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 17, 2024

AGENDA

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

I. Call To Order

II. Philadelphia Trust Company

III. Minutes – October 18, 2023

IV. Financial Statements – September 2023 – November 2023

V. Provider Report – Kaiser

VI. Broker Report – Lakeshore Benefit Group Insurance Brokerage, LLC

VII. Counsel Report

VIII. Other Fund Business

IX. Next Meeting Date and Location

X. Adjournment

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DRAFT

MINUTES OF THE MEETING
OF THE BOARD OF TRUSTEES OF THE
LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND
HELD ON OCTOBER 18, 2023
VIA WEBEX

The following persons were in attendance:

UNION TRUSTEES
Mark Poole – Secretary
Barry English
Pete Gragnani

EMPLOYER TRUSTEES
David Ashton – Chairman
Tom Labadie
Dave King

Also present were:
Alicia Cochran – Associated Administrators, LLC
Rachel Grant – Associated Administrators, LLC
Andrew Lin – Mooney, Green, Saindon, Murphy & Welch, P.C.
Matt Walker[1] – The Philadelphia Trust Company

I. CALL TO ORDER

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

II. THE PHILADELPHIA TRUST COMPANY

The Trustees welcomed Mr. Matt Walker of The Philadelphia Trust Company to the meeting.

[1] Present for the investment report only

Mr. Walker provided a brief overview of the current market, including a portfolio recap as of September 30, 2023. He then reviewed the Fund's current holdings and the portfolio's performance. Mr. Walker reviewed the CD Maturity and T-Bill replacements since the last meeting, which included a recommendation to invest a portion of the cash into fixed income. He noted two U.S. Treasury Bills maturing on December 14, 2023 ($75,000) and December 28, 2023 ($50,000). Based on the market, Mr. Walker recommended investing $200,000 in 2-year U.S. Treasury Notes.

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

> **RESOLVED in accordance with The Philadelphia Trust Company's recommendation to place $200,000 of assets available for immediate investment in the 2-year U.S. Treasury Notes allocation as soon as administratively possible.**

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

III. MINUTES – MEETING OF JULY 19, 2023

Ms. Cochran confirmed that there were no changes to the final draft of the July 19, 2023 minutes circulated prior to the meeting. The Trustees noted that Trustee King ran the meeting and was listed as Secretary because Chairman and Secretary were not in attendance.

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 19, 2023 are approved as revised.

IV. FINANCIAL REPORT

A. Financials

Ms. Cochran reviewed the unaudited Financial Statements for the second quarter of the Plan year beginning March 1, 2023. Through the second quarter, the Fund had total income of $666,371 and total expenses of $727,681. The Fund operated through the second quarter with a deficit of $61,309.

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

RESOLVED to accept and approve the Q2 Financial Statements for the year beginning March 1, 2023 as presented.

B. Delinquencies

Ms. Cochran reviewed the most recent report of outstanding delinquencies. After discussion, the Trustees on Motion made and seconded,

RESOLVED to authorize Fund Counsel to settle the H&H and Kelly Press delinquencies for up to a 50% discount of interest and LD charges.

V. PROVIDER REPORT – KAISER

Ms. Cochran stated that the 2024 Kaiser Renewal was not available for the meeting. She said the renewal would be distributed to the Trustees between meetings.

VI. COUNSEL

Mr. Lin reported on proposed DOL regulations that expanded on the enhanced compliance requirements that the Consolidated Appropriations Act of 2021 had added to the Mental Health Parity and Addiction Equity Act. The proposed rules would require additional steps by plan sponsors to demonstrate that their plans do not discriminate through the application of non-quantitative treatment limitations (NQTLs). Counsel noted he would continue to monitor the rules and advise what steps the Trustees should take accordingly.

VII. OTHER FUND BUSINESS

A. Notice of Creditable Coverage

Ms. Cochran reported the Notice of Creditable Coverage was mailed to Plan participants on September 26, 2023.

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

Ms. Cochran said the WHCRA notice was mailed to Plan participants on September 26, 2023.

C. 2023 Auditor Engagement Letter

Ms. Cochran reported receipt of the auditor engagement letter for the Plan year ended February 28, 2023, which reflects an annual fee of $12,000, an increase of 14% from the previous year. She stated that the engagement letter is for a two-year period. The Trustees requested Ms. Cochran provide a counter proposal with an annual fee of $11,500 for a three-year period. They then on Motion made and seconded, unanimously:

RESOLVED to grant the administrator authority to accept the original proposal if the counter proposal is not accepted.

D. Retirees – Medicare Rates

Ms. Cochran reported receipt of the retiree rates for the Kaiser Medicare plans effective January 1, 2024. Compared to the previous year, she stated the renewal reflects a 1.9% decrease in premium for "Plan C++" and a 6.4% increase for "Plan A".

E. Fiduciary Liability Renewal

Ms. Cochran reported that the previous policy included a Renewal Guarantee endorsement and was renewed October 16, 2023 for a one-year period with no change in premium. Ms. Cochran stated that the waiver of recourse letters were sent to the Trustees via email.

