Pressmen Welfare Fund
Board of Trustees Meeting
July 19, 2024

Pressmen Welfare Fund

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AGENDA

MEETING OF THE
BOARD OF TRUSTEES
OF THE
PRESSMEN WELFARE FUND
July 19, 2024

I. **Call to Order**

II. **New Trustee and Delegation of Duties**

III. **Minutes – Board of Trustees Meeting, April 19, 2024**

IV. **Administrative Manager's Report – Amy Steen, Associated Administrators, LLC**

- A. **Financial Statement – April 2024**
- B. **Delinquency & Accounts Receivable Report**
- C. **Invoices (March – April 30, 2024)**
- D. **Cash Receipts and Hours Report**
- E. **CBA Report**
- F. **Investment Report**
- G. **Fidelity Spartan 500 Index Fund – Investor Class**

V. **Fund Counsel's Report**

VI. **Other Fund Business**

- A. **Kaiser Renewal**
- B. **Merger Consideration**
- C. **Cyber Liability Renewal**

VII. **Next Meeting Dates**

VIII. **Adjournment**

MINUTES

MINUTES OF THE MEETING OF THE
BOARD OF TRUSTEES OF THE
PRESSMEN WELFARE FUND
VIA IN-PERSON AND VIDEOCONFERENCE
APRIL 19, 2024

The following Trustees were present:

UNION TRUSTEES

Paul Atwill
Janice Bort
Dennis Larkin

EMPLOYER TRUSTEES

Jay Goldscher – (via videoconference)
Beth Swanson – Chair – (via videoconference)

Also present were:

Grace Austin - O'Donoghue & O'Donoghue, LLP
Ellen Boardman, Esq. - O'Donoghue & O'Donoghue, LLP
Jacob Szewczyk - O'Donoghue & O'Donoghue, LLP
Kathy Phillips - Associated Administrators, LLC
Anne-Marie Sims - Associated Administrators, LLC
Amy Steen - Associated Administrators, LLC

I. CALL TO ORDER

A quorum being present, Chairman Swanson called the meeting to order at 12:46 p.m.

II. APPROVAL OF THE MINUTES

The Trustees reviewed the minutes of the last regular meeting held on January 5, 2024, which were circulated in advance of the meeting.

On MOTION made, seconded, and adopted, the Trustees

RESOLVED that the minutes of the regular meeting held on January 5, 2024 are approved as presented.

III. ADMINISTRATIVE MANAGER'S REPORT

A. Financial Statement

Ms. Sims reviewed the Administrative Manager's Report for February 2024. The period ending February 29, 2024 reflects a total income of $350,938 and total expenses in the amount of $355,691, resulting in a loss of $4,753. The Fund's net assets as of February 29, 2024 were $1,072,445.03. The number of members reported for February is 135.

B. Delinquency Report/Accounts Receivable Report

Ms. Sims reported that there were no delinquencies.

C. Cash Receipts and Hours Report

The Trustees reviewed the Cash Receipts and Hours Report for the month of February, 2024.

D. Collective Bargaining Report

The Trustees reviewed the Collective Bargaining Report, showing the status of CBAs with signatory employers obligated to contribute to the Fund. A letter will be sent out to Doyle Printing Company reflecting an employer increase as of 4/1/2024, with the new rate being $969.00. A letter will be sent out to Linemark Printing reflecting an employer increase as of 5/1/2024, with the new rate being $1,004.00. New agreements were recently concluded for Mt. Vernon and H&H Bindery, with no increase in the Welfare Fund contribution rate.

E. Vendor Monthly Eligibility Report

The Trustees reviewed the Vendor Monthly Eligibility Report for the period of May 2022 through March 2024. The report shows payments for medical and dental benefits.

F. Financial Summary

The Trustees reviewed the Financial Summary report for the period of 2018-2024 showing contributions, average number of participants, investment loss/gain, and expenses.

G. Invoices

Ms. Sims presented a list of invoices paid from December 1, 2023 through February 29, 2024. She noted that there were no additions, deletions or changes to the list. The Trustees reviewed the list and determined that all invoices represent proper Fund expenses.

On MOTION made, seconded, and adopted, the Trustees

RESOLVED to approve the invoices paid from December 1, 2023 through February 29, 2024.

