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 28, 2022

AGENDA

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

I. Call To Order

II. Minutes – October 20, 2021

III. Financial Statements – September 2021 – November 2021

IV. The Philadelphia Trust Company

V. Counsel Report

VI. Broker Report

VII. Other Fund Business

VIII. Next Meeting Date and Location

IX. 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 20, 2021
VIA WEBEX

DRAFT

The following persons were in attendance:

UNION TRUSTEES
Mark Poole – Secretary
Barry English
Pete Gragnani

EMPLOYER TRUSTEES
David Ashton – Chairman
Dave King

Also present were:
Alicia Cochran – Associated Administrators, LLC
Rachel Grant – Associated Administrators, LLC
Andrew Lin – Mooney, Green, Saindon, Murphy & Welch, P.C.
Leonard Phillips – Kaiser Permanente

I. CALL TO ORDER

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

II. TRUSTEE APPOINTMENT

Trustee Poole introduced Mr. Pete Gragnani as the new Union Trustee effective August 11, 2021. The Trustees welcomed Mr. Gragnani to the meeting.

III. MINUTES – MEETING OF JULY 21, 2021

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 21, 2021 are approved as written.

IV. FINANCIAL REPORT

Ms. Cochran reviewed the unaudited Financial Statements for the second quarter of the Plan year June 1, 2021 through August 31, 2021. For the Plan year through the second quarter, the Fund had total income of $608,126 and total expenses of $746,794. The Fund operated through the second quarter with a deficit of $138,667.

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

RESOLVED to accept and approve the Financial Statements for June 1, 2021 through August 31, 2021 as presented.

V. CHARLES SCHWAB

Ms. Cochran stated a copy of the Charles Schwab statement for August 2021 is contained in the meeting booklet. She noted there continues to be difficulty with the transfer of assets from Charles Schwab to The Philadelphia Trust Company. She advised that Fund Counsel is involved

and assisting with the transition. Ms. Cochran said she would notify the Trustees once the transfer was complete.

VI. COUNSEL

Mr. Lin discussed the Mental Health Parity and Addiction Act and new regulations. He suggested the Trustees consider engaging a third-party consultant in order to ensure the Fund is in compliance. He suggested contacting Mr. Ed Chicoski of Lakeshore Benefit Group Insurance Brokerage, LLC to request a proposal. The Trustees directed Ms. Cochran to contact Mr. Chicoski to discuss the options.

VII. OTHER FUND BUSINESS

A. Notice of Creditable Coverage

Ms. Cochran reported the Notice of Creditable Coverage was mailed to Plan participants on October 15, 2021.

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

Ms. Cochran said the WHCRA notice was mailed to Plan participants on October 15, 2021.

C. Retirees – Medicare Rates

Ms. Cochran reported receipt of the rates for the Kaiser Medicare plans effective January 1, 2022. Compared to the previous year, she stated the renewal reflects a 6.50% decrease in premium for "Plan C++" and a 1.30% increase for "Plan A".

D. International Foundation of Employee Benefit Plans

Ms. Cochran reported receipt of the 2022 membership with the International Foundation of Employee Benefit Plans. She said the annual fee is $1,100.

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

> **RESOLVED to approve the 2022 renewal with the International Foundation of Employee Benefits Plans at a fee of $1,100.**

E. Fiduciary Liability

Ms. Cochran reported that the previous policy included a Renewal Guarantee endorsement and was renewed October 16, 2021 for a one-year period. The Trustees approved the automatic renewal via email poll on September 28, 2021.

F. American Rescue Plan Act of 2021 ("ARPA") – COBRA Subsidy

Ms. Cochran reported one member applied for an ARPA COBRA subsidy. An Expiration of Subsidy Notice was mailed on September 14, 2021 to the member. She noted the ARPA COBRA subsidy expires on September 30, 2021.

G. Provider Renewals

Ms. Cochran reported that the upcoming open contract renewals set to expire February 28, 2022, including Mutual of Omaha, Cigna Dental and Nation Vision Associates, are in process.

VIII. KAISER PERMANENTE

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

Mr. Phillips reviewed the "Rate Proposal" report dated September 29, 2021 detailing Kaiser's renewal proposal effective March 1, 2022 broken out by plan option. The renewal proposal reflects an 11.99% increase in premiums. Mr. Phillips noted, due to the number of participants in the Fund, the claims experience is rated as 100% manual. He reported the Fund had five large claims over $50,000 in the past year. Mr. Phillips also 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. 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, 2022 policy year.

IX. NEXT MEETING DATE AND LOCATION

The Trustees scheduled the next regular Board meeting to be held January 12, 2022 commencing at 10:00 a.m. 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)

2021/2022	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	28,694	81,102	108,470	102,937	102,595	107,304	106,301	101,374	110,602				849,379
COBRA Self Pay	0	0	0	1,830	0	0	2,874	65	65				4,832
Retired Self Pay	16,672	7,284	13,859	10,484	10,543	10,418	10,980	10,515	11,652				102,408
Liquidated Damages	0	0	0	0	0	0	390	0	0				390
Interest on Delinquency	0	0	0	0	0	0	360	0	0				360
Interest Income	678	5,761	630	673	725	549	734	1,091	1,912				12,753
Express Scripts Refunds	0	0	0	0	0	0	0	0	0				0
IRS Refund	0	0	288	0	0	0	0	0	0				288
Schwab Unrealized Gain/Loss	(961)	(461)	(179)	(763)	(472)	(534)	(395)	(334)	(262)				(4,361)
Total Income	**45,083**	**93,686**	**123,068**	**115,161**	**113,391**	**117,737**	**121,244**	**112,711**	**123,969**	**0**	**0**	**0**	**966,050**
Expenses													
Administration Fee	8,686	8,686	8,686	8,686	8,686	8,686	8,686	8,686	8,686				78,174
Audit Fee	1,000	1,000	0	0	0	0	0	0	9,500				11,500
Bank Charges	73	89	61	68	63	64	63	113	64				658
Ben Paid-GCN	1,476	1,476	1,476	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	5,209	5,372	5,316	5,692	5,235	5,280	5,215	5,293	5,298				47,909
Vision Premiums	834	820	841	848	813	799	813	834	855				7,457
Ins Premium Life	1,085	1,174	466	1,140	1,229	1,061	1,154	1,109	1,109				9,526
Ins Premium - STD, AD&D	754	819	276	782	856	727	791	764	754				6,523
Kaiser Premium-Act	98,355	100,647	92,808	96,941	95,208	94,735	96,231	100,751	97,759				873,435
Kaiser Premium-Ret	7,993	6,534	6,534	6,534	6,534	6,534	7,615	6,342	6,831				61,452
Kaiser Premium-COBRA	0	0	0	3,739	748	1,496	(2,244)	748	748				5,235
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	4,638	743	220	550	633	1,540				8,323
Payroll Taxes 941	0	0	0	0	0	0	0	0	0				0
Postage Expense	0	0	41	0	0	0	0	0	80				121
Printing Expense	0	21	24	0	0	0	112	0	32				188
Professional Associations	0	0	0	0	0	0	0	0	0				0
Fiduciary Resp Insurance	1,915	0	0	0	0	0	0	1,438	0				3,353
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	1,965	0	0	0	0	0	0	0	0				1,965
IFEBP	888	0	0	0	0	0	0	0	183				1,071
Medical Reimbursement	0	0	0	0	0	0	0	0	0				0
Wire Fee	0	0	0	0	0	0	0	0	0				0
Total Expenses	**130,417**	**126,637**	**116,528**	**130,544**	**121,589**	**121,078**	**120,463**	**128,186**	**134,915**	**0**	**0**	**0**	**1,130,358**
Gain/Loss	**(85,334)**	**(32,951)**	**6,540**	**(15,383)**	**(8,198)**	**(3,341)**	**781**	**(15,476)**	**(10,946)**	**0**	**0**	**0**	**(164,308)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For November 30, 2021

ASSETS

Current Assets		
PNC Bank (0355)	$ 2,255.28	
PNC Bank MM (0347)	243,420.34	
CIT 3966	50,074.37	
Synovus	249,000.00	
Charles Schwab 1268	1,706,212.14	
Due to Charles Schwab	1,682.97	
Accounts Receivable	2,744.46	
Prepaid Expenses	916.66	
Prepaid Insurance Premium	2,258.52	
Total Assets		$ 2,258,564.74

LIABILITIES AND CAPITAL

Current Liabilities		
Prepaid Contributions	55.00	
Total Liabilities		55.00
Capital		
Retained Earnings	2,422,817.87	
Net Income	(164,308.13)	
Total Capital		2,258,509.74
Total Liabilities & Capital		$ 2,258,564.74

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For November 30, 2021

		Nov-21
Income		
Contributions	$	110,602.19
Cobra Payments		64.58
Interest Earned		1,912.21
Retiree Contributions		11,651.60
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
IRS Refund		0.00
Schwab Unrealized Gain/Loss		(261.61)
Total Income		123,968.97
Expenses		
Vision Insurance		854.85
Medical Reimbursement		0.00
Plan/Trust Administration		8,686.00
Bank Charges		64.02
Accounting, Auditing, Consulting		9,500.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		105,338.69
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,297.76
Cyber Liability Insurance		0.00
Legal Expenses		1,540.00
IFEBP		183.34
Travel Expenses		0.00
Payroll Taxes 940		0.00
Payroll Taxes 941		0.00
Postage Expense		79.50
Office Supply		0.00
Printing Expense		31.50
Salaries		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,108.80
Short Term Disability		754.40
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
Wire Fee		0.00
Total Expenses		134,914.86
Net Income	($	10,945.89)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Nov-21

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	10,921.92	31231	11/8/2021	Payment for 10/21
H&H Bindery	5189	3,918.49	13200	11/8/2021	Payment for 10/21
Union HQ Staff	5196	2,396.08	11287	11/1/2021	Payment for 10/21
Union HQ Staff	5196	2,396.08	11310	11/22/2021	Payment for 11/21
Kelly Press	5193	25,040.60	ACH	11/1/2021	Payment for 10/21
Kelly Press	5193	1,108.76	622267	11/3/2021	Payment for 11/21
Mosaic Bookbinders	5185	32,305.84	ACH	11/10/2021	Payment for 10/21
Mosaic Lithographers	5194	23,997.16	ACH	11/10/2021	Payment for 10/21
Raff Embossing & Foilcraft	5183	4,258.63	22875	11/1/2021	Payment for 9/21
Raff Embossing & Foilcraft	5183	4,258.63	22907	11/22/2021	Payment for 10/21
Total Contributions:		**110,602.19**			
		-			
Total Late Fees/Liquidated Damages:		**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From November 1, 2021 to November 30, 2021

