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

October 20, 2021

AGENDA

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

I. Call To Order

II. Trustee Appointment

III. Minutes – July 21, 2021

IV. Financial Statements – June 2021 – August 2021

V. Counsel Report

VI. Other Fund Business

VII. Next Meeting Date and Location

VIII. Adjournment

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MINUTES OF THE MEETING
OF THE BOARD OF TRUSTEES OF THE
LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND
HELD ON JULY 21, 2021
VIA WEBEX

DRAFT

The following persons were in attendance:

UNION TRUSTEES	EMPLOYER TRUSTEES
Mark Poole – Secretary	David Ashton – Chairman
Barry English	David King

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

I. CALL TO ORDER

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

II. MINUTES – MEETING OF APRIL 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 April 21, 2021 are approved as written.

III. FINANCIAL REPORT

Ms. Cochran reviewed the unaudited Financial Statements for the fourth quarter of the Plan year March 1, 2021 through May 31, 2021. For the Plan year through the first quarter, the Fund had total income of $261,837 and total expenses of $373,582. The Fund operated through the fourth quarter with a deficit of $111,745.

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

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

Ms. Cochran presented a request from Doyle Printing in which the employer is requesting late fees for the month of May 2021 to be waived. The total late fee for the month of May is $189.52. The request noted the payment to the Fund was delivered June 11, 2021, one day past the due date.

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

RESOLVED to waive the May late fee for Doyle Printing in the amount of $189.52.

IV. CHARLES SCHWAB

Ms. Cochran noted that a copy of the Charles Schwab statement for June 2021 is contained in the meeting booklet. She also noted the ongoing transition to The Philadelphia Trust Company.

V. **COUNSEL**

Mr. Lin said there were no legal matters pending before the Board of Trustees at this time.

VI. **OTHER FUND BUSINESS**

Ms. Cochran reported that Graphic Communications National Health & Welfare Fund mailed the Summary of Annual Report letters on May 28, 2021 for the period June 1, 2019 to May 31, 2020.

VII. **NEXT MEETING DATE AND LOCATION**

The Trustees scheduled the next regular Board meeting to be held October 20, 2021, commencing at 10:00 a.m. via Webex.

VIII. **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							531,102
COBRA Self Pay	0	0	0	1,830	0	0							1,830
Retired Self Pay	16,672	7,284	13,859	10,484	10,543	10,418							69,261
Liquidated Damages	0	0	0	0	0	0							0
Interest on Delinquency	0	0	0	0	0	0							0
Interest Income	678	5,761	630	673	725	549							9,016
Express Scripts Refunds	0	0	0	0	0	0							0
IRS Refund	0	0	288	0	0	0							288
Schwab Unrealized Gain/Loss	(961)	(461)	(179)	(763)	(472)	(534)							(3,370)
Total Income	**45,083**	**93,686**	**123,068**	**115,161**	**113,391**	**117,737**	**0**	**0**	**0**	**0**	**0**	**0**	**608,126**
Expenses													
Administration Fee	8,686	8,686	8,686	8,686	8,686	8,686							52,116
Audit Fee	1,000	1,000	0	0	0	0							2,000
Bank Charges	73	89	61	68	63	64							418
Ben Paid-GCN	1,476	1,476	1,476	1,476	1,476	1,476							8,856
Bond Expense	184	0	0	0	0	0							184
Dental Premiums	5,209	5,372	5,316	5,692	5,235	5,280							32,103
Vision Premiums	834	820	841	848	813	799							4,955
Ins Premium Life	1,085	1,174	466	1,140	1,229	1,061							6,154
Ins Premium - STD, AD&D	754	819	276	782	856	727							4,214
Kaiser Premium-Act	98,355	100,647	92,808	96,941	95,208	94,735							578,693
Kaiser Premium-Ret	7,993	6,534	6,534	6,534	6,534	6,534							40,664
Kaiser Premium-COBRA	0	0	0	3,739	748	1,496							5,983
Consulting Fees	0	0	0	0	0	0							0
Inv Custodian Expense	0	0	0	0	0	0							0
Meeting Expense	0	0	0	0	0	0							0
Legal Fees	0	0	0	4,638	743	220							5,601
Payroll Taxes 941	0	0	0	0	0	0							0
Postage Expense	0	0	41	0	0	0							41
Printing Expense	0	21	24	0	0	0							44
Professional Associations	0	0	0	0	0	0							0
Fiduciary Resp Insurance	1,915	0	0	0	0	0							1,915
Trustee Expense	0	0	0	0	0	0							0
Office Supply	0	0	0	0	0	0							0
Cyber Liability Insurance	1,965	0	0	0	0	0							1,965
IFEBP	888	0	0	0	0	0							888
Medical Reimbursement	0	0	0	0	0	0							0
Wire Fee	0	0	0	0	0	0							0
Total Expenses	**130,417**	**126,637**	**116,528**	**130,544**	**121,589**	**121,078**	**0**	**0**	**0**	**0**	**0**	**0**	**746,794**
Gain/Loss	**(85,334)**	**(32,951)**	**6,540**	**(15,383)**	**(8,198)**	**(3,341)**	**0**	**0**	**0**	**0**	**0**	**0**	**(138,667)**

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

ASSETS

Current Assets		
PNC Bank (0355)	$ 2,378.21	
PNC Bank MM (0347)	275,468.07	
CIT 3966	50,074.37	
Synovus	249,000.00	
Charles Schwab 1268	1,703,472.33	
Due to Charles Schwab	634.99	
Accounts Receivable	1,829.64	
Prepaid Insurance Premium	244.85	
Total Assets		$ 2,283,102.46

