSES					
MEDICAL	$9,888,796	$7,507,645	$8,448,559		$25,845,000
A & S	758,138	868,937	884,132		2,511,207
DENTAL	540,745	523,514	503,930		1,568,189
DRUG	3,144,637	2,155,783	2,548,911		7,849,331
BEHAVIORAL HEALTH	162,940	106,281	118,252		387,473
OPTICAL	62,132	61,267	60,241		183,640
LIFE & AD & D	18,402	18,223	17,959		54,584
UM/DM	98,052	98,186	94,553		290,791
PRESCRIPTION CARE MNGMT	15,522	15,315	15,022		45,859
E.A.P.	8,354	8,249	8,102		24,705
P.P.O.	124,415	115,228	115,279		354,922
OPERATING EXPENSE	279,752	261,121	271,172		812,045
TOTAL EXPENSE	$15,101,885	$11,739,749	$13,086,112	$0	$39,927,746
SURPLUS (DEFICIT)	**($6,728,264)**	**($1,133,914)**	**($1,886,602)**	**$0**	**($9,748,780)**
AVERAGE INCOME	$667	$856	$918	$0	$814
AVERAGE EXPENSE	$1,203	$948	$1,073	$0	$1,075
SURPLUS (DEFICIT)	($536)	($92)	($155)	$0	($261)
TOTAL PARTICIPANTS	4,184	4,128	4,065		4,126

PLAN X
PART TIME
THIRD QUARTER 2021

INDIVIDUAL
QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$4,476,695	$5,096,595	$4,813,564		$14,386,854
MISC. INCOME - LOA	0	0	0		0
-COBRA	39,198	32,511	28,854		100,563
-HMO COPAY	15,426	17,302	10,475		43,203
TOTAL INCOME	$4,531,319	$5,146,408	$4,852,893	$0	$14,530,620
EXPENSES					
MEDICAL	$2,755,797	$2,746,624	$3,118,073		$8,620,494
A & S	197,775	237,804	187,828		623,407
DENTAL	193,049	189,811	192,791		575,651
DRUG	1,324,898	1,108,831	1,233,831		3,667,560
BEHAVIORAL HEALTH	65,723	31,618	22,424		119,765
OPTICAL	32,917	34,091	32,130		99,138
LIFE & AD & D	6,659	6,523	6,329		19,511
UM/DM	28,270	27,993	26,695		82,958
PRESCRIPTION CARE MNGMT	4,427	4,324	4,209		12,960
E.A.P.	4,571	4,477	4,351		13,399
P.P.O.	63,520	58,041	57,170		178,731
OPERATING EXPENSES	161,078	151,313	157,178		469,569
TOTAL EXPENSE	$4,838,684	$4,601,450	$5,043,009	$0	$14,483,143
SURPLUS (DEFICIT)	**($307,365)**	**$544,958**	**($190,116)**	**$0**	**$47,477**
AVERAGE INCOME	$628	$707	$708	$0	$681
AVERAGE EXPENSE	$671	$632	$736	$0	$680
SURPLUS (DEFICIT)	($43)	$75	($28)	$0	$1
TOTAL PARTICIPANTS	2,404	2,428	2,285		2,372

PLAN X
PART TIME
THIRD QUARTER 2021

DEPENDENT
QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$2,818,651	$3,034,154	$3,032,702		$8,885,507
MISC. INCOME - LOA	0	0	0		0
-COBRA	0	0	0		0
-HMO COPAY	17,587	17,586	18,280		53,453
TOTAL INCOME	$2,836,238	$3,051,740	$3,050,982	$0	$8,938,960
EXPENSES					
MEDICAL	$2,037,692	$1,962,773	$1,889,170		$5,889,635
A & S	74,565	93,009	53,753		221,327
DENTAL	124,055	117,308	107,352		348,715
DRUG	789,680	529,454	633,889		1,953,023
BEHAVIORAL HEALTH	10,611	14,865	9,698		35,174
OPTICAL	10,222	10,806	10,187		31,215
LIFE & AD & D	2,040	2,011	1,972		6,023
UM/DM	23,957	23,764	22,688		70,409
PRESCRIPTION CARE MNGMT	3,788	3,704	3,605		11,097
E.A.P.	1,419	1,398	1,365		4,182
P.P.O.	21,090	19,282	19,500		59,872
OPERATING EXPENSE	47,269	43,604	44,548		135,421
TOTAL EXPENSE	$3,146,388	$2,821,978	$2,797,727	$0	$8,766,093
SURPLUS (DEFICIT)	**($310,150)**	**$229,762**	**$253,255**	**$0**	**$172,867**
AVERAGE INCOME	$1,351	$1,492	$1,525	$0	$1,456
AVERAGE EXPENSE	$1,498	$1,379	$1,398	$0	$1,425
SURPLUS (DEFICIT)	($147)	$113	$127	$0	$31
TOTAL PARTICIPANTS	700	682	667		683

PLAN XX
FULL TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$512,779	$577,496	$590,586		$1,680,861
MISC. INCOME - LOA	0	0	0		0
-COBRA	1,359	340	1,374		3,073
-HMO COPAY	0	0	0		0
TOTAL INCOME	$514,138	$577,836	$591,960	$0	$1,683,934
EXPENSES					
MEDICAL	$283,334	$487,610	$595,301		$1,366,245
A & S	17,027	29,004	18,396		64,427
DENTAL	29,292	28,559	28,290		86,141
DRUG	42,520	40,459	34,088		117,067
BEHAVIORAL HEALTH	4,504	4,565	5,250		14,319
OPTICAL	6,796	6,682	6,514		19,992
LIFE & AD & D	1,363	1,390	1,342		4,095
UM/DM	8,406	8,336	8,038		24,780
PRESCRIPTION CARE MNGMT	1,331	1,300	1,273		3,904
P.P.O.	12,960	12,710	12,426		38,096
OPERATING EXPENSE	32,822	32,165	33,284		98,271
TOTAL EXPENSE	$440,355	$652,780	$744,202	$0	$1,837,337
SURPLUS (DEFICIT)	**$73,783**	**($74,944)**	**($152,242)**	**$0**	**($153,403)**
AVERAGE INCOME	$329	$378	$395	$0	$367
AVERAGE EXPENSE	$282	$427	$496	$0	$402
SURPLUS (DEFICIT)	$47	($49)	($101)	$0	($35)
TOTAL PARTICIPANTS	521	510	500		510

PLAN XX
PART TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$427,769	$441,269	$526,795		$1,395,833
MISC. INCOME - LOA	0	0	0		0
-COBRA	1,300	1,081	751		3,132
-HMO COPAY	1,668	1,680	1,291		4,639
TOTAL INCOME	$430,737	$444,030	$528,837	$0	$1,403,604
EXPENSES					
MEDICAL	$339,489	$478,515	$503,033		$1,321,037
A & S	12,136	12,882	13,713		38,731
DENTAL	29,627	28,187	27,891		85,705
DRUG	115,786	140,428	96,905		353,119
BEHAVIORAL HEALTH	5,114	4,296	5,534		14,944
OPTICAL	7,801	8,861	7,782		24,444
LIFE & AD & D	871	846	808		2,525
UM/DM	7,368	7,197	6,745		21,310
PRESCRIPTION CARE MNGMT	1,162	1,109	1,068		3,339
P.P.O.	13,856	13,009	12,097		38,962
OPERATING EXPENSE	59,918	52,667	51,223		163,808
TOTAL EXPENSE	$593,128	$747,997	$726,799	$0	$2,067,924
SURPLUS (DEFICIT)	**($162,391)**	**($303,967)**	**($197,962)**	**$0**	**($664,320)**
AVERAGE INCOME	$163	$193	$219	$0	$192
AVERAGE EXPENSE	$224	$325	$301	$0	$283
SURPLUS (DEFICIT)	($61)	($132)	($82)	$0	($91)
TOTAL PARTICIPANTS	882	766	804		817

PLAN XXX
FULL TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$784,188	$913,654	$948,066		$2,645,908
MISC. INCOME - LOA	0	0	0		0
-COBRA	401	327	334		1,062
-HMO COPAY	2,020	2,139	1,783		5,942
TOTAL INCOME	$786,609	$916,120	$950,183		$2,652,912
EXPENSES					
MEDICAL	$569,975	$433,123	$649,858		$1,652,956
A & S	35,135	33,438	55,339		123,912
DENTAL	41,855	43,363	44,424		129,642
DRUG	238,279	215,120	249,428		702,827
BEHAVIORAL HEALTH	8,582	8,813	13,402		30,797
OPTICAL	9,326	9,751	10,014		29,091
LIFE & AD & D	1,832	2,015	2,060		5,907
UM/DM	12,848	13,221	13,082		39,151
PRESCRIPTION CARE MNGMT	2,040	2,084	2,077		6,201
P.P.O.	17,950	19,029	19,288		56,267
OPERATING EXPENSE	66,664	67,852	74,767		209,283
TOTAL EXPENSE	$1,004,486	$847,809	$1,133,739	$0	$2,986,034
SURPLUS (DEFICIT)	**($217,877)**	**$68,311**	**($183,556)**	**$0**	**($333,122)**
AVERAGE INCOME	$246	$274	$269	$0	$263
AVERAGE EXPENSE	$314	$253	$321	$0	$296
SURPLUS (DEFICIT)	($68)	$21	($52)	$0	($33)
TOTAL PARTICIPANTS	1,066	1,115	1,176		1,119