Date	Check #	Payee	Amount
11/18/21	1971	Associated Administrators, LLC	8,797.00
11/18/21	1972	International Foundation	1,100.00
11/18/21	1973	Calibre CPA Group, PLLC	9,500.00
11/18/21	1974	Graphic Communications National H&W Fund	1,476.00
11/18/21	1975	CHLIC	5,297.76
11/18/21	1976	Mooney, Green, Saindon, Murphy & Welch	1,540.00
11/18/21	1977	Mutual Of Omaha	1,863.20
11/18/21	1978	National Vision Administrators, LLC	854.85
11/18/21	1979	Kaiser Foundation Health Plan	105,338.69
Total			**135,767.50**

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

As of December 28, 2021

COMPANY	CONTRI. MONTH	INTEREST DUE	DAMAGES DUE	INTEREST & DAMAGES DUE	INTEREST & DAMAGES PAID	DATE PAID	TOTAL
Raff Embossing	Feb-21	$ 81.30	$ 75.00	$ 156.30	$ -		$ 156.30
	Mar-21	$ 82.07	$ 75.00	$ 157.07	$ -		$ 157.07
	Apr-21	$ 79.99	$ 75.00	$ 154.99	$ -		$ 154.99
	May-21	$ 77.84	$ 75.00	$ 152.84	$ -		$ 152.84
	Jun-21	$ 75.75	$ 75.00	$ 150.75	$ -		$ 150.75
	Jul-21	$ 73.60	$ 75.00	$ 148.60	$ -		$ 148.60
	Aug-21	$ 71.45	$ 75.00	$ 146.45	$ -		$ 146.45
	Sep-21	$ 69.37	$ 75.00	$ 144.37	$ -		$ 144.37
	Oct-21	$ 67.21	$ 75.00	$ 142.21	$ -		$ 142.21
	Nov-21	$ 65.13	$ 75.00	$ 140.13	$ -		$ 140.13
		$ 743.71	$ 750.00	$ 1,493.71		TOTAL DUE:	**$ 1,493.71**
H&H Bindery	Apr-20	$ 88.78	$ 55.59	$ 144.37	$ -		$ 144.37
	May-20	$ 71.32	$ -	$ 71.32	$ -		$ 71.32
	Jun-20	$ 85.39	$ 55.59	$ 140.98	$ -		$ 140.98
	Jul-20	$ 69.63	$ -	$ 69.63	$ -		$ 69.63
	Nov-21	$ 59.31	$ -	$ 59.31	$ -		$ 59.31
		$ 374.43	$ 111.18	$ 485.61		TOTAL DUE:	**$ 485.61**
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
		$ 646.22	$ 652.50	$ 1,298.72		TOTAL DUE:	**$ 1,298.72**

Lithographers & Photoengravers Local 285 Welfare Fund

Fund Reserve
As of November 30, 2021

Expenses				
Period	3/20 - 2/21		$	1,769,783.42
	3/21 - 11/21		$	1,130,357.82
	Total		$	2,900,141.24
	Per Month		$	138,101.96
Fund Reserve				
Total Net Assets			$	2,258,509.74
Months of Reserve				16.4

Reserve Projection			
Period	Surplus/(Deficit)		
3/20 - 2/21	$		(279,344)
3/21 - 11/21	$		(164,308)
Total	$		(443,652)
Monthly Average	$		(21,126)
Projection	Reserve Amount		Months of Reserve
3 months (2/28/22)	$	2,195,131	15.9
6 Months (5/31/22)	$	2,131,752	15.4
12 Months (11/30/22)	$	2,004,994	14.5

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

2021/2022	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	28,694	81,102	108,470	102,937	102,595	107,304	106,301	101,374					738,777
COBRA Self Pay	0	0	0	1,830	0	0	2,874	65					4,768
Retired Self Pay	16,672	7,284	13,859	10,484	10,543	10,418	10,980	10,515					90,756
Liquidated Damages	0	0	0	0	0	0	390	0					390
Interest on Delinquency	0	0	0	0	0	0	360	0					360
Interest Income	678	5,761	630	673	725	549	734	1,091					10,841
Express Scripts Refunds	0	0	0	0	0	0	0	0					0
IRS Refund	0	0	288	0	0	0	0	0					288
Schwab Unrealized Gain/Loss	(961)	(461)	(179)	(763)	(472)	(534)	(395)	(334)					(4,099)
Total Income	**45,083**	**93,686**	**123,068**	**115,161**	**113,391**	**117,737**	**121,244**	**112,711**	**0**	**0**	**0**	**0**	**842,081**
Expenses													
Administration Fee	8,686	8,686	8,686	8,686	8,686	8,686	8,686	8,686					69,488
Audit Fee	1,000	1,000	0	0	0	0	0	0					2,000
Bank Charges	73	89	61	68	63	64	63	113					594
Ben Paid-GCN	1,476	1,476	1,476	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	5,209	5,372	5,316	5,692	5,235	5,280	5,215	5,293					42,611
Vision Premiums	834	820	841	848	813	799	813	834					6,603
Ins Premium Life	1,085	1,174	466	1,140	1,229	1,061	1,154	1,109					8,417
Ins Premium - STD, AD&D	754	819	276	782	856	727	791	764					5,768
Kaiser Premium-Act	98,355	100,647	92,808	96,941	95,208	94,735	96,231	100,751					775,676
Kaiser Premium-Ret	7,993	6,534	6,534	6,534	6,534	6,534	7,615	6,342					54,621
Kaiser Premium-COBRA	0	0	0	3,739	748	1,496	(2,244)	748					4,487
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	4,638	743	220	550	633					6,783
Payroll Taxes 941	0	0	0	0	0	0	0	0					0
Postage Expense	0	0	41	0	0	0	0	0					41
Printing Expense	0	21	24	0	0	0	112	0					156
Professional Associations	0	0	0	0	0	0	0	0					0
Fiduciary Resp Insurance	1,915	0	0	0	0	0	0	1,438					3,353
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	1,965	0	0	0	0	0	0	0					1,965
IFEBP	888	0	0	0	0	0	0	0					888
Medical Reimbursement	0	0	0	0	0	0	0	0					0
Wire Fee	0	0	0	0	0	0	0	0					0
Total Expenses	**130,417**	**126,637**	**116,528**	**130,544**	**121,589**	**121,078**	**120,463**	**128,186**	**0**	**0**	**0**	**0**	**995,443**
Gain/Loss	**(85,334)**	**(32,951)**	**6,540**	**(15,383)**	**(8,198)**	**(3,341)**	**781**	**(15,476)**	**0**	**0**	**0**	**0**	**(153,362)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For October 31, 2021

ASSETS

Current Assets		
PNC Bank (0355)	$ 2,279.67	
PNC Bank MM (0347)	256,873.12	
CIT 3966	50,074.37	
Synovus	249,000.00	
Charles Schwab 1268	1,704,564.08	
Due to Charles Schwab	1,158.98	
Accounts Receivable	2,744.46	
Prepaid Insurance Premium	2,258.52	
Total Assets		$ 2,268,953.20

LIABILITIES AND CAPITAL

Current Liabilities		
Prepaid Contributions	21.56	
Total Liabilities		21.56
Capital		
Retained Earnings	2,422,293.88	
Net Income	(153,362.24)	
Total Capital		2,268,931.64
Total Liabilities & Capital		$ 2,268,953.20

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For October 31, 2021

		Oct-21
Income		
Contributions	$	101,373.72
Cobra Payments		64.58
Interest Earned		1,091.17
Retiree Contributions		10,515.37
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
IRS Refund		0.00
Schwab Unrealized Gain/Loss		(334.17)
Total Income		112,710.67
Expenses		
Vision Insurance		834.00
Medical Reimbursement		0.00
Plan/Trust Administration		8,686.00
Bank Charges		112.57
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		1,438.33
Medical Insurance (Kaiser)		107,841.13
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,293.38
Cyber Liability Insurance		0.00
Legal Expenses		632.50
IFEBP		0.00
Travel Expenses		0.00
Payroll Taxes 940		0.00
Payroll Taxes 941		0.00
Postage Expense		0.00
Office Supply		0.00
Printing Expense		0.00
Salaries		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,108.80
Short Term Disability		763.60
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
Wire Fee		0.00
Total Expenses		128,186.31
Net Income	($	15,475.64)

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Oct-21

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	10,921.92	31067	10/8/2021	Payment for 9/21
H&H Bindery	5189	3,918.49	13167	10/13/2021	Payment for 9/21
Kelly Press	5193	25,971.68	ACH	10/5/2021	Payment for 9/21
Mosaic Bookbinders	5185	32,305.84	ACH	10/8/2021	Payment for 9/21
Mosaic Lithographers	5194	23,997.16	ACH	10/8/2021	Payment for 9/21
Raff Embossing & Foilcraft	5183	4,258.63	22836	9/30/2021	Payment for 8/21
Total Contributions:		**101,373.72**			
		-			
Total Late Fees/Liquidated Damages:		**-**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From October 1, 2021 to October 31, 2021

Date	Check #	Payee	Amount
10/13/21	1963	Associated Administrators, LLC	8,686.00
10/13/21	1964	Mutual Of Omaha	1,872.40
10/13/21	1965	Mooney, Green, Saindon, Murphy & Welch	632.50
10/13/21	1966	CHLIC	5,293.38
10/13/21	1967	National Vision Administrators, LLC	834.00
10/13/21	1968	Graphic Communications National H&W Fund	1,476.00
10/13/21	1969	Eberts & Harrison, Inc.	3,452.00
10/13/21	1970	Kaiser Foundation Health Plan	107,841.13
Total			**130,087.41**

