Lithographers & Photoengravers
Local 285 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
Phone: (866) 559-6512
www.associated-admin.com

MEETING OF THE BOARD OF TRUSTEES
OF THE
LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND

January 12, 2023

AGENDA

Meeting materials are available in PDF format on the Trustee Web Portal.

I. Call To Order

II. Philadelphia Trust Company

III. Minutes – October 26, 2022

IV. Financial Statements – September 2022 – November 2022

V. Counsel Report

VI. Other Fund Business

VII. Next Meeting Date and Location

VIII. Adjournment

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MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND HELD ON OCTOBER 26, 2022 VIA WEBEX

The following persons were in attendance:

UNION TRUSTEES	EMPLOYER TRUSTEES
Mark Poole – Secretary	David Ashton – Chairman
Barry English	Dave King
Pete Gragnani	Tom Labadie

Also present were:
David Binstock* – Calibre CPA Group PLLC
Ed Chicoski* - Lakeshore Benefit Group Insurance Brokerage, LLC
Alicia Cochran – Associated Administrators, LLC
Rachel Grant – Associated Administrators, LLC
Wingate Grimm* – The Philadelphia Trust Company
Andrew Lin – Mooney, Green, Saindon, Murphy & Welch, P.C.
Leonard Phillips* – Kaiser Permanente

* Present for part of meeting

I. CALL TO ORDER

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

II. THE PHILADELPHIA TRUST COMPANY

The Trustees welcomed Mr. Wingate Grimm of The Philadelphia Trust Company to the meeting. Mr. Grimm introduced himself and provided a detailed overview of the current market, including a portfolio recap as of September 30, 2022. He discussed the many countervailing factors in the current investment landscape, such as the anticipated action by the Federal Reserve, continued inflation, higher commodity costs, and the political environment. Mr. Grimm then reviewed the Fund's current holdings.

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

> **RESOLVED to invest an additional one-third of assets available for immediate investment, approximately $85,000, in the equity asset allocation.**

Mr. Lin requested future reports include indices for performance tracking. Mr. Grimm confirmed future reports will include the benchmark indices for comparison.

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

III. PROVIDER REPORT

The Trustees welcomed Mr. Leonard Phillips of Kaiser Permanente to the meeting.

Mr. Phillips reviewed the "Rate Proposal" report dated September 26, 2022 detailing Kaiser's renewal proposal effective March 1, 2023 broken out by plan option. The renewal proposal reflects an 8.99% increase in premiums. Mr. Phillips noted, due to the number of participants in the Fund, the claims experience is rated as 100% manual. Mr. Phillips reviewed the report,

"Your Partnership in Health" and provided summary reports on the Fund's COVID-19 testing and vaccine administration.

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

The Trustees discussed the Kaiser proposal. Mr. Chicoski stated the renewal rate is within the expected parameters compared to other renewals. He said he would request the record of experience from Kaiser. He stated he would perform a Request for Proposal ("RFP") to check the market for any competitive providers for no additional fee and reported the Fund's last RFP was in 2018. Ms. Cochran noted if the Trustees decided to change medical carriers, Associated would need 90 days advance notice to implement a new carrier.

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

> **RESOLVED that Mr. Chicoski should negotiate the Kaiser renewal for the March 1, 2023 policy year and perform a Request for Proposal for other medical carriers.**

Mr. Chicoski was thanked for his discussion and excused from the meeting.

IV. AUDITOR REPORT

The Trustees welcomed David Binstock of Calibre CPA Group PLLC to the meeting.

Mr. Binstock reviewed a draft of the annual audit for the Plan year March 1, 2021 through February 28, 2022 and reported it reflected an unmodified opinion. The audited Statement of Net Assets Available for Benefits as of February 28, 2022 reflected receivable employer

contributions of $103,540 and other receivables of $3,138. Net assets available for benefits were $2,325,580 on February 28, 2022 compared to $2,426,089 on February 28, 2021.

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

V. MINUTES – MEETING OF JULY 20, 2022

Ms. Cochran confirmed that there were no changes to the final draft of the minutes circulated prior to the meeting. The Trustees reviewed the draft and,

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

RESOLVED that the minutes of the regular Board meeting held July 20, 2022 are approved as written.

VI. FINANCIAL REPORT

Ms. Cochran reviewed the unaudited Financial Statements for the second quarter of the Plan year March 1, 2022 through February 28, 2023. For the Plan year through the second quarter, the Fund had total income of $604,317 and total expenses of $760,531. The Fund operated through the first quarter with a deficit of $156,214.

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

RESOLVED to accept and approve the Financial Statements for March 1, 2022 through August 31, 2022 as presented.

VII. COUNSEL

Mr. Lin reviewed several of the compliance items that his Firm is monitoring. He noted that the Fund's compliance with most of the applicable compliance requirements of the Consolidated Appropriations Act of 2021, such as the No Surprises Act and various reporting requirements, was dependent on implementation by Kaiser.

VIII. OTHER FUND BUSINESS

A. Notice of Creditable Coverage

Ms. Cochran reported the Notice of Creditable Coverage was mailed to Plan participants on October 6, 2022.

B. Women's Health Cancer Rights Act Notice ("WHCRA")

Ms. Cochran said the WHCRA notice was mailed to Plan participants on October 6, 2022.

C. Retiree – Medicare Rates

Ms. Cochran reported receipt of the rates for the Kaiser Medicare plans effective January 1, 2023. Compared to the previous year, she stated the renewal reflects a 10.0% decrease in premium for "Plan C++" and a 0% increase for "Plan A".

D. International Foundation of Employee Benefit Plans

Ms. Cochran reported receipt of the 2023 membership with the International Foundation of Employee Benefit Plans. She said the annual fee is $1,145.

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

RESOLVED to approve the 2023 renewal with the International Foundation of Employee Benefits Plans at a fee of $1,145.

E. Payroll Audits

Ms. Cochran requested Trustee approval for the Fund auditor, Calibre, to perform payroll audits on Mosaic and Raff Embossing. She noted the last payroll audit for Mosaic was in 2018 and Raff Embossing in 2019. The Trustees approved Calibre to perform payroll audits on both employers.

F. Fiduciary Liability Policy

Ms. Cochran reported that the previous policy included a Renewal Guarantee endorsement and was renewed October 16, 2022 for a one-year period. The Trustees received the waiver of recourse letter on October 25, 2022 via email.

G. Collective Bargaining Agreement ("CBA") – Kelly Press, Inc.

Ms. Cochran reported receipt of the new CBA from Kelly Press, Inc. She stated the CBA is for the period May 1, 2022 through April 30, 2027 with a $10 per year contribution increase in each year of the CBA.

H. Trustee Resignation

Trustee King said that he provided a letter to Ms. Cochran regarding his resignation as an Employer Trustee effective after the next regular meeting in January. Ms. Cochran said that the Trust Agreement states a successor Trustee may be designated by the party or parties originally appointing such Trustee. The Employer Trustees directed the Administrative Manager to send a letter to the participating employers to solicit Trustee nominations. The Trustees thanked him for his service and wished him well in his retirement.

IX. NEXT MEETING DATE AND LOCATION

The Trustees scheduled the next regular Board meeting to be held January 11, 2022 commencing at 10:00 a.m. in the conference room of Associated Administrators in Landover, Maryland. The Board meeting will also be accessible via WebEx.

X. ADJOURNMENT

There being no further business, the meeting was adjourned.