LIABILITIES AND CAPITAL

Current Liabilities		
Prepaid Contributions	0.00	
Total Liabilities		0.00
Capital		
Retained Earnings	2,421,769.89	
Net Income	(138,667.43)	
Total Capital		2,283,102.46
Total Liabilities & Capital		$ 2,283,102.46

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

	Aug-21
Income	
Contributions	$ 107,304.34
Cobra Payments	0.00
Interest Earned	548.55
Retiree Contributions	10,418.29
Liquidated Damages	0.00
Interest on Late Contributions	0.00
Express Scripts Refunds	0.00
IRS Refund	0.00
Schwab Unrealized Gain/Loss	(533.94)
Total Income	117,737.24
Expenses	
Vision Insurance	799.25
Medical Reimbursement	0.00
Plan/Trust Administration	8,686.00
Bank Charges	64.47
Accounting, Auditing, Consulting	0.00
Bond Insurance Expense	0.00
Fiduciary Liability Insurance	0.00
Medical Insurance (Kaiser)	102,765.12
Medical Insurance (GCN)	1,476.00
Dental Insurance	5,279.78
Cyber Liability Insurance	0.00
Legal Expenses	220.00
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	0.00
Salaries	0.00
Trustee Expense	0.00
Group Term Life Insurance	1,060.80
Short Term Disability	726.80
Consulting Fees	0.00
Investment Advisor Fee	0.00
Meeting Expense	0.00
Wire Fee	0.00
Total Expenses	121,078.22
Net Income	($ 3,340.98)

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

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	11,465.92	30768	8/11/2021	Payment for 7/21
H&H Bindery	5189	3,918.49	13106	8/9/2021	Payment for 7/21
Union HQ Staff	5196	2,396.08	11213	8/4/2021	Payment for 7/21
Union HQ Staff	5196	2,396.08	11236	8/30/2021	Payment for 8/21
Kelly Press	5193	27,266.74	ACH	8/6/2021	Payment for 7/21
Mosaic Bookbinders	5185	31,330.68	ACH	8/10/2021	Payment for 7/21
Mosaic Lithographers	5194	24,271.72	ACH	8/10/2021	Payment for 7/21
Raff Embossing & Foilcraft	5183	4,258.63	22743	8/2/2021	Payment for 6/21
	Total Contributions:	**107,304.34**			
		-			
	Total Late Fees/Liquidated Damages:	-			

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

Date	Check #	Payee	Amount
8/10/21	1949	Associated Administrators, LLC	8,686.00
8/10/21	1950	National Vision Administrators, LLC	799.25
8/10/21	1951	Graphic Communications National H&W Fund	1,476.00
8/10/21	1952	Mooney, Green, Saindon, Murphy & Welch	220.00
8/10/21	1953	Mutual Of Omaha	1,787.60
8/10/21	1954	CHLIC	5,279.78
8/10/21	1955	Kaiser Foundation Health Plan	102,765.12
Total			**121,013.75**

LITHOGRAPHERS & PHOTOENGRAVERS LOCAL 285 WELFARE FUND
DELINQUENCY & LATE FEE REPORT
As of September 30, 2021

COMPANY	CONTRI. MONTH	INTEREST DUE	DAMAGES DUE	INTEREST & DAMAGES DUE	INTEREST & DAMAGES PAID	DATE PAID	TOTAL
Raff Embossing	Feb-20	$ 48.03	$ 52.50	$ 100.53	$ 100.53	9/23/21	$ -
	Mar-20	$ 49.85	$ 52.50	$ 102.35	$ 102.35	9/23/21	$ -
	Apr-20	$ 46.99	$ 52.50	$ 99.49	$ 99.49	9/23/21	$ -
	Jun-20	$ 44.13	$ 52.50	$ 96.63	$ 96.63	9/23/21	$ -
	Dec-20	$ 80.87	$ 90.00	$ 170.87	$ 170.87	9/23/21	$ -
	Jan-21	$ 89.82	$ 90.00	$ 179.82	$ 179.82	9/23/21	$ -
	Feb-21	$ 75.24	$ 75.00	$ 150.24	$ -		$ 150.24
	Mar-21	$ 75.89	$ 75.00	$ 150.89	$ -		$ 150.89
	Apr-21	$ 73.81	$ 75.00	$ 148.81	$ -		$ 148.81
	May-21	$ 71.66	$ 75.00	$ 146.66	$ -		$ 146.66
	Jun-21	$ 69.57	$ 75.00	$ 144.57	$ -		$ 144.57
	Jul-21	$ 67.42	$ 75.00	$ 142.42	$ -		$ 142.42
	Aug-21	$ 65.27	$ 75.00	$ 140.27	$ -		$ 140.27
		$ 858.55	$ 915.00	$ 1,773.55		TOTAL DUE:	**$ 1,023.86**
H&H Bindery	Apr-20	$ 83.83	$ 55.59	$ 139.42	$ -		$ 139.42
	May-20	$ 68.85	$ -	$ 68.85	$ -		$ 68.85
	Jun-20	$ 80.44	$ 55.59	$ 136.03	$ -		$ 136.03
	Jul-20	$ 67.15	$ -	$ 67.15	$ -		$ 67.15
		$ 300.27	$ 111.18	$ 411.45		TOTAL DUE:	**$ 411.45**
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 August 31, 2021