H. Investments

The Trustees reviewed the Fund's investments as of April 19, 2024. The Fund's assets include three Certificates of Deposit totaling $276,000.00, cash in the Operating Account totaling $186,746, and $100,000 in the money market account. The assets also include the Fidelity Spartan 500 Index Fund, with a balance of $581,937.97. The Trustees reviewed the investment return report for the Fidelity Spartan 500 Index Fund Investor Class.

Ms. Sims noted that the Fund's asset allocation is 16.31% in cash, 24.11% in Certificates of Deposits, 50.84% in the Fidelity Spartan 500 Index Fund, and 8.74% in the money market account.

On MOTION made and seconded, and adopted, the Trustees

RESOLVED to approve the April 19, 2024 Financial Report as presented.

IV. FUND COUNSEL REPORT

A. Payroll Audit

Ellen Boardman reported on the payroll audit that was conducted for H&H Bindery. She reported that she conferred with both the Employer owner, Mitch Haven, and Janice Bort regarding Hunter Halvorson, on whose behalf contributions had not been made. After discussion, it was determined that Mr. Halvorson was a temporary employee for whom contributions were not required.

Ms. Boardman further reported that the auditor had failed to include the secretary, Amanda Atkinson, in the audit. Contributions were due on her behalf for the four (4) months in which she was working in covered employment. The Fund Office has no record of this employee, no employee contributions were collected, and the employee was not registered with Kaiser and thus no benefits were provided. Under these unusual circumstances, Counsel recommended that no further action be taken to collect the unpaid employer contributions.

On MOTION made and seconded, and adopted, the Trustees

RESOLVED to approve to write-off the delinquent payments due from H&H Bindery.

B. Retirement

Ellen Boardman announced that she will be retiring at the end of 2024. Jacob Szewczyk and Grace Austin of O'Donoghue & O'Donoghue, LLP will be replacing her as Fund Counsel for the Pressmen Welfare Fund.

V. OTHER FUND BUSINESS

Ms. Sims presented the following:

A. Mutual of Omaha Renewal – Policy renewal 6/1/2024-6/1/2026

Ms. Sims presented a policy renewal for Mutual of Omaha Life/Accidental Death and

Dismemberment ("ADD") and Short Term Disability ("STD") coverage. She said the renewal provides for a two year rate guarantee for the period June 1, 2024 to June 1, 2026 with a zero percent increase in the current rate. The current monthly rate for Life Insurance is $1,407.38, The Accidental Death and Dismemberment current rate is $104.25, renewal monthly premium change is zero and the Short Term Disability current rate is $2,258.75 with a renewal premium change of zero.

On MOTION made and seconded, and adopted, the Trustees

RESOLVED to approve policy renewal of Mutual of Omaha Life, ADD and STD for 2 years with no increase in premiums.

VI. NEXT MEETING DATE AND LOCATION

The date of the next Board of Trustees meeting will be July 19, 2024 at 12:30 pm.

VII. ADJOURNMENT

There being no further business to come before the Board of Trustees, the meeting was adjourned at 2:30 p.m.