PLAN XXX
PART TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$872,365	$1,177,353	$1,582,908		$3,632,626
MISC. INCOME - LOA	0	0	0		0
-COBRA	13,330	10,824	8,126		32,280
-HMO COPAY	3,291	2,575	1,903		7,769
TOTAL INCOME	$888,986	$1,190,752	$1,592,937	$0	$3,672,675
EXPENSES					
MEDICAL	$609,628	$556,691	$537,276		$1,703,595
A & S	7,951	7,457	5,371		20,779
DENTAL	41,170	42,442	42,512		126,124
DRUG	199,035	92,973	137,275		429,283
BEHAVIORAL HEALTH	13,254	10,329	16,896		40,479
OPTICAL	11,736	12,206	11,954		35,896
LIFE & AD & D	1,447	1,567	1,526		4,540
UM/DM	14,475	14,681	13,848		43,004
PRESCRIPTION CARE MNGMT	2,294	2,283	2,223		6,800
P.P.O.	28,834	29,496	28,631		86,961
OPERATING EXPENSE	197,463	200,064	210,988		608,515
TOTAL EXPENSE	$1,127,287	$970,189	$1,008,500	$0	$3,105,976
SURPLUS (DEFICIT)	**($238,301)**	**$220,563**	**$584,437**	**$0**	**$566,699**
AVERAGE INCOME	$93	$126	$165	$0	$128
AVERAGE EXPENSE	$117	$103	$104	$0	$108
SURPLUS (DEFICIT)	($24)	$23	$61	$0	$20
TOTAL PARTICIPANTS	3,198	3,139	3,223		3,187

PLAN XL
PART TIME
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$138,208	$179,199	$189,582		$506,989
MISC. INCOME - LOA	0	0	0		0
-COBRA	69	69	46		184
TOTAL INCOME	$138,277	$179,268	$189,628	$0	$507,173
EXPENSES					
A & S	$2,427	$2,588	529		$5,544
DENTAL	16,882	17,167	16,720		50,769
OPTICAL	5,054	5,124	4,807		14,985
LIFE & AD & D	676	663	634		1,973
OPERATING EXPENSE	150,413	146,158	163,797		460,368
TOTAL EXPENSE	$175,452	$171,700	$186,487	$0	$533,639
SURPLUS (DEFICIT)	**($37,175)**	**$7,568**	**$3,141**	**$0**	**($26,466)**
AVERAGE INCOME	$20	$24	$26	$0	$23
AVERAGE EXPENSE	$26	$23	$25	$0	$25
SURPLUS (DEFICIT)	($6)	$1	$1	$0	($2)
TOTAL PARTICIPANTS	2,280	2,519	2,457		2,419

COMBINED FUND
THIRD QUARTER 2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTR - ACTIVE	$19,633,330	$24,583,754	$25,164,278	$0	$69,381,362
EMPLOYER CONTR - RETIREE	3,982,176	3,983,842	3,874,434	0	11,840,452
EMPLOYEE CONTRIBUTIONS	1,255,063	1,227,503	1,189,836	0	3,672,402
INTEREST & DIVIDENDS - ACTIVE	121,845	88,263	56,755	0	266,863
INTEREST & DIVIDENDS - RETIREE	26,185	18,758	12,096	0	57,039
STIPEND	1,021,927	979,146	936,109	0	2,937,182
MISCELLANEOUS[1,2]	0	31	26,141	0	26,172
TOTAL INCOME	$26,040,526	$30,881,297	$31,259,649	$0	$88,181,472
EXPENSES					
MEDICAL	$18,102,244	$15,719,753	$17,815,972	$0	$51,637,969
RETIREES	3,885,743	4,311,732	4,160,728	0	12,358,203
STIPEND	1,021,927	979,146	936,109	0	2,937,182
A & S	1,254,481	1,503,491	1,361,458	0	4,119,430
DENTAL	1,095,002	1,065,249	1,035,525	0	3,195,776
DRUG	6,392,369	4,711,847	5,319,863	0	16,424,079
BEHAVIORAL HEALTH	362,760	238,440	220,770	0	821,970
OPTICAL	156,738	159,396	153,877	0	470,011
LIFE & AD & D	38,929	38,743	38,003	0	115,675
UM/DM	206,325	206,262	197,802	0	610,389
PRESCRIPTION CARE MNGMT	32,603	32,118	31,415	0	96,136
E.A.P.	15,588	15,339	15,001	0	45,928
P.P.O.	302,074	284,697	282,091	0	868,862
OPERATING EXPENSE	1,037,577	993,850	1,046,644	0	3,078,071
TOTAL EXPENSE	$33,904,360	$30,260,063	$32,615,258	$0	$96,779,681
SURPLUS (DEFICIT)	**($7,863,834)**	**$621,234**	**($1,355,609)**	**$0**	**($8,598,209)**
TOTAL PARTICIPANTS	15,858	15,895	15,765	0	15,839
FUND RESERVE	$26,480,029	$25,532,305	$27,188,034		

[1]DENTEGRA IMPLEMENTATION CREDIT - $20,000
[2]LITIGATION SETTLEMENTS 3RD QTR:

$12	HEWITT
5,666	MADOFF
463	SBHIC
$6,141	

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN I
FULL TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTR - ACTIVE	$2,525,401	$2,567,773	$2,705,912	$2,117,700	$9,916,786
EMPLOYER CONTR - RETIREE	3,596,382	3,493,381	3,517,327	3,509,736	14,116,826
MISC. INCOME-DENTAL	0	0	0	0	0
-RETIREE	896,294	875,631	873,258	865,020	3,510,203
-LOA	0	0	0	0	0
-COBRA	6,721	11,201	6,516	2,876	27,314
-HMO COPAY	8,821	11,026	9,216	10,387	39,450
TOTAL	$7,033,619	$6,959,012	$7,112,229	$6,505,719	$27,610,579
EXPENSES					
MEDICAL	$1,348,808	$1,387,643	$1,048,873	$1,794,324	$5,579,648
RETIREE	4,081,068	3,076,447	3,861,042	3,282,215	14,300,772
A & S	214,514	159,050	115,290	154,855	643,709
DENTAL	77,374	76,353	64,156	71,722	289,605
DRUG	734,244	478,191	536,468	440,933	2,189,836
BEHAVIORAL HEALTH	30,175	73,365	43,802	68,261	215,603
OPTICAL	10,171	10,064	9,768	9,513	39,516
LIFE & AD & D	5,735	5,676	5,566	5,381	22,358
UM/DM	12,683	12,527	11,404	11,637	48,251
PRESCRIPTION CARE MNGMT	0	655	1,918	1,848	4,421
E.A.P.	1,172	1,158	1,124	1,094	4,548
P.P.O.	16,844	16,533	15,773	15,563	64,713
OPERATING EXPENSE	34,389	41,066	33,132	33,263	141,850
TOTAL EXPENSE	$6,567,177	$5,338,728	$5,748,316	$5,890,609	$23,544,830
SURPLUS (DEFICIT)	**$466,442**	**$1,620,284**	**$1,363,913**	**$615,110**	**$4,065,749**
AVERAGE INCOME	$4,042	$4,098	$4,287	$3,914	$4,085
AVERAGE EXPENSE	$3,774	$3,144	$3,465	$3,544	$3,482
SURPLUS (DEFICIT)	$268	$954	$822	$370	$603
TOTAL PARTICIPANTS	580	566	553	554	563