Expenses				
Period	3/20 - 2/21		$	1,769,783.42
	3/21 - 8/21		$	746,793.51
	Total		$	2,516,576.93
	Per Month		$	139,809.83
Fund Reserve				
Total Net Assets			$	2,283,102.46
Months of Reserve			16.3	

Reserve Projection			
Period	Surplus/(Deficit)		
3/20 - 2/21	$		(279,344)
3/21 - 8/21	$		(138,667)
Total	$		(418,012)
Monthly Average	$		(23,223)
Projection	Reserve Amount		Months of Reserve
3 months (11/30/21)	$	2,213,434	15.8
6 Months (2/28/22)	$	2,143,765	15.3
12 Months (8/31/22)	$	2,004,428	14.3

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								423,798
COBRA Self Pay	0	0	0	1,830	0								1,830
Retired Self Pay	16,672	7,284	13,859	10,484	10,543								58,842
Liquidated Damages	0	0	0	0	0								0
Interest on Delinquency	0	0	0	0	0								0
Interest Income	678	5,761	630	673	725								8,467
Express Scripts Refunds	0	0	0	0	0								0
IRS Refund	0	0	288	0	0								288
Schwab Unrealized Gain/Loss	(961)	(461)	(179)	(763)	(472)								(2,836)
Total Income	**45,083**	**93,686**	**123,068**	**115,161**	**113,391**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**490,389**
Expenses													
Administration Fee	8,686	8,686	8,686	8,686	8,686								43,430
Audit Fee	1,000	1,000	0	0	0								2,000
Bank Charges	73	89	61	68	63								354
Ben Paid-GCN	1,476	1,476	1,476	1,476	1,476								7,380
Bond Expense	184	0	0	0	0								184
Dental Premiums	5,209	5,372	5,316	5,692	5,235								26,823
Vision Premiums	834	820	841	848	813								4,156
Ins Premium Life	1,085	1,174	466	1,140	1,229								5,093
Ins Premium - STD, AD&D	754	819	276	782	856								3,487
Kaiser Premium-Act	98,355	100,647	92,808	96,941	95,208								483,958
Kaiser Premium-Ret	7,993	6,534	6,534	6,534	6,534								34,130
Kaiser Premium-COBRA	0	0	0	3,739	748								4,487
Consulting Fees	0	0	0	0	0								0
Inv Custodian Expense	0	0	0	0	0								0
Meeting Expense	0	0	0	0	0								0
Legal Fees	0	0	0	4,638	743								5,381
Payroll Taxes 941	0	0	0	0	0								0
Postage Expense	0	0	41	0	0								41
Printing Expense	0	21	24	0	0								44
Professional Associations	0	0	0	0	0								0
Fiduciary Resp Insurance	1,915	0	0	0	0								1,915
Trustee Expense	0	0	0	0	0								0
Office Supply	0	0	0	0	0								0
Cyber Liability Insurance	1,965	0	0	0	0								1,965
IFEBP	888	0	0	0	0								888
Medical Reimbursement	0	0	0	0	0								0
Wire Fee	0	0	0	0	0								0
Total Expenses	**130,417**	**126,637**	**116,528**	**130,544**	**121,589**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**625,715**
Gain/Loss	**(85,334)**	**(32,951)**	**6,540**	**(15,383)**	**(8,198)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(135,326)**

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

ASSETS

Current Assets		
PNC Bank (0355)	$ 2,403.07	
PNC Bank MM (0347)	278,796.35	
CIT 3966	50,074.37	
Synovus	249,000.00	
Charles Schwab 1268	1,703,460.17	
Due to Charles Schwab	634.99	
Accounts Receivable	1,829.64	
Prepaid Insurance Premium	244.85	
Total Assets		$ 2,286,443.44

LIABILITIES AND CAPITAL

Current Liabilities		
Prepaid Contributions	0.00	
Total Liabilities		0.00
Capital		
Retained Earnings	2,421,769.89	
Net Income	(135,326.45)	
Total Capital		2,286,443.44
Total Liabilities & Capital		$ 2,286,443.44

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

		Jul-21
Income		
Contributions	$	102,594.88
Cobra Payments		0.00
Interest Earned		724.84
Retiree Contributions		10,542.63
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
IRS Refund		0.00
Schwab Unrealized Gain/Loss		(471.50)
Total Income		113,390.85
Expenses		
Vision Insurance		813.15
Medical Reimbursement		0.00
Plan/Trust Administration		8,686.00
Bank Charges		62.87
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		102,489.53
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,234.60
Cyber Liability Insurance		0.00
Legal Expenses		742.50
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		1,228.80
Short Term Disability		855.60
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
Wire Fee		0.00
Total Expenses		121,589.05
Net Income	($	8,198.20)

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

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	11,465.92	30614	7/9/2021	Payment for 6/21
H&H Bindery	5189	3,918.49	13080	7/12/2021	Payment for 6/21
Kelly Press	5193	27,349.44	ACH	7/8/2021	Payment for 6/21
Mosaic Bookbinders	5185	31,330.68	ACH	7/9/2021	Payment for 6/21
Mosaic Lithographers	5194	24,271.72	ACH	7/9/2021	Payment for 6/21
Raff Embossing & Foilcraft	5183	4,258.63	22705	6/30/2021	Payment for 5/21
	Total Contributions:	**102,594.88**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