Respectfully submitted,

_____	_____
H. Beth Swanson, Chairman	Dennis Larkin, Secretary

ADMINISTRATIVE MANAGER'S REPORT

PRESSMEN WELFARE FUND
STATEMENT OF GAIN OR LOSS

2024	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
# REPORTED	**138**	**135**	**138**	**141**									
INCOME:													
Contributions-Employer	130,281	126,398	131,396	133,254									521,329
Contributions-Employee	30,974	25,867	30,846	31,132									118,819
Cobra Self Pay	0	0	0	0									0
Retired Self Pay	0	0	0	0									0
Disability Self Pay	0	0	0	0									0
Furlough Self Pay	0	0	0	0									0
Liquidated Damages	0	0	0	0									0
Interest and Dividend Income	1	0	0	0									1
Interest on Delinquency	0	0	0	0									0
Miscellaneous Income	0	0	0	0									0
Gain (Loss) - Investments	8,853	28,564	18,131	(23,776)									31,772
TOTAL INCOME	**170,109**	**180,829**	**180,373**	**140,610**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**671,921**
EXPENSES:													
Actuarial Fee	0	0	0	4,250									4,250
Administration Fee	10,026	10,327	10,327	10,327									41,007
Admin. Misc. Charges	0	0	0	0									0
Audit Fee	10,594	0	0	0									10,594
Bank Charges	280	306	297	287									1,170
Benefits Paid - Dental	12	807	466	3,028									4,313
Benefits Paid - Cigna	3,070	2,839	2,575	2,773									11,256
Cyber Liability Insurance	0	0	0	0									0
Consultant	0	0	0	0									0
Dues & Subscriptions	713	0	0	0									713
Fidelity Bond Insurance	0	0	0	0									0
Fiduciary Resp. Insurance	0	0	0	0									0
Kaiser-Active Signature*	0	104,506	54,400	50,273									209,179
Kaiser-Cobra Signature*	0	0	0	0									0
Kaiser-Active DHMO/SEL*	0	3,865	1,933	1,933									7,730
Kaiser-Active DHMO/SIG*	0	175,369	86,231	86,231									347,832
Kaiser-Active DHMO/MV/SIG*	0	0	0	0									0
Kaiser-Active DHMO/VF*	0	23,267	10,179	10,179									43,626
Kaiser-Retiree Signature*	0	0	0	0									0
Life and AD&D Insurance	1,479	1,479	1,457	1,468									5,883
Disability Insurance	2,210	2,210	2,178	2,194									8,791
Legal Fees	1,016	0	2,981	1,355									5,352
Meeting	0	204	0	0									204
Conferences	945	0	0	0									945
Postage	84	69	13	0									166
Printing/Stationary	15	0	41	0									56
Payroll Audit	0	0	0	0									0
Registration Fee	0	0	0	0									0
Travel Expense	0	0	0	0									0
Trustee Expense	0	0	0	0									0
Misc Expense	0	0	0	0									0
TOTAL EXPENSES	**30,442**	**325,248**	**173,079**	**174,297**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**703,067**
GAIN/LOSS	**139,666**	**(144,419)**	**7,294**	**(33,687)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(31,146)**

*NO KAISER payments made in Jan. '24. Due to clarifying monies due.
*DOUBLE KAISER payments made in Feb '24.

Pressmen Welfare Fund

Fund Reserve
As of April 30, 2024

Expenses			
Period	01/01/2023 - 12/01/2023		$ 2,061,763.00
	01/01/2024 - 04/30/2024		$ 703,371.00
	Total		$ 2,765,134.00
	Per Month		$ 172,820.88
Fund Reserve			
Total Net Assets			$ 1,051,395.28
Months of Reserve			6.1

Average Monthly Expenses **$162,554.69**

Pressmen Welfare Fund
Balance Sheet
April 30, 2024

ASSETS

Current Assets		
PNC - Operating Checking	$ 178,303.16	
PNC - Benefit Checking	(3,381.80)	
Interest Receivable	6.00	
A/R Trustees	900.00	
Prepaid Expenses	842.60	
Morgan Stanley-cash	5,817.99	
A/R - EE Contributions	34,907.00	
Total Current Assets		217,394.95
Property and Equipment		
Total Property and Equipment		0.00
Other Assets		
Morgan Stanley	276,000.00	
MV Morgan Stanley	(162.01)	
Fidelity investment	558,162.34	
Total Other Assets		834,000.33
Total Assets		$ 1,051,395.28

LIABILITIES AND CAPITAL

Current Liabilities		
Total Current Liabilities		0.00
Long-Term Liabilities		
Total Long-Term Liabilities		0.00
Total Liabilities		0.00
Capital		
Retained Earning Acct	1,082,160.72	
Net Income	(30,765.44)	
Total Capital		1,051,395.28
Total Liabilities & Capital		$ 1,051,395.28