F. International Foundation Employee Benefits Plan ("IFEBP")

Ms. Cochran reported receipt of the 2024 membership with the International Foundation of Employee Benefit Plans. She said the annual fee is $1,195.

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

> **RESOLVED to approve the 2024 renewal with the International Foundation of Employee Benefits Plans at a fee of $1,195.**

G. Payroll Audits

1. Mosaic

Ms. Cochran reported that the Fund auditor, Calibre, completed the payroll audit for Mosaic for the period January 1, 2019 through December 31, 2021. She stated that there were no findings in the payroll audit.

2. Raff Embossing

Ms. Cochran reported that the Fund auditor, Calibre, completed the payroll audit for Raff Embossing for the period January 1, 2019 through December 31, 2021. She stated that there were no findings in the payroll audit.

H. PNC Authorized Signers

Ms. Cochran reviewed the current authorized signers for PNC Bank. The Trustees did not request any changes.

I. Positive Pay

Ms. Cochran reviewed the positive pay program offered by PNC Bank. She stated the positive pay program detects fraudulent checks at the point of presentation and prevents the check from being processed. Ms. Cochran stated that the Fund issues seven to eight checks each month from the operating expense account. She reported that PNC estimated a monthly fee of $100.00 for positive pay services. Mr. Lin stated that positive pay can be a beneficial program for the Fund and can assist with obtaining favorable cyber liability renewals.

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

RESOLVED to approve the positive pay program with PNC Bank effective as soon as administratively possible.

J. Summary Plan Description ("SPD")

Ms. Cochran reported that the revision of the SPD is currently in progress.

K. Associated Administrators, LLC Renewal

Ms. Cochran distributed and reviewed her letter dated October 18, 2023, which notes that the administrative services contract between the Fund and Associated Administrators, LLC will expire on November 30, 2023 and provided detailed information in support of the request for a three-year renewal, with a 4% annual fee increase.

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

> **RESOLVED to approve an extension of the administrative services contract with Associated Administrators, LLC, for the period January 1, 2024 through December 31, 2026, with 4% annual fee increases.**

Ms. Cochran thanked the Board of Trustees for their partnership and the contract renewal.

VIII. NEXT MEETING DATE AND LOCATION

The Trustees scheduled the next regular Board meeting to be held January 10, 2024 commencing at 10:00 a.m. via Zoom.

IX. 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)

2023/2024	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	138,354	76,931	107,895	102,016	144,440	73,371	106,602	110,977				860,585
COBRA Self Pay	129	65	65	65	65	65	65	65	65				646
Retired Self Pay	13,866	7,196	7,588	9,323	8,718	7,720	9,753	6,935	8,046				79,145
Liquidated Damages	0	226	60	106	0	48	48	48	56				592
Interest on Delinquency	0	182	60	158	0	49	49	49	367				914
Interest Income	6,205	3,876	7,347	4,938	7,497	6,174	5,056	7,689	7,926				56,708
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 Realized G/L	0	0	(547)	0	0	(1,693)	2,399	1,657	0				1,816
Philadelphia Trust Unrealized G/L	8,194	419	(12,706)	4,574	8,458	(1,752)	(9,993)	(4,541)	16,128				8,782
Total Income	**28,395**	**150,317**	**78,797**	**127,059**	**126,754**	**155,050**	**80,748**	**118,503**	**143,565**	**0**	**0**	**0**	**1,009,188**
Expenses													
Administration Fee	9,037	9,037	9,037	9,037	9,037	9,037	9,037	9,037	9,037				81,333
Audit Fee	0	0	0	0	0	0	0	5,100	0				5,100
Bank Charges	64	60	68	66	65	61	62	61	69				576
Ben Paid-GCN	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550				13,948
Bond Expense	61	0	0	0	203	0	0	0	0				265
Dental Premiums	4,500	4,802	4,788	4,675	5,077	4,723	4,866	4,868	4,772				43,071
Vision Premiums	771	709	744	737	792	751	765	771	730				6,769
Ins Premium Life	1,013	924	1,049	1,222	1,022	1,078	1,087	1,159	1,027				9,581
Ins Premium - STD, AD&D	736	644	736	874	718	754	754	819	718				6,753
Kaiser Premium-Act	94,371	89,112	102,383	91,053	103,999	95,910	98,219	94,986	95,294				865,327
Kaiser Premium-Ret	4,918	4,918	5,411	5,165	5,165	5,165	4,672	4,918	4,918				45,251
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	110	0	1,623	523	0	2,807	0	248				5,309
Postage Expense	0	0	2	0	0	0	80	0	11				92
Printing Expense	0	74	0	0	138	0	74	71	0				358
Professional Associations	0	0	0	0	0	0	0	0	0				0
Fiduciary Resp Insurance	2,014	0	0	0	0	0	0	0	1,438				3,452
Trustee Expense	0	0	0	0	0	0	0	0	0				0
Office Supply	0	0	0	0	0	0	0	0	0				0
Cyber Liability Insurance	2,022	0	0	0	0	0	0	0	0				2,022
IFEBP	954	0	0	0	0	0	0	0	199				1,153
Medical Reimbursement	0	0	0	0	0	0	0	0	0				0
PTC Trust Fee	0	2,162	0	0	2,482	0	0	2,498	0				7,142
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	**122,011**	**114,101**	**125,768**	**116,001**	**130,770**	**119,029**	**123,973**	**125,838**	**120,010**	**0**	**0**	**0**	**1,097,502**
Gain/Loss	**(93,616)**	**36,216**	**(46,971)**	**11,057**	**(4,017)**	**36,022**	**(43,225)**	**(7,336)**	**23,555**	**0**	**0**	**0**	**(88,314)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For November 30, 2023