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

Date	Check #	Payee	Amount
7/14/21	1942	Associated Administrators, LLC	8,686.00
7/14/21	1943	Mooney, Green, Saindon, Murphy & Welch	742.50
7/14/21	1944	Graphic Communications National H&W Fund	1,476.00
7/14/21	1945	National Vision Administrators, LLC	813.15
7/14/21	1946	CHLIC	5,234.60
7/14/21	1947	Mutual Of Omaha	2,084.40
7/14/21	1948	Kaiser Foundation Health Plan	102,489.53
Total			**121,526.18**

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									321,203
COBRA Self Pay	0	0	0	1,830									1,830
Retired Self Pay	16,672	7,284	13,859	10,484									48,300
Liquidated Damages	0	0	0	0									0
Interest on Delinquency	0	0	0	0									0
Interest Income	678	5,761	630	673									7,742
Express Scripts Refunds	0	0	0	0									0
IRS Refund	0	0	288	0									288
Schwab Unrealized Gain/Loss	(961)	(461)	(179)	(763)									(2,365)
Total Income	**45,083**	**93,686**	**123,068**	**115,161**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**376,998**
Expenses													
Administration Fee	8,686	8,686	8,686	8,686									34,744
Audit Fee	1,000	1,000	0	0									2,000
Bank Charges	73	89	61	68									291
Ben Paid-GCN	1,476	1,476	1,476	1,476									5,904
Bond Expense	184	0	0	0									184
Dental Premiums	5,209	5,372	5,316	5,692									21,588
Vision Premiums	834	820	841	848									3,343
Ins Premium Life	1,085	1,174	466	1,140									3,864
Ins Premium - STD, AD&D	754	819	276	782									2,631
Kaiser Premium-Act	98,355	100,647	92,808	96,941									388,751
Kaiser Premium-Ret	7,993	6,534	6,534	6,534									27,596
Kaiser Premium-COBRA	0	0	0	3,739									3,739
Consulting Fees	0	0	0	0									0
Inv Custodian Expense	0	0	0	0									0
Meeting Expense	0	0	0	0									0
Legal Fees	0	0	0	4,638									4,638
Payroll Taxes 941	0	0	0	0									0
Postage Expense	0	0	41	0									41
Printing Expense	0	21	24	0									44
Professional Associations	0	0	0	0									0
Fiduciary Resp Insurance	1,915	0	0	0									1,915
Trustee Expense	0	0	0	0									0
Office Supply	0	0	0	0									0
Cyber Liability Insurance	1,965	0	0	0									1,965
IFEBP	888	0	0	0									888
Medical Reimbursement	0	0	0	0									0
Wire Fee	0	0	0	0									0
Total Expenses	**130,417**	**126,637**	**116,528**	**130,544**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**504,126**
Gain/Loss	**(85,334)**	**(32,951)**	**6,540**	**(15,383)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(127,128)**

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

ASSETS		
Current Assets		
PNC Bank (0355)	$ 2,427.38	
PNC Bank MM (0347)	287,221.08	
CIT 3966	50,074.37	
Synovus	249,000.00	
Charles Schwab 1268	1,703,209.33	
Due to Charles Schwab	617.52	
Accounts Receivable	1,829.64	
Prepaid Insurance Premium	244.85	
Total Assets		$ 2,294,624.17
LIABILITIES AND CAPITAL		
Current Liabilities		
Prepaid Contributions	0.00	
Total Liabilities		0.00
Capital		
Retained Earnings	2,421,752.42	
Net Income	(127,128.25)	
Total Capital		2,294,624.17
Total Liabilities & Capital		$ 2,294,624.17

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

		Jun-21
Income		
Contributions	$	102,936.53
Cobra Payments		1,829.64
Interest Earned		673.16
Retiree Contributions		10,484.47
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
IRS Refund		0.00
Schwab Unrealized Gain/Loss		(763.23)
Total Income		115,160.57
Expenses		
Vision Insurance		847.90
Medical Reimbursement		0.00
Plan/Trust Administration		8,686.00
Bank Charges		67.72
Accounting, Auditing, Consulting		0.00
Bond Insurance Expense		0.00
Fiduciary Liability Insurance		0.00
Medical Insurance (Kaiser)		107,214.29
Medical Insurance (GCN)		1,476.00
Dental Insurance		5,691.78
Cyber Liability Insurance		0.00
Legal Expenses		4,638.33
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		1,140.00
Short Term Disability		782.00
Consulting Fees		0.00
Investment Advisor Fee		0.00
Meeting Expense		0.00
Wire Fee		0.00
Total Expenses		130,544.02
Net Income	($	15,383.45)

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

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Doyle Printing & Offset	5187	12,540.52	30475	6/14/2021	Payment for 5/21
H&H Bindery	5189	3,918.49	13052	6/10/2021	Payment for 5/21
Union HQ Staff	5196	2,396.08	11177	6/28/2021	Payment for 6/21
Kelly Press	5193	27,349.44	ACH	6/3/2021	Payment for 5/21
Mosaic Bookbinders	5185	32,460.28	ACH	6/10/2021	Payment for 5/21
Mosaic Lithographers	5194	24,271.72	ACH	6/10/2021	Payment for 5/21
	Total Contributions:	**102,936.53**			
		-			
	Total Late Fees/Liquidated Damages:	**-**			