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

2021/2022	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	28,694	81,102	108,470	102,937	102,595	107,304	106,301						637,403
COBRA Self Pay	0	0	0	1,830	0	0	2,874						4,703
Retired Self Pay	16,672	7,284	13,859	10,484	10,543	10,418	10,980						80,241
Liquidated Damages	0	0	0	0	0	0	390						390
Interest on Delinquency	0	0	0	0	0	0	360						360
Interest Income	678	5,761	630	673	725	549	734						9,750
Express Scripts Refunds	0	0	0	0	0	0	0						0
IRS Refund	0	0	288	0	0	0	0						288
Schwab Unrealized Gain/Loss	(961)	(461)	(179)	(763)	(472)	(534)	(395)						(3,765)
Total Income	**45,083**	**93,686**	**123,068**	**115,161**	**113,391**	**117,737**	**121,244**	**0**	**0**	**0**	**0**	**0**	**729,370**
Expenses													
Administration Fee	8,686	8,686	8,686	8,686	8,686	8,686	8,686						60,802
Audit Fee	1,000	1,000	0	0	0	0	0						2,000
Bank Charges	73	89	61	68	63	64	63						481
Ben Paid-GCN	1,476	1,476	1,476	1,476	1,476	1,476	1,476						10,332
Bond Expense	184	0	0	0	0	0	0						184
Dental Premiums	5,209	5,372	5,316	5,692	5,235	5,280	5,215						37,318
Vision Premiums	834	820	841	848	813	799	813						5,769
Ins Premium Life	1,085	1,174	466	1,140	1,229	1,061	1,154						7,308
Ins Premium - STD, AD&D	754	819	276	782	856	727	791						5,005
Kaiser Premium-Act	98,355	100,647	92,808	96,941	95,208	94,735	96,231						674,924
Kaiser Premium-Ret	7,993	6,534	6,534	6,534	6,534	6,534	7,615						48,279
Kaiser Premium-COBRA	0	0	0	3,739	748	1,496	(2,244)						3,739
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	4,638	743	220	550						6,151
Payroll Taxes 941	0	0	0	0	0	0	0						0
Postage Expense	0	0	41	0	0	0	0						41
Printing Expense	0	21	24	0	0	0	112						156
Professional Associations	0	0	0	0	0	0	0						0
Fiduciary Resp Insurance	1,915	0	0	0	0	0	0						1,915
Trustee Expense	0	0	0	0	0	0	0						0
Office Supply	0	0	0	0	0	0	0						0
Cyber Liability Insurance	1,965	0	0	0	0	0	0						1,965
IFEBP	888	0	0	0	0	0	0						888
Medical Reimbursement	0	0	0	0	0	0	0						0
Wire Fee	0	0	0	0	0	0	0						0
Total Expenses	**130,417**	**126,637**	**116,528**	**130,544**	**121,589**	**121,078**	**120,463**	**0**	**0**	**0**	**0**	**0**	**867,257**
Gain/Loss	**(85,334)**	**(32,951)**	**6,540**	**(15,383)**	**(8,198)**	**(3,341)**	**781**	**0**	**0**	**0**	**0**	**0**	**(137,887)**

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For September 30, 2021

ASSETS

Current Assets		
PNC Bank (0355)	$ 2,354.21	
PNC Bank MM (0347)	275,021.04	
CIT 3966	50,074.37	
Synovus	249,000.00	
Charles Schwab 1268	1,703,809.37	
Due to Charles Schwab	617.52	
Accounts Receivable	2,744.46	
Prepaid Insurance Premium	244.85	
Total Assets		$ 2,283,865.82

LIABILITIES AND CAPITAL

Current Liabilities		
Prepaid Contributions	0.00	
Total Liabilities		0.00
Capital		
Retained Earnings	2,421,752.42	
Net Income	(137,886.60)	
Total Capital		2,283,865.82
Total Liabilities & Capital		$ 2,283,865.82

Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For September 30, 2021

		Sep-21
Income		
Contributions	$	106,301.04
Cobra Payments		2,873.62
Interest Earned		734.25
Retiree Contributions		10,980.16
Liquidated Damages		390.00
Interest on Late Contributions		359.69
Express Scripts Refunds		0.00
IRS Refund		0.00
Schwab Unrealized Gain/Loss		(394.79)
Total Income		121,243.97
Expenses		
Vision Insurance		813.15
Medical Reimbursement		0.00
Plan/Trust Administration		8,686.00
Bank Charges		62.93
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		101,602.44
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,215.16
Cyber Liability Insurance		0.00
Legal Expenses		550.00
IFEBP		0.00
Travel Expenses		0.00
Payroll Taxes 940		0.00
Payroll Taxes 941		0.00
Postage Expense		0.00
Office Supply		0.00
Printing Expense		111.86
Salaries		0.00
Trustee Expense		0.00
Group Term Life Insurance		1,154.40
Short Term Disability		791.20
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
Wire Fee		0.00
Total Expenses		120,463.14
Net Income	$	780.83

Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Sep-21

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	11,465.92	30912	9/9/2021	Payment for 8/21
H&H Bindery	5189	3,918.49	13135	9/13/2021	Payment for 8/21
Union HQ Staff	5196	2,396.08	11257	9/27/2021	Payment for 9/21
Kelly Press	5193	27,332.92	ACH	9/7/2021	Payment for 8/21
Kelly Press	5193	2,682.84	621922	9/13/2021	Payment for 9/21
Mosaic Bookbinders	5185	31,330.68	ACH	9/10/2021	Payment for 8/21
Mosaic Lithographers	5194	22,915.48	ACH	9/10/2021	Payment for 8/21
Raff Embossing & Foilcraft	5183	4,258.63	22790	9/1/2021	Payment for 7/21
Total Contributions:		**106,301.04**			

Raff Embossing & Foilcraft	5183	48.03	22821	9/23/2021	Payment for February 2020 Late Fees
Raff Embossing & Foilcraft	5183	52.50	22821	9/23/2021	Payment for February 2020 Liquidated Damages
Raff Embossing & Foilcraft	5183	49.85	22821	9/23/2021	Payment for March 2020 Late Fees
Raff Embossing & Foilcraft	5183	52.50	22821	9/23/2021	Payment for March 2020 Liquidated Damages
Raff Embossing & Foilcraft	5183	46.99	22821	9/23/2021	Payment for April 2020 Late Fees
Raff Embossing & Foilcraft	5183	52.50	22821	9/23/2021	Payment for April 2020 Liquidated Damages
Raff Embossing & Foilcraft	5183	44.13	22821	9/23/2021	Payment for June 2020 Late Fees
Raff Embossing & Foilcraft	5183	52.50	22821	9/23/2021	Payment for June 2020 Liquidated Damages
Raff Embossing & Foilcraft	5183	80.87	22821	9/23/2021	Payment for December 2020 Late Fees
Raff Embossing & Foilcraft	5183	90.00	22821	9/23/2021	Payment for December 2020 Liquidated Damages
Raff Embossing & Foilcraft	5183	89.82	22821	9/23/2021	Payment for January 2021 Late Fees
Raff Embossing & Foilcraft	5183	90.00	22821	9/23/2021	Payment for January 2021 Liquidated Damages
Total Late Fees/Liquidated Damages:		**749.69**			

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From September 1, 2021 to September 30, 2021

Date	Check #	Payee	Amount
9/14/21	1956	Associated Administrators, LLC	8,797.86
9/14/21	1957	Mutual Of Omaha	1,945.60
9/14/21	1958	Mooney, Green, Saindon, Murphy & Welch	550.00
9/14/21	1959	CHLIC	5,215.16
9/14/21	1960	National Vision Administrators, LLC	813.15
9/14/21	1961	Graphic Communications National H&W Fund	1,476.00
9/14/21	1962	Kaiser Foundation Health Plan	101,602.44
Total			**120,400.21**

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Schwab One® Trust Account of
WILLIAM MARK POOLE TTEE
LITHOGRAPHERS & PHOTOENGRAVERS
U/A DTD 10/10/1972

Account Number
6263-1268

Statement Period
December 1-31, 2021

WILLIAM MARK POOLE TTEE
LITHOGRAPHERS & PHOTOENGRAVERS
U/A DTD 10/10/1972
911 RIDGEBROOK RD
SPARKS GLENCOE MD 21152

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For the most current records on your account visit us at
schwab.com/login *Statements are archived up to 10 years online*

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Schwab One® Trust Account of
WILLIAM MARK POOLE TTEE
LITHOGRAPHERS & PHOTOENGRAVERS
U/A DTD 10/10/1972

Account Number
6263-1268

Statement Period
December 1-31, 2021

Terms and Conditions

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Average Daily Balance: Average daily composite of all cash balances that earn interest and all loans from Schwab that are charged interest.
Bank Sweep and Bank Sweep for Benefit Plans Features: Schwab acts as your agent and custodian in establishing and maintaining your Deposit Account(s) as a feature of your brokerage account(s). Deposit accounts held through bank sweep features constitute direct obligations of one of more FDIC insured banks ("Affiliated Banks") that are affiliated with Schwab and are not obligations of Schwab. Funds swept to Affiliated Banks are eligible for deposit insurance from the FDIC up to the applicable limits for each bank for funds held in the same insurable capacity. The balance in the Deposit Accounts can be withdrawn on your order and the proceeds returned to your brokerage account or remitted to you as provided in your Account Agreement. For information on FDIC insurance and its limits, as well as other important disclosures about the bank sweep feature(s) in your account, please refer to the Cash Features Disclosure Statement available online or from a Schwab representative.
Cash: Any Free Credit Balance owed by us to you payable upon demand which, although accounted for on our books of record, is not segregated and may be used in the conduct of this firm's business.
Dividend Reinvestment Customers: Dividend reinvestment transactions were effected by Schwab acting as a principal for its own account, except for the reinvestment of Schwab dividends, for which an independent broker-dealer acted as the buying agent. Further information on these transactions will be furnished upon written request.
Interest: For the Schwab One Interest, Bank Sweep, and Bank Sweep for Benefit Plans features, interest is paid for a period that may differ from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Affiliated Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period. For the Schwab One Interest feature, interest accrues daily from the second-to-last business day of the prior month and is posted on the second-to-last business day of the current month. For the bank sweep feature(s), interest accrues daily from the 16th day of the prior month and is credited/posted on the first business day after the 15th of the current month.
If, on any given day, the interest that Schwab calculates for the Free Credit Balances in the Schwab One Interest feature in your brokerage account is less than $.005, you will not accrue any interest on that day. For balances held at banks affiliated with Schwab in the Bank Sweep and Bank Sweep for Benefit Plans features, interest will accrue even if the amount is less than $.005.
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- You can lose more funds than you deposit in the margin account.
- Schwab can force the sale of securities or other assets in any of your account(s) to maintain the required account equity without contacting you.
- You are not entitled to choose which assets are liquidated nor are you entitled to an extension of time on a margin call.
- Schwab can increase both its "house" maintenance margin requirements and the maintenance margin requirements for your Account at any time without advance written notice to you.