Pressmen Welfare Fund
Income Statement
For the Four Months Ending April 30, 2024

	Current Month	Year to Date
Revenues		
ER Contributions	$ 133,254.00	$ 521,329.00
EE Contributions	31,132.00	118,819.00
Interest	0.00	5,817.88
Fidelity - Gain/Loss	(23,775.63)	31,762.15
Unrealized Gain/Loss	0.00	(143.27)
Total Revenues	140,610.37	677,584.76
Cost of Sales		
Total Cost of Sales	0.00	0.00
Gross Profit	140,610.37	677,584.76
Expenses		
Actuarial Fee	4,250.00	4,250.00
Administrative Fee	10,327.00	41,007.00
Audit Fee	0.00	10,594.00
Bank Service Charges	286.53	1,169.52
Benefits Paid - Dental	3,028.80	4,618.30
Cigna CHLIC (Dental)	2,772.84	11,256.41
Dues & Subscriptions	0.00	712.50
Kaiser - Active Signature	50,272.53	209,179.02
Kaiser - Active DHMO/SELECT	1,932.58	7,730.32
Kaiser - Active DHMO/SIGNATURE	86,231.21	347,831.51
Kaiser _ Active DHMO/VF	10,179.40	43,626.00
Insurance Premium - STD	2,193.75	8,791.25
Insurance Premium - Life, AD&D	1,468.13	5,883.38
Legal Fees	1,355.00	5,352.25
Meeting Expenses	0.00	204.25
Conferences	0.00	944.57
Postage Expenses	0.00	165.78
Printing & Stationery	0.00	56.08
Fiduciary Resp. Insurance	0.00	2,890.00
Fidelity Bond	0.00	632.04
Cyber Liability Insurance	0.00	1,440.83
Total Expenses	174,297.77	708,335.01
Net Income	($ 33,687.40)	($ 30,750.25)

Pressmen Welfare Fund
Cash Disbursements Journal
For the Period From Mar 1, 2024 to Mar 31, 2024

Date	Check #	Name	Line Description	Debit Amount	Credit Amount
3/1/24	6593	Associated Administrators, LLC	03 2024 Admin Fees	10,327.00	
			4th Qtr Doyle Printing	41.45	
			Dec 2023 UPS billback	13.39	
			Associated Administrators, LLC		10,381.84
3/6/24	60212	Dental Benefit	Paul Karpovich	186.00	
			Dental Benefit		186.00
			Pichada Chhay-Honick	279.80	
			Dental Benefit		279.80
3/6/24	6594	O'Donoghue & O'Donoghue	Legal Serv through 2/29/2024	2,981.00	
			O'Donoghue & O'Donoghue		2,981.00
3/6/24	6595	Mutual of Omaha	3/2024 Coverage Inv #001652913145-Life&AD&D	1,457.25	
			3/2024 Coverage Inv #001652913145-STD	2,177.50	
			Mutual of Omaha		3,634.75
3/6/24	6596	Cigna CHLIC	3/2024 Coverage Inv #3327218	2,574.78	
			Cigna CHLIC		2,574.78
3/26/24	6597	Kaiser Permanente 17989-0	March 2024 Inv #202403-38028	54,400.42	
			Kaiser Permanente 17989-0		54,400.42
3/26/24	6598	Kaiser Permanente 17989-9	March 2024 Inv#202403-38085	86,231.21	
			Kaiser Permanente 17989-9		86,231.21
3/26/24	6599	Kaiser Permanente 17989-12	March 2024 Inv #202403-38110	1,932.58	
			Kaiser Permanente 17989-12		1,932.58
3/26/24	6600	Kaiser Permanente 17989-18	March 2024 Inv #202403-38121	10,179.40	
			Kaiser Permanente 17989-18		10,179.40
3/27/24	60214	Dental Benefit	Marsha Plater DDS	173.00	
			Dental Benefit		173.00
3/27/24	60215	Dental Benefit	Paul Karpovich	64.50	
			Dental Benefit		64.50
3/27/24	60216	Dental Benefit	Vaibhav Rai DDS	67.00	
			Dental Benefit		67.00
	Total			**173,086.28**	**173,086.28**

Pressmen Welfare Fund
Check Register
For the Period From Apr 1, 2024 to Apr 30, 2024

Check #	Date	Payee	Amount	Account Description
6601	4/2/24	Associated Administrators, LLC	10,327.00	Administrative Fee
6602	4/5/24	Cigna CHLIC	2,772.84	Cigna CHLIC (Dental)
6603	4/5/24	The McKeogh Company	2,125.00	Actuarial Fee
6604	4/5/24	Mutual of Omaha	3,661.88	Insurance Premium - Life, AD&D, STD
6605	4/9/24	The McKeogh Company	2,125.00	Actuarial Fee
6606	4/9/24	O'Donoghue & O'Donoghue	1,355.00	Legal Fees
6607	4/29/24	Kaiser Permanente 17989-0	50,272.53	Kaiser - Active Signature
6608	4/29/24	Kaiser Permanente 17989-9	86,231.21	Kaiser - Active DHMO/SIGNATURE
6609	4/29/24	Kaiser Permanente 17989-12	1,932.58	Kaiser - Active DHMO/SELECT
6610	4/29/24	Kaiser Permanente 17989-18	10,179.40	Kaiser _ Active DHMO/VF
Total			**170,982.44**	