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

Date	Check #	Payee	Amount
6/21/21	1935	Associated Administrators, LLC	8,686.00
6/21/21	1936	CHLIC	5,691.78
6/21/21	1937	Mutual Of Omaha	1,922.00
6/21/21	1938	Mooney, Green, Saindon, Murphy & Welch	4,638.33
6/21/21	1939	National Vision Administrators, LLC	847.90
6/21/21	1940	Graphic Communications National H&W Fund	1,476.00
6/21/21	1941	Kaiser Foundation Health Plan	107,214.29
Total			**130,476.30**

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

Account Number
6263-1268

Statement Period
August 1-31, 2021

Your Consultant

Sean Jenkins
VP, Sr Financial Consultant
tel: 1 202-818-8014
email: Sean.Jenkins@Schwab.com

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

Commitment to Transparency

Client Relationship Summaries and Best Interest disclosures at schwab.com/transparency

08/31-00000-TTIG3006-140028 *

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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.
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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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(0221-117W)

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

Account Number 6263-1268

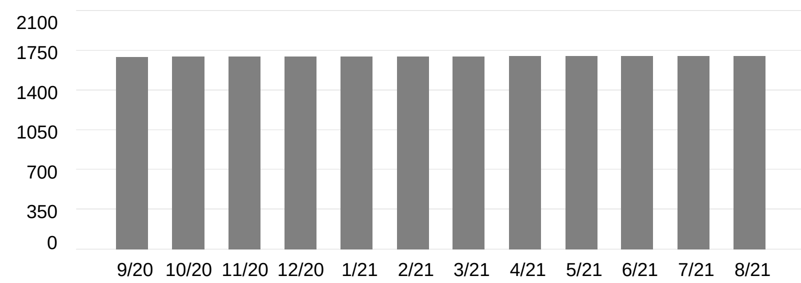
Statement Period August 1-31, 2021

Account Value as of 08/31/2021: $ 1,703,472.33

Change in Account Value

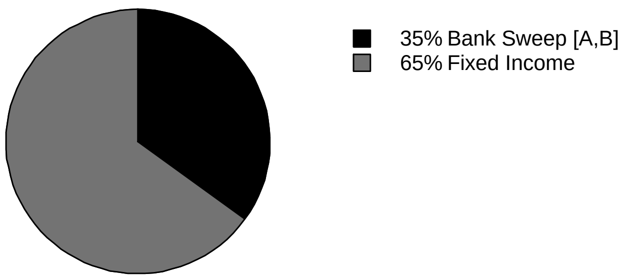
	This Period	Year to Date
Starting Value	**$ 1,703,460.17**	**$ 1,697,999.62**
Credits	546.10	11,045.72
Debits	0.00	0.00
Transfer of Securities (In/Out)	0.00	0.00
Income Reinvested	0.00	0.00
Change in Value of Investments	(533.94)	(5,573.01)
Ending Value on 08/31/2021	**$ 1,703,472.33**	**$ 1,703,472.33**
Accrued Income[d]	*2,337.16*	
Ending Value with Accrued Income[d]	***$ 1,705,809.49***	
Total Change in Account Value	**$ 12.16**	**$ 5,472.71**
	0.00%	**<1%**
Total Change with Accrued Income[d]	***$ 2,349.32***	

Account Value [in Thousands]



Asset Composition

	Market Value	% of Account Assets
Bank Sweep[A,B]	$ 602,853.36	35%
Fixed Income	1,100,618.97	65%
Total Assets Long	**$ 1,703,472.33**	
Total Account Value	**$ 1,703,472.33**	**100%**



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Gain or (Loss) Summary

	Realized Gain or (Loss) This Period		Unrealized Gain or (Loss)
	Short Term	Long Term	
All Investments	$0.00	$0.00	$618.97

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	4.64	0.00	32.36
Certificate of Deposit Interest	0.00	0.00	0.00	6,756.75
Total Income	**0.00**	**4.64**	**0.00**	**6,789.11**

Cash Transactions Summary

	This Period	Year to Date
Starting Cash*	**$ 602,307.26**	**$ 461,807.64**
Deposits and other Cash Credits	541.46	4,256.61
Investments Sold	0.00	530,000.00
Dividends and Interest	4.64	6,789.11
Withdrawals and other Debits	0.00	0.00
Investments Purchased	0.00	(400,000.00)
Fees and Charges	0.00	0.00
Total Cash Transaction Detail	**546.10**	**141,045.72**
Ending Cash*	**$ 602,853.36**	**$ 602,853.36**

*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.

Investment Detail - Bank Sweep

Bank Sweep	Starting Balance	Ending Balance	% of Account Assets
CHARLES SCHWAB BANK	353,307.26	353,853.36	21%
CHARLES SCHWAB TRUST BANK	249,000.00	249,000.00	15%
Total Bank Sweep [A,B]	**602,307.26**	**602,853.36**	**35%**
Total Bank Sweep		**602,853.36**	**35%**

Investment Detail - Fixed Income

CDs & BAs	Par	Market Price	Market Value / *Cost Basis*	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income / Yield to Maturity
SAFRA NTNL BANK 0.15%21	**245,000.0000**	**100.01340**	**245,032.83**	**14%**	**32.83**	**367.50**
CD FDIC INS DUE 10/15/21			*245,000.00*			0.15%
US						
CUSIP: 78658REB3						
MOODY'S: NR S&P: NR						***Accrued Interest: 171.16***
GOLDMAN SACHS BAN 1.8%21	**110,000.0000**	**100.26480**	**110,291.28**	**6%**	**291.28**	**1,980.00**
CD FDIC INS DUE 10/25/21			*110,000.00*			1.80%
US						
CUSIP: 38149MHW6						
MOODY'S: NR S&P: NR						***Accrued Interest: 710.63***