Market Price: The most recent price evaluation available to Schwab on the last business day of the report period, normally the last trade price or bid as of market close. Unpriced securities denote that no market evaluation update is currently available. Price evaluations are obtained from outside parties. Schwab shall have no responsibility for the accuracy or timeliness of any such valuations. Pricing of assets not held at Schwab is for informational purposes only. Some securities, especially thinly traded equities in the OTC market or foreign markets, may not report the most current price and are indicated as Stale Priced. For Limited Partnerships and Real Estate Investment Trust (REIT) securities, you may see that the value reflected on your monthly account statement for this security is unpriced. NASD rules require that certain Limited Partnerships (direct participation programs) and Real Estate Investment Trust (REIT) securities, that have not been priced within 18 months, must show as unpriced on customer statements. Note that these securities are generally illiquid, the value of the securities will be different than its purchase price, and, if applicable, that accurate valuation information may not be available.
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Yield to Maturity: This is the actual average annual return on a note if held to maturity.
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Schwab One® Trust Account of
WILLIAM MARK POOLE TTEE
LITHOGRAPHERS & PHOTOENGRAVERS
U/A DTD 10/10/1972

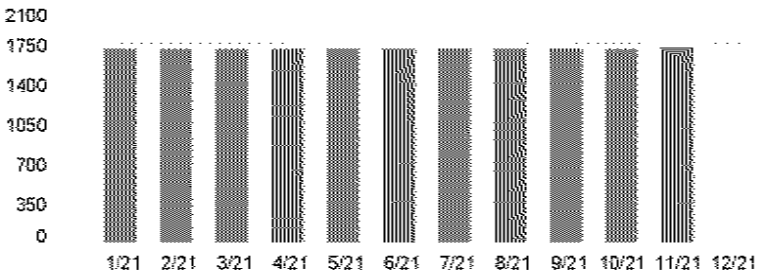
Account Number
6263-1268

Statement Period
December 1-31, 2021

Account Value as of 12/31/2021: $ 0.00

Change in Account Value	This Period	Year to Date
Starting Value	**$ 1,706,212.14**	**$ 1,697,999.62**
Credits	183.83	14,959.93
Debits	(1,106,767.57)	(1,106,767.57)
Transfer of Securities (In/Out)	(599,402.00)	(599,402.00)
Income Reinvested	0.00	0.00
Change in Value of Investments	(226.40)	(6,789.98)
Ending Value on 12/31/2021	**$ 0.00**	**$ 0.00**
Total Change in Account Value	**$ (1,706,212.14)**	**$ (1,697,999.62)**
	(100.00)%	**(100.00)%**

Account Value [in Thousands]



Asset Composition	Market Value	% of Account Assets
Total Account Value	**$ 0.00**	**0%**

To explore the features of this statement visit schwab.com/premiumstatement

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Schwab One® Trust Account of
WILLIAM MARK POOLE TTEE
LITHOGRAPHERS & PHOTOENGRAVERS
U/A DTD 10/10/1972

Account Number
6263-1268

Statement Period
December 1-31, 2021

Gain or (Loss) Summary

	Realized Gain or (Loss) This Period		Unrealized Gain or (Loss)
	Short Term	Long Term	
All Investments	$0.00	$0.00	$0.00

Values may not reflect all of your gains/losses; Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

Income Summary

	This Period		Year to Date	
	Federally Tax-Exempt	Federally Taxable	Federally Tax-Exempt	Federally Taxable
Bank Sweep Interest	0.00	8.49	0.00	59.20
Certificate of Deposit Interest	0.00	125.34	0.00	10,052.66
Total Income	**0.00**	**133.83**	**0.00**	**10,111.86**

Cash Transactions Summary

	This Period	Year to Date
Starting Cash*	**$ 1,106,583.74**	**$ 461,807.64**
Deposits and other Cash Credits	50.00	4,848.07
Investments Sold	0.00	1,030,000.00
Dividends and Interest	133.83	10,111.86
Withdrawals and other Debits	(1,106,717.57)	(1,106,717.57)
Investments Purchased	0.00	(400,000.00)
Fees and Charges	(50.00)	(50.00)
Total Cash Transaction Detail	**(1,106,583.74)**	**(461,807.64)**
Ending Cash*	**$ 0.00**	**$ 0.00**

*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

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Schwab One® Trust Account of
WILLIAM MARK POOLE TTEE
LITHOGRAPHERS & PHOTOENGRAVERS
U/A DTD 10/10/1972

Account Number
6263-1268

Statement Period
December 1-31, 2021

Investment Detail - Bank Sweep

Bank Sweep	Starting Balance	Ending Balance	% of Account Assets
Bank Sweep for Benefit Plans [A,B]	1,106,583.74	0.00	
Total Bank Sweep	**1,106,583.74**	**0.00**	
Total Bank Sweep		**0.00**	

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only and are derived from information provided by outside parties. Schwab cannot guarantee the accuracy of such information. Since the interest and dividends are subject to change at any time, they should not be relied upon exclusively for making investment decisions. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Total Investment Detail	**0.00**
Total Account Value	**0.00**
Total Cost Basis	***N/A***

Transaction Detail - Deposits & Withdrawals

Transaction Date	Process Date	Activity	Description	Location	Credit/(Debit)
12/14/21	12/14/21	Account Transfer	RCVR CUST#:601-PTC1267		50.00
12/17/21	12/17/21	Account Transfer	RCVR CUST#:601PTC1267		(1,106,717.57)
Total Deposits & Withdrawals					**(1,106,667.57)**

The total deposits activity for the statement period was $50.00. The total withdrawals activity for the statement period was $1,106,717.57.

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

Transaction Detail - Transfers

Settle Date	Trade Date	Transaction	Description	Quantity	Unit Price	Total Amount
12/14/21	12/14/21	Account Transfer	FLAGSTAR BANK, F 0.05%22CD FDIC INS DUE 02/18/22US: 33847E4F1	(200,000.0000)	99.9879	(199,975.80)
12/14/21	12/14/21	Account Transfer	GOLDMAN SACHS BAN 0.1%22CD FDIC INS DUE 04/21/22US: 38149MVQ3	(100,000.0000)	99.9842	(99,984.20)
12/14/21	12/14/21	Account Transfer	NEW YORK COMMUNI 0.25%23CD FDIC INS DUE 06/12/23US: 649447UL1	(100,000.0000)	99.6319	(99,631.90)
12/14/21	12/14/21	Account Transfer	NEW YORK COMMUNIT 0.2%22CD FDIC INS DUE 11/09/22US: 649447UC1	(100,000.0000)	99.9316	(99,931.60)
12/14/21	12/14/21	Account Transfer	WEX BANK 0.1%22CD FDIC INS DUE 10/11/22US: 92937CKH0	(100,000.0000)	99.8785	(99,878.50)
Total Transfers						**(599,402.00)**

Transaction Detail - Dividends & Interest (including Money Market Fund dividends reinvested)

Transaction Date	Process Date	Activity	Description	Credit/(Debit)
12/11/21	12/13/21	CD Interest	NEW YORK COMMUNI 0.25%23: 649447UL1	125.34
12/14/21	12/14/21	Bank Interest[A,B]	BANK INT 111621-121321	6.58
12/14/21	12/14/21	Bank Interest[A,B]	BANK INT 111621-121321	1.91
Total Dividends & Interest				**133.83**

Transaction Detail - Fees & Charges

Transaction Date	Process Date	Activity	Description	Credit/(Debit)
12/14/21	12/14/21	Service Fee	TRANSFER FEE CHARGED	(50.00)
Total Fees & Charges				**(50.00)**

Margin interest charged to your Account during the statement period is included in this section of the statement.

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

charles SCHWAB

Schwab One® Trust Account of
WILLIAM MARK POOLE TTEE
LITHOGRAPHERS & PHOTOENGRAVERS
U/A DTD 10/10/1972

Account Number
6263-1268

Statement Period
December 1-31, 2021

Transaction Detail - Total

Total Transaction Detail	**(1,705,985.74)**

Bank Sweep for Benefit Plans Activity

Transaction Date	Transaction	Description	Withdrawal	Deposit	Balance [A,B]
Opening Balance [A,B]					**1,106,583.74**
12/14/21	Interest Paid[A,B]	BANK INTEREST		6.58	1,106,590.32
12/14/21	Interest Paid[A,B]	BANK INTEREST		1.91	1,106,592.23
12/14/21	Auto Transfer	BANK TRANSFER TO BROKERAGE	1,106,592.23		0.00
12/16/21	Auto Transfer	BANK CREDIT FROM BROKERAGE [A]		1,106,717.57	1,106,717.57
12/20/21	Auto Transfer	BANK TRANSFER TO BROKERAGE	1,106,717.57		0.00
Total Activity			**2,213,309.80**	**1,106,726.06**	
Ending Balance [A,B]					**0.00**

Bank Sweep for Benefit Plans: Interest Rate as of 12/31/21 was 0.01%. Your interest period was 12/16/21 - 12/15/21. [B]

Endnotes For Your Account

Symbol	Endnote Legend
A	Bank Sweep deposits are held at FDIC-insured bank(s) ("Banks") that are affiliated with Charles Schwab & Co., Inc.
B	For Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its affiliated banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

For information on how Schwab pays its representatives, go to http://www.schwab.com/transparency.