Respectfully submitted,

Mark Poole, Secretary

LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND
STATEMENT OF GAIN OR (LOSS)

2022/2023	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	2,514	107,327	104,935	105,845	106,851	114,462	111,647	109,133	105,088				867,803
COBRA Self Pay	129	65	65	65	65	65	65	65	65				646
Retired Self Pay	14,259	7,496	11,405	9,306	9,321	9,735	8,372	8,798	9,026				87,718
Liquidated Damages	0	0	0	0	0	0	203	328	0				531
Interest on Delinquency	0	0	0	0	0	0	235	360	0				594
Interest Income	500	774	851	1,127	1,390	1,515	2,592	3,294	3,556				15,600
Express Scripts Refunds	0	0	0	0	0	0	0	0	0				0
IRS Refund	0	0	0	0	0	0	0	0	0				0
IRS Interest	0	0	0	0	0	0	0	0	0				0
Philadelphia Trust Unrealized G/L	(676)	(301)	(228)	(676)	127	(3,995)	(9,732)	6,620	8,553				(309)
Total Income	**16,726**	**115,361**	**117,029**	**115,666**	**117,754**	**121,781**	**113,381**	**128,598**	**126,287**	**0**	**0**	**0**	**972,583**
Expenses													
Administration Fee	8,860	8,860	8,860	8,860	8,860	8,860	8,860	8,860	8,860				79,740
Audit Fee	0	0	0	1,105	0	0	0	10,500	0				11,605
Bank Charges	68	71	67	68	68	69	69	118	60				658
Ben Paid-GCN	984	1,476	1,968	1,476	1,476	1,476	1,476	1,476	1,476				13,284
Bond Expense	184	0	0	0	0	0	0	0	0				184
Dental Premiums	5,232	5,113	5,141	4,770	5,622	5,344	5,187	5,044	5,029				46,481
Vision Premiums	806	834	778	778	1,015	806	806	806	799				7,430
Ins Premium Life	1,118	1,186	1,106	1,128	1,099	1,198	1,154	1,145	1,195				10,330
Ins Premium - STD, AD&D	773	828	773	791	764	846	800	800	837				7,213
Kaiser Premium-Act	94,337	103,170	75,380	125,021	100,648	102,576	102,614	100,632	101,033				905,410
Kaiser Premium-Ret	5,167	5,660	5,660	5,660	5,660	5,729	5,694	5,694	5,202				50,127
Kaiser Premium-COBRA	0	0	0	0	0	0	0	0	0				0
Consulting Fees	0	0	0	0	0	0	0	0	0				0
Inv Custodian Expense	0	0	0	0	0	0	0	0	0				0
Meeting Expense	0	0	0	0	0	0	0	0	0				0
Legal Fees	0	0	0	0	2,468	963	0	0	1,610				5,040
Postage Expense	1,044	5	0	0	0	0	0	77	0				1,126
Printing Expense	493	0	0	94	56	0	0	42	0				685
Professional Associations	0	0	0	0	0	0	0	0	0				0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	0	0	0				2,014
Trustee Expense	0	0	0	0	0	0	0	0	0				0
Office Supply	0	0	0	15	0	0	0	0	0				15
Cyber Liability Insurance	1,969	0	0	0	0	0	0	0	0				1,969
IFEBP	917	0	0	0	0	0	0	0	191				1,107
Medical Reimbursement	0	0	0	0	0	0	0	0	0				0
PTC Trust Fee	0	2,130	0	0	2,128	0	0	2,115	0				6,374
Wire Fee	0	0	0	0	0	0	0	0	0				0
Transfer Fee	0	0	0	0	0	0	0	0	0				0
Total Expenses	**123,965**	**129,334**	**99,733**	**149,767**	**129,864**	**127,867**	**126,660**	**137,309**	**126,292**	**0**	**0**	**0**	**1,150,792**
Gain/Loss	**(107,239)**	**(13,973)**	**17,295**	**(34,101)**	**(12,110)**	**(6,085)**	**(13,280)**	**(8,711)**	**(5)**	**0**	**0**	**0**	**(178,210)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For November 30, 2022

ASSETS

Current Assets			
PNC Bank (0355)	$	1,912.77	
PNC Bank MM (0347)		130,014.35	
First Citizens Bank		50,074.37	
Synovus		249,000.00	
Philadelphia Trust		1,714,157.44	
Due to Philadelphia Trust		2,069.81	
Prepaid Expenses		954.17	
Prepaid Insurance Premium		61.18	
Total Assets			$ 2,148,244.09

LIABILITIES AND CAPITAL

Current Liabilities			
Prepaid Contributions	$	11.72	
Total Liabilities			11.72
Capital			
Retained Earnings	$	2,326,442.05	
Net Income		(178,209.68)	
Total Capital			2,148,232.37
Total Liabilities & Capital			$ 2,148,244.09

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For November 30, 2022

		Nov-22
Income		
Contributions	$	105,088.05
Cobra Payments		64.58
Interest Earned		3,555.88
Retiree Contributions		9,025.63
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
IRS Refund		0.00
IRS Interest		0.00
Philadelphia Trust Unrealized G/L		8,552.50
Total Income		126,286.64
Expenses		
Vision Insurance		799.25
Medical Reimbursement		0.00
Plan/Trust Administration		8,860.00
Bank Charges		59.68
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		106,235.07
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,028.60
Cyber Liability Insurance		0.00
Legal Expenses		1,610.00
IFEBP		190.83
Travel Expenses		0.00
Postage Expense		0.00
Office Supply		0.00
Printing Expense		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,195.20
Short Term Disability		837.20
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
PTC Trust Fee		0.00
Wire Fee		0.00
Transfer Fee		0.00
Total Expenses		126,291.83
Net Income	($	5.19)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Nov-22

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	11,196.36	33098	11/10/2022	Payment for 10/22
H&H Bindery	5189	4,114.89	13584	11/9/2022	Payment for 10/22
Kelly Press	5193	27,581.68	ACH	11/9/2022	Payment for 10/22
Mosaic Bookbinders	5185	33,523.72	ACH	11/10/2022	Payment for 10/22
Mosaic Lithographers	5194	28,671.40	ACH	11/10/2022	Payment for 10/22
	Total Contributions:	**105,088.05**			
		-			
	Total Late Fees/Liquidated Damages:	-			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From November 1, 2022 to November 30, 2022

Date	Check #	Payee	Amount
11/15/22	2057	Associated Administrators, LLC	8,860.00
11/15/22	2058	National Vision Administrators, LLC	799.25
11/15/22	2059	Graphic Communications National H&W Fund	1,476.00
11/15/22	2060	CHLIC	5,028.60
11/15/22	2061	Mutual Of Omaha	2,032.40
11/15/22	2062	Mooney, Green, Saindon, Murphy & Welch	1,610.00
11/15/22	2063	International Foundation	1,145.00
11/15/22	2064	Kaiser Foundation Health Plan	106,235.07
Total			**127,186.32**

LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND
DELINQUENCY & LATE FEE REPORT