ASSETS

Current Assets			
PNC Bank (0355)	$	1,558.40	
PNC Bank MM (0347)		58,450.67	
First Citizens Bank		50,074.37	
Philadelphia Trust		2,024,174.43	
Due to Philadelphia Trust		6.17	
Prepaid Expenses		995.84	
Prepaid Insurance Premium		2,725.31	
Total Assets			$ 2,137,985.19

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Total Liabilities			0.00
Capital			
Retained Earnings	$	2,226,299.26	
Net Income		(88,314.07)	
Total Capital			2,137,985.19
Total Liabilities & Capital			$ 2,137,985.19

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For November 30, 2023

		Nov-23
Income		
Contributions	$	110,977.37
Cobra Payments		64.58
Interest Earned		7,925.92
Retiree Contributions		8,045.86
Liquidated Damages		55.60
Interest on Late Contributions		367.40
Express Scripts Refunds		0.00
IRS Refund		0.00
IRS Interest		0.00
Philadelphia Trust Realized G/L		0.00
Philadelphia Trust Unrealized G/L		16,128.48
Total Income		143,565.21
Expenses		
Vision Insurance		729.75
Medical Reimbursement		0.00
Plan/Trust Administration		9,037.00
Bank Charges		69.03
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		1,438.33
Medical Insurance (Kaiser)		100,212.13
Medical Insurance (GCN)		1,549.80
Dental Insurance		4,771.58
Cyber Liability Insurance		0.00
Legal Expenses		247.50
IFEBP		199.16
Travel Expenses		0.00
Postage Expense		10.71
Office Supply		0.00
Printing Expense		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,027.20
Short Term Disability		717.60
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		120,009.79
Net Income	$	23,555.42

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Nov-23

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,985.88	35067	11/9/2023	Payment for 10/23
H&H Bindery	5189	4,370.69	13922	11/8/2023	Payment for 10/23
Union HQ Staff	5196	2,667.40	11886	11/3/2023	Payment for 10/23
Kelly Press	5193	29,656.40	ACH	11/7/2023	Payment for 10/23
Mosaic Bookbinders	5185	27,430.24	ACH	11/10/2023	Payment for 10/23
Mosaic Lithographers	5194	24,232.56	ACH	11/10/2023	Payment for 10/23
Raff Embossing & Foilcraft	5183	3,211.40	23840	11/1/2023	Payment for 9/23
Raff Embossing & Foilcraft	5183	3,211.40	23852	11/3/2023	Payment for 10/23
Raff Embossing & Foilcraft	5183	3,211.40	23874	11/15/2023	Payment for 11/23
Total Contributions:		**110,977.37**			

H&H Bindery	5189	62.85	13909	11/3/2023	Payment for April 2020 Late Fees
H&H Bindery	5189	27.80	13909	11/3/2023	Payment for April 2020 Liquidated Damages
H&H Bindery	5189	44.89	13909	11/3/2023	Payment for May 2020 Late Fees
H&H Bindery	5189	61.15	13909	11/3/2023	Payment for June 2020 Late Fees
H&H Bindery	5189	27.80	13909	11/3/2023	Payment for June 2020 Liquidated Damages
H&H Bindery	5189	44.00	13909	11/3/2023	Payment for July 2020 Late Fees
H&H Bindery	5189	78.82	13909	11/3/2023	Payment for November 2021 Late Fees
H&H Bindery	5189	75.69	13909	11/3/2023	Payment for May 2022 Late Fees
Total Late Fees/Liquidated Damages:		**423.00**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From November 1, 2023 to November 30, 2023

Date	Check #	Payee	Amount
11/17/23	2144	Associated Administrators, LLC	9,047.71
11/17/23	2145	Nancy Strickler	306.71
11/17/23	2146	National Vision Administrators, LLC	729.75
11/17/23	2147	Graphic Communications National H&W Fund	1,549.80
11/17/23	2148	Mooney, Green, Saindon, Murphy & Welch	247.50
11/17/23	2149	International Foundation	1,195.00
11/17/23	2150	Eberts & Harrison, Inc.	3,452.00
11/17/23	2151	Mutual Of Omaha	1,744.80
11/17/23	2152	CHLIC	4,771.58
11/17/23	2153	Kaiser Foundation Health Plan	100,212.13
Total			**123,256.98**