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

KAISER PERMANENTE®

Implementation Status: Transparency in Coverage and H.R. 133

December 2021

Regulation Overview

The purpose of this document is to provide Kaiser Permanente employer groups and labor trusts with an update as to how Kaiser Permanente is implementing the Transparency in Coverage and H.R. 133 requirements in light of the guidance from the U.S. Departments of Health and Human Services, Labor and Treasury (IRS) set forth in FAQs Part 49 issued on August 20, 2021.

This document provides:

1. An overview of the key payor-related requirements of TiC and HR133
2. A high-level analysis of the changes introduced in FAQs Part 49
3. An explanation of KP's current implementation efforts and implementation expectations
4. Updated enforcement date for Pharmacy Reporting per interim final ruling (IFR) promulgated, November 17, 2021

Note: Information regarding KP's implementation efforts may change without notice

Summary of Requirements

Requirement Name	High Level Description of Law / Regulation	Compliance Date
HR 133 Gag Clauses	Payers must remove gag clauses on price and quality information in provider contracts.	12/27/2020
HR133 Mental Health Parity	Defined new provisions that strengthen uniformity in mental health and substance use disorder benefits. HR133 codifies agency guidance regarding NQTLs.	2/10/2021
HR 133 Broker Disclosures (Individual)	Payers must disclose all direct or indirect broker compensation to prospective members seeking individual ACA coverage or short-term limited duration insurance in the individual market.	12/27/2021
HR 133 Broker Disclosures (Group)	Brokers must report all direct and indirect compensation received by a health plan to employer groups.	12/27/2021
HR 133 ID Cards	Member ID cards must display deductible and out of pocket maximum information.	1/1/2022
HR 133 Surprise Billing	Requires that emergency services – regardless of where they are provided – be treated as in-network. Also bans out-of-network charges for ancillary care (e.g., anesthesiologist or assistant surgeon) at in-network facilities and bans surprise billing for air ambulance services	1/1/2022
HR 133 Advance EOB	Automatically provide members with an advance EOB upon receiving notification from a provider or facility that a member is scheduled to receive an item or service from that provider.	TBD
HR 133 Provider Directories	Ensure that provider directories are verified every 90 days, updated within 2 business days upon receipt of updated information, and that members are not billed at out of network rates if they were relying on erroneous directory info.	1/1/2022
HR 133 Continuity of Care	Allows members a 90-day period of continued coverage at in-network cost sharing rates to allow for a transition in care when provider changes network status.	1/1/2022
TiC MRF 1&2	Develop and publicly post machine readable files that disclose (1) In-network rates with contracted providers (2) Out of network allowed amounts	7/1/2022
TiC Cost Estimator	Provide members with a tool that enables them to view their cost-sharing liabilities for healthcare services. First phase must include 500 CMS-Designated services. Second phase must include all healthcare services	1/1/2023 & 1/1/2024
HR 133 Pharmacy Reporting	Requires health plans to report information on plan medical costs and prescription drug spending to Government	12/27/2022
TiC MRF 3	Payers must publicly post a machine-readable file for pharmacy cost and spending. **Requirement deferred indefinitely**	TBD

Regulatory Guidance Update

On Friday, August 20, 2021, the Federal Government issued FAQs Part 49 setting forth guidance on TiC and H.R. 133 that provided for enforcement discretion regarding some requirements and introduced the possibility of changes to other requirements.

The guidance provided deferred enforcement dates for specific provisions. The complexity of implementation and the need to provide further guidance on some provisions was also recognized. Kaiser Permanente has analyzed the FAQ updates and developed the following summary:

Enforcement dates moved:

- MRF 1 and 2 → Jul 1, 2022
- Pharmacy Reporting **

Enforcement dates deferred:

- MRF 3
- Advance EOB
- Price Comparison Tool → January 1, 2023 *

Regulatory updates forthcoming; reasonable, good faith interpretation

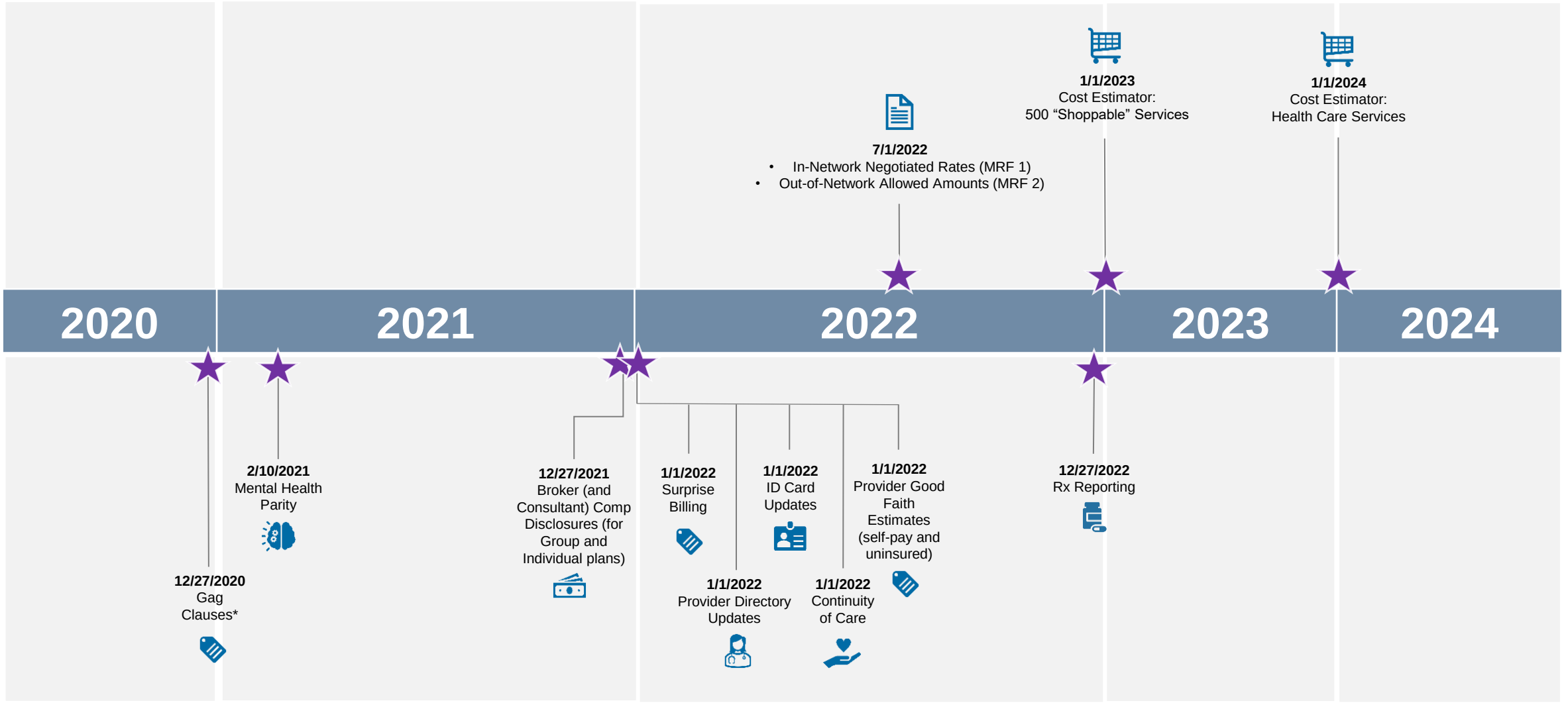
- ID Card Updates
- Provider Directory Updates
- Continuity of Care
- Gag Clauses

Not addressed in FAQ

- Broker Compensation Disclosures
- Mental Health Parity
- Surprise Billing
- Air Ambulance
- Choice of Provider
- Cost Estimator Tool

* Requirements likely to be aligned with Cost Estimator Tool and regulatory timeline
** The federal government has put forth an enforcement date of 12/27/2022

Current Regulatory Timeline



Acronyms:

- CAA – Consolidated Appropriations Act
- MRF – Machine Readable File
- TiC – Transparency in Coverage

*** NOTE: Enforcement dates are pending on the following:**
CAA – Gag Clauses (attestation date)

Regulation Components: Transparency in Coverage

RULE COMPONENTS

Machine Readable File: In-network negotiated rates (MRF 1)	Machine Readable File: Out-of-network allowed amounts (MRF 2)	Cost Estimator: 500 shoppable services	Cost Estimator: All services	Machine Readable File: Rx drug prices (MRF 3)
Enforcement: 7/1/2022	**Enforcement**: 7/1/2022	**Enforcement**: 1/1/2023	**Enforcement**: 1/1/2024	**Enforcement**: TBD

CURRENT STATE

Kaiser Permanente is in the process of developing the required in-network rate files for each region. KP is on track to meet the 7/1/2022 deadline to publicly post these files.	Kaiser Permanente is in the process of developing the required out of network allowed amount files. KP is on track to meet the 7/1/2022 deadline to publicly post these files.	Kaiser Permanente has a tool in place that provides members with some of the functionality required by the Transparency in Coverage tool. KP is in the process of expanding the scope and functionality of the existing tool to meet the CMS requirements for the 500 shoppable services and plans to deploy the enhanced tool by 1/1/2023.	Following expansion of KP's existing tool to include the 500 shoppable services (see left), the project team will commence work to once again expand the tool to provide all covered medical services. Anticipated go live will be January 1, 2024.	CMS has indefinitely deferred this requirement until further examination and determination as to the appropriateness and feasibility of this requirement. Given the uncertainties surrounding MRF 3 – KP has suspended work on this initiative pending more regulatory clarity.

Regulation Components: Consolidated Appropriations Act (cont...)

RULE COMPONENTS				
Gag Clauses*	**Mental Health Parity**	**Broker Compensation Disclosures**	**Surprise Billing***	**ID Card Updates***
Enforcement: 12/27/2020	**Enforcement**: 2/10/2021	**Enforcement**: 12/27/2021	**Enforcement:** 1/1/2022	**Enforcement:** 1/1/2022
CURRENT STATE				
KP reviewed all relevant provider contracts and did not identify any updates needed to provider contracts on account of HR-133 gag clause restrictions. The Federal Government is expected to provide additional guidance regarding compliance attestation.	KP continues to implement its multi-step comparative analysis on the four NQTL areas prioritized by the DOL in FAQ 45 and will respond to regulators and employers upon request. KP is monitoring all additional guidance as issued by the Federal Government.	KP has split the Broker Disclosure requirements of H.R. 133 into two distinct workstreams due to the significant differences in requirements for group vs. individual disclosures. We are supporting brokers in obtaining the compensation information that they must disclosure to group health plans. KP will notify individual members and comply with all individual market disclosure requirements.	KP's regulatory team has been actively monitoring and interpreting additional regulatory guidance as it is released, including the guidance on the IDR process. KP is actively working to meet requirements under the No Surprises Act including protections from: (1) Surprise medical bills for emergency services and post- stabilization services (to the extent covered) (2) Surprise medical bills for air ambulance services	KP is in the process of updating digital and physical ID Cards. Member communication regarding the new ID cards will commence in the fall of 2021 so that they may access their digital cards and make requests for a new physical card.