As of January 2, 2023

COMPANY	CONTRI. MONTH	INTEREST DUE	DAMAGES DUE	INTEREST & DAMAGES DUE	INTEREST & DAMAGES PAID	DATE PAID	TOTAL
Raff Embossing	Mar-22	$ 80.79	$ 75.00	$ 155.79	$ 155.79	9/29/2022 & 10/28/22	$ -
	Apr-22	$ 78.55	$ 75.00	$ 153.55	$ 153.55	10/28/22	$ -
	May-22	$ 76.35	$ 75.00	$ 151.35	$ 151.35	10/28/22	$ -
	Jun-22	$ 74.22	$ 75.00	$ 149.22	$ 149.22	10/28/22	$ -
	Jul-22	$ 72.02	$ 75.00	$ 147.02	$ 147.02	10/28/22	$ -
	Aug-22	$ 60.80	$ 60.00	$ 120.80	$ 74.46	10/28/22 & 11/28/22	$ 46.34
	Sep-22	$ 58.82	$ 60.00	$ 118.82	$ -		$ 118.82
	Oct-22	$ 57.05	$ 60.00	$ 117.05	$ -		$ 117.05
	Nov-22	$ 55.34	$ 60.00	$ 115.34	$ -		$ 115.34
		$ 613.94	$ 615.00	$ 1,228.94		TOTAL DUE:	**$ 397.55**
H&H Bindery	Apr-20	$ 109.34	$ 55.59	$ 164.93	$ -		$ 164.93
	May-20	$ 81.60	$ -	$ 81.60	$ -		$ 81.60
	Jun-20	$ 105.95	$ 55.59	$ 161.54	$ -		$ 161.54
	Jul-20	$ 79.91	$ -	$ 79.91	$ -		$ 79.91
	Nov-21	$ 70.18	$ -	$ 70.18	$ -		$ 70.18
	May-22	$ 68.08	$ -	$ 68.08	$ -		$ 68.08
		$ 515.06	$ 111.18	$ 626.24		TOTAL DUE:	**$ 626.24**
Kelly Press	Apr-20	$ 224.51	$ 217.50	$ 442.01	$ -		$ 442.01
	Jun-20	$ 214.09	$ 217.50	$ 431.59	$ -		$ 431.59
	Jul-20	$ 207.62	$ 217.50	$ 425.12	$ -		$ 425.12
	Jun-22	$ 433.86	$ -	$ 433.86	$ -		$ 433.86
		$ 1,080.08	$ 652.50	$ 1,732.58		TOTAL DUE:	**$ 1,732.58**

Lithographers & Photoengravers Local 285 Welfare Fund

Fund Reserve
As of November 30, 2022

Expenses			
Period	3/21 - 2/22		$ 1,508,590
	3/22 - 11/22		$ 1,150,792
	Total		$ 2,659,383
	Per Month		$ 126,637
Fund Reserve			
Total Net Assets			$ 2,148,232
Months of Reserve			17.0

Reserve Projection			
Period	Surplus/(Deficit)		
3/21 - 2/22	$		(96,763)
3/22 - 11/22	$		(178,210)
Total	$		(274,972)
Monthly Average	$		(13,094)
Projection	Reserve Amount		Months of Reserve
3 months (2/28/23)	$	2,108,951	16.7
6 Months (5/31/23)	$	2,069,669	16.3
12 Months (11/30/23)	$	1,991,105	15.7

LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND
STATEMENT OF GAIN OR (LOSS)

2022/2023	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	2,514	107,327	104,935	105,845	106,851	114,462	111,647	109,133					762,715
COBRA Self Pay	129	65	65	65	65	65	65	65					581
Retired Self Pay	14,259	7,496	11,405	9,306	9,321	9,735	8,372	8,798					78,692
Liquidated Damages	0	0	0	0	0	0	203	328					531
Interest on Delinquency	0	0	0	0	0	0	235	360					594
Interest Income	500	774	851	1,127	1,390	1,515	2,592	3,294					12,044
Express Scripts Refunds	0	0	0	0	0	0	0	0					0
IRS Refund	0	0	0	0	0	0	0	0					0
IRS Interest	0	0	0	0	0	0	0	0					0
Philadelphia Trust Unrealized G/L	(676)	(301)	(228)	(676)	127	(3,995)	(9,732)	6,620					(8,861)
Total Income	**16,726**	**115,361**	**117,029**	**115,666**	**117,754**	**121,781**	**113,381**	**128,598**	**0**	**0**	**0**	**0**	**846,296**
Expenses													
Administration Fee	8,860	8,860	8,860	8,860	8,860	8,860	8,860	8,860					70,880
Audit Fee	0	0	0	1,105	0	0	0	10,500					11,605
Bank Charges	68	71	67	68	68	69	69	118					599
Ben Paid-GCN	984	1,476	1,968	1,476	1,476	1,476	1,476	1,476					11,808
Bond Expense	184	0	0	0	0	0	0	0					184
Dental Premiums	5,232	5,113	5,141	4,770	5,622	5,344	5,187	5,044					41,453
Vision Premiums	806	834	778	778	1,015	806	806	806					6,630
Ins Premium Life	1,118	1,186	1,106	1,128	1,099	1,198	1,154	1,145					9,134
Ins Premium - STD, AD&D	773	828	773	791	764	846	800	800					6,376
Kaiser Premium-Act	94,337	103,170	75,380	125,021	100,648	102,576	102,614	100,632					804,377
Kaiser Premium-Ret	5,167	5,660	5,660	5,660	5,660	5,729	5,694	5,694					44,925
Kaiser Premium-COBRA	0	0	0	0	0	0	0	0					0
Consulting Fees	0	0	0	0	0	0	0	0					0
Inv Custodian Expense	0	0	0	0	0	0	0	0					0
Meeting Expense	0	0	0	0	0	0	0	0					0
Legal Fees	0	0	0	0	2,468	963	0	0					3,430
Postage Expense	1,044	5	0	0	0	0	0	77					1,126
Printing Expense	493	0	0	94	56	0	0	42					685
Professional Associations	0	0	0	0	0	0	0	0					0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	0	0					2,014
Trustee Expense	0	0	0	0	0	0	0	0					0
Office Supply	0	0	0	15	0	0	0	0					15
Cyber Liability Insurance	1,969	0	0	0	0	0	0	0					1,969
IFEBP	917	0	0	0	0	0	0	0					917
Medical Reimbursement	0	0	0	0	0	0	0	0					0
PTC Trust Fee	0	2,130	0	0	2,128	0	0	2,115					6,374
Wire Fee	0	0	0	0	0	0	0	0					0
Transfer Fee	0	0	0	0	0	0	0	0					0
Total Expenses	**123,965**	**129,334**	**99,733**	**149,767**	**129,864**	**127,867**	**126,660**	**137,309**	**0**	**0**	**0**	**0**	**1,024,501**
Gain/Loss	**(107,239)**	**(13,973)**	**17,295**	**(34,101)**	**(12,110)**	**(6,085)**	**(13,280)**	**(8,711)**	**0**	**0**	**0**	**0**	**(178,204)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For October 31, 2022

ASSETS

Current Assets			
PNC Bank (0355)	$	1,937.35	
PNC Bank MM (0347)		142,838.71	
First Citizens Bank		50,074.37	
Synovus		249,000.00	
Philadelphia Trust		1,702,267.86	
Due to Philadelphia Trust		2,087.07	
Prepaid Insurance Premium		61.18	
Total Assets			$ 2,148,266.54

LIABILITIES AND CAPITAL

Current Liabilities			
Prepaid Contributions	$	11.72	
Total Liabilities			11.72
Capital			
Retained Earnings	$	2,326,459.31	
Net Income		(178,204.49)	
Total Capital			2,148,254.82
Total Liabilities & Capital			$ 2,148,266.54

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For October 31, 2022

		Oct-22
Income		
Contributions	$	109,133.29
Cobra Payments		64.58
Interest Earned		3,293.79
Retiree Contributions		8,798.10
Liquidated Damages		327.97
Interest on Late Contributions		359.62
Express Scripts Refunds		0.00
IRS Refund		0.00
IRS Interest		0.00
Philadelphia Trust Unrealized G/L		6,620.47
Total Income		128,597.82
Expenses		
Vision Insurance		806.20
Medical Reimbursement		0.00
Plan/Trust Administration		8,860.00
Bank Charges		118.33
Accounting, Auditing, Consulting		10,500.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		106,325.95
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,043.66
Cyber Liability Insurance		0.00
Legal Expenses		0.00
IFEBP		0.00
Travel Expenses		0.00
Postage Expense		76.95
Office Supply		0.00
Printing Expense		41.85
Trustee Expense		0.00
Group Term Life Insurance		1,144.80
Short Term Disability		800.40
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
PTC Trust Fee		2,115.07
Wire Fee		0.00
Transfer Fee		0.00
Total Expenses		137,309.21
Net Income	($	8,711.39)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Oct-22