PLAN I
PART TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTR - ACTIVE	$423,815	$343,261	$220,971	$153,533	$1,141,580
EMPLOYER CONTR - RETIREE	629,409	568,297	542,227	555,884	2,295,817
MISC. INCOME-DENTAL	0	0	0	0	0
-RETIREE	188,985	184,950	185,890	185,145	744,970
-LOA	0	0	0	0	0
-COBRA	0	0	0	0	0
-HMO COPAY	0	0	0	0	0
TOTAL	$1,242,209	$1,096,508	$949,088	$894,562	$4,182,367
EXPENSES					
MEDICAL	$223,373	$87,453	$260,383	$365,486	$936,695
RETIREE	657,758	523,097	605,049	572,277	2,358,181
A & S	9,735	10,382	13,941	5,007	39,065
DENTAL	12,633	12,293	9,979	11,549	46,454
DRUG	61,341	31,376	52,173	42,360	187,250
BEHAVIORAL HEALTH	5,933	6,707	2,095	3,520	18,255
OPTICAL	1,737	1,705	1,596	1,569	6,607
LIFE & AD & D	416	415	394	381	1,606
UM/DM	1,876	1,835	2,173	1,776	7,660
PRESCRIPTION CARE MNGMT	0	94	282	283	659
E.A.P.	201	196	185	181	763
P.P.O.	2,851	2,826	2,788	2,631	11,096
OPERATING EXPENSE	6,242	7,234	5,616	5,565	24,657
TOTAL EXPENSE	$984,096	$685,613	$956,654	$1,012,585	$3,638,948
SURPLUS (DEFICIT)	**$258,113**	**$410,895**	**($7,566)**	**($118,023)**	**$543,419**
AVERAGE INCOME	$3,906	$3,730	$3,439	$3,172	$3,562
AVERAGE EXPENSE	$3,095	$2,332	$3,466	$3,591	$3,121
SURPLUS (DEFICIT)	$811	$1,398	($27)	($419)	$441
TOTAL PARTICIPANTS	106	98	92	94	98

PLAN X
FULL TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$10,473,534	$10,420,388	$10,520,103	$7,590,170	$39,004,195
MISC. INCOME-LOA	0	0	0	0	0
-COBRA	35,750	29,053	31,444	40,741	136,988
-HMO COPAY	88,194	93,080	78,388	73,610	333,272
TOTAL INCOME	$10,597,478	$10,542,521	$10,629,935	$7,704,521	$39,474,455
EXPENSES					
MEDICAL	$8,826,263	$7,264,084	$8,873,849	$8,388,973	$33,353,169
A & S	843,094	803,809	698,523	797,897	3,143,323
DENTAL	590,163	582,628	501,610	569,317	2,243,718
DRUG	2,842,090	2,069,985	3,055,920	2,646,536	10,614,531
BEHAVIORAL HEALTH	138,751	149,761	164,481	139,597	592,590
OPTICAL	64,702	64,004	63,276	62,672	254,654
LIFE & AD & D	19,149	19,025	18,806	18,615	75,595
UM/DM	103,626	103,172	100,372	100,496	407,666
PRESCRIPTION CARE MNGMT	0	5,498	16,287	16,023	37,808
E.A.P.	8,685	8,602	8,493	8,424	34,204
P.P.O.	118,463	118,025	114,489	114,705	465,682
OPERATING EXPENSE	256,956	310,410	252,645	256,585	1,076,596
TOTAL EXPENSE	$13,811,942	$11,499,003	$13,868,751	$13,119,840	$52,299,536
SURPLUS (DEFICIT)	**($3,214,464)**	**($956,482)**	**($3,238,816)**	**($5,415,319)**	**($12,825,081)**
AVERAGE INCOME	$804	$815	$827	$599	$761
AVERAGE EXPENSE	$1,048	$889	$1,080	$1,020	$1,009
SURPLUS (DEFICIT)	($244)	($74)	($253)	($421)	($248)
TOTAL PARTICIPANTS	4,395	4,310	4,282	4,286	4,318

PLAN X
PART TIME
2020

INDIVIDUAL
QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$5,742,567	$5,360,572	$5,259,183	$3,800,881	$20,163,203
MISC. INCOME-LOA	0	0	0	0	0
-COBRA	30,752	37,014	43,273	53,802	164,841
-HMO COPAY	13,309	12,704	12,776	9,907	48,696
TOTAL INCOME	$5,786,628	$5,410,290	$5,315,232	$3,864,590	$20,376,740
EXPENSES					
MEDICAL	$2,835,289	$3,057,858	$1,929,782	$3,233,193	$11,056,122
A & S	161,845	180,744	200,130	202,882	745,601
DENTAL	221,488	215,767	165,123	202,060	804,438
DRUG	961,376	720,375	1,024,183	1,173,467	3,879,401
BEHAVIORAL HEALTH	46,784	25,169	35,455	26,640	134,048
OPTICAL	37,769	36,793	35,200	34,458	144,220
LIFE & AD & D	7,428	7,265	6,975	6,775	28,443
UM/DM	30,806	30,377	28,811	28,635	118,629
PRESCRIPTION CARE MNGMT	0	1,563	4,613	4,527	10,703
E.A.P.	5,124	4,975	4,762	4,663	19,524
P.P.O.	65,755	64,102	59,805	58,386	248,048
OPERATING EXPENSES	159,341	186,866	148,719	150,465	645,391
TOTAL EXPENSE	$4,533,005	$4,531,854	$3,643,558	$5,126,151	$17,834,568
SURPLUS (DEFICIT)	**$1,253,623**	**$878,436**	**$1,671,674**	**($1,261,561)**	**$2,542,172**
AVERAGE INCOME	$715	$711	$704	$521	$663
AVERAGE EXPENSE	$560	$596	$482	$691	$582
SURPLUS (DEFICIT)	$155	$115	$222	($170)	$81
TOTAL PARTICIPANTS	2,699	2,535	2,518	2,474	2,557

PLAN X
PART TIME
2020

DEPENDENT
QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$3,319,396	$3,177,544	$3,273,083	$2,358,751	$12,128,774
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	0	0	0	0	0
-HMO COPAY	20,349	24,933	21,934	18,908	86,124
TOTAL INCOME	$3,339,745	$3,202,477	$3,295,017	$2,377,659	$12,214,898
EXPENSES					
MEDICAL	$2,376,707	$2,041,273	$2,096,803	$1,961,902	$8,476,685
A & S	77,091	84,398	76,498	46,199	284,186
DENTAL	141,034	137,926	120,596	132,309	531,865
DRUG	926,002	533,021	716,695	623,457	2,799,175
BEHAVIORAL HEALTH	12,630	16,812	13,945	13,648	57,035
OPTICAL	11,682	11,424	11,043	10,979	45,128
LIFE & AD & D	2,272	2,208	2,130	2,091	8,701
UM/DM	26,073	25,735	24,775	24,770	101,353
PRESCRIPTION CARE MNGMT	0	1,353	4,011	3,966	9,330
E.A.P.	1,565	1,528	1,481	1,464	6,038
P.P.O.	21,680	20,921	19,763	19,753	82,117
OPERATING EXPENSE	46,594	55,335	43,872	44,135	189,936
TOTAL EXPENSE	$3,643,330	$2,931,934	$3,131,612	$2,884,673	$12,591,549
SURPLUS (DEFICIT)	**($303,585)**	**$270,543**	**$163,405**	**($507,014)**	**($376,651)**
AVERAGE INCOME	$1,393	$1,421	$1,478	$1,080	$1,343
AVERAGE EXPENSE	$1,520	$1,301	$1,405	$1,310	$1,384
SURPLUS (DEFICIT)	($127)	$120	$73	($230)	($41)
TOTAL PARTICIPANTS	799	751	743	734	757

PLAN XX
FULL TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$512,356	$548,065	$581,951	$450,676	$2,093,048
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	684	684	1,367	656	3,391
-HMO COPAY	97	325	65	32	519
TOTAL INCOME	$513,137	$549,074	$583,383	$451,364	$2,096,958
EXPENSES					
MEDICAL	$499,900	$305,433	$242,934	$575,403	$1,623,670
A & S	31,839	17,626	24,376	44,033	117,874
DENTAL	29,205	29,781	21,947	29,646	110,579
DRUG	38,835	24,383	68,904	75,972	208,094
BEHAVIORAL HEALTH	4,179	4,472	4,786	4,748	18,185
OPTICAL	6,499	6,609	6,604	6,554	26,266
LIFE & AD & D	1,315	1,350	1,359	1,351	5,375
UM/DM	8,104	8,267	8,152	8,258	32,781
PRESCRIPTION CARE MNGMT	0	440	1,322	1,307	3,069
P.P.O.	11,383	11,972	12,128	12,328	47,811
OPERATING EXPENSE	29,976	36,470	30,638	30,732	127,816
TOTAL EXPENSE	$661,235	$446,803	$423,150	$790,332	$2,321,520
SURPLUS (DEFICIT)	**($148,098)**	**$102,271**	**$160,233**	**($338,968)**	**($224,562)**
AVERAGE INCOME	$335	$347	$370	$305	$339
AVERAGE EXPENSE	$431	$282	$269	$534	$379
SURPLUS (DEFICIT)	($96)	$65	$101	($229)	($40)
TOTAL PARTICIPANTS	511	528	525	493	514