Consolidated Appropriations Act Components (cont...)

RULE COMPONENTS				
Provider Directory Updates*	**Continuity of Care***	**Rx Reporting**	**Price Comparison Tool***	**Advanced EOBs & Good Faith Estimates***
Impacts: Payers, Providers **Timing**: 1/1/2022	**Impacts**: Payers **Timing**: 1/1/2022	**Impacts**: Payers **Timing**: 12/27/2022	**Impacts**: Payers **Timing**: 1/1/2023	**Impacts**: Payers, Providers **Timing**: TBD (1/1/2022 for self-pay and uninsured)
SUMMARY				
Requires both payers and providers to provide timely updates to directories and protects patients from excess charges stemming from erroneous provider directory information.	If a provider and/or facility moves from in-network to out-of-network during the time a patient with complex care needs (including pregnancy) is receiving treatment, payer must continue to provide services through the completion of the course of care or up to 90-days, whichever is shorter.	Payers will be required to submit informational prescription reports to federal regulators (the first one will be due no later than December 27, 2022), and subsequent reports no later than June 1 of each subsequent year.	Payers must create a tool that allows members to compare the amount they are responsible for paying for a specific service. *Note: The price comparison tool requirement from the Consolidated Appropriations Act (H.R. 133) overlaps with the cost estimator tool requirement of the Transparency in Coverage regulation. HHS is expected to provide more clarity on the differences in scope between the two requirements.*	Payers must provide members an advanced explanation of benefits including: 1) provider network status, 2) contracted rate of service in question, 3) covered providers, and 4) the amount for which the payer is responsible, the amount for which the member is responsible, and the amount that will count towards the member's deductible and/or maximum out-of-pocket limit(s) *Note: Facilities and providers must transmit good faith estimates only to uninsured and self-pay patients beginning January 1, 2022.*

* Part of No Surprises Act

Consolidated Appropriations Act, 2021 (H.R. 133)
External Surprise Billing FAQs

Statute Overview

The Consolidated Appropriations Act, 2021 was enacted by Congress and signed by President Trump on December 27, 2020. This federal law contains several price transparency requirements as well as protections for consumers from being balance billed by providers.

- The **No Surprises Act (NSA)** sets forth requirements regarding the cost sharing for emergency services and certain post-stabilization and other services, as well as a scheme for providers and payers to settle payment disputes through independent dispute resolution ("baseball" arbitration). It also introduces new requirements for provider directories, plan ID cards, and continuity of care.
- The legislation also introduces new **transparency** requirements related to broker and consultant compensation disclosures, mental health parity, and a prohibition on "gag clauses" in provider contracts.
- **No surprise (balance) billing** (enforcement date: January 1, 2022): Requires that emergency services – regardless of where they are provided – be treated as in-network services without the need for prior authorization. Also bans billing for out-of-network charges for certain "ancillary" services by out-of-network providers at in-network facilities (e.g., anesthesiologist or assistant surgeon).
    - An independent dispute resolution (IDR) process (facilitated by the Department of Health and Human Services (HHS)) will be introduced as part of this requirement for instances when out-of-network providers and plans cannot reach agreement on payment.

General FAQs (Fully Insured)

How will Kaiser Permanente comply with the No Surprises Act and what changes will be needed?

Kaiser Permanente is actively implementing the requirements of the Consolidated Appropriations Act, 2021 as well as the Transparency in Coverage regulation. This is an evolving process as federal regulators continue to issue regulations, sub-regulations, guidance, and other interpretive and technical advice that involve implementation issues.

Kaiser's implementation effort will address issues applicable to self-funded and fully insured group and individual plan designs issued or administered by Kaiser, Kaiser Permanente Insurance Company, and Kaiser Permanente Foundation Health Plan of Washington Options, Inc. As part of the implementation process, we seek to understand the ever evolving federal and state law requirements regarding the payment of claims for non-participating providers' provision of covered services and implementing changes necessary for the NSA. To this end, existing policies and procedures will be modified and new ones adopted to further document implementation decisions.

What providers and facilities does the No Surprises Act apply to?

The No Surprises Act applies to three types of health care providers and facilities:

- Covered emergency items and services performed by an out-of-network facility or provider
- Covered non-emergency medical items and services performed by an out-of-network provider at an in-network facility
- Out-of-network air ambulance items and services

What is Kaiser Permanente's approach for members who are in need of emergency care and are only able to receive care at a non-participating emergency facility?

Although few changes are required, Kaiser Permanente is implementing the requirements as outlined in the No Surprises Act and interim final rules when members need care from an out-of-network provider for emergency services and air ambulance services. When a member must receive emergency care from out-of-network providers, Kaiser will calculate the member cost-sharing based on the recognized amount, which is based on the All-Payer Model Agreement, the specified state law, or the qualifying payment amount (QPA) for emergency services or the lesser of the QPA or billed charges for air ambulance services. Upon receiving a claim, Kaiser will pay the provider an out-of-network rate less the member cost-sharing.

Did Kaiser make any changes to the Summary of Benefits and Coverage (SBC) to reflect compliance with the No Surprises Act (CAA)?

Kaiser is continuing to evaluate the impact of the No Surprises Act requirements on various provisions of Kaiser's coverage documents including but not limited to the Summary of Benefits Coverage, Evidence of Coverage, and Explanation of Benefits.

For fully insured plans, can you confirm evidence of coverages (EOCs) will be updated to describe these requirements?

EOC changes will reflect the requirements and business decisions made during the implementation process.

Independent Dispute Resolution

Who can request an independent dispute resolution (IDR)?

Either an insurer/health plan or a provider may request an independent dispute resolution when the federal law applies. There is a 30-day negotiation period to resolve disputes related to reimbursement for out-of-network covered items and services. The negotiation period begins after the provider receives payment or a claim denial. Four days after the end of the 30-day negotiation period when the parties have not agreed to the amount owed, either the insurer/health plan or the provider can request an IDR.

Model Notices

Where will the surprise billing model notice be posted?

The model notices for all regions except KPWA will be posted on the "Important Notices" section on kp.org and the "Pay Bills FAQ" section.

The model notices for KPWA will be posted to kp.org/wa, specifically in the Forms and Publication – Kaiser Permanente Section:

- https://healthy.kaiserpermanente.org/washington/support/forms#billingforms.

Balance Billing

Will the No Surprises Act apply if a member chooses to see an out-of-network (OON) provider?

No. The No Surprises Act does not affect claims for members who choose to use OON providers. Balance billing may continue for those claims.

Does Kaiser abide by any state balance billing laws when determining claims?

Yes, Kaiser Permanente abides by applicable state balance billing laws when they apply to item or service, the provider rendering such item or service and to the plan and KP.

Qualified Payment Amounts

How is Kaiser Permanente calculating qualified payment amounts (QPAs)?

A member's cost sharing will be calculated according to the hierarchy (All-Payer Model Agreement, specified state law or the qualifying payment amount) set forth in the statute and implementing regulations. A member will not be required to pay more cost sharing than the recognized amount. Currently, Kaiser Permanente is working to calculate QPAs with the assistance of a third-party vendor and has secured a database when it does not have sufficient data to calculate the QPA based on median contract rates in accordance with the regulations.

Cost Impacts

What cost impacts (increase or decrease) will there be for employer group plans?

Kaiser Permanente will not charge additional fees for services related to implementing and complying with federal regulations.

General FAQs (Self-Funded)

What plan changes will Kaiser Permanente make on behalf of self-funded plans administered for employer groups because of these requirements?

Kaiser Permanente will apply federal law when the No Surprises Act applies; otherwise, there will be no change in the way we administer self-funded plans.

How will Kaiser Permanente comply with the federal requirements and what specific changes will be needed?

Kaiser Permanente is actively implementing the requirements of the Consolidated Appropriations Act, 2021 as well as the Transparency in Coverage regulation. This is an evolving process as federal regulators continue to issue regulations, sub-regulations, guidance, and other interpretive and technical advice that involve implementation issues.

Kaiser's implementation effort will be compliant with the No Surprises Act and address issues applicable to self-funded and fully insured group and individual plan designs issued or administered by Kaiser, Kaiser Permanente Insurance Company, Kaiser Permanente Foundation Health Plan of Washington, and Kaiser Permanente Foundation Health Plan of Washington Options, Inc. As part of the implementation

process, we are understanding federal and state law requirements regarding the payment of claims for non-participating providers' provision of covered services and implementing changes necessary for implementation of the NSA. To this end, existing policies and procedures will be modified and new ones adopted to further document implementation decisions.

Out-of-Network Services

What is Kaiser Permanente's approach for members who have an emergency and cannot avoid receiving care at a non-participating emergency facility ("no-choice out of network claims")? For example, if a member is outside of our service area and needs to be air lifted to the nearest hospital, how will Kaiser Permanente manage that situation?

Kaiser Permanente is implementing the requirements as outlined in the No Surprises Act and interim final rules when members need care from an out-of-network provider for emergency services and air ambulance services. When a member must receive care from out-of-network providers, Kaiser will calculate the member cost-sharing based on the recognized amount, which is based on the All-Payer Model Agreement, the specified state law, or the QPA for emergency services or the lesser of the QPA or billed charges for air ambulance services. Upon receiving a claim, Kaiser will pay the provider an out-of-network rate less the member cost-sharing.

Is Kaiser Permanente leveraging a third party reviewer for "no choice out of network claims?" If so, will this relationship continue or is Kaiser taking a different approach?