Pressmen Welfare Fund
Cash Disbursements Journal
For the Period From Apr 1, 2024 to Apr 30, 2024

Date	Check #	Name	Line Description	Debit Amount	Credit Amount
4/2/24	6601	Associated Administrators, LLC	04 2024 Admin Fees	10,327.00	
			Associated Administrators, LLC		10,327.00
4/5/24	6602	Cigna CHLIC	Apr 2024 Coverage Inv #3343118	2,772.84	
			Cigna CHLIC		2,772.84
4/5/24	6603	The McKeogh Company	Retainer Fee for 2nd Qtr Inv #6935	2,125.00	
			The McKeogh Company		2,125.00
4/5/24	6604	Mutual of Omaha	Apr 2024 Premium - Life & AD&D	1,468.13	
			Apr 2024 Premium - STD	2,193.75	
			Mutual of Omaha		3,661.88
4/9/24	6605	The McKeogh Company	1st Qtr 2024 Retainer Fee Inv #6853	2,125.00	
			The McKeogh Company		2,125.00
4/9/24	6606	O'Donoghue & O'Donoghue	Legal Serv through 3/31/24 Inv #62827	1,355.00	
			O'Donoghue & O'Donoghue		1,355.00
4/10/24	60217	Dental Benefit	Steven H Levy DDS	294.00	
			Dental Benefit		294.00
4/17/24	60218	Dental Benefit	Paul S Atwill	961.30	
			Dental Benefit		961.30
4/17/24	60219	Dental Benefit	Paul S Atwill	38.70	
			Dental Benefit		38.70
4/29/24	6607	Kaiser Permanente 17989-0	Inv #202404-131842 April Premium	50,272.53	
			Kaiser Permanente 17989-0		50,272.53
4/29/24	6608	Kaiser Permanente 17989-9	Inv #202404-131852 April Premium	86,231.21	
			Kaiser Permanente 17989-9		86,231.21
4/29/24	6609	Kaiser Permanente 17989-12	Inv #202404-131858 April Premium	1,932.58	
			Kaiser Permanente 17989-12		1,932.58
4/29/24	6610	Kaiser Permanente 17989-18	202404-131870 April Premium	10,179.40	
			Kaiser Permanente 17989-18		10,179.40
4/30/24	60220	Dental Benefit	Kelvin O Proctor	1,000.00	
			Dental Benefit		1,000.00
4/30/24	60221	Dental Benefit	Dynamic Dental Services LLC	455.00	
			Dental Benefit		455.00
4/30/24	60222	Dental Benefit	Pichada Chhay-Honick	279.80	
			Dental Benefit		279.80
	Total			**174,011.24**	**174,011.24**