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

Investment Detail - Fixed Income (continued)

CDs & BAs (continued)	Par	Market Price	Market Value / *Cost Basis*	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income / Yield to Maturity
TIAA, FSB 2.45%21	**145,000.0000**	**100.40880**	**145,592.76**	**9%**	**592.76**	**3,552.50**
CD FDIC INS DUE 11/01/21			*145,000.00*			2.45%
US						
CUSIP: 87270LCB7						
MOODY'S: NR S&P: NR						***Accrued Interest: 1,206.88***
FLAGSTAR BANK, F 0.05%22	**200,000.0000**	**100.00030**	**200,000.60**	**12%**	**0.60**	**N/A**
CD FDIC INS DUE 02/18/22			*200,000.00*			0.05%
US						
CUSIP: 33847E4F1						
MOODY'S: NR S&P: NR						***Accrued Interest: 53.15***
GOLDMAN SACHS BAN 0.1%22	**100,000.0000**	**100.00910**	**100,009.10**	**6%**	**9.10**	**N/A**
CD FDIC INS DUE 04/21/22			*100,000.00*			0.10%
US						
CUSIP: 38149MVQ3						
MOODY'S: NR S&P: NR						***Accrued Interest: 36.44***
WEX BANK 0.1%22	**100,000.0000**	**99.88240**	**99,882.40**	**6%**	**(117.60)**	**100.00**
CD FDIC INS DUE 10/11/22			*100,000.00*			0.10%
US						
CUSIP: 92937CKH0						
MOODY'S: NR S&P: NR						***Accrued Interest: 39.73***
NEW YORK COMMUNIT 0.2%22	**100,000.0000**	**99.97400**	**99,974.00**	**6%**	**(26.00)**	**200.00**
CD FDIC INS DUE 11/09/22			*100,000.00*			0.19%
US						
CUSIP: 649447UC1						
MOODY'S: NR S&P: NR						***Accrued Interest: 63.01***

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

Investment Detail - Fixed Income (continued)

CDs & BAs (continued)	Par	Market Price	Market Value / *Cost Basis*	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income / Yield to Maturity
NEW YORK COMMUNI 0.25%23	**100,000.0000**	**99.83600**	**99,836.00**	**6%**	**(164.00)**	**250.00**
CD FDIC INS DUE 06/12/23			*100,000.00*			0.25%
US						
CUSIP: 649447UL1						
MOODY'S: NR S&P: NR						***Accrued Interest: 56.16***
Total CDs & BAs	**1,100,000.0000**		**1,100,618.97**	**65%**	**618.97**	**6,450.00**
		Total Cost Basis:	***1,100,000.00***			
						Total Accrued Interest for CDs & BAs: 2,337.16
Total Fixed Income	**1,100,000.0000**		**1,100,618.97**	**65%**	**618.97**	**6,450.00**
		Total Cost Basis:	***1,100,000.00***			

Accrued Interest represents the interest that would be received if the fixed income investment was sold prior to the coupon payment.
Yield to Maturity is the actual average annual return on a note if held to maturity.

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	**1,703,472.33**
Total Account Value	**1,703,472.33**
Total Cost Basis	***1,100,000.00***

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

Transaction Detail - Deposits & Withdrawals

Transaction Date	Process Date	Activity	Description	Location	Credit/(Debit)
08/10/21	08/10/21	Funds Received	FUNDS RECEIVED		12.76
08/13/21	08/13/21	MoneyLink Deposit	LITHO 130-13012-		528.70
Total Deposits & Withdrawals					**541.46**

The total deposits activity for the statement period was $541.46. The total withdrawals activity for the statement period was $0.00.

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

Transaction Date	Process Date	Activity	Description	Credit/(Debit)
08/15/21	08/16/21	Bank Interest[A,B]	BANK INT 071621-081521: SCHWAB BANK	2.62
08/15/21	08/16/21	Bank Interest[A,B]	BANK INT 071621-081521: SCHWAB TRUST BANK	2.02
Total Dividends & Interest				**4.64**

Total Transaction Detail	**546.10**

Bank Sweep for Benefit Plans Activity

Transaction Date	Transaction	Description	Withdrawal	Deposit	Balance [A,B]
Opening Balance [A,B]					**602,307.26**
08/11/21	Auto Transfer	BANK CREDIT FROM BROKERAGE [A]		12.76	602,320.02
08/15/21	Interest Paid[A,B]	BANK INTEREST - CHARLES SCHWAB BANK		2.62	602,322.64
08/15/21	Interest Paid[A,B]	BANK INTEREST - CHARLES SCHWAB TRUST BANK		2.02	602,324.66
08/15/21	Auto Transfer	BANK TRANSFER TO BROKERAGE	4.64		602,320.02

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

Bank Sweep for Benefit Plans Activity (continued)

Transaction Date	Transaction	Description	Withdrawal	Deposit	Balance [A,B]
08/16/21	Auto Transfer	BANK CREDIT FROM BROKERAGE [A]		528.70	602,848.72
08/17/21	Auto Transfer	BANK CREDIT FROM BROKERAGE [A]		4.64	602,853.36
Total Activity			**4.64**	**550.74**	
Ending Balance [A,B]					**602,853.36**

Bank Sweep for Benefit Plans: Interest Rate as of 08/31/21 was 0.01%.[B]

Endnotes For Your Account

Symbol	Endnote Legend
d	Accrued Income is the sum of the total accrued interest and/or accrued dividends on positions held in your brokerage account, but the income and/or dividends have not been received into your account and Schwab makes no representation that they will. Accrued amounts are not covered by SIPC account protection until actually received and held in the account.
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.