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

As of January 4, 2024

COMPANY	CONTRI. MONTH	INTEREST DUE	DAMAGES DUE	INTEREST & DAMAGES DUE	INTEREST & DAMAGES PAID	DATE PAID	TOTAL
Raff Embossing	Aug-23	$ 48.75	$ 48.17	$ 96.92	$ 96.92	10/16/24	$ -
	Sep-23	$ 50.15	$ 48.17	$ 98.32	$ 98.32	12/4/23	$ -
		$ 98.90	$ 96.34	$ 195.24		TOTAL DUE:	**$ -**
H&H Bindery	Apr-20	$ 62.85	$ 27.80	$ 90.65	$ 90.65	11/3/2023	$ -
	May-20	$ 44.89	$ -	$ 44.89	$ 44.89	11/3/2023	$ -
	Jun-20	$ 61.15	$ 27.80	$ 88.95	$ 88.95	11/3/2023	$ -
	Jul-20	$ 44.00	$ -	$ 44.00	$ 44.00	11/3/2023	$ -
	Nov-21	$ 78.82	$ -	$ 78.82	$ 78.82	11/3/2023	$ -
	May-22	$ 75.69	$ -	$ 75.69	$ 75.69	11/3/2023	$ -
		$ 367.40	$ 55.60	$ 423.00		TOTAL DUE:	**$ -**
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	$ 507.03	$ -	$ 507.03	$ -		$ 507.03
		$ 1,153.25	$ 652.50	$ 1,805.75		TOTAL DUE:	**$ 1,805.75**

Lithographers & Photoengravers Local 285 Welfare Fund

Fund Reserve
As of November 30, 2023

Expenses				
Period	3/22 - 2/23		$	1,535,640
	3/23 - 11/23		$	1,097,502
	Total		$	2,633,142
	Per Month		$	125,388
Fund Reserve				
Total Net Assets			$	2,137,985
Months of Reserve				17.1

Reserve Projection			
Period	Surplus/(Deficit)		
3/22 - 2/23	$		(99,631)
3/23 - 11/23	$		(88,314)
Total	$		(187,945)
Monthly Average	$		(8,950)
Projection	Reserve Amount		Months of Reserve
3 months (2/29/24)	$	2,111,136	16.8
6 Months (5/31/24)	$	2,084,287	16.6
12 Months (11/30/24)	$	2,030,588	16.2

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

2023/2024	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	138,354	76,931	107,895	102,016	144,440	73,371	106,602					749,608
COBRA Self Pay	129	65	65	65	65	65	65	65					581
Retired Self Pay	13,866	7,196	7,588	9,323	8,718	7,720	9,753	6,935					71,099
Liquidated Damages	0	226	60	106	0	48	48	48					536
Interest on Delinquency	0	182	60	158	0	49	49	49					547
Interest Income	6,205	3,876	7,347	4,938	7,497	6,174	5,056	7,689					48,782
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 Realized G/L	0	0	(547)	0	0	(1,693)	2,399	1,657					1,816
Philadelphia Trust Unrealized G/L	8,194	419	(12,706)	4,574	8,458	(1,752)	(9,993)	(4,541)					(7,347)
Total Income	**28,395**	**150,317**	**78,797**	**127,059**	**126,754**	**155,050**	**80,748**	**118,503**	**0**	**0**	**0**	**0**	**865,622**
Expenses													
Administration Fee	9,037	9,037	9,037	9,037	9,037	9,037	9,037	9,037					72,296
Audit Fee	0	0	0	0	0	0	0	5,100					5,100
Bank Charges	64	60	68	66	65	61	62	61					507
Ben Paid-GCN	1,550	1,550	1,550	1,550	1,550	1,550	1,550	1,550					12,398
Bond Expense	61	0	0	0	203	0	0	0					265
Dental Premiums	4,500	4,802	4,788	4,675	5,077	4,723	4,866	4,868					38,299
Vision Premiums	771	709	744	737	792	751	765	771					6,040
Ins Premium Life	1,013	924	1,049	1,222	1,022	1,078	1,087	1,159					8,554
Ins Premium - STD, AD&D	736	644	736	874	718	754	754	819					6,035
Kaiser Premium-Act	94,371	89,112	102,383	91,053	103,999	95,910	98,219	94,986					770,034
Kaiser Premium-Ret	4,918	4,918	5,411	5,165	5,165	5,165	4,672	4,918					40,332
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	110	0	1,623	523	0	2,807	0					5,062
Postage Expense	0	0	2	0	0	0	80	0					82
Printing Expense	0	74	0	0	138	0	74	71					358
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	0	0	0	0	0					0
Cyber Liability Insurance	2,022	0	0	0	0	0	0	0					2,022
IFEBP	954	0	0	0	0	0	0	0					954
Medical Reimbursement	0	0	0	0	0	0	0	0					0
PTC Trust Fee	0	2,162	0	0	2,482	0	0	2,498					7,142
Wire Fee	0	0	0	0	0	0	0	0					0
Transfer Fee	0	0	0	0	0	0	0	0					0
Total Expenses	**122,011**	**114,101**	**125,768**	**116,001**	**130,770**	**119,029**	**123,973**	**125,838**	**0**	**0**	**0**	**0**	**977,492**
Gain/Loss	**(93,616)**	**36,216**	**(46,971)**	**11,057**	**(4,017)**	**36,022**	**(43,225)**	**(7,336)**	**0**	**0**	**0**	**0**	**(111,869)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For October 31, 2023