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	11,196.36	32920	10/11/2022	Payment for 9/22
H&H Bindery	5189	4,114.89	13549	10/12/2022	Payment for 9/22
Union HQ Staff	5196	2,513.92	11588	10/28/2022	Payment for 10/22
Kelly Press	5193	27,581.68	ACH	10/7/2022	Payment for 9/22
Mosaic Bookbinders	5185	33,523.72	ACH	10/12/2022	Payment for 9/22
Mosaic Lithographers	5194	26,600.80	ACH	10/12/2022	Payment for 9/22
Raff Embossing & Foilcraft	5183	3,601.92	23397	10/28/2022	Payment for 9/22
Total Contributions:		**109,133.29**			
Raff Embossing & Foilcraft	5183	2.17	23398	10/28/2022	Payment for March 2022 Late Fees
Raff Embossing & Foilcraft	5183	22.45	23398	10/28/2022	Payment for March 2022 Liquidated Damages
Raff Embossing & Foilcraft	5183	78.55	23398	10/28/2022	Payment for April 2022 Late Fees
Raff Embossing & Foilcraft	5183	75.00	23398	10/28/2022	Payment for April 2022 Liquidated Damages
Raff Embossing & Foilcraft	5183	76.35	23398	10/28/2022	Payment for May 2022 Late Fees
Raff Embossing & Foilcraft	5183	75.00	23398	10/28/2022	Payment for May 2022 Liquidated Damages
Raff Embossing & Foilcraft	5183	74.22	23398	10/28/2022	Payment for June 2022 Late Fees
Raff Embossing & Foilcraft	5183	75.00	23398	10/28/2022	Payment for June 2022 Liquidated Damages
Raff Embossing & Foilcraft	5183	72.02	23398	10/28/2022	Payment for July 2022 Late Fees
Raff Embossing & Foilcraft	5183	75.00	23398	10/28/2022	Payment for July 2022 Liquidated Damages
Raff Embossing & Foilcraft	5183	56.31	23398	10/28/2022	Payment for August 2022 Late Fees
Raff Embossing & Foilcraft	5183	5.52	23398	10/28/2022	Partial Payment for August 2022 Liquidated Damages
Total Late Fees/Liquidated Damages:		**687.59**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From October 1, 2022 to October 31, 2022

Date	Check #	Payee	Amount
10/1/22	2050	Associated Administrators, LLC	8,978.80
10/1/22	2051	Calibre CPA Group, PLLC	10,500.00
10/1/22	2052	National Vision Administrators, LLC	806.20
10/1/22	2053	Graphic Communications National H&W Fund	1,476.00
10/1/22	2054	CHLIC	5,043.66
10/1/22	2055	Mutual Of Omaha	1,945.20
10/1/22	2056	Kaiser Foundation Health Plan	106,325.95
Total			**135,075.81**

LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND
STATEMENT OF GAIN OR (LOSS)

2022/2023	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	2,514	107,327	104,935	105,845	106,851	114,462	111,647						653,582
COBRA Self Pay	129	65	65	65	65	65	65						517
Retired Self Pay	14,259	7,496	11,405	9,306	9,321	9,735	8,372						69,894
Liquidated Damages	0	0	0	0	0	0	203						203
Interest on Delinquency	0	0	0	0	0	0	235						235
Interest Income	500	774	851	1,127	1,390	1,515	2,592						8,750
Express Scripts Refunds	0	0	0	0	0	0	0						0
IRS Refund	0	0	0	0	0	0	0						0
IRS Interest	0	0	0	0	0	0	0						0
Philadelphia Trust Unrealized G/L	(676)	(301)	(228)	(676)	127	(3,995)	(9,732)						(15,482)
Total Income	**16,726**	**115,361**	**117,029**	**115,666**	**117,754**	**121,781**	**113,381**	**0**	**0**	**0**	**0**	**0**	**717,698**
Expenses													
Administration Fee	8,860	8,860	8,860	8,860	8,860	8,860	8,860						62,020
Audit Fee	0	0	0	1,105	0	0	0						1,105
Bank Charges	68	71	67	68	68	69	69						480
Ben Paid-GCN	984	1,476	1,968	1,476	1,476	1,476	1,476						10,332
Bond Expense	184	0	0	0	0	0	0						184
Dental Premiums	5,232	5,113	5,141	4,770	5,622	5,344	5,187						36,409
Vision Premiums	806	834	778	778	1,015	806	806						5,824
Ins Premium Life	1,118	1,186	1,106	1,128	1,099	1,198	1,154						7,990
Ins Premium - STD, AD&D	773	828	773	791	764	846	800						5,575
Kaiser Premium-Act	94,337	103,170	75,380	125,021	100,648	102,576	102,614						703,745
Kaiser Premium-Ret	5,167	5,660	5,660	5,660	5,660	5,729	5,694						39,231
Kaiser Premium-COBRA	0	0	0	0	0	0	0						0
Consulting Fees	0	0	0	0	0	0	0						0
Inv Custodian Expense	0	0	0	0	0	0	0						0
Meeting Expense	0	0	0	0	0	0	0						0
Legal Fees	0	0	0	0	2,468	963	0						3,430
Postage Expense	1,044	5	0	0	0	0	0						1,049
Printing Expense	493	0	0	94	56	0	0						644
Professional Associations	0	0	0	0	0	0	0						0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	0						2,014
Trustee Expense	0	0	0	0	0	0	0						0
Office Supply	0	0	0	15	0	0	0						15
Cyber Liability Insurance	1,969	0	0	0	0	0	0						1,969
IFEBP	917	0	0	0	0	0	0						917
Medical Reimbursement	0	0	0	0	0	0	0						0
PTC Trust Fee	0	2,130	0	0	2,128	0	0						4,259
Wire Fee	0	0	0	0	0	0	0						0
Transfer Fee	0	0	0	0	0	0	0						0
Total Expenses	**123,965**	**129,334**	**99,733**	**149,767**	**129,864**	**127,867**	**126,660**	**0**	**0**	**0**	**0**	**0**	**887,191**
Gain/Loss	**(107,239)**	**(13,973)**	**17,295**	**(34,101)**	**(12,110)**	**(6,085)**	**(13,280)**	**0**	**0**	**0**	**0**	**0**	**(169,493)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For September 30, 2022

ASSETS

Current Assets			
PNC Bank (0355)	$	2,011.76	
PNC Bank MM (0347)		159,102.50	
First Citizens Bank		50,074.37	
Synovus		249,000.00	
Charles Schwab 1268		0.19	
Philadelphia Trust		1,692,051.39	
Due to Philadelphia Trust		4,647.56	
Prepaid Insurance Premium		61.18	
Total Assets			$ 2,156,948.95

LIABILITIES AND CAPITAL

Current Liabilities			
Prepaid Contributions	$	0.00	
Total Liabilities			0.00
Capital			
Retained Earnings	$	2,326,442.05	
Net Income		(169,493.10)	
Total Capital			2,156,948.95
Total Liabilities & Capital			$ 2,156,948.95

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For September 30, 2022

		Sep-22
Income		
Contributions	$	111,647.21
Cobra Payments		64.58
Interest Earned		2,592.49
Retiree Contributions		8,371.90
Liquidated Damages		202.55
Interest on Late Contributions		234.62
Express Scripts Refunds		0.00
IRS Refund		0.00
IRS Interest		0.00
Philadelphia Trust Unrealized G/L		(9,732.47)
Total Income		113,380.88
Expenses		
Vision Insurance		806.20
Medical Reimbursement		0.00
Plan/Trust Administration		8,860.00
Bank Charges		68.87
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		108,308.07
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,186.50
Cyber Liability Insurance		0.00
Legal Expenses		0.00
IFEBP		0.00
Travel Expenses		0.00
Postage Expense		0.00
Office Supply		0.00
Printing Expense		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,154.40
Short Term Disability		800.40
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
PTC Trust Fee		0.00
Wire Fee		0.00
Transfer Fee		0.00
Total Expenses		126,660.44
Net Income	($	13,279.56)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Sep-22