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN XX
PART TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$409,218	$431,683	$523,393	$396,984	$1,761,278
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	1,124	562	1,641	1,915	5,242
-HMO COPAY	1,394	1,498	821	1,514	5,227
TOTAL INCOME	$411,736	$433,743	$525,855	$400,413	$1,771,747
EXPENSES					
MEDICAL	$246,578	$348,736	$394,415	$358,741	$1,348,470
A & S	4,796	15,036	4,648	12,045	36,525
DENTAL	34,683	33,520	21,308	30,674	120,185
DRUG	165,551	147,068	141,023	117,865	571,507
BEHAVIORAL HEALTH	5,541	6,782	5,672	5,350	23,345
OPTICAL	9,585	9,241	8,723	8,529	36,078
LIFE & AD & D	977	951	912	873	3,713
UM/DM	8,227	8,065	7,508	7,415	31,215
PRESCRIPTION CARE MNGMT	0	409	1,210	1,178	2,797
P.P.O.	14,841	14,639	13,832	13,398	56,710
OPERATING EXPENSE	61,985	73,898	55,818	56,588	248,289
TOTAL EXPENSE	$552,764	$658,345	$655,069	$612,656	$2,478,834
SURPLUS (DEFICIT)	**($141,028)**	**($224,602)**	**($129,214)**	**($212,243)**	**($707,087)**
AVERAGE INCOME	$132	$150	$183	$142	$152
AVERAGE EXPENSE	$178	$228	$228	$217	$213
SURPLUS (DEFICIT)	($46)	($78)	($45)	($75)	($61)
TOTAL PARTICIPANTS	1,038	963	956	939	974

PLAN XXX
FULL TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$1,333,657	$1,150,871	$723,633	$626,471	$3,834,632
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	3,171	668	995	2,213	7,047
-HMO COPAY	1,384	0	0	2,497	3,881
TOTAL INCOME	$1,338,212	$1,151,539	$724,628	$631,181	$3,845,560
EXPENSES					
MEDICAL	$290,155	$218,245	$352,841	$419,642	$1,280,883
A & S	13,702	32,725	17,417	27,723	91,567
DENTAL	30,769	32,396	26,021	37,204	126,390
DRUG	113,983	111,459	135,353	169,799	530,594
BEHAVIORAL HEALTH	4,549	4,799	9,298	4,856	23,502
OPTICAL	6,638	7,010	7,436	7,975	29,059
LIFE & AD & D	1,306	1,427	1,530	1,601	5,864
UM/DM	9,077	9,522	10,196	10,876	39,671
PRESCRIPTION CARE MNGMT	0	511	1,606	1,712	3,829
P.P.O.	11,902	13,195	13,941	14,636	53,674
OPERATING EXPENSE	42,023	54,776	48,215	54,792	199,806
TOTAL EXPENSE	$524,104	$486,065	$623,854	$750,816	$2,384,839
SURPLUS (DEFICIT)	**$814,108**	**$665,474**	**$100,774**	**($119,635)**	**$1,460,721**
AVERAGE INCOME	$596	$484	$275	$214	$392
AVERAGE EXPENSE	$233	$204	$237	$255	$232
SURPLUS (DEFICIT)	$363	$280	$38	($41)	$160
TOTAL PARTICIPANTS	749	793	877	981	850

PLAN XXX
PART TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$1,162,541	$984,186	$863,933	$711,272	$3,721,932
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	7,263	8,803	8,997	11,569	36,632
-HMO COPAY	0	570	1,302	1,120	2,992
TOTAL INCOME	$1,169,804	$993,559	$874,232	$723,961	$3,761,556
EXPENSES					
MEDICAL	$316,754	$616,808	$1,192,298	$918,040	$3,043,900
A & S	4,896	15,779	14,984	17,727	53,386
DENTAL	36,527	37,712	26,276	39,028	139,543
DRUG	99,997	104,102	162,617	205,430	572,146
BEHAVIORAL HEALTH	11,183	11,699	8,916	19,097	50,895
OPTICAL	10,033	10,355	10,662	10,780	41,830
LIFE & AD & D	1,247	1,330	1,295	1,301	5,173
UM/DM	12,088	12,109	11,996	12,428	48,621
PRESCRIPTION CARE MNGMT	0	622	1,924	1,960	4,506
P.P.O.	24,283	25,313	24,939	25,287	99,822
OPERATING EXPENSE	141,132	198,481	156,057	167,256	662,926
TOTAL EXPENSE	$658,140	$1,034,310	$1,611,964	$1,418,334	$4,722,748
SURPLUS (DEFICIT)	**$511,664**	**($40,751)**	**($737,732)**	**($694,373)**	**($961,192)**
AVERAGE INCOME	$132	$126	$106	$84	$112
AVERAGE EXPENSE	$74	$131	$196	$164	$141
SURPLUS (DEFICIT)	$58	($5)	($90)	($80)	($29)
TOTAL PARTICIPANTS	2,964	2,629	2,741	2,878	2,803

PLAN XL
PART TIME
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$129,984	$143,635	$149,393	$122,670	$545,682
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	0	0	99	69	168
TOTAL INCOME	$129,984	$143,635	$149,492	$122,739	$545,850
EXPENSES					
A & S	$2,673	$2,360	889	2,457	$8,379
DENTAL	18,223	18,410	11,958	18,085	66,676
OPTICAL	5,256	5,326	5,242	5,247	21,071
LIFE & AD & D	667	702	703	675	2,747
OPERATING EXPENSE	122,973	133,558	120,499	132,330	509,360
TOTAL EXPENSE	$149,792	$160,356	$139,291	$158,794	$608,233
SURPLUS (DEFICIT)	**($19,808)**	**($16,721)**	**$10,201**	**($36,055)**	**($62,383)**
AVERAGE INCOME	$24	$24	$23	$18	$22
AVERAGE EXPENSE	$28	$26	$21	$23	$25
SURPLUS (DEFICIT)	($4)	($2)	$2	($5)	($3)
TOTAL PARTICIPANTS	1,804	2,029	2,189	2,306	2,082

COMBINED FUND
2020

QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTR - ACTIVE	$26,032,469	$25,127,978	$24,821,555	$18,329,108	$94,311,110
EMPLOYER CONTR - RETIREE	4,225,791	4,061,678	4,059,554	4,065,620	16,412,643
EMPLOYEE CONTRIBUTIONS	1,304,292	1,292,702	1,277,982	1,281,981	5,156,957
INTEREST & DIVIDENDS - ACTIVE	125,883	190,608	132,076	131,986	580,553
INTEREST & DIVIDENDS - RETIREE	28,371	43,859	29,759	29,015	131,004
STIPEND	1,200,856	1,163,185	1,119,766	1,084,602	4,568,409
MISCELLANEOUS[1]	147	2,486	0	102,077	104,710
TOTAL INCOME	$32,917,809	$31,882,496	$31,440,692	$25,024,389	$121,265,386
EXPENSES					
MEDICAL	$16,963,827	$15,327,533	$16,392,178	$18,015,704	$66,699,242
RETIREES	4,738,826	3,599,544	4,466,091	3,854,492	16,658,953
STIPEND	1,200,856	1,163,185	1,119,766	1,084,602	4,568,409
A & S	1,364,185	1,321,909	1,166,696	1,310,825	5,163,615
DENTAL	1,192,099	1,176,786	968,974	1,141,594	4,479,453
DRUG	5,943,419	4,219,960	5,893,336	5,495,819	21,552,534
BEHAVIORAL HEALTH	259,725	299,566	288,450	285,717	1,133,458
OPTICAL	164,072	162,531	159,550	158,276	644,429
LIFE & AD & D	40,512	40,349	39,670	39,044	159,575
UM/DM	212,560	211,609	205,387	206,291	835,847
PRESCRIPTION CARE MNGMT	0	11,145	33,173	32,804	77,122
E.A.P.	16,747	16,459	16,045	15,826	65,077
P.P.O.	288,002	287,526	277,458	276,687	1,129,673
OPERATING EXPENSE	901,611	1,098,094	895,211	931,711	3,826,627
TOTAL EXPENSE	$33,286,441	$28,936,196	$31,921,985	$32,849,392	$126,994,014
SURPLUS (DEFICIT)	**($368,632)**	**$2,946,300**	**($481,293)**	**($7,825,003)**	**($5,728,628)**
TOTAL PARTICIPANTS	15,645	15,202	15,476	15,739	15,516
FUND RESERVE	$33,501,442	$32,398,796	$41,245,219	$39,737,569	

[1]LITIGATION SETTLEMENTS 4TH QTR:

$101,990	MADOFF FUND
87	VISIUM FAIR FUND
$102,077	

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN I
FULL TIME
2021

QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTR - ACTIVE	$1,221,714	$2,411,061	$2,091,159		$5,723,934
MISC. INCOME - LOA	0	0	0		0
-COBRA	4,314	4,314	4,314		12,942
-HMO COPAY	7,079	14,391	10,728		32,198
TOTAL	$1,233,107	$2,429,766	$2,106,201	$0	$5,769,074
EXPENSES					
MEDICAL	$1,408,162	$1,379,593	$1,924,891		$4,712,646
A & S	140,586	205,778	130,085		476,449
DENTAL	67,620	64,675	61,923		194,218
DRUG	489,609	387,553	361,648		1,238,810
BEHAVIORAL HEALTH	88,719	54,733	25,253		168,705
OPTICAL	9,342	9,084	8,864		27,290
LIFE & AD & D	5,274	5,151	5,033		15,458
UM/DM	11,276	11,200	10,623		33,099
PRESCRIPTION CARE MNGMT	1,774	1,736	1,684		5,194
E.A.P.	1,072	1,046	1,023		3,141
P.P.O.	16,703	15,425	15,252		47,380
OPERATING EXPENSE	36,165	33,400	34,167		103,732
TOTAL EXPENSE	$2,276,302	$2,169,374	$2,580,446	$0	$7,026,122
SURPLUS (DEFICIT)	**($1,043,195)**	**$260,392**	**($474,245)**	**$0**	**($1,257,048)**
AVERAGE INCOME	$771	$1,549	$1,385		$1,235
AVERAGE EXPENSE	$1,424	$1,383	$1,697		$1,501
SURPLUS (DEFICIT)	($653)	$166	($312)	$0	($266)
TOTAL PARTICIPANTS	533	523	507		521

PLAN I
PART TIME
2021

QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTR - ACTIVE	$109,815	$231,102	$265,628		$606,545
MISC. INCOME - LOA	0	0	0		0
-COBRA	0	0	0		0
-HMO COPAY	0	0	0		0
TOTAL	$109,815	$231,102	$265,628	$0	$606,545
EXPENSES					
MEDICAL	$209,371	$167,179	$149,811		$526,361
A & S	8,741	12,594	12,312		33,647
DENTAL	10,707	10,223	9,692		30,622
DRUG	47,925	41,246	23,888		113,059
BEHAVIORAL HEALTH	3,313	2,940	4,061		10,314
OPTICAL	1,412	1,524	1,384		4,320
LIFE & AD & D	365	354	340		1,059
UM/DM	1,673	1,684	1,530		4,887
PRESCRIPTION CARE MNGMT	265	263	254		782
E.A.P.	172	169	160		501
P.P.O.	2,746	2,477	2,448		7,671
OPERATING EXPENSE	6,033	5,506	5,520		17,059
TOTAL EXPENSE	$292,723	$246,159	$211,400	$0	$750,282
SURPLUS (DEFICIT)	**($182,908)**	**($15,057)**	**$54,228**	**$0**	**($143,737)**
AVERAGE INCOME	$407	$906	$1,093		$802
AVERAGE EXPENSE	$1,084	$965	$870		$973
SURPLUS (DEFICIT)	($677)	($59)	$223	$0	($171)
TOTAL PARTICIPANTS	90	85	81	0	85

PLAN X
FULL TIME
2021

QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$8,271,146	$10,521,871	$11,123,288		$29,916,305
MISC. INCOME-LOA	0	0	0		0
-COBRA	28,826	23,161	16,485		68,472
-HMO COPAY	73,649	60,803	59,737		194,189
TOTAL INCOME	$8,373,621	$10,605,835	$11,199,510	$0	$30,178,966
EXPENSES					
MEDICAL	$9,888,796	$7,507,645	$8,448,559		$25,845,000
A & S	758,138	868,937	884,132		2,511,207
DENTAL	540,745	523,514	503,930		1,568,189
DRUG	3,144,637	2,155,783	2,548,911		7,849,331
BEHAVIORAL HEALTH	162,940	106,281	118,252		387,473
OPTICAL	62,132	61,267	60,241		183,640
LIFE & AD & D	18,402	18,223	17,959		54,584
UM/DM	98,052	98,186	94,553		290,791
PRESCRIPTION CARE MNGMT	15,522	15,315	15,022		45,859
E.A.P.	8,354	8,249	8,102		24,705
P.P.O.	124,415	115,228	115,279		354,922
OPERATING EXPENSE	279,752	261,121	271,172		812,045
TOTAL EXPENSE	$15,101,885	$11,739,749	$13,086,112	$0	$39,927,746
SURPLUS (DEFICIT)	**($6,728,264)**	**($1,133,914)**	**($1,886,602)**	**$0**	**($9,748,780)**
AVERAGE INCOME	$667	$856	$918		$814
AVERAGE EXPENSE	$1,203	$948	$1,073		$1,075
SURPLUS (DEFICIT)	($536)	($92)	($155)	$0	($261)
TOTAL PARTICIPANTS	4,184	4,128	4,065		4,126

PLAN X
PART TIME
2021

INDIVIDUAL
QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$4,476,695	$5,096,595	$4,813,564		$14,386,854
MISC. INCOME-LOA	0	0	0		0
-COBRA	39,198	32,511	28,854		100,563
-HMO COPAY	15,426	17,302	10,475		43,203
TOTAL INCOME	$4,531,319	$5,146,408	$4,852,893	$0	$14,530,620
EXPENSES					
MEDICAL	$2,755,797	$2,746,624	$3,118,073		$8,620,494
A & S	197,775	237,804	187,828		623,407
DENTAL	193,049	189,811	192,791		575,651
DRUG	1,324,898	1,108,831	1,233,831		3,667,560
BEHAVIORAL HEALTH	65,723	31,618	22,424		119,765
OPTICAL	32,917	34,091	32,130		99,138
LIFE & AD & D	6,659	6,523	6,329		19,511
UM/DM	28,270	27,993	26,695		82,958
PRESCRIPTION CARE MNGMT	4,427	4,324	4,209		12,960
E.A.P.	4,571	4,477	4,351		13,399
P.P.O.	63,520	58,041	57,170		178,731
OPERATING EXPENSES	161,078	151,313	157,178		469,569
TOTAL EXPENSE	$4,838,684	$4,601,450	$5,043,009	$0	$14,483,143
SURPLUS (DEFICIT)	**($307,365)**	**$544,958**	**($190,116)**	**$0**	**$47,477**
AVERAGE INCOME	$628	$707	$708		$681
AVERAGE EXPENSE	$671	$632	$736		$680
SURPLUS (DEFICIT)	($43)	$75	($28)	$0	$1
TOTAL PARTICIPANTS	2,404	2,428	2,285		2,372

PLAN X
PART TIME
2021

DEPENDENT
QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$2,818,651	$3,034,154	$3,032,702		$8,885,507
MISC. INCOME -LOA	0	0	0		0
-COBRA	0	0	0		0
-HMO COPAY	17,587	17,586	18,280		53,453
TOTAL INCOME	$2,836,238	$3,051,740	$3,050,982	$0	$8,938,960
EXPENSES					
MEDICAL	$2,037,692	$1,962,773	$1,889,170		$5,889,635
A & S	74,565	93,009	53,753		221,327
DENTAL	124,055	117,308	107,352		348,715
DRUG	789,680	529,454	633,889		1,953,023
BEHAVIORAL HEALTH	10,611	14,865	9,698		35,174
OPTICAL	10,222	10,806	10,187		31,215
LIFE & AD & D	2,040	2,011	1,972		6,023
UM/DM	23,957	23,764	22,688		70,409
PRESCRIPTION CARE MNGMT	3,788	3,704	3,605		11,097
E.A.P.	1,419	1,398	1,365		4,182
P.P.O.	21,090	19,282	19,500		59,872
OPERATING EXPENSE	47,269	43,604	44,548		135,421
TOTAL EXPENSE	$3,146,388	$2,821,978	$2,797,727	$0	$8,766,093
SURPLUS (DEFICIT)	**($310,150)**	**$229,762**	**$253,255**	**$0**	**$172,867**
AVERAGE INCOME	$1,351	$1,492	$1,525		$1,456
AVERAGE EXPENSE	$1,498	$1,379	$1,398		$1,425
SURPLUS (DEFICIT)	($147)	$113	$127	$0	$31
TOTAL PARTICIPANTS	700	682	667		683

PLAN XX
FULL TIME
2021

QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$512,779	$577,496	$590,586		$1,680,861
MISC. INCOME -LOA	0	0	0		0
-HMO COPAY	1,359	340	1,374		3,073
-COBRA	0	0	0		0
TOTAL INCOME	$514,138	$577,836	$591,960	$0	$1,683,934
EXPENSES					
MEDICAL	$283,334	$487,610	$595,301		$1,366,245
A & S	17,027	29,004	18,396		64,427
DENTAL	29,292	28,559	28,290		86,141
DRUG	42,520	40,459	34,088		117,067
BEHAVIORAL HEALTH	4,504	4,565	5,250		14,319
OPTICAL	6,796	6,682	6,514		19,992
LIFE & AD & D	1,363	1,390	1,342		4,095
UM/DM	8,406	8,336	8,038		24,780
PRESCRIPTION CARE MNGMT	1,331	1,300	1,273		3,904
P.P.O.	12,960	12,710	12,426		38,096
OPERATING EXPENSE	32,822	32,165	33,284		98,271
TOTAL EXPENSE	$440,355	$652,780	$744,202	$0	$1,837,337
SURPLUS (DEFICIT)	**$73,783**	**($74,944)**	**($152,242)**	**$0**	**($153,403)**
AVERAGE INCOME	$329	$378	$395		$367
AVERAGE EXPENSE	$282	$427	$496		$402
SURPLUS (DEFICIT)	$47	($49)	($101)	$0	($35)
TOTAL PARTICIPANTS	521	510	500		510