CASH RECEIPTS AND HOURS

Apr-24

EMP#	EMPLOYER NAME	Contract	Wk Per	REC_DATE	Fund	$REPORTED$$	$COMPUTED$	BALANCE	MCnt	APP
72-5015	ART AND NEGATIV	HMO980+	202403	4/3/2024	72W	$17,640.00	$17,640.00	$0.00	18	FFER
72-5015	ART AND NEGATIV	SIGN980	202403	4/3/2024	72W	$17,640.00	$17,640.00	$0.00	18	FFER
72-5015	ART AND NEGATIV	SELECT9	202403	4/3/2024	72W	$980.00	$980.00	$0.00	1	FFER
72-5170	DOYLE PRINTING	D+PSIGN	202403	4/10/2024	72W	$13,216.00	$13,216.00	$0.00	14	FFER
72-5170	DOYLE PRINTING	D+PHMO	202403	4/10/2024	72W	$2,832.00	$2,832.00	$0.00	3	FFER
72-5170	DOYLE PRINTING	D+PMV	202403	4/10/2024	72W	$2,832.00	$2,832.00	$0.00	3	FFER
72-5301	H & H BINDERY	SIGN989+23	202403	4/8/2024	72W	$989.00	$989.00	$0.00	1	FFER
72-5360	LINEMARK PRINTI	MV979+0	202403	4/15/2024	72W	$5,874.00	$5,874.00	$0.00	6	FFER
72-5360	LINEMARK PRINTI	SIGN979	202403	4/15/2024	72W	$46,013.00	$46,013.00	$0.00	47	FFER
72-5360	LINEMARK PRINTI	HMO979+	202403	4/15/2024	72W	$11,748.00	$11,748.00	$0.00	12	FFER
72-5360	LINEMARK PRINTI	ZERODOL	202403	4/15/2024	72W	$0.00	$0.00	$0.00	1	FFER
72-5360	LINEMARK PRINTI	SIGN979+	202312	4/22/2024	72W	$979.00	$979.00	$0.00	1	FFER
72-5360	LINEMARK PRINTI	SIGN979+	202401	4/22/2024	72W	$979.00	$979.00	$0.00	1	FFER
72-5360	LINEMARK PRINTI	SIGN979+	202402	4/22/2024	72W	$979.00	$979.00	$0.00	1	FFER
72-5360	LINEMARK PRINTI	SIGN979+	202403	4/22/2024	72W	$979.00	$979.00	$0.00	1	FFER
72-5405	MT VERNON PRINT	SIGN652	202403	4/19/2024	72W	$2,608.00	$2,608.00	$0.00	4	FFER
72-5405	MT VERNON PRINT	HMO652+	202403	4/19/2024	72W	$1,956.00	$1,956.00	$0.00	3	FFER
72-5405	MT VERNON PRINT	MV652+	202403	4/19/2024	72W	$1,304.00	$1,304.00	$0.00	2	FFER
72-5475	WASHINGTON PRIN	HMO989+	202403	4/8/2024	72W	$2,028.00	$2,028.00	$0.00	2	FFER
72-5476	BENCHMARK MARKE	SIGN734	202403	4/15/2024	72W	$734.00	$734.00	$0.00	1	FFER
72-S170	DOYLE PRINTING	MV944+0	202403	4/11/2024	72W	$944.00	$944.00	$0.00	1	FFER
		FFER Total				$133,254.00	$133,254.00	$0.00	141	
72-5015	ART AND NEGATIV	HMO980+	202403	4/3/2024	72W	$9,612.00	$9,612.00	$0.00	18	FFEE
72-5015	ART AND NEGATIV	SIGN980	202403	4/3/2024	72W	$1,349.00	$1,278.00	$71.00	18	FFEE
72-5015	ART AND NEGATIV	SELECT9	202403	4/3/2024	72W	$1,035.00	$1,035.00	$0.00	1	FFEE
72-5170	DOYLE PRINTING	D+PSIGN	202403	4/10/2024	72W	$1,498.00	$1,498.00	$0.00	14	FFEE
72-5170	DOYLE PRINTING	D+PHMO	202403	4/10/2024	72W	$1,710.00	$1,710.00	$0.00	3	FFEE
72-5170	DOYLE PRINTING	D+PMV	202403	4/10/2024	72W	$0.00	$0.00	$0.00	3	FFEE
72-5301	H & H BINDERY	SIGN989+23	202403	4/8/2024	72W	$23.00	$23.00	$0.00	1	FFER
72-5360	LINEMARK PRINTI	MV979+0	202403	4/15/2024	72W	$0.00	$0.00	$0.00	6	FFEE
72-5360	LINEMARK PRINTI	SIGN979	202403	4/15/2024	72W	$3,384.00	$3,384.00	$0.00	47	FFEE
72-5360	LINEMARK PRINTI	HMO979+	202403	4/15/2024	72W	$6,420.00	$6,420.00	$0.00	12	FFEE
72-5360	LINEMARK PRINTI	ZERODOL	202403	4/15/2024	72W	$0.00	$0.00	$0.00	1	FFEE
72-5360	LINEMARK PRINTI	SIGN979	202312	4/22/2024	72W	$72.00	$72.00	$0.00	1	FFEE
72-5360	LINEMARK PRINTI	SIGN979	202401	4/22/2024	72W	$72.00	$72.00	$0.00	1	FFEE
72-5360	LINEMARK PRINTI	SIGN979	202402	4/22/2024	72W	$72.00	$72.00	$0.00	1	FFEE
72-5360	LINEMARK PRINTI	SIGN979	202403	4/22/2024	72W	$72.00	$72.00	$0.00	1	FFEE
72-5405	MT VERNON PRINT	SIGN652	202403	4/19/2024	72W	$1,596.00	$1,596.00	$0.00	4	FFEE
72-5405	MT VERNON PRINT	HMO652+	202403	4/19/2024	72W	$2,586.00	$2,586.00	$0.00	3	FFEE
72-5405	MT VERNON PRINT	MV652+	202403	4/19/2024	72W	$314.00	$314.00	$0.00	2	FFEE
72-5475	WASHINGTON PRIN	HMO944+	202403	4/8/2024	72W	$1,000.00	$1,000.00	$0.00	2	FFEE
72-5476	BENCHMARK MARKE	SIGN734	202403	4/15/2024	72W	$317.00	$317.00	$0.00	1	FFEE
72-S170	DOYLE PRINTING	MV944+0	202403	4/11/2024	72W	$0.00	$0.00	$0.00	1	FFEE
		FFEE Total				$31,132.00	$31,061.00	$71.00	141	
		Grand Total ER & EE				$164,386.00	$164,315.00	$71.00	141	