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	11,196.36	32766	9/8/2022	Payment for 8/22
H&H Bindery	5189	4,114.89	13520	9/9/2022	Payment for 8/22
Union HQ Staff	5196	2,513.92	11548	9/6/2022	Payment for 8/22
Union HQ Staff	5196	2,513.92	11565	9/23/2022	Payment for 9/22
Kelly Press	5193	27,581.68	ACH	9/12/2022	Payment for 8/22
Mosaic Bookbinders	5185	33,523.72	ACH	9/9/2022	Payment for 8/22
Mosaic Lithographers	5194	26,600.80	ACH	9/9/2022	Payment for 8/22
Raff Embossing & Foilcraft	5183	3,601.92	23354	9/29/2022	Payment for 8/22
Total Contributions:		**111,647.21**			

Raff Embossing & Foilcraft	5183	79.43	23310	9/6/2022	Payment for December 2021 Late Fees
Raff Embossing & Foilcraft	5183	75.00	23310	9/6/2022	Payment for December 2021 Liquidated Damages
Raff Embossing & Foilcraft	5183	75.34	23310	9/6/2022	Payment for February 2022 Late Fees
Raff Embossing & Foilcraft	5183	62.37	23310	9/6/2022	Partial Payment for February 2022 Liquidated Damages
Raff Embossing & Foilcraft	5183	1.23	23353	9/29/2022	Payment for February 2022 Late Fees
Raff Embossing & Foilcraft	5183	12.63	23353	9/29/2022	Payment for February 2022 Liquidated Damages
Raff Embossing & Foilcraft	5183	78.62	23353	9/29/2022	Payment for March 2022 Late Fees
Raff Embossing & Foilcraft	5183	52.55	23353	9/29/2022	Partial Payment for March 2022 Liquidated Damages
Total Late Fees/Liquidated Damages:		**437.17**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From September 1, 2022 to September 30, 2022

Date	Check #	Payee	Amount
9/16/22	2044	Associated Administrators, LLC	8,860.00
9/16/22	2045	National Vision Administrators, LLC	806.20
9/16/22	2046	Graphic Communications National H&W Fund	1,476.00
9/16/22	2047	CHLIC	5,186.50
9/16/22	2048	Mutual Of Omaha	1,954.80
9/16/22	2049	Kaiser Foundation Health Plan	108,308.07
Total			**126,591.57**

Cindy Horn
Senior Client Manager
Cigna's Taft-Hartley & Federal Business Segment
Cynthia.Horn@Cigna.com

December 21, 2022

Via Email

Ed Chicoski
Lakeshore Benefits Group Insurance Brokerage, LLC
On Behalf of Lithographers & Photoengravers Local 285 Welfare Fund
301 Albany Turnpike
Canton, CT 06019

RE: Lithographers & Photoengravers Local 285 Welfare Fund Dental Renewal - March 2023

Dear Ed,

Please allow this letter to provide Cigna's March 1, 2023 dental renewal for **Lithographers & Photoengravers Local 285 Welfare Fund**. I am pleased to advise that we are offering a no rate change for the renewal for the DPPO and DHMO plans. I appreciate the opportunity to work with you and look forward to continuing our successful collaboration for many years ahead.

There's a reason clients choose Cigna's Dental products. It's because we understand the important decision ahead of you and the responsibility for providing quality benefits to **Lithographers & Photoengravers Local 285 Welfare Fund** and to help their members lead happier, healthier lives. As your partner, we believe more should be expected of your dental plans. Our products, services and networks help enable our clients to make the best choices and access the best care—meaning they become and stay healthier. We team with you, connecting with your members, to make this happen. **This partnership is what makes the difference.**

Cigna's Dental March 1, 2023 rate hold renewal offer is below:

DPPO Dental Fee	**3/1/2023 $48.10**

DHMO Dental Fee	**3/1/2023 $31.58**

I look forward to our continued partnership and working with you, the Trustees, and the members of the Fund for many years to come. In the meantime, if you have any questions regarding the renewal please do not hesitate to contact me at 410-507-0122.

Sincerely,
Cindy Horn

Cindy Horn
Senior Client Manager, Taft-Hartley & Federal Business Segment

cc: Dawn Welch, Associated Administrators
Greta Kreidler, VP, Existing Business

Renewal Information and Exhibits

Prepared For:

Lithographers & Photoengravers Local 285 Welfare Fund

Group ID: G000ADJN

Renewal Effective Date: March 1, 2023

Generated on: October 26, 2022
Mutual of Omaha - Confidential

Thank you for choosing Mutual of Omaha Insurance Company or one of its affiliates, as Lithographers & Photoengravers Local 285 Welfare Fund's benefits provider. It has been our pleasure to provide Lithographers & Photoengravers Local 285 Welfare Fund with group benefits and services that are unique to its needs. We are committed to providing unparalleled service that will meet the needs of our customers.

Each renewal period, we analyze current benefit and rate structures to determine the appropriate rates for continued group insurance protection for your valued employees. This process includes recalculation of the premium rates to reflect factors like:

- Plan features
- Demographics
- Experience
- Any adjustments to our underlying rate structure

Based on our review, please find below the renewal rates for Lithographers & Photoengravers Local 285 Welfare Fund's benefit plans. We appreciate your business and look forward to the continued opportunity to meet your group insurance needs.

Renewal Contact Information

Dan Thompson
Sr Renewal Executive
Boston Group Office
617/742-3655
Daniel.Thompson@mutualofomaha.com

LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND

LIFE AND AD&D

Rate Guarantee Period - March 1, 2023 to March 1, 2025
Additional Value Added Services Included - Travel Assistance/Identity Theft Assistance

Life

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$1,156.80	$1,156.80	$0.00

Class Description

All eligible active employees

All other eligible retirees

All eligible retirees with $20,000 benefit

Employee Rate Basis - per $1,000

Lives	Volume	Current Rate	Renewal Rate
122	$1,928,000	$0.600	$0.600

AD&D

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$52.80	$52.80	$0.00

Class Description

All eligible active employees

All other eligible retirees

All eligible retirees with $20,000 benefit

Employee Rate Basis - per $1,000

Lives	Volume	Current Rate	Renewal Rate
88	$1,760,000	$0.030	$0.030

LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND

SHORT-TERM DISABILITY

Rate Guarantee Period - March 1, 2023 to March 1, 2025

STD

Current Monthly Premium	Renewal Monthly Premium	Renewal Monthly Premium Change
$756.80	$756.80	$0.00

Class Description

All eligible active employees

Employee Rate Basis - per $10 of Total Weekly Benefit

Lives	Volume	Current Rate	Renewal Rate
88	$17,600	$0.430	$0.430

Lithographers & Photoengravers

Effective from 03/01/2023 through 02/29/2024

Rates and benefits are provisional and subject to regulatory approval

Region(s)	Group(s)
Mid-Atlantic States	5238

Table of Contents

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0032,0035,0040,0055,0200
Product Type: HMO DC SIG
Quote Name: HMO High Sig

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2023 - 02/29/2024

	Aug21 - Jul22
Average Members*:	85
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$787.14	1.00
Subscriber and Spouse	1,574.28	2.00
Subscriber and 1 Child	1,574.28	2.00
Subscriber and 2 or more Children	2,274.84	2.89
Subscriber and Spouse and 1 or more children	2,274.84	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	18	$838.30	6.50%	1.00
Subscriber and Spouse	10	1,676.60	6.50%	2.00
Subscriber and 1 Child	4	1,676.60	6.50%	2.00
Subscriber and 2 or more Children	1	2,422.69	6.50%	2.89
Subscriber and Spouse and 1 or more children	7	2,422.69	6.50%	2.89