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN XX
PART TIME
2021

QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$427,769	$441,269	$526,795		$1,395,833
MISC. INCOME -LOA	0	0	0		0
-HMO COPAY	1,300	1,081	751		3,132
-COBRA	1,668	1,680	1,291		4,639
TOTAL INCOME	$430,737	$444,030	$528,837	$0	$1,403,604
EXPENSES					
MEDICAL	$339,489	$478,515	$503,033		$1,321,037
A & S	12,136	12,882	13,713		38,731
DENTAL	29,627	28,187	27,891		85,705
DRUG	115,786	140,428	96,905		353,119
BEHAVIORAL HEALTH	5,114	4,296	5,534		14,944
OPTICAL	7,801	8,861	7,782		24,444
LIFE & AD & D	871	846	808		2,525
UM/DM	7,368	7,197	6,745		21,310
PRESCRIPTION CARE MNGMT	1,162	1,109	1,068		3,339
P.P.O.	13,856	13,009	12,097		38,962
OPERATING EXPENSE	59,918	52,667	51,223		163,808
TOTAL EXPENSE	$593,128	$747,997	$726,799	$0	$2,067,924
SURPLUS (DEFICIT)	**($162,391)**	**($303,967)**	**($197,962)**	**$0**	**($664,320)**
AVERAGE INCOME	$163	$193	$219		$192
AVERAGE EXPENSE	$224	$325	$301		$283
SURPLUS (DEFICIT)	($61)	($132)	($82)	$0	($91)
TOTAL PARTICIPANTS	882	766	804		817

PLAN XXX
FULL TIME
2021

QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$784,188	$913,654	$948,066		$2,645,908
MISC. INCOME -LOA	0	0	0		0
-COBRA	401	327	334		1,062
-HMO COPAY	2,020	2,139	1,783		5,942
TOTAL INCOME	$786,609	$916,120	$950,183	$0	$2,652,912
EXPENSES					
MEDICAL	$569,975	$433,123	$649,858		$1,652,956
A & S	35,135	33,438	55,339		123,912
DENTAL	41,855	43,363	44,424		129,642
DRUG	238,279	215,120	249,428		702,827
BEHAVIORAL HEALTH	8,582	8,813	13,402		30,797
OPTICAL	9,326	9,751	10,014		29,091
LIFE & AD & D	1,832	2,015	2,060		5,907
UM/DM	12,848	13,221	13,082		39,151
PRESCRIPTION CARE MNGMT	2,040	2,084	2,077		6,201
P.P.O.	17,950	19,029	19,288		56,267
OPERATING EXPENSE	66,664	67,852	74,767		209,283
TOTAL EXPENSE	$1,004,486	$847,809	$1,133,739	$0	$2,986,034
SURPLUS (DEFICIT)	**($217,877)**	**$68,311**	**($183,556)**	**$0**	**($333,122)**
AVERAGE INCOME	$246	$274	$269		$263
AVERAGE EXPENSE	$314	$253	$321		$296
SURPLUS (DEFICIT)	($68)	$21	($52)	$0	($33)
TOTAL PARTICIPANTS	1,066	1,115	1,176		1,119

PLAN XXX
PART TIME
2021

QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$872,365	$1,177,353	$1,582,908		$3,632,626
MISC. INCOME -LOA	0	0	0		0
-COBRA	13,330	10,824	8,126		32,280
-HMO COPAY	3,291	2,575	1,903		7,769
TOTAL INCOME	$888,986	$1,190,752	$1,592,937	$0	$3,672,675
EXPENSES					
MEDICAL	$609,628	$556,691	$537,276		$1,703,595
A & S	7,951	7,457	5,371		20,779
DENTAL	41,170	42,442	42,512		126,124
DRUG	199,035	92,973	137,275		429,283
BEHAVIORAL HEALTH	13,254	10,329	16,896		40,479
OPTICAL	11,736	12,206	11,954		35,896
LIFE & AD & D	1,447	1,567	1,526		4,540
UM/DM	14,475	14,681	13,848		43,004
PRESCRIPTION CARE MNGMT	2,294	2,283	2,223		6,800
P.P.O.	28,834	29,496	28,631		86,961
OPERATING EXPENSE	197,463	200,064	210,988		608,515
TOTAL EXPENSE	$1,127,287	$970,189	$1,008,500	$0	$3,105,976
SURPLUS (DEFICIT)	**($238,301)**	**$220,563**	**$584,437**	**$0**	**$566,699**
AVERAGE INCOME	$93	$126	$165		$128
AVERAGE EXPENSE	$117	$103	$104		$108
SURPLUS (DEFICIT)	($24)	$23	$61	$0	$20
TOTAL PARTICIPANTS	3,198	3,139	3,223		3,187

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN XL
PART TIME
2021
QUARTERLY RECAPS - ACTIVE

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$138,208	$179,199	$189,582		$506,989
MISC. INCOME -LOA	0	0	0		0
-COBRA	69	69	46		184
TOTAL INCOME	$138,277	$179,268	$189,628	$0	$507,173
EXPENSES					
A & S	$2,427	$2,588	529		$5,544
DENTAL	16,882	17,167	16,720		50,769
OPTICAL	5,054	5,124	4,807		14,985
LIFE & AD & D	676	663	634		1,973
OPERATING EXPENSE	150,413	146,158	163,797		460,368
TOTAL EXPENSE	$175,452	$171,700	$186,487	$0	$533,639
SURPLUS (DEFICIT)	**($37,175)**	**$7,568**	**$3,141**	**$0**	**($26,466)**
AVERAGE INCOME	$20	$24	$26		$23
AVERAGE EXPENSE	$26	$23	$25		$25
SURPLUS (DEFICIT)	($6)	$1	$1	$0	($2)
TOTAL PARTICIPANTS	2,280	2,519	2,457		2,419

ACTIVE PLANS
2021

QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTR - ACTIVE	$19,633,330	$24,583,754	$25,164,278	$0	$69,381,362
EMPLOYEE CONTRIBUTIONS	209,517	189,103	164,481	0	563,101
INTEREST & DIVIDENDS - ACTIVE	121,845	88,263	56,755	0	266,863
MISCELLANEOUS[1,2]	0	31	26,141	0	26,172
TOTAL INCOME	$19,964,692	$24,861,151	$25,411,655	$0	$70,237,498
EXPENSES					
MEDICAL	$18,102,244	$15,719,753	$17,815,972	$0	$51,637,969
A & S	1,254,481	1,503,491	1,361,458	0	4,119,430
DENTAL	1,095,002	1,065,249	1,035,525	0	3,195,776
DRUG	6,392,369	4,711,847	5,319,863	0	16,424,079
BEHAVIORAL HEALTH	362,760	238,440	220,770	0	821,970
OPTICAL	156,738	159,396	153,877	0	470,011
LIFE & AD & D	38,929	38,743	38,003	0	115,675
UM/DM	206,325	206,262	197,802	0	610,389
PRESCRIPTION CARE MNGMT	32,603	32,118	31,415	0	96,136
E.A.P.	15,588	15,339	15,001	0	45,928
P.P.O.	302,074	284,697	282,091	0	868,862
OPERATING EXPENSE	1,037,577	993,850	1,046,644	0	3,078,071
TOTAL EXPENSE	$28,996,690	$24,969,185	$27,518,421	$0	$81,484,296
SURPLUS (DEFICIT)	**($9,031,998)**	**($108,034)**	**($2,106,766)**	**$0**	**($11,246,798)**
TOTAL PARTICIPANTS	15,858	15,895	15,765	0	15,839
FUND RESERVE	$21,431,191	$20,351,430	$22,129,414		

[1]DENTEGRA IMPLEMENTATION CREDIT - $20,000
[2]LITIGATION SETTLEMENTS 3RD QTR:

$12	HEWITT
5,666	MADOFF
463	SBHIC
$6,141	

COMBINED FUND
THIRD QUARTER 2021

MISCELLANEOUS

ACCOUNTING	$68,700
ACTUARIAL & CONSULTING	48,320
CONFERENCE	(1,733)
EDUCATION FEES FOR RETIREE ASSISTANCE	8,694
FAIR HEALTH	37,937
INVESTMENT MANAGEMENT	7,774
INVESTMENT PERFORMANCE SERVICES	10,000
LEGAL	67,358
NEW VENDOR IMPLEMENTATION	13,620
PCORI FEES	51,580
POSTAGE	11,603
PRINTING	11,946
TELEPHONE	2,286
TOTAL	$338,085