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

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
Sparks, MD 21152-9451
Phone: (866) 559-6512
www.associated-admin.com

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.

KAISER PERMANENTE® Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

July 20, 2021

Mark Poole
Lithographers & Photoengravers Local 285 Welfare Fund
6210 North Capitol St., NW
Washington, DC 20011

Dear Mr. Poole:

Thank you for the opportunity to provide renewal information for your client's health plan with Kaiser Permanente. We value your continued partnership and look forward to working with you in the future.

Inside this letter and accompanying documents, you'll find:

- 2022 group renewal rates
- Important contract, benefit, and other changes that will take effect next year

Our commitment to affordability

For over 75 years, our mission has been to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. As a leader in confronting the challenges facing health care in America, we aim to keep our expense trends in line with economic growth.

We believe in quality health care that provides good value at a price people can afford to pay. Our investment in prevention, quality, clinical excellence, patient safety, and administrative efficiency enables us to manage costs and continue providing high-quality care for your client's workforce.

For 2022, the following changes will be made to you Medicare Health Plan:

- A change in vision allowance from $100 every 12 months to $200 every 24 months
- Changes to medical benefits:
  - $0 UV phototherapy devices for members with qualifying conditions
  - Therapeutic shoes for members with peripheral vascular conditions affecting the legs and feet
  - Some needed dental services for members undergoing transplant surgery

We also want to remind you of all of the extra benefits included in your employer-sponsored Medicare plan designed to help your retirees live their healthiest, including:

- ***Silver and Fit Exercise and Healthy Aging*** – This program provides a no-cost membership at a participating fitness center. In addition, there is the choice of one StayFit at-home fitness kit, which may include a Garmin or FitBit device, light weights, or a yoga mat. This benefit also includes website access, online fitness classes, and educational tools, as well as social activities and rewards programs.

- ***Thriving After 60 Community*** - The Thriving After 60 community is dedicated to keeping your employees and retirees mentally and physically healthy all while having a good time. Our activities are designed to help your employees maintain their health and energy and stay connected with the community well into retirement. This program is for both members and nonmembers, and for more information about Thriving After 60, please visit us at kp.org/ta60mas.

- ***Vision Benefit Adjustment*** – Members now have a $200 allowance to use at Kaiser Permanente Vision Essentials locations. This allowance can be used toward frames, lenses, or contact lenses and may be combined with any vision riders purchased by the group. This allowance renews every 24 months and replaces the eyewear discount that was previously offered on our Medicare plans.

The Kaiser Permanente Medicare health benefit plan is scheduled to renew on January 1, 2022 and go through December 31, 2022. . Your contract will automatically renew with your current plan design and 2022 rates attached herein, unless you request or have requested a change in writing. Your renewal rates and Summary of Benefits for the new contract period are enclosed.

The enclosed 2022 renewal quote reflects our standard rate assumptions and requirements. **As outlined in our Rate Proposal, all of the health plans offered must have comparable benefit designs.** If we find that the member cost share for certain benefits in another plan your client offers is substantially different than ours, we may propose a new plan design to align our benefits.

Employer Reporting

Based on your group's size we may have the ability to provide you with reporting specific to your retirees regarding kp.org engagement, Covid-19 vaccination rates, preventative lifestyle risk factors, and much more. Please contact your account manager for additional details.

Your Partner in Health

Thank you for the opportunity to continue providing your Medicare-eligible retirees with quality health care services in 2022. Kaiser Permanente is committed to the well-being of your retirees. At Kaiser Permanente, we aspire to a single goal: We want our members to thrive. No matter what health status or stage of life, we want our members to be as healthy as possible and live life to the fullest.

If you have any questions or need to discuss changes to the benefits offered, please contact
Darrien Banks, Medicare Retiree Consultant, at (202) 763-9397 or darrien.banks@kp.org.

Sincerely,

Tanya Robinson

Tanya Robinson
Executive Director Kaiser Permanente Medicare

Enclosures:
Group Renewal Notice
Rate Calculation Sheet
Plan Summary
Important CMS Information