Estimated Monthly Cost: $57,943
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year(s): None
Out-of-Pocket Maximum: Individual / Family: Medical Out-of-Pocket 3500I/9400F Embedded INCL DED Plan Year
Lifetime Maximum: Individual / Family: None

Prescription Drugs: 30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $10/20/35, CM $30/50/75, MO $10/20/35

Outpatient
Primary Care: $15 copay
Preventive Care: $0 copay with HCR preventive services included
Specialty Care: $25 copay
Urgent Care: $25 copay

Other Professional
Outpatient Surgical Services: $25 copay
Chiropractic Services: not covered
Acupuncture Services: not covered
Dental: not covered
Infertility Diagnosis & Testing: 50% coins
Infertility Assistive Reproductive Technology: 50% coins $100,000 ben max/life, 3 procedures/life
Occupational Therapy: $25 copay 30 visits/episode
Physical Therapy: $25 copay 30 Visits/episode
Speech Therapy: $25 copay 30 Visits/episode

Ambulance and Emergency Services
Ambulance Services: $100 copay
Emergency Services: $100 copay

* Includes Actives and/or pre 65 Retirees only.

Created On: 11/8/2022
NPS Quote Number:
NPS RQR Number: 14596251
NPS RQR Name: Lithographers

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0032,0035,0040,0055,0200
Product Type: HMO DC SIG
Quote Name: HMO High Sig

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2023 - 02/29/2024

	Aug21 - Jul22
Average Members*:	85
Eligibles:	300

Laboratory and Imaging

Outpatient Lab, Pathology, & Diagnostic Testing:	$0 copay
Outpatient Diagnostic Radiology:	$0 copay
Outpatient Specialty Imaging:	$0 copay

Hospital Inpatient

Hospital Services, Inpatient:	$0 copay/admit 2015 w TG
Skilled Nursing Facility Care:	$0 copay/admit up to 100 days/cont yr

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	$7copay
Behavioral Health-Individual Therapy:	$15 copay
Behavioral Health, Inpatient:	$0 copay/admit

Other

Basic Durable Medical Equipment:	$0 copay
Prosthetics:	$0 copay
Orthotics:	$0 copay
Eyeglass Frames:	19+ $75, up to age 19 $0 (1 pair/yr)
Eyeglass Lenses:	19+ $75 discount, up to age 19 $0 (1 pair/yr)
Hearing Aids:	not covered

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: All state and federal mandated benefits apply.
APP: No

* Includes Actives and/or pre 65 Retirees only.

Created On: 11/8/2022
NPS Quote Number:
NPS RQR Number: 14596251
NPS RQR Name: Lithographers

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0053
Product Type: DHMO DC SEL
Quote Name: DHMO 16 Sel

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2023 - 02/29/2024

	Aug21 - Jul22
Average Members*:	141
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$586.22	1.00
Subscriber and Spouse	1,172.44	2.00
Subscriber and 1 Child	1,172.44	2.00
Subscriber and 2 or more Children	1,694.17	2.89
Subscriber and Spouse and 1 or more children	1,694.17	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	13	$624.32	6.50%	1.00
Subscriber and Spouse	0	1,248.64	6.50%	2.00
Subscriber and 1 Child	1	1,248.64	6.50%	2.00
Subscriber and 2 or more Children	0	1,804.29	6.50%	2.89
Subscriber and Spouse and 1 or more children	2	1,804.29	6.50%	2.89

Estimated Monthly Cost: $12,973
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year(s): Medical Deductible 2500I/5000F Embedded Plan Year
Out-of-Pocket Maximum: Individual / Family: $5,000/$10,000 Med/Rx EMB
Lifetime Maximum: Individual / Family: None

Prescription Drugs: 30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $15/25/40, CM $20/45/60, MO $15/25/40

Outpatient
Primary Care: $30 copay
Preventive Care: $0 copay with HCR preventive services included
Specialty Care: $40 copay
Urgent Care: $40 copay

Other Professional
Outpatient Surgical Services: 20% coins
Chiropractic Services: not covered
Acupuncture Services: not covered
Dental: not covered
Infertility Diagnosis & Testing: 50% coins
Infertility Assistive Reproductive Technology: 50% coins $100,000 ben max/life, 3 procedures/life
Occupational Therapy: $40 copay 30 visits/episode
Physical Therapy: $40 copay 30 Visits/episode
Speech Therapy: $40 copay 30 Visits/episode

Ambulance and Emergency Services
Ambulance Services: $100 copay
Emergency Services: $150 copay

* Includes Actives and/or pre 65 Retirees only.

Created On: 11/8/2022
NPS Quote Number:
NPS RQR Number: 14596251
NPS RQR Name: Lithographers

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0053
Product Type: DHMO DC SEL
Quote Name: DHMO 16 Sel

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2023 - 02/29/2024

	Aug21 - Jul22
Average Members*:	141
Eligibles:	300

Laboratory and Imaging

Outpatient Lab, Pathology, & Diagnostic Testing:	$30 copay
Outpatient Diagnostic Radiology:	$30 copay
Outpatient Specialty Imaging:	20% coins

Hospital Inpatient

Hospital Services, Inpatient:	20% coins
Skilled Nursing Facility Care:	20% coins up to 100 days/cont yr

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	$15 copay
Behavioral Health-Individual Therapy:	$30 copay
Behavioral Health, Inpatient:	20% coins

Other

Basic Durable Medical Equipment:	$0 copay
Prosthetics:	$0 copay
Orthotics:	$0 copay
Eyeglass Frames:	19+ $75, up to age 19 $0 (1 pair/yr)
Eyeglass Lenses:	19+ $75 discount, up to age 19 $0 (1 pair/yr)
Hearing Aids:	$0 copay 1 hearing aid/ear/36 months, $1,000 ben max

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: All state and federal mandated benefits apply.
APP: No

* Includes Actives and/or pre 65 Retirees only.

Created On: 11/8/2022
NPS Quote Number:
NPS RQR Number: 14596251
NPS RQR Name: Lithographers

KAISER PERMANENTE®

KAISER FOUNDATION HEALTH PLAN, INC.

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285

Group Numbers: 5238

Subgroups: 0044

Product Type: DHMO DC SEL

Quote Name: DHMO 8 Sel Low

Region: Mid-Atlantic States

Jurisdiction: DC

Contract Period: 03/01/2023 - 02/29/2024

	Aug21 - Jul22
Average Members*:	141
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$642.57	1.00
Subscriber and Spouse	1,285.13	2.00
Subscriber and 1 Child	1,285.13	2.00
Subscriber and 2 or more Children	1,857.02	2.89
Subscriber and Spouse and 1 or more children	1,857.02	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	16	$684.33	6.50%	1.00
Subscriber and Spouse	5	1,368.66	6.50%	2.00
Subscriber and 1 Child	4	1,368.66	6.50%	2.00
Subscriber and 2 or more Children	0	1,977.72	6.50%	2.89
Subscriber and Spouse and 1 or more children	7	1,977.72	6.50%	2.89

Estimated Monthly Cost: $37,111

Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year(s): $750/$1,500 Embedded

Out-of-Pocket Maximum: Individual / Family: $3,000/$6,000/cont yr EMB (Med/Rx)

Lifetime Maximum: Individual / Family: None

Prescription Drugs: 30d 1 copay, 90d 3 copay, MO 90d 2 copay ; KP $20/30/45, CM $30/50/65, MO $20/30/45

Outpatient

Primary Care: $25 copay

Preventive Care: $0 copay with HCR preventive services included

Specialty Care: $35 copay

Urgent Care: $35 copay

Other Professional

Outpatient Surgical Services: 20% coins

Chiropractic Services: not covered

Acupuncture Services: not covered

Dental: not covered

Infertility Diagnosis & Testing: 50% coins

Infertility Assistive Reproductive Technology: not covered

Occupational Therapy: $35 copay 30 visits/episode

Physical Therapy: $35 copay 30 Visits/episode

Speech Therapy: $35 copay 30 visits/episode

Ambulance and Emergency Services

Ambulance Services: $100 copay

Emergency Services: $100 copay

* Includes Actives and/or pre 65 Retirees only.