DELINQUENCIES

NONE

COMBINED FUND
FELRA & UFCW VEBA FUND
INCLUDING LEGAL, SEVERANCE AND SCHOLARSHIP
THIRD QUARTER 2021

QUARTERLY RECAPS

INCOME	1Q2021	2Q2021	3Q2021	4Q2021	Total
Health	$26,040,526	$30,881,297	$31,259,649		$88,181,472
Legal	768,086	767,648	755,887		2,291,621
Severance	2,274,324	886,706	10,406		3,171,436
Scholarship	0	3	2		5
Total Income	$29,082,936	$32,535,654	$32,025,944	$0	$93,644,534

EXPENSES	1Q2021	2Q2021	3Q2021	4Q2021	Total
Health	$33,904,360	$30,260,063	$32,615,258		$96,779,681
Legal	768,027	770,187	761,319		2,299,533
Severance	1,028,529	1,174,542	673,010		2,876,081
Scholarship	4,004	4,454	41,019		49,477
Total Expenses	$35,704,920	$32,209,246	$34,090,606	$0	$102,004,772

Surplus/(Deficit)	1Q2021	2Q2021	3Q2021	4Q2021	Total
Health	($7,863,834)	$621,234	($1,355,609)	$0	($8,598,209)
Legal	59	(2,539)	(5,432)	0	(7,912)
Severance	1,245,795	(287,836)	(662,604)	0	295,355
Scholarship	(4,004)	(4,451)	(41,017)	0	(49,472)
Total Surplus/(Deficit)	($6,621,984)	$326,408	($2,064,662)	$0	($8,360,238)

Fund Reserve	$31,005,835	$29,745,358	$30,684,885	

COMBINED FUND
FELRA & UFCW VEBA FUND
INCLUDING LEGAL, SEVERANCE AND SCHOLARSHIP
2020

QUARTERLY RECAPS

INCOME	1Q2020	2Q2020	3Q2020	4Q2020	Total
Health	$32,917,809	$31,882,496	$31,440,692	$25,024,389	$121,265,386
Legal	803,742	771,450	771,416	771,141	3,117,749
Severance	18,427	1,474,569	2,475,793	7,738	3,976,527
Scholarship	421	257	166	125	969
Total Income	$33,740,399	$34,128,772	$34,688,067	$25,803,393	$128,360,631

EXPENSES	1Q2020	2Q2020	3Q2020	4Q2020	Total
Health	$33,286,441	$28,936,196	$31,921,985	$32,849,392	$126,994,014
Legal	812,977	799,841	780,340	777,167	3,170,325
Severance	1,250,054	920,257	994,698	1,186,685	4,351,694
Scholarship	11,496	18,838	14,147	6,377	50,858
Total Expenses	$35,360,968	$30,675,132	$33,711,170	$34,819,621	$134,566,891

Surplus/(Deficit)	1Q2020	2Q2020	3Q2020	4Q2020	Total
Health	($368,632)	$2,946,300	($481,293)	($7,825,003)	($5,728,628)
Legal	(9,235)	(28,391)	(8,924)	(6,026)	(52,576)
Severance	(1,231,627)	554,312	1,481,095	(1,178,947)	(375,167)
Scholarship	(11,075)	(18,581)	(13,981)	(6,252)	(49,889)
Total Surplus/(Deficit)	($1,620,569)	$3,453,640	$976,897	($9,016,228)	($6,206,260)

Fund Reserve	$36,286,031	$35,341,640	$45,768,124	$43,071,868

CONTRACT INFORMATION
THIRD QUARTER 2021

COMPANY	PLAN	RATES	EFF. DATE	CONTRACT EXP.
ASSOCIATED ADMINISTRATORS	X	1,035.73	06-01-21	10-29-24
	X	588.88	06-01-21	
	X	1,385.26	06-01-21	
	XX	387.85	06-01-21	
	XX	210.54	06-01-21	
GIANT 27	I	1,579.09	06-01-21	10-28-23
	I	1,297.29	06-01-21	
	X	1,225.62	06-01-21	
	X	769.53	06-01-21	
	X	1,583.25	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
GIANT 400	I	1,579.09	06-01-21	10-28-23
	I	1,297.29	06-01-21	
	X	1,225.62	06-01-21	
	X	769.53	06-01-21	
	X	1,583.25	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
GIANT DELAWARE	X	1,225.62	06-01-21	10-28-23
	X	769.53	06-01-21	
	X	1,583.25	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
GIANT VALLEY 400	I	1,579.09	06-01-21	10-28-23
	I	1,297.29	06-01-21	
	X	1,225.62	06-01-21	
	X	769.53	06-01-21	
	X	1,583.25	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	

COMPANY	PLAN	RATES	EFF. DATE	CONTRACT EXP.
SAFEWAY 27	I	1,585.35	06-01-21	10-28-23
	I	1,303.55	06-01-21	
	X	1,231.88	06-01-21	
	X	775.79	06-01-21	
	X	1,589.51	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
SAFEWAY 400	I	1,585.35	06-01-21	10-28-23
	I	1,303.55	06-01-21	
	X	1,231.88	06-01-21	
	X	775.79	06-01-21	
	X	1,589.51	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
SAFEWAY CULPEPER	I	1,585.35	06-01-21	10-28-23
	I	1,303.55	06-01-21	
	X	1,231.88	06-01-21	
	X	775.79	06-01-21	
	X	1,589.51	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
SAFEWAY DELAWARE	X	1,231.88	06-01-21	10-28-23
	X	775.79	06-01-21	
	X	1,589.51	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
SAFEWAY DOVER	X	1,231.88	06-01-21	10-28-23
	X	775.79	06-01-21	
	X	1,589.51	06-01-21	
	XX	395.76	06-01-21	
	XX	213.78	06-01-21	
	XXX	268.65	06-01-21	
	XXX	161.42	06-01-21	
	XL	25.72	06-01-21	
STAFF 400	X	1,114.00	11-01-18	

FELRA & UFCW

RETIREE HEALTH PLAN

THIRD QUARTER 2021

ADMINISTRATIVE MANAGER'S REPORT

FULL TIME RETIREES
THIRD QUARTER 2021

INCOME

EMPLOYER CONTRIBUTIONS[1]	$3,377,526
RETIREE COPAYMENTS	$843,782
INTEREST AND DIVIDENDS	$9,954
TOTAL INCOME	**$4,231,262**

EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$39,314	$4.74	2,647 RET
DENTAL	$27.78	$220,629	$26.60	2,652 RET
DRUG	$.80/1.25/SCRIPT	$1,164,328		16,486 SCRIPTS
DRUG CLAIMS		0		
DRUG FEES	$0.21/CLAIM	0		
TOTAL DRUG		$1,164,328	$140.37	
HMO KAISER	$243.17	$1,311,064		1,347 RET
HOSPITAL		301,291		
SURGICAL		161,439		
DIAGNOSTIC		32,413		
MAJOR MEDICAL		213,905		
MEDICAL ADMINISTRATION	$15.02	60,036		1,332 RET
TOTAL MEDICAL		$2,080,148	$250.77	
BEHAVIORAL HEALTH	$2.59	$10,323	$1.24	1,329 RET
BEHAVIORAL HEALTH/EAP		$179	$0.02	
P.P.O. CAREFIRST FLEXLINK	$22.86	$0	$0.00	0 RET
P.P.O. CAREFIRST NETWORK	$4.52	$75	$0.01	5 RET
HRGI/A&G CLAIM DISCOUNTER		$2,493	$0.30	
ADMINISTRATION	$7.00	$58,058	$7.00	2,765 RET
TOTAL EXPENSES		**$3,575,547**	**$431.05**	
SURPLUS (DEFICIT)		**$655,715**		

[1]INCLUDES INCOME FROM PLAN I AND PLAN X MOB CONTRIBUTION, LESS THE STIPEND RELATED INCOME

PART TIME RETIREES
THIRD QUARTER 2021

INCOME

EMPLOYER CONTRIBUTIONS[1]	$496,908
RETIREE COPAYMENTS	$181,573
INTEREST AND DIVIDENDS	$2,142
TOTAL INCOME	**$680,623**

EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$8,840	$4.95	595 RET
DENTAL	$27.78	$49,643	$27.81	595 RET
DRUG	$.80/1.25/SCRIPT	$129,739		2,420 SCRIPTS
DRUG CLAIMS		0		
DRUG FEES	$0.21/CLAIM	0		
DRUG		$129,739	$72.68	
HMO KAISER	$243.17	$281,853		367 RET
HOSPITAL		29,549		
SURGICAL		31,803		
DIAGNOSTIC		8,816		
MAJOR MEDICAL		18,906		
MEDICAL ADMINISTRATION	$15.02	10,625		258 RET
TOTAL MEDICAL		$381,552	$213.75	
BEHAVIORAL HEALTH	$2.59	$1,994	$1.12	257 RET
BEHAVIORAL HEALTH/EAP		$334	$0.19	
P.P.O. CAREFIRST FLEXLINK	$22.86	$0	$0.00	0 RET
P.P.O. CAREFIRST NETWORK	$4.52	$42	$0.02	3 RET
HRGI/A&G CLAIM DISCOUNTER		$535	$0.30	
ADMINISTRATION	$7.00	$12,502	$7.00	595 RET
TOTAL EXPENSES		**$585,181**	**$327.83**	
SURPLUS (DEFICIT)		**$95,442**		