ASSETS

Current Assets			
PNC Bank (0355)	$	1,577.75	
PNC Bank MM (0347)		61,701.68	
First Citizens Bank		50,074.37	
Philadelphia Trust		2,000,358.16	
Due to Philadelphia Trust		6.38	
Prepaid Insurance Premium		711.64	
Total Assets			$ 2,114,429.98

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Total Liabilities			0.00
Capital			
Retained Earnings	$	2,226,299.47	
Net Income		(111,869.49)	
Total Capital			2,114,429.98
Total Liabilities & Capital			$ 2,114,429.98

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For October 31, 2023

		Oct-23
Income		
Contributions	$	106,601.65
Cobra Payments		64.58
Interest Earned		7,688.70
Retiree Contributions		6,934.98
Liquidated Damages		48.17
Interest on Late Contributions		48.75
Express Scripts Refunds		0.00
IRS Refund		0.00
IRS Interest		0.00
Philadelphia Trust Realized G/L		1,657.20
Philadelphia Trust Unrealized G/L		(4,541.21)
Total Income		118,502.82
Expenses		
Vision Insurance		771.45
Medical Reimbursement		0.00
Plan/Trust Administration		9,037.00
Bank Charges		61.15
Accounting, Auditing, Consulting		5,100.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		99,904.19
Medical Insurance (GCN)		1,549.80
Dental Insurance		4,867.78
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		71.13
Trustee Expense		0.00
Group Term Life Insurance		1,159.20
Short Term Disability		818.80
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
PTC Trust Fee		2,497.83
Wire Fee		0.00
Transfer Fee		0.00
Total Expenses		125,838.33
Net Income	($	7,335.51)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Oct-23

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,441.88	34896	10/10/2023	Payment for 9/23
H&H Bindery	5189	4,370.69	13893	10/10/2023	Payment for 9/23
Union HQ Staff	5196	2,667.40	11863	10/4/2023	Payment for 9/23
Kelly Press	5193	29,656.40	ACH	10/10/2023	Payment for 9/23
Mosaic Bookbinders	5185	28,954.52	ACH	10/10/2023	Payment for 9/23
Mosaic Lithographers	5194	25,299.36	ACH	10/10/2023	Payment for 9/23
Raff Embossing & Foilcraft	5183	3,211.40	23838	10/16/2023	Payment for 8/23
Total Contributions:		**106,601.65**			
Raff Embossing & Foilcraft	5183	48.75	23837	10/16/2023	Payment for August 2023 Late Fees
Raff Embossing & Foilcraft	5183	48.17	23837	10/16/2023	Payment for August 2023 Liquidated Damages
Total Late Fees/Liquidated Damages:		**96.92**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From October 1, 2023 to October 31, 2023

Date	Check #	Payee	Amount
10/17/23	2137	Associated Administrators, LLC	9,108.13
10/17/23	2138	Mutual Of Omaha	1,978.00
10/17/23	2139	CHLIC	4,867.78
10/17/23	2140	Graphic Communications National H&W Fund	1,549.80
10/17/23	2141	National Vision Administrators, LLC	771.45
10/17/23	2142	Calibre CPA Group, PLLC	5,100.00
10/17/23	2143	Kaiser Foundation Health Plan	99,904.19
Total			**123,279.35**

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

2023/2024	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	138,354	76,931	107,895	102,016	144,440	73,371						643,006
COBRA Self Pay	129	65	65	65	65	65	65						517
Retired Self Pay	13,866	7,196	7,588	9,323	8,718	7,720	9,753						64,164
Liquidated Damages	0	226	60	106	0	48	48						488
Interest on Delinquency	0	182	60	158	0	49	49						498
Interest Income	6,205	3,876	7,347	4,938	7,497	6,174	5,056						41,094
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 Realized G/L	0	0	(547)	0	0	(1,693)	2,399						159
Philadelphia Trust Unrealized G/L	8,194	419	(12,706)	4,574	8,458	(1,752)	(9,993)						(2,806)
Total Income	**28,395**	**150,317**	**78,797**	**127,059**	**126,754**	**155,050**	**80,748**	**0**	**0**	**0**	**0**	**0**	**747,120**
Expenses													
Administration Fee	9,037	9,037	9,037	9,037	9,037	9,037	9,037						63,259
Audit Fee	0	0	0	0	0	0	0						0
Bank Charges	64	60	68	66	65	61	62						446
Ben Paid-GCN	1,550	1,550	1,550	1,550	1,550	1,550	1,550						10,849
Bond Expense	61	0	0	0	203	0	0						265
Dental Premiums	4,500	4,802	4,788	4,675	5,077	4,723	4,866						33,431
Vision Premiums	771	709	744	737	792	751	765						5,268
Ins Premium Life	1,013	924	1,049	1,222	1,022	1,078	1,087						7,394
Ins Premium - STD, AD&D	736	644	736	874	718	754	754						5,216
Kaiser Premium-Act	94,371	89,112	102,383	91,053	103,999	95,910	98,219						675,048
Kaiser Premium-Ret	4,918	4,918	5,411	5,165	5,165	5,165	4,672						35,414
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	110	0	1,623	523	0	2,807						5,062
Postage Expense	0	0	2	0	0	0	80						82
Printing Expense	0	74	0	0	138	0	74						287
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	0	0	0	0						0
Cyber Liability Insurance	2,022	0	0	0	0	0	0						2,022
IFEBP	954	0	0	0	0	0	0						954
Medical Reimbursement	0	0	0	0	0	0	0						0
PTC Trust Fee	0	2,162	0	0	2,482	0	0						4,644
Wire Fee	0	0	0	0	0	0	0						0
Transfer Fee	0	0	0	0	0	0	0						0
Total Expenses	**122,011**	**114,101**	**125,768**	**116,001**	**130,770**	**119,029**	**123,973**	**0**	**0**	**0**	**0**	**0**	**851,654**
Gain/Loss	**(93,616)**	**36,216**	**(46,971)**	**11,057**	**(4,017)**	**36,022**	**(43,225)**	**0**	**0**	**0**	**0**	**0**	**(104,534)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For September 30, 2023