Created On: 11/8/2022

NPS Quote Number:

NPS RQR Number: 14596251

NPS RQR Name: Lithographers

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0044
Product Type: DHMO DC SEL
Quote Name: DHMO 8 Sel Low

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2023 - 02/29/2024

	Aug21 - Jul22
Average Members*:	141
Eligibles:	300

Laboratory and Imaging

Outpatient Lab, Pathology, & Diagnostic Testing:	20% coins
Outpatient Diagnostic Radiology:	20% coins
Outpatient Specialty Imaging:	20% coins

Hospital Inpatient

Hospital Services, Inpatient:	20% coins
Skilled Nursing Facility Care:	20% coins up to 100 days/cont yr

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	$10 copay
Behavioral Health-Individual Therapy:	$25 copay
Behavioral Health, Inpatient:	20% coins

Other

Basic Durable Medical Equipment:	$0 copay
Prosthetics:	$0 copay
Orthotics:	$0 copay
Eyeglass Frames:	19+ $75, up to age 19 $0 (1 pair/yr)
Eyeglass Lenses:	19+ $75 discount, up to age 19 $0 (1 pair/yr)
Hearing Aids:	$0 copay 1 hearing aid/ear/36 months, $1,000 ben max

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: All state and federal mandated benefits apply.
APP: No

* Includes Actives and/or pre 65 Retirees only.

Created On: 11/8/2022
NPS Quote Number:
NPS RQR Number: 14596251
NPS RQR Name: Lithographers

Rate Assumptions and Requirements

Group Name: Lithographers & Photoengravers

Group Numbers: 5238

Subgroups: 0032,0035,0040,0044,0053,0055,0200

Region: Mid-Atlantic States

Contract Period: 03/01/2023 - 02/29/2024

KP Offered: Total Replacement

Quotes Included

DHMO 16 Sel - 28506608
DHMO 8 Sel Low - 28506610
HMO High Sig - 28506609

Proposal Assumptions

The proposed rates and benefits included on the Rate and Benefit Summary page are based on the **participation and contribution requirements** described below. If any of the following are not met, Kaiser Permanente (KP) reserves the right to withdraw our rate proposal, decline coverage, re-rate this proposal or terminate your Group Agreement.

1. **Group-specific requirements:**
   None

2. **Rating Assumptions:**
   Rates assume a 12-month policy period of 3/1/2023 through 2/29/2024 unless otherwise specified above.
   The rates and benefits in this proposal include the Federal Health Care Reform requirements. KP reserves the right to modify the rates and benefits if we receive further clarification of Federal Health Care Reform requirements, or to incorporate other applicable Federal Health Care Reform requirements. In addition, Kaiser Permanente reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action.
   KP reserves the right to rerate if actual enrollment results in a +/-10% change in the rates from what was assumed at the time of this quote. Examples of changes that may impact rates include, but are not limited to, the following:
   a. A change in the demographic factor.
   b. A change in the average family size or subscriber distribution.
   c. A change in the number of subscribers enrolled in KP.
   d. A change in the number of plans offered alongside KP.
   e. A change in the benefit design of a plan offered alongside KP.
   f. A change in the employer contribution formula.
   g. Groups must abide by the Break-in and Break-away Policy.

   KP reserves the right to change the rates in the event the employer funds, or offers to fund, all or part of an individual or family deductible, copayment or coinsurance which is applicable under the KP plan unless specifically noted in the Group-Specific Requirements above.

3. **Participation and contribution requirements:**
   a. Proposed rates and benefits assume 75% of overall eligible group employees enroll in a company-sponsored plan excluding those waiving for alternative group coverage.
   b. Proposal assumes employer pays at least 50% of the employee only cost and is non-discriminatory.
   c. With respect to any coverage identified as a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("ACA"), Group must immediately inform Health Plan if this coverage no longer meets the requirements for grandfathered status including but not limited to any change in its contribution rate to the cost of any grandfathered health plan(s) during the plan year. Group's contribution rate for grandfathered health plan coverage may not decrease more than five percent (5%) for any rate tier for such grandfathered plan(s) when compared to Group's contribution rate in effect on March 23, 2010 for the same plan.

4. **This proposal assumes KP is offered as the sole health care plan to all eligible employees in the group**

Rate Assumptions and Requirements

Group Name: Lithographers & Photoengravers

Group Numbers: 5238

Subgroups: 0032,0035,0040,0044,0053,0055,0200

Region: Mid-Atlantic States

Contract Period: 03/01/2023 - 02/29/2024

KP Offered: Total Replacement

5. Product-specific participation requirements:

Additional Kaiser Permanente Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost Requirements:

a. Please refer to the group's contract for full definitions of Primary Medicare and Secondary Medicare.
b. Members must have Medicare Parts A and B to enroll in Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost and be eligible for Medicare rates. In some regions members with only Part B may also enroll but their rates will be subject to a surcharge.
c. Medicare eligible members must reside in the approved Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost service areas to receive benefits for the group Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost offering.
d. Enrollment in Medicare Senior Advantage (KPSA), Medicare Plus and Medicare Cost is contingent upon receipt of an accurately completed enrollment form.
e. Preliminary Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost rates and benefits are subject to change.
f. Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost products may not be available for sale in all KP regions.

Additional Out-of-Area Product Requirements:

a. All employees offered KP Out-of-Area products must reside and work outside the KP service area.

6. Proposal requires eligibility for KP plan based on the following:

a. Employer - the employer cannot be considered a small group according to state law.
b. Actives:
- The group (employer) must be related to those offered a KP plan by virtue of employment. This includes when the group contract is with a Taft-Hartley Trust, Professional Employer Organization (PEO), association or Joint Power of Authority (JPA).
- An eligible employee is defined as an active, permanent employee who is on the employer's payroll, and works the minimum number of hours mandated by federal and/or state law to be considered an "eligible employee." Any agreement to change the minimum hours required must be in writing. Temporary and independent contractors (i.e., 1099 employees) are not eligible unless noted otherwise in this Rate Assumptions and Requirements document.
- The employee must live or work in the service area specific to the product they enroll in.
- 100% of eligible employees must be covered by Workers' Compensation, where mandated by law.

c. New enrollees:
The probationary period for new employees is non-discriminatory and reflects no more than a 90-day waiting period unless noted otherwise in this Rate Assumptions and Requirements document.
d. COBRA
- It is the responsibility of the employer group to enroll eligible members into the KP COBRA plan in compliance with federal law.
- It is the employer's responsibility to comply with appropriate COBRA statutes.
- KP will generally include COBRA members as part of the group bill. If individual billing has been arranged, KP will assume responsibility for collecting premiums from COBRA members, only acting as a collection agent on behalf of the group, not as a fiduciary for the group. In addition, KP retains the authority to terminate a direct-billed member for non-payment.

e. Retirees
- Eligible early retirees must enroll in a health plan at the time of retirement and may later elect to enroll in a KP plan at open enrollment as long as they have maintained continuous enrollment in a health plan since the time of retirement.
- Early retirees under the age of 65 must be reported to KP and set up as a separate employee class or subgroup.
- Medicare eligible retirees cannot enroll in the active plan.
- Applicants for a Medicare Senior Advantage (KPSA), Medicare Plus or Medicare Cost plan must meet all the Medicare eligibility requirements, including those stated in this Rate Assumptions and Requirements document.

f. Dependents
- If an "in-area" employee has dependents that live outside the service area, the employee and dependents must be enrolled in the same product.