Kaiser Permanente currently (prior to the No Surprises Act effective date) has internal processes in place, as well as contracts with vendors, to review out-of-network claims, negotiate, and make payments. We are updating our processes and evaluating options to incorporate the requirements of the No Surprises Act.

How will Kaiser Permanente comply with the requirement for non-emergency services at an in-network facility provided by an out-of-network provider?

Kaiser Permanente is actively working to implement the regulations and requirements that relate to surprise billing protections for certain non-emergency services provided by an out-of-network provider at an in-network facility.

Cost Impacts

What cost impacts (increase or decrease) will there be for employer group plans?

Kaiser Permanente will not charge additional fees for services related to implementing the No Surprises Act.

Surprises Act and Washington's Balance Billing Protection Act

What is Kaiser Permanente's approach for the federal surprise bill law? Will Kaiser provide the option for self-insured plans to follow both federal and state law assuming a state's surprise bill law is more generous, and the state will still allow self-insured plans to opt in?

For KP jurisdictions, state laws in Georgia, Virginia, and Washington permit self-funded groups to "opt-in." This applies only to Kaiser Permanente Insurance Company (KPIC) (ASO entity for Kaiser self-funded groups), Kaiser Foundation Health Plan Washington (KFHPWA), and Kaiser Foundation Health Plan of

Washington Options, Inc. (KFHPWAO). Should a plan decide to “opt-in”, state law will apply when it applies to the plan, the healthcare provider, and the item or service as described in the preamble to the July IFR. For example, certain post-stabilization services will be treated as emergency services when the self-funded member cannot be repatriated to an in-network facility and/or the member does not consent to treatment by OON providers.

Lithographers and Photoengravers Local 285 Welfare Fund

Plan Comparison Summary

	Current / Renewal		
Plan Design	**Kaiser DHMO 16 Select**	**Kaiser HMO Select High**	**Kaiser DHMO 8 Select Low**
Carrier	KAISER PERMANENTE®	KAISER PERMANENTE®	KAISER PERMANENTE®
Plan Type	**HMO**	**HMO**	**HMO**
In Network Deductible	**$2,500 single / $5,000 family (plan year)**	**None**	**$750 single / $1,500 family (plan year)**
Out of Network Deductible	**N/A**	**N/A**	**N/A**
In Network Coinsurance	**80%**	**100%**	**80%**
Out of Network Coinsurance	**N/A**	**N/A**	**N/A**
In Network Out of Pocket Maximum	**$5,000/$10,000 (plan year)**	**$3,500/$9,400 (plan year)**	**$3,000/$6,000 (plan year)**
Out of Network Out of Pocket Maximum	**N/A**	**N/A**	**N/A**
Preventative Care	**covered in full**	**covered in full**	**covered in full**
PCP Office Co-Pay	**$30 copay**	**$15 copay**	**$25 copay**
Specialist Office Co-Pay	**$40 copay**	**$25 copay**	**$35 copay**
Out Patient Diagnostic (lab and x-ray)	**$30 copay**	**covered in full**	**subject to deductible and 20% coinsurance**
Out Patient Diagnostic (CT,PET, MRI, MRA and nuclear medicine)	**subject to deductible and 20% coinsurance**	**covered in full**	**subject to deductible and 20% coinsurance**
Out Patient Surgical	**subject to deductible and 20% coinsurance**	**$25 copay**	**subject to deductible and 20% coinsurance**
In Patient Hospital	**subject to deductible and 20% coinsurance**	**covered in full**	**subject to deductible and 20% coinsurance**
Emergency Room Co-Pay	**$150 copay**	**$100 copay**	**$100 copay**
Benefit Maximum	**Unlimited**	**Unlimited**	**Unlimited**
Rx Generic	**$15/$20**	**$10/$30**	**$20/$30**
Rx Brand	**$25/$45**	**$20/$50**	**$30/$50**
Rx Non-Pref. Brand	**$40/$60**	**$35/$75**	**$45/$65**
Rx Mail order - 90 days	**2 times copay**	**2 times copay**	**2 times copay**
	Current		
Single	**$557.00**	**$747.86**	**$610.57**
Single Plus One	**$1,114.00**	**$1,495.72**	**$1,221.14**
Family	**$1,609.73**	**$2,161.31**	**$1,764.55**
Annual Premium	**$1,163,746.08**		
	Renewal		
Single	**$603.80**	**$810.69**	**$661.84**
Single Plus One	**$1,207.60**	**$1,621.39**	**$1,323.67**
Family	**$1,744.98**	**$2,342.90**	**$1,912.70**
Annual Renewal Premium	**$1,261,504.92**		
Change (%)	**8.40%**		

Lithographers and Photoengravers Local 285 Welfare Fund

Plan Comparison Summary

	Alternate Options		
Plan Design	**Kaiser DHMO Select 16**	**Kaiser HMO Signature High - replaces Kaiser HMO Select High**	**Kaiser DHMO Select 8 Low**
Carrier	KAISER PERMANENTE®	KAISER PERMANENTE®	KAISER PERMANENTE®
Plan Type	**HMO**	**HMO**	**HMO**
In Network Deductible	**$2,500 single / $5,000 family (plan year)**	**None**	**$750 single / $1,500 family (plan year)**
Out of Network Deductible	**N/A**	**N/A**	**N/A**
In Network Coinsurance	**80%**	**100%**	**80%**
Out of Network Coinsurance	**N/A**	**N/A**	**N/A**
In Network Out of Pocket Maximum	**$5,000/$10,000 (plan year)**	**$3,500/$9,400 (plan year)**	**$3,000/$6,000 (plan year)**
Out of Network Out of Pocket Maximum	**N/A**	**N/A**	**N/A**
Preventative Care	**covered in full**	**covered in full**	**covered in full**
PCP Office Co-Pay	**$30 copay**	**$15 copay**	**$25 copay**
Specialist Office Co-Pay	**$40 copay**	**$25 copay**	**$35 copay**
Out Patient Diagnostic (lab and x-ray)	**$30 copay**	**covered in full**	**subject to deductible and 20% coinsurance**
Out Patient Diagnostic (CT,PET, MRI, MRA and nuclear medicine)	**subject to deductible and 20% coinsurance**	**covered in full**	**subject to deductible and 20% coinsurance**
Out Patient Surgical	**subject to deductible and 20% coinsurance**	**$25 copay**	**subject to deductible and 20% coinsurance**
In Patient Hospital	**subject to deductible and 20% coinsurance**	**covered in full**	**subject to deductible and 20% coinsurance**
Emergency Room Co-Pay	**$150 copay**	**$100 copay**	**$100 copay**
Benefit Maximum	**Unlimited**	**Unlimited**	**Unlimited**
Rx Generic	**$15/$20**	**$10/$30**	**$20/$30**
Rx Brand	**$25/$45**	**$20/$50**	**$30/$50**
Rx Non-Pref. Brand	**$40/$60**	**$35/$75**	**$45/$65**
Rx Mail order - 90 days	**2 times copay**	**2 times copay**	**2 times copay**
	Current		
Single	**$557.00**	**$747.86**	**$610.57**
Single Plus One	**$1,114.00**	**$1,495.72**	**$1,221.14**
Family	**$1,609.73**	**$2,161.31**	**$1,764.55**
Annual Premium	**$1,163,746.08**		
	Renewal Alternatives		
Single	**$586.22**	**$787.14**	**$642.57**
Single Plus One	**$1,172.44**	**$1,574.28**	**$1,285.13**
Family	**$1,694.17**	**$2,274.84**	**$1,857.02**
Annual Renewal Premium	**$1,224,827.88**		
Change (%)	**5.25%**		

Lithographers and Photoengravers Local 285 Welfare Fund

Plan Comparison Summary

	Alternate Options	Alternate Options	Alternate Options	Alternate Options
Plan Design	Kaiser HDHP (Plan 17) Select	Kaiser HDHP (Plan 18) Select	Kaiser HDHP (Plan 13) Select	Kaiser HDHP (Plan 14) Select
Carrier	KAISER PERMANENTE®	KAISER PERMANENTE®	KAISER PERMANENTE®	KAISER PERMANENTE®
Plan Type	HMO	HMO	HMO	HMO
In Network Deductible	$1,500/$3,000 (plan year)	$2,000/$4,000 (plan year)	$4,000/$8,000 (plan year)	$5,000/$10,000 (plan year)
Out of Network Deductible	N/A	N/A	N/A	N/A
In Network Coinsurance	100%	100%	100%	100%
Out of Network Coinsurance	N/A	N/A	N/A	N/A
In Network Out of Pocket Maximum	$3,500/$7,000 (plan year)	$4,000/$8,000 (plan year)	$5,000/$10,000 (plan year)	$6,000/$12,000 (plan year)
Out of Network Out of Pocket Maximum	N/A	N/A	N/A	N/A
Preventative Care	covered in full	covered in full	covered in full	covered in full
PCP Office Co-Pay	subject to deductible then $20 copay	subject to deductible then $20 copay	subject to deductible then $20 copay	subject to deductible then $20 copay
Specialist Office Co-Pay	subject to deductible then $30 copay	subject to deductible then $30 copay	subject to deductible then $30 copay	subject to deductible then $30 copay
Out Patient Diagnostic (lab and x-ray)	subject to deductible then $20 copay	subject to deductible then $20 copay	subject to deductible then $20 copay	subject to deductible then $20 copay
Out Patient Diagnostic (CT,PET, MRI, MRA and nuclear medicine)	subject to deductible then $20 copay	subject to deductible then $20 copay	subject to deductible then $20 copay	subject to deductible then $20 copay
Out Patient Surgical	subject to deductible then $100 copay	subject to deductible then $100 copay	subject to deductible then $100 copay	subject to deductible then $100 copay
In Patient Hospital	subject to deductible then $250 copay	subject to deductible then $250 copay	subject to deductible then $250 copay	subject to deductible then $250 copay
Emergency Room Co-Pay	subject to deductible then $200 copay	subject to deductible then $200 copay	subject to deductible then $200 copay	subject to deductible then $200 copay
Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Rx Generic	subject to deductible then $20/$30	subject to deductible then $20/$30	subject to deductible then $20/$30	subject to deductible then $20/$30
Rx Brand	subject to deductible then $30/$50	subject to deductible then $30/$50	subject to deductible then $30/$50	subject to deductible then $30/$50
Rx Non-Pref. Brand	subject to deductible then $45/$65	subject to deductible then $45/$65	subject to deductible then $45/$65	subject to deductible then $45/$65
Rx Mail order - 90 days	2 times copay	2 times copay	2 times copay	2 times copay
	Current	Current	Current	Current
Single	N/A	N/A	N/A	N/A
Single Plus One	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A
Annual Premium				
	Renewal Alternatives	Renewal Alternatives	Renewal Alternatives	Renewal Alternatives
Single	$585.46	$547.67	$494.47	$463.80
Single Plus One	$1,170.92	$1,095.34	$988.93	$927.60
Family	$1,691.99	$1,582.77	$1,429.01	$1,340.38
Annual Renewal Premium				
Change (%)				