ASSETS

Current Assets			
PNC Bank (0355)	$	1,596.83	
PNC Bank MM (0347)		71,112.84	
First Citizens Bank		50,074.37	
Philadelphia Trust		1,998,263.43	
Due to Philadelphia Trust		6.18	
Prepaid Insurance Premium		711.64	
Total Assets			$ 2,121,765.29

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$	0.00	
Total Liabilities			0.00
Capital			
Retained Earnings	$	2,226,299.27	
Net Income		(104,533.98)	
Total Capital			2,121,765.29
Total Liabilities & Capital			$ 2,121,765.29

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For September 30, 2023

		Sep-23
Income		
Contributions	$	73,370.81
Cobra Payments		64.58
Interest Earned		5,056.40
Retiree Contributions		9,753.08
Liquidated Damages		48.17
Interest on Late Contributions		48.89
Express Scripts Refunds		0.00
IRS Refund		0.00
IRS Interest		0.00
Philadelphia Trust Realized G/L		2,399.16
Philadelphia Trust Unrealized G/L		(9,992.62)
Total Income		80,748.47
Expenses		
Vision Insurance		764.50
Medical Reimbursement		0.00
Plan/Trust Administration		9,037.00
Bank Charges		61.87
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		102,891.01
Medical Insurance (GCN)		1,549.80
Dental Insurance		4,866.32
Cyber Liability Insurance		0.00
Legal Expenses		2,806.86
IFEBP		0.00
Travel Expenses		0.00
Postage Expense		79.75
Office Supply		0.00
Printing Expense		74.26
Trustee Expense		0.00
Group Term Life Insurance		1,087.20
Short Term Disability		754.40
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		123,972.97
Net Income	($	43,224.50)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Sep-23

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,985.88	34750	9/8/2023	Payment for 8/23
H&H Bindery	5189	4,370.69	13873	9/11/2023	Payment for 8/23
Mosaic Bookbinders	5185	30,714.88	ACH	9/8/2023	Payment for 8/23
Mosaic Lithographers	5194	25,299.36	ACH	9/8/2023	Payment for 8/23
Total Contributions:		**73,370.81**			
Raff Embossing & Foilcraft	5183	48.89	23795	9/20/2023	Payment for July 2023 Late Fees
Raff Embossing & Foilcraft	5183	48.17	23795	9/20/2023	Payment for July 2023 Liquidated Damages
Total Late Fees/Liquidated Damages:		**97.06**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From September 1, 2023 to September 30, 2023

Date	Check #	Payee	Amount
9/19/23	2128	Associated Administrators, LLC	9,074.06
9/19/23	2130	National Vision Administrators, LLC	764.50
9/19/23	2131	Graphic Communications National H&W Fund	1,549.80
9/19/23	2132	CHLIC	4,866.32
9/19/23	2133	Mutual Of Omaha	1,841.60
9/19/23	2134	Mooney, Green, Saindon, Murphy & Welch	2,806.86
9/19/23	2135	Kaiser Foundation Health Plan	102,891.01
9/28/23	2136	Associated Administrators, LLC	116.95
Total			**123,911.10**

RATE PROPOSAL

GCIU-LOCAL 285

Effective from 03/01/2024 through 02/28/2025

Rates and benefits are provisional and subject to regulatory approval

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

Created On: 11/7/2023

Table of Contents

Rate and Benefit Summary – Commercial

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

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2024 - 02/28/2025

	Aug22 - Jul23
Average Members*:	65
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$838.30	1.00
Subscriber and Spouse	1,676.60	2.00
Subscriber and 1 Child	1,676.60	2.00
Subscriber and 2 or more Children	2,422.69	2.89
Subscriber and Spouse and 1 or more children	2,422.69	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	14	$913.75	9.00%	1.00
Subscriber and Spouse	11	1,827.50	9.00%	2.00
Subscriber and 1 Child	3	1,827.50	9.00%	2.00
Subscriber and 2 or more Children	1	2,640.74	9.00%	2.89
Subscriber and Spouse and 1 or more children	3	2,640.74	9.00%	2.89

Estimated Monthly Cost: $48,940
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 No coverage for weight loss medications.