Important CMS Information

Annual Election Period 2021	The Centers for Medicare and Medicaid Services (CMS) 2020 Annual Election Period (AEP) will be from October 15, 2021 through December 7, 2021. This does not affect your employer group sponsored plans' open enrollment dates. The AEP is the time during which individual Medicare beneficiaries may enroll in, change their Medicare Part D plan or disenroll from a plan and return to original Medicare. If any of your retirees or their spouses are enrolled in a Medicare plan as an individual, not on the employer plan, this election period will apply to them. In 2022, the Medicare Advantage Open Enrollment Period will run from January 1 – March 31 to allow Medicare beneficiaries additional opportunities to change coverage.
Part D Global Threshold Changes	On January 1, 2022, the following changes will apply to all Medicare plan members who are covered by Medicare Part D benefits: Members enrolled in the Individual Kaiser Permanente Medicare plan will have a coverage gap from the ICL to the TROOP, during which they will pay 25% plus a dispensing fee for brand name drugs, and 25% of the Plan's cost for generic drugs. Employer group waiver plan benefits continue to cover medications through the Medicare Part D coverage gap, so members of employer group plans will not experience the coverage gap. • Initial Coverage Limit (ICL): increases from \$4,130 to \$4,430 • Limit: (TrOOP): increases from \$6,550 to \$7,050 Once the Part D out of pocket spending limit has been reached, beneficiary copayments will be reduced to the amounts appropriate for the Employer Group Medicare plan offered.
LIS Reminder	Eligible individuals who have limited income may qualify for a government program that helps pay for Medicare Part D prescription drug costs. The Medicare low-income subsidy (LIS), also known as the Medicare Extra Help program, can amount to savings of as much as \$5,000 per year. Medicare beneficiaries receiving LIS get assistance in paying for their Part D monthly premium, annual deductible, coinsurance, and copayments. Also, individuals enrolled in the Extra Help program do not have to pay the LEP while they are in the LIS program. This subsidization of the premium is applied to the employer's monthly Kaiser Permanente premium statement. The employer can refund the premium subsidy to the member or may be entitled to the subsidy when the employer is paying the premium for the member. You will find confirmation of this policy and the LEP policy in your employer contract that will be sent at the beginning of the year.

LEP Reminder	The Medicare Part D Late Enrollment Penalty (LEP) is added to the Medicare Part D premium by the Centers for Medicare and Medicaid Services (CMS). It is not a charge from Kaiser Permanente. A beneficiary may owe a late enrollment penalty, if they go without Part D or creditable prescription drug coverage for any continuous period of 63 days or more after their Initial Enrollment Period is over. The Medicare Part D premium is included in the Kaiser Permanente Medicare Plan premium, so the LEP (if applicable) appears on the Kaiser Permanente employer group dues/premium billing each month and may be passed along by the employer to the member. The amount of the LEP depends on how long CMS determines the beneficiary went without Medicare Part D or creditable prescription drug coverage. Retirees who are flagged by CMS to be charged the LEP are sent three (3) letters from CMS by the plan explaining the pending charge and include a form that the retiree can send back to show there was creditable coverage. Once that form is received by CMS or their contractor, the LEP is reduced or eliminated. Most LEPs can be eliminated just by responding to the letter. There may be rare instances where your employee/retiree/dependent had no coverage or lesser coverage through a spouse's plan. In such cases, the LEP must be paid. This is a Medicare Part D charge (not a Kaiser Permanente charge) and is not negotiable. CMS provides an appeal process for cases where the entire charge or the amount is disputed by the Medicare beneficiary.

* Source CMS Monthly Enrollment by CPSC August 2020

2022 Kaiser Foundation Health Plan of the Mid-Atlantic States Group Medicare Health Plan Rates

Group Name: Lithographers/Photoengravers (Low Option)

Underwriting Signature: Zach Azigi

Group # (PID) 5238 **Subgroup/s (EU)** 200

Comments:

Effective Date: 1/1/2022

Date issued : 6/30/2021

Year	2022
Jurisdiction	DC
KP Medicare Plan Name*	A (with Part D Rx)
Commissions	NA
Is this a National Group?	No

Benefit Description*:	
Office visit	$15
Inpatient Copay	$100
RX** MO/KP/ANP	10/15/25-withD
Dental	$30 preventive
Vision (including $200 Allowance per 24 months)	standard
DME	$0
ER	$50

Additional Rider Benefits:	
Hearing Aid	none
Chiropractic & Acupuncture	none
Acupuncture Only	none
Eyeglass Lenses & Frames & Contact Lenses	none

PMPM (Medicare A, B & D)	**$246.36**	
Cost of Rider Benefit(s) PMPM	**$0.00**	
Total PMPM (Medicare A, B & D)	**$246.36**	**(includes applicable state mandates)**

**** 60 day supply**

This is not a complete description of plan benefits. For details of each plan, please consult the appropriate Plan Summary of Benefits or Explanation of Benefits (EOC) document.

2022 Kaiser Foundation Health Plan of the Mid-Atlantic States Group Medicare Health Plan Rates

Group Name: Lithographers/Photoengravers Local 285 (High Option)

Underwriting Signature: Zach Azigi

Group # (PID) 5238

Subgroup/s (EU) 201

Comments:

Effective Date: 1/1/2022

Date issued : 6/30/2021

Year	2022
Jurisdiction	DC
KP Medicare Plan Name*	C++ (with Part D Rx)
Commissions	NA
Is this a National Group?	No

Benefit Description*:	
Office visit	$10
Inpatient Copay	$0
RX** MO/KP/ANP	5/10/15-withD
Dental	$30 preventive
Vision (including $200 Allowance per 24 months)	standard
DME	$0
ER	$50

Additional Rider Benefits:	
Hearing Aid	none
Chiropractic & Acupuncture	none
Acupuncture Only	none
Eyeglass Lenses & Frames & Contact Lenses	none

PMPM (Medicare A, B & D)	**$280.67**	
Cost of Rider Benefit(s) PMPM	**$0.00**	
Total PMPM (Medicare A, B & D)	**$280.67**	**(includes applicable state mandates)**

**** 60 day supply**

This is not a complete description of plan benefits. For details of each plan, please consult the appropriate Plan Summary of Benefits or Explanation of Benefits (EOC) document.