7. Compliance:

KP reserves the right to make any change in the employer group's benefits and/or rates due to changes in State or Federal legislation or regulatory action.

Rate Assumptions and Requirements

Group Name: Lithographers & Photoengravers

Group Numbers: 5238

Subgroups: 0032,0035,0040,0044,0053,0055,0200

Region: Mid-Atlantic States

Contract Period: 03/01/2023 - 02/29/2024

KP Offered: Total Replacement

8. Broker Disclosure:

The Consolidated Appropriations Act, 2021 (AKA "No Surprises Act") promotes transparency of health care costs and consumer protection. One specific requirement of the Act requires brokers and consultants to disclose the direct or indirect compensation they expect to receive for their brokerage or consulting services to their group health plan clients. This disclosure must occur prior to the group health plan client entering into a contract with Kaiser Permanente.

Kaiser Permanente is committed to assisting its brokers and consultants with fulfilling obligation to Kaiser Permanente group health plan clients. Please visit account.kp.org to learn more.

The contracting employer must also meet all other group-specific responsibilities and requirements described in your Group Agreement.

9. Failure to Pay:

If employer groups fails to pay in a timely manner, and if after the statutorily-required grace period terminates, employer group has not paid undisputed amounts in full, then KP may charge interest on the overdue amount. Interest shall not accrue during the grace period, and the (simple) interest rate shall be six (6) percent per year or the maximum permitted by law, whichever is less.

Lithographers and Photoengravers Local 285 Welfare Fund
Administrative Load Calculation for the period March 1, 2023 through February 28, 2022

Expense Categories		Actual Experience 3/20 - 11/20	Actual Experience 3/21 - 11/21		Actual Experience 3/22 - 11/22	Average Monthly 3/21 - 11/21	Contract Rate Per Month	Projected Annual Expense March 2023 to Feb 2024
Administration Fee		76,641.00	78,174.00		79,740.00	$ 8,860.00	$ 8,686.00	$ 104,232.00
Audit Fee		$ 9,500.00	$ 9,500.00		$ 10,500.00	$ 1,166.67		$ 10,500.00
Payroll Audit Fees		$ -	$ 2,000.00		$ 1,105.00	$ -		$ 2,000.00
Cyber Liability Ins		$ 1,917.00	$ 1,965.00		$ 2,148.00	$ -		$ 2,148.00
Bank Charges		$ 880.00	$ 658.00		$ 658.00	$ 73.11		$ 1,000.00
Inv Custodian Expense		$ -	$ -		$ 6,374.00	$ 708.22		$ -
Meeting Expense		$ 11.00	$ -		$ -	$ -		$ -
OE Meeting Expense		$ -	$ -		$ -	$ -		$ -
Professional Associations		$ -	$ -		$ -	$ -		$ -
Fiduciary Liability Ins		$ 3,283.00	$ 3,353.00		$ 3,452.00	$ 383.56		$ 3,500.00
Fidelity Bond		$ 241.00	$ 184.00		$ 184.00	$ 15.33		$ 551.00
Legal Fees		$ 13,018.00	$ 8,323.00		$ 5,040.00	$ 560.00		$ 10,000.00
Mass Mailing Expense		$ 1,612.00	$ 121.00		$ -	$ -		$ 1,500.00
Printing/Office Supplies		$ 1,139.00	$ 188.00		$ 1,811.00	$ 201.22		$ 1,500.00
Miscellaneous Expense		$ 1,065.00	$ 1,071.00		$ 1,122.00	$ 124.67		$ 2,000.00

Totals		$ 109,307.00	$ 105,537.00

Total Projected Annual Expense		$ 138,931.00
Total Projected Monthly Expense		$ 11,577.58
Projected Monthly Retiree Admin Income (8.5%)		$ 828.45
Remaining Monthly Expense Allocation for Actives		$ 10,749.14
Average Active Participant Count ***		70
Admin Load Per Active Participant		$ 153.56

Notes:

Retiree Self Pay	
Mar 2022 - Nov 2022	$ 87,718.00
Average Per Month	$ 9,746.44
Projected Annual	$ 116,957.33
Admin Rate (8.5%)	0.085
Projected Annual Admin	$ 9,941.37
Projected Monthly Admin	$ 828.45

Lithographers & Photoengravers
Local 285 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
Phone: (866) 559-6512
www.associated-admin.com

IMPORTANT NOTICE REGARDING KAISER PERMANENTE
RETIREE COVERAGE AND PREMIUMS
EFFECTIVE JANUARY 1, 2023

Dear Plan Participant:

Our records indicate that you are currently paying for Retiree Coverage under the Fund's **Kaiser Permanente Medicare Supplement** option. Please be advised that your 2023 monthly premium will change as follows:

	Rate as of 1/1/23
Plan "A"	$267.30 per person
Plan "C++"	$304.11 per person

Please note that the premiums for the Life, Dental, Vision, and pre-Medicare Kaiser programs are subject to change on March 1, 2023. We will notify you of any changes in February 2023. If you are paying a premium for Life, Dental, or Vision this amount is not included in the premium listed above. Please use the enclosed rate sheet to determine your total amount due if you have coverage in addition to the Kaiser Permanente Medicare Supplement plan.

You have 2 options for paying your premiums: by Automatic Debit ("ACH") or by check through the mail. If you would like to change your option, please contact the Eligibility Department.

If you now pay your premiums through the ACH process, your account will continue to be debited between the 5th and 10th of the month for which coverage is provided. The new amount will be deducted beginning with your January 2023 payment.

If you mail your monthly payments, premiums are due on the 25th day of the month prior to the month for which coverage is to be provided. Please mail your payments to the Fund Office:

Lithographers and Photoengravers Local 285 Welfare Fund
911 Ridgebrook Rd
Sparks, MD 21152-9451
Attn: Eligibility Department

If you have any questions, please contact the Fund Office at 866-559-6512.

Sincerely,

Fund Office

Medicare Retiree Rate Chg /11.2023

Lithographers & Photoengravers
Local 285 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
Phone: (866) 559-6512
www.associated-admin.com

IMPORTANT NOTICE REGARDING
GRAPHIC COMMUNICATIONS NATIONAL HEALTH AND WELFARE FUND
RETIREE COVERAGE AND PREMIUMS EFFECTIVE JANUARY 1, 2023

Dear Plan Participant:

Our records indicate that you are currently paying for Retiree Coverage under the Fund's **Graphic Communications National Health and Welfare Fund** option. Please be advised that your 2023 monthly premium will remain as follows:

	Rate as of 1/1/23
Medicare Supplement Plan	$560.51 per person

Please note that the premiums for the Life, Dental, and Vision programs are subject to change on March 1, 2023. We will notify you of any changes in February 2023. If you are paying a premium for Life, Dental, or Vision this amount is not included in the premium listed above. Please use the enclosed rate sheet to determine your total amount due if you have coverage in addition to the Graphic Communications National Health and Welfare Fund plan.

You have 2 options for paying your premiums: by Automatic Debit ("ACH") or by check through the mail. If you would like to change your option, please contact the Eligibility Department.

If you now pay your premiums through the ACH process, your account will continue to be debited between the 5th and 10th of the month for which coverage is provided. The new amount will be deducted beginning with your January 2023 payment.

If you mail your monthly payments, premiums are due on the 25th day of the month prior to the month for which coverage is to be provided. Please mail your payments to the Fund Office:

Lithographers and Photoengravers Local 285 Welfare Fund
911 Ridgebrook Rd
Sparks, MD 21152-9451
Attn: Eligibility Department

If you have any questions, please contact the Fund Office at 866-559-6512.

Sincerely,

Fund Office

GCN Medicare Rate Chg 11.2023