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: 11/7/2023

NPS Quote Number:

NPS RQR Number: 15482114

NPS RQR Name : Lithographers 2024 renewal

KAISER PERMANENTE®

KAISER FOUNDATION HEALTH PLAN, INC.

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285

Group Numbers: 5238

Subgroups: 0055,0200

Product Type: HMO DC SIG

Quote Name: HMO High Sig

Region: Mid-Atlantic States

Jurisdiction: DC

Contract Period: 03/01/2024 - 02/28/2025

	Aug22 - Jul23
Average Members*:	65
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: 11/7/2023

NPS Quote Number:

NPS RQR Number: 15482114

NPS RQR Name : Lithographers 2024 renewal

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: 03/01/2024 - 02/28/2025

	Aug22 - Jul23
Average Members*:	94

Eligibles: 300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$684.33	1.00
Subscriber and Spouse	1,368.66	2.00
Subscriber and 1 Child	1,368.66	2.00
Subscriber and 2 or more Children	1,977.72	2.89
Subscriber and Spouse and 1 or more children	1,977.72	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	17	$745.92	9.00%	1.00
Subscriber and Spouse	4	1,491.85	9.00%	2.00
Subscriber and 1 Child	4	1,491.85	9.00%	2.00
Subscriber and 2 or more Children	0	2,155.72	9.00%	2.89
Subscriber and Spouse and 1 or more children	8	2,155.72	9.00%	2.89

Estimated Monthly Cost: $41,861

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

No Coverage for weight loss medications

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: 11/7/2023

NPS Quote Number:

NPS RQR Number: 15482114

NPS RQR Name : Lithographers 2024 renewal

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: 03/01/2024 - 02/28/2025

	Aug22 - Jul23
Average Members*:	94
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: 11/7/2023

NPS Quote Number:

NPS RQR Number: 15482114

NPS RQR Name : Lithographers 2024 renewal

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: 03/01/2024 - 02/28/2025

	Aug22 - Jul23
Average Members*:	94
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$624.32	1.00
Subscriber and Spouse	1,248.64	2.00
Subscriber and 1 Child	1,248.64	2.00
Subscriber and 2 or more Children	1,804.29	2.89
Subscriber and Spouse and 1 or more children	1,804.29	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	15	$680.51	9.00%	1.00
Subscriber and Spouse	0	1,361.02	9.00%	2.00
Subscriber and 1 Child	2	1,361.02	9.00%	2.00
Subscriber and 2 or more Children	0	1,966.68	9.00%	2.89
Subscriber and Spouse and 1 or more children	1	1,966.68	9.00%	2.89

Estimated Monthly Cost: $14,896
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 No coverage for weight loss medications.

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: 11/7/2023

NPS Quote Number:

NPS RQR Number: 15482114

NPS RQR Name : Lithographers 2024 renewal

KAISER PERMANENTE®

KAISER FOUNDATION HEALTH PLAN, INC.

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: 03/01/2024 - 02/28/2025

	Aug22 - Jul23
Average Members*:	94
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: 11/7/2023

NPS Quote Number:

NPS RQR Number: 15482114

NPS RQR Name : Lithographers 2024 renewal

Rate Assumptions and Requirements

Group Name: GCIU-LOCAL 285

Group Numbers: 5238

Subgroups: 0044,0053,0055,0200

Region: Mid-Atlantic States

Contract Period: 03/01/2024 - 02/28/2025

KP Offered: Alongside other carrier(s)

Quotes Included

DHMO 16 Sel - 30735696
DHMO 8 Sel Low - 30735695
HMO High Sig - 30735697

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 3/1/2024 through 2/28/2025 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 +/-5% 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.

Rate Assumptions and Requirements

Group Name: GCIU-LOCAL 285

Group Numbers: 5238

Subgroups: 0044,0053,0055,0200

Region: Mid-Atlantic States

Contract Period: 03/01/2024 - 02/28/2025

KP Offered: Alongside other carrier(s)

4. Quote assumes KP is offered alongside another health care plan

KP must be offered on conditions that are no less favorable than those for other health care plans. Examples include, but are not limited to, the following:

a. KP is offered to all eligible employees.
b. KP has access to the employer and to the employees on the same basis as all other health care plans offered.
c. The employer's contribution formula does not put KP in a disadvantaged position. This quote assumes that all benefit plans offered to group subscribers provide similar benefits and levels of coverage. If not, the employer's contribution strategy must account for benefit differences among plans offered to subscribers. For example, if KP provides coverage in excess of the minimum essential level of coverage required by law, and another plan does not, the employer will ensure that the member contribution for KP's plan does not exceed the dollar amount for the other plan.
d. Basic and optional benefits such as DME, prescription drugs (including specialty drugs), and infertility are comparable among all health care plans offered, however, KP will allow preventive services as defined by Health and Human Services (HHS) to vary if specifically approved by underwriting.
e. KP is not offered alongside plans with pre-existing condition provisions, health condition exceptions or lifetime coverage limits.
f. If early retirees are covered, the employer offers all health care plans to early retirees on the same basis.
g. Eligibility rules such as dependent age limits and waiting periods for new hires are the same for all health care plans.
h. No other plan is allowed preferential treatment that adversely affects KP.
i. KP prefers that the number of employee subscribers enrolled in KP be the greater of 5 or 5% of the total number of employees enrolled in all health plans in regions where KP is offered.
j. Kaiser Permanente must NOT be offered along side an age-rated health care plan.
k. Rate tier ratios and their definitions should be the same among all health plans offered by the group (employer).