[1]INCLUDES INCOME FROM PLAN I AND PLAN X MOB CONTRIBUTION, LESS THE STIPEND RELATED INCOME

THIRD QUARTER 2021
STIPEND
INCOME & EXPENSES

INCOME[1]

GIANT	$770,340
SAFEWAY	165,769
TOTAL INCOME	**$936,109**

BENEFIT EXPENSES

CATEGORY	AMOUNT
STIPEND BENEFITS	$928,300
SUBTOTAL	$928,300

OPERATING EXPENSES

CATEGORY	AMOUNT
ADMINISTRATION	$7,157
PNC FEES	594
POSTAGE	58
SUBTOTAL	$7,809
TOTAL EXPENSES	**$936,109**

SURPLUS (DEFICIT)	**$0**

PARTICIPANTS 846

[1]STIPEND INCOME ALLOCATED BASED ON RATES AS PROVIDED BY THE FUND CONSULTANT

2021
RETIREES
QUARTERLY RECAPS

	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS	$3,982,176	$3,983,842	$3,874,434		$11,840,452
RETIREE COPAYMENTS	1,045,546	1,038,400	1,025,355		3,109,301
STIPEND INCOME	1,021,927	979,146	936,109		2,937,182
INTEREST & DIVIDENDS	26,185	18,758	12,096		57,040
TOTAL INCOME	$6,075,834	$6,020,146	$5,847,994	$0	$17,943,975

EXPENSES					
MEDICAL	$2,722,925	$2,793,787	$2,461,700		$7,978,412
DENTAL	276,158	272,957	270,272		819,387
DRUG	751,591	1,111,606	1,294,067		3,157,264
BEHAVIORAL HEALTH	11,324	12,381	12,830		36,535
OPTICAL	48,926	48,445	48,154		145,525
P.P.O.	5,296	1,625	3,145		10,066
ADMINISTRATION	69,523	70,931	70,560		211,014
STIPEND	1,021,927	979,146	936,109		2,937,182
TOTAL EXPENSES	$4,907,670	$5,290,878	$5,096,837	$0	$15,295,385
SURPLUS (DEFICIT)	$1,168,164	$729,268	$751,157	$0	$2,648,590
TOTAL PARTICIPANTS	3,408	3,378	3,360		3,382
FUND RESERVE	$5,048,838	$5,180,875	$5,058,620		

2020
RETIREES
QUARTERLY RECAPS

	FIRST 2020	SECOND 2020	THIRD 2020	FOURTH 2020	TOTAL
EMPLOYER CONTRIBUTIONS	$4,225,791	$4,061,678	$4,059,554	$4,065,620	$16,412,643
RETIREE COPAYMENTS	1,085,279	1,060,581	1,059,148	1,050,165	4,255,173
STIPEND INCOME	1,200,856	1,163,185	1,119,766	1,084,602	4,568,409
INTEREST & DIVIDENDS	28,371	43,859	29,759	29,015	131,004
TOTAL INCOME	$6,540,297	$6,329,303	$6,268,227	$6,229,402	$25,367,229
EXPENSES					
MEDICAL	$3,087,811	$2,618,131	$2,567,108	$2,593,875	$10,866,925
DENTAL	295,142	293,126	233,061	289,123	1,110,452
DRUG	1,217,946	551,628	1,531,050	838,050	4,138,674
BEHAVIORAL HEALTH	14,438	12,825	12,904	12,848	53,015
OPTICAL	50,726	50,381	50,167	49,689	200,963
P.P.O.	2,955	2,086	679	316	6,036
ADMINISTRATION	69,808	71,367	71,122	70,591	282,888
STIPEND	1,200,856	1,163,185	1,119,766	1,084,602	4,568,409
TOTAL EXPENSES	$5,939,682	$4,762,729	$5,585,857	$4,939,094	$21,227,362
SURPLUS (DEFICIT)	$600,615	$1,566,574	$682,370	$1,290,308	$4,139,867
TOTAL PARTICIPANTS	3,526	3,498	3,487	3,460	3,493
FUND RESERVE	$5,765,638	$5,521,879	$5,339,723	$5,306,841	

INVOICES

FELRA & UFCW
VEBA FUND
INVOICES

DECEMBER 15, 2021

1. **Calibre**

09/20/2021	Progress billing for professional services rendered in connection with the audit of the financial statements for the year ended 12/31/2020.	$	20,200.00
11/22/2021	Final billing for professional services rendered in connection with our audit of the financial statements for FELRA & UFCW VEBA Fund for the year ended December 31, 2020 and preparation of Form 5500, EFAST 2, SAR, and IRS Form 990		3,910.20

2. **Chartwell Investment Partners**

09/30/2021	Investment Consultant Services rendered – 3Q2021	$	3,090.47

3. **Cheiron**

09/29/2021	Retainer Services - 08/2021	$	3,725.00
10/22/2021	Retainer Services - 09/2021		3,725.00
11/17/2021	Retainer Services - 10/2021		3,725.00

4. **Groom Law Group, Chartered**

09/13/2021	Professional Services rendered – 7/2021	$	9,277.20
10/15/2021	Professional Services rendered – 8/2021		2,934.00
10/29/2021	Professional Services rendered – 9/2021		9,423.00
11/17/2021	Professional Services rendered – 10/2021		9,857.25

5. **Investment Performance Services**

12/3/2021	For professional services for the quarter ending 12/31/2021	$	10,000.00

6. **Segal Company**

09/30/2021	For supplemental compliance consulting services through 08/31/2021 in connection with the work-in-progress on updating of the Fund’s 2022 Summary of Benefits and Coverages (SBCs)	$	978.75
10/31/2021	For supplemental compliance consulting services through 09/30/2021 in connection with the work-in-progress on updating of the Fund’s 2022 Summary of Benefits and Coverages (SBCs)		3,273.75

11/30/2021	For supplemental compliance consulting services through 10/30/2021 in connection with the work-in-progress on updating of the Fund's 2022 Summary of Benefits and Coverages (SBCs)	3,311.25
11/30/2021	For supplemental Compliance Consulting services through 10/31/2021 related to the work-in-progress on the No Surprises Act and Transparency Act compliance regulations.	2,252.50
12/01/2021	For Actuarial and Consulting services rendered 12/01/2021-02/28/2022	16,750.00

7. **Segall Bryant & Hamill**

11/08/2021	Investment Management Services rendered - 3Q2021	$	2,928.94
11/08/2021	Investment Management Services (Illiquid) rendered - 3Q2021		24.39

8. **Slevin & Hart P.C.**

09/28/2021	Professional Services rendered – 08/2021	$	10,277.50
09/28/2021	Professional Services rendered – 08/2021 – Retiree Plan		1,752.50
10/25/2021	Professional Services rendered – 09/2021		22,527.50
11/24/2021	Professional Services rendered – 10/2021 – Retiree Plan		2,102.00

9. **Trustee Expenses**

12/06/2021	M. Goble – Reimbursement of hotel fee and expenses incurred at the 67th Annual IFEBP Conference in Denver, Colorado October 10/17/2021-10/21/2021.	$	1,818.54

10. **Woodard Insurance Agency, LLC**

10/07/20201	Professional Services rendered – 3Q2021	$	8,370.00

OTHER FUND BUSINESS

Work Snapshot 2021 FELRA					
Function	***1st Quarter***	***2nd Quarter***	***3rd Quarter***	***4th Quarter***	***YTD***
Accident & Sickness Claims	374	323	308		**1,005**
Appeals	132	100	98		**330**
Participant Services Calls	32,616	28,678	26,854		**88,148**
COBRA Notices Mailed	412	2187	637		**3,236**
Pension Apps Received	267	166	168		**601**
Pension Estimates Received	99	97	141		**337**
Medical Claims Processed	85,421	91,045	86,862		**263,328**
Communications Mailings Sent to Participants	68,097	100,875	28,018		**196,990**

SPECIAL PROJECTS IN 3Q:

1. PBGC project - Professional's Meetings and AA internal activities
2. COBRA Expiration Subsidy mailings
3. COVID Experience and Tracking project
4. Dentegra Implementaton

MEETING NOTES