Lithographers

Effective from 03/01/2022 through 02/28/2023

Rates and benefits are provisional and subject to regulatory approval

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

Created On: 11/8/2021

Table of Contents

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers 5238
Subgroups: 0032,0035,0040
Product Type HMO DC SEL
Quote Name: HMO Sel High

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period 03/01/2022 - 02/28/2023

	Jul20 - Jun21
Average Members*:	190
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$747.86	1.00
Subscriber and Spouse	1,495.72	2.00
Subscriber and 1 Child	1,495.72	2.00
Subscriber and 2 or more Children	2,161.31	2.89
Subscriber and Spouse and 1 or more children	2,161.31	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	22	$810.69	8.40%	1.00
Subscriber and Spouse	12	1,621.39	8.40%	2.00
Subscriber and 1 Child	6	1,621.39	8.40%	2.00
Subscriber and 2 or more Children	1	2,342.90	8.40%	2.89
Subscriber and Spouse and 1 or more children	8	2,342.90	8.40%	2.89

Estimated Monthly Cost: $68,106
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

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: 11/8/2021
NPS Quote Number:
NPS RQR Number: 13639326
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: 0032,0035,0040

Product Type HMO DC SEL

Quote Name: HMO Sel High

Region: Mid-Atlantic States

Jurisdiction: DC

Contract Period 03/01/2022 - 02/28/2023

	Jul20 - Jun21
Average Members*:	190
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 combined hardware allowance, 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: 11/8/2021

NPS Quote Number:

NPS RQR Number: 13639326

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 03/01/2022 - 02/28/2023

	Jul20 - Jun21
Average Members*:	190
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$610.57	1.00
Subscriber and Spouse	1,221.14	2.00
Subscriber and 1 Child	1,221.14	2.00
Subscriber and 2 or more Children	1,764.55	2.89
Subscriber and Spouse and 1 or more children	1,764.55	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	14	$661.84	8.40%	1.00
Subscriber and Spouse	4	1,323.67	8.40%	2.00
Subscriber and 1 Child	3	1,323.67	8.40%	2.00
Subscriber and 2 or more Children	0	1,912.70	8.40%	2.89
Subscriber and Spouse and 1 or more children	5	1,912.70	8.40%	2.89

Estimated Monthly Cost: $28,095

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: 11/8/2021

NPS Quote Number:

NPS RQR Number: 13639326

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 03/01/2022 - 02/28/2023

	Jul20 - Jun21
Average Members*:	190
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 combined hardware allowance, , 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: 11/8/2021

NPS Quote Number:

NPS RQR Number: 13639326

NPS RQR Name: Lithographers

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers 5238
Subgroups: 0052,0053
Product Type DHMO DC SEL
Quote Name: DHMO 16 Sel

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period 03/01/2022 - 02/28/2023

	Jul20 - Jun21
Average Members*:	190
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$557.00	1.00
Subscriber and Spouse	1,114.00	2.00
Subscriber and 1 Child	1,114.00	2.00
Subscriber and 2 or more Children	1,609.73	2.89
Subscriber and Spouse and 1 or more children	1,609.73	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	5	$603.80	8.40%	1.00
Subscriber and Spouse	1	1,207.60	8.40%	2.00
Subscriber and 1 Child	1	1,207.60	8.40%	2.00
Subscriber and 2 or more Children	0	1,744.98	8.40%	2.89
Subscriber and Spouse and 1 or more children	2	1,744.98	8.40%	2.89

Estimated Monthly Cost: $8,924
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: 11/8/2021
NPS Quote Number:
NPS RQR Number: 13639326
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: 0052,0053

Product Type DHMO DC SEL

Quote Name: DHMO 16 Sel

Region: Mid-Atlantic States

Jurisdiction: DC

Contract Period 03/01/2022 - 02/28/2023

	Jul20 - Jun21
Average Members*:	190
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 combined hardware allowance, 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: 11/8/2021

NPS Quote Number:

NPS RQR Number: 13639326

NPS RQR Name: Lithographers

Rate Assumptions and Requirements

Group Name: Lithographers

Group Numbers: 5238

Subgroups: 0032,0035,0040,0044,0052,0053

Region: Mid-Atlantic States

Contract Period: 03/01/2022 - 02/28/2023

KP Offered: Total Replacement

Quotes Included

DHMO 16 Sel - 26261001
DHMO 8 Sel Low - 26260999
HMO Sel High - 26261000

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 3/1/2022 through 2/28/2023 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

Group Numbers: 5238

Subgroups: 0032,0035,0040,0044,0052,0053

Region: Mid-Atlantic States

Contract Period: 03/01/2022 - 02/28/2023

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 Worker's 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

Group Numbers: 5238

Subgroups: 0032,0035,0040,0044,0052,0053

Region: Mid-Atlantic States

Contract Period: 03/01/2022 - 02/28/2023

KP Offered: Total Replacement

8. **Broker Payment:**
Brokers may be paid commissions and other financial incentives by Kaiser Permanente.

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, 2022 through February 28, 2023

Expense Categories		Actual Experience 3/19 - 11/19	Actual Experience 3/20 - 11/20		Actual Experience 3/21 - 11/21	Average Monthly 3/21 - 11/21	Contract Rate Per Month	Projected Annual Expense March 2022 to Feb 2023
Administration Fee		$ 74,408.00	76,641		78,174	$ 8,686.00	$ 8,686.00	$ 104,232.00
Audit Fee		$ 9,500.00	$ 9,500.00		$ 9,500.00	$ 1,055.56		$ 9,500.00
Payroll Audit Fees		$ -	$ -		$ 2,000.00	$ -		$ 2,000.00
Cyber Liability Ins		$ -	$ 1,917.00		$ 1,965.00	$ -		$ 2,100.00
Bank Charges		$ 889.00	$ 880.00		$ 658.00	$ 73.11		$ 1,000.00
Inv Custodian Expense		$ -	$ -		$ -	$ -		$ -
Meeting Expense		$ 670.00	$ 11.00		$ -	$ -		$ -
OE Meeting Expense		$ -	$ -		$ -	$ -		$ -
Professional Associations		$ -	$ -		$ -	$ -		$ -
Fiduciary Liability Ins		$ 3,226.00	$ 3,283.00		$ 3,353.00	$ 372.56		$ 4,000.00
Fidelity Bond		$ 357.00	$ 241.00		$ 184.00	$ 15.33		$ 551.00
Legal Fees		$ 11,762.37	$ 13,018.00		$ 8,323.00	$ 924.78		$ 15,000.00
Mass Mailing Expense		$ 363.00	$ 1,612.00		$ 121.00	$ 13.44		$ 1,500.00
Printing/Office Supplies		$ 945.00	$ 1,139.00		$ 188.00	$ 20.89		$ 1,500.00
Miscellaneous Expense		$ 1,215.00	$ 1,065.00		$ 1,071.00	$ 119.00		$ 4,900.00
Totals		$ 103,335.37	$ 109,307.00					

Total Projected Annual Expense		$ 146,283.00
Total Projected Monthly Expense		$ 12,190.25
Projected Monthly Retiree Admin Income (8.5%)		$ 967.19
Remaining Monthly Expense Allocation for Actives		$ 11,223.06
Average Active Participant Count ***		74
Admin Load Per Active Participant		$ 151.66

Notes:

Retiree Self Pay	
Mar 2021 - Nov 2021	$ 102,408.00
Average Per Month	$ 11,378.67
Projected Annual	$ 136,544.00
Admin Rate (8.5%)	0.085
Projected Annual Admin	$ 11,606.24
Projected Monthly Admin	$ 967.19

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, 2022

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 2022 monthly premium will change as follows:

	Rate as of 1/1/22
Plan "A"	$267.30 per person
Plan "C++"	$304.53 per person

Please note that the premiums for the Life, Dental, Vision, and pre-Medicare Kaiser programs are subject to change on March 1, 2022. We will notify you of any changes in February 2022. 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 2022 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 /11.2021

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, 2022

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 2022 monthly premium will remain as follows:

	Rate as of 1/1/22
Medicare Supplement Plan	$533.82 per person

Please note that the premiums for the Life, Dental, and Vision programs are subject to change on March 1, 2022. We will notify you of any changes in February 2022. 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 2022 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 11.2021

Lithographers & Photoengravers
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October 2021

Notice of Creditable Coverage Regarding Your Prescription Drug Coverage

The following Notice of Creditable Coverage applies to all Medicare-eligible participants and/or spouses. Read this Notice carefully and keep it in a safe place so you have it if you need it.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Lithographers & Photoengravers Local 285 Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

2. The Lithographers & Photoengravers Local 285 Welfare Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage under the Lithographers & Photoengravers Local 285 Welfare Fund will not be affected. Your Fund coverage will pay primary to Medicare.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the Lithographers & Photoengravers Local 285 Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information about This Notice or Your Current Prescription Drug Coverage
Contact the Fund Office for further information at (866) 559-6512. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan or if this coverage through the Lithographers & Photoengravers Local 285 Welfare Fund changes. You also may request a copy of this notice at any time.

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

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

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

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

Date:	October 2021
Name of Entity/Sender:	Fund Office Lithographers & Photoengravers Local 285 Welfare Fund 911 Ridgebrook Road Sparks, MD 21152-9451
Phone Number:	(866) 559-6512

Lithographers & Photoengravers
Local 285 Welfare Fund
911 Ridgebrook Road
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October 2021

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

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

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