5. Product-specific participation requirements:

Additional Kaiser Permanente Medicare Senior Advantage (KPSA) 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) 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) service areas to receive benefits for the group Medicare Senior Advantage (KPSA) offering.
d. Enrollment in Medicare Senior Advantage (KPSA) is contingent upon receipt of an accurately completed enrollment form.
e. Preliminary Medicare Senior Advantage (KPSA) rates and benefits are subject to change.
f. Medicare Senior Advantage (KPSA) product 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) 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.

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.

10. Guaranteed Renewability:

For California, Colorado, Georgia, Hawaii, and Mid-Atlantic States:

This quote assumes that if a group meets the definition of a small employer under applicable federal or state law, it is exercising its guaranteed renewability rights to renew coverage in the large group market. However, the group is limited in making benefit changes.

For Northwest and Washington:

This quote assumes that the group does not meet the definition of a small employer under applicable federal or state law.

This report is confidential and meant to be informational only. It is based upon information available in Kaiser Permanente systems at the time of production. We offer these services as is without warranties unless explicitly stated otherwise.

Lithographers and Photoengravers Local 285 Welfare Fund
Administrative Load Calculation for the period March 1, 2024 through February 28, 2025

Expense Categories		Actual Experience 3/21 - 11/21	Actual Experience 3/22 - 11/22		Actual Experience 3/23 - 11/23	Average Monthly 3/23 - 11/23	Contract Rate Per Month	Projected Annual Expense March 2024 to Feb 2025
Administration Fee		78,174.00	79,740.00		81,333.00	$ 9,037.00	$ 9,037.00	$ 108,444.00
Audit Fee		$ 9,500.00	$ 10,500.00		$ 5,100.00	$ 566.67	$ 11,500.00	$ 11,500.00
Payroll Audit Fees		$ 2,000.00	$ 1,105.00		$ -	$ -		$ 2,000.00
Cyber Liability Ins		$ 1,965.00	$ 2,148.00		$ 2,022.17	$ -		$ 2,200.00
Bank Charges		$ 658.00	$ 658.00		$ 576.03	$ 64.00		$ 1,000.00
Inv Custodian Expense		$ -	$ 6,374.00		$ 7,141.70	$ 793.52		$ 6,800.00
Meeting Expense		$ -	$ -		$ -	$ -		$ -
OE Meeting Expense		$ -	$ -		$ -	$ -		$ -
Professional Associations		$ -	$ -		$ -	$ -		$ -
Fiduciary Liability Ins		$ 3,353.00	$ 3,452.00		$ 3,452.00	$ 383.56		$ 3,500.00
Fidelity Bond		$ 184.00	$ 184.00		$ 264.54	$ 22.05		$ 551.00
Legal Fees		$ 8,323.00	$ 5,040.00		$ 5,309.36	$ 589.93		$ 10,000.00
Mass Mailing Expense		$ 121.00	$ -		$ -	$ -		$ 1,500.00
Printing/Office Supplies		$ 188.00	$ 1,811.00		$ 449.90	$ 49.99		$ 1,500.00
Miscellaneous Expense		$ 1,071.00	$ 1,122.00		$ 1,153.33	$ 128.15		$ 2,000.00

Totals		$ 105,537.00	$ 112,134.00

Total Projected Annual Expense		$ 150,995.00
Total Projected Monthly Expense		$ 12,582.92
Projected Monthly Retiree Admin Income (8.5%)		$ 747.48
Remaining Monthly Expense Allocation for Actives		$ 11,835.43
Average Active Participant Count ***		60
Admin Load Per Active Participant		$ 197.26

Notes:

Retiree Self Pay	
Mar 2023 - Nov 2023	$ 79,145.17
Average Per Month	$ 8,793.91
Projected Annual	$ 105,526.89
Admin Rate (8.5%)	0.085
Projected Annual Admin	$ 8,969.79
Projected Monthly Admin	$ 747.48

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, 2024

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 2024 monthly premium will change as follows:

	Rate as of 1/1/24
Plan "A"	$284.41 per person
Plan "C++"	$323.58 per person

Please note that the premiums for the Life, Dental, Vision, and pre-Medicare Kaiser programs are subject to change on March 1, 2024. We will notify you of any changes in February 2024. 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 2024 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

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IMPORTANT NOTICE REGARDING
GRAPHIC COMMUNICATIONS NATIONAL HEALTH AND WELFARE FUND
RETIREE COVERAGE AND PREMIUMS EFFECTIVE JANUARY 1, 2024

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 2024 monthly premium will remain as follows:

	Rate as of 1/1/24
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, 2024. We will notify you of any changes in February 2024. 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 2024 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