PRESSMEN LOCAL 72 WELFARE FUND
DELINQUENCY LIST
As of April 30, 2024

Employer ID #	Company	Reporting Month not Received

None

LOCAL 72 CURRENT CBA INFORMATION

EMP NO.	EMPLOYER NAME	EFFECTIVE DATES	OPTION	MO. EMP'R AMOUNT	MO. EMP'EE AMOUNT
72-5015	**Art & Negative**				
	Current CBA 3/11/2023-3/10/2027				
		10/01/21-3/10/2022	HMO Signature	$929.00	$252.00
			DHMO Select	$929.00	$488.00
			DHMO Signature	$929.00	$34.00
			MV Virtual Forward	$929.00	$0.00
		04/01/2022 -09/30/2022	HMO Signature	$954.00	$227.00
			DHMO Select	$954.00	$463.00
			DHMO Signature	$954.00	$9.00
			MV Virtual Forward	$954.00	$0.00
		10/01/2022 - 03/31/2023	HMO Signature	$954.00	$512.00
			DHMO Select	$954.00	$998.00
			DHMO Signature	$954.00	$63.00
			MV Virtual Forward	$954.00	$0.00
		04/01/2023 - 03/31/2025	HMO Signature	$980.00	$534.00
			DHMO Select	$980.00	$1,035.00
	04/01/2025 increase to $1,000		DHMO Signature	$980.00	$71.00
	04/01/2026 increase to $1,000		MV Virtual Forward	$980.00	$0.00

EMP NO.	EMPLOYER NAME	EFFECTIVE DATES	OPTION	MO. EMP'R AMOUNT	MO. EMP'EE AMOUNT
72-5170	**Doyle Printing**				
	Current CBA 3/11/2020-3/10/2025				
		10/01/2021- 09/30/2022	HMO Signature	$929.00	$252.00
			DHMO Select	$929.00	$488.00
			DHMO Signature	$929.00	$34.00
			MV Virtual Forward	$929.00	$0.00
		10/01/2022 - 03/31/2023	HMO Signature	$929.00	$537.00
			DHMO Select	$929.00	$1,023.00
			DHMO Signature	$929.00	$88.00
			MV Virtual Forward	$929.00	$0.00
		04/01/2023 - 03/31/2024	HMO Signature	$944.00	$570.00
			DHMO Select	$944.00	$1,071.00
			DHMO Signature	$944.00	$107.00
			MV Virtual Forward	$944.00	$0.00
		04/01/2024 - 03/31/2025	HMO Signature	$969.00	$570.00
			DHMO Select	$969.00	$1,071.00
			DHMO Signature	$969.00	$107.00
	April 1, 2025 increase $		MV Virtual Forward	$969.00	$0.00

EMP NO.	EMPLOYER NAME	EFFECTIVE DATES	OPTION	MO. EMP'R AMOUNT	MO. EMP'EE AMOUNT
72-5360	**Linemark Printing**				
	Current CBA 4/3/2023-4/4/2027				
		10/01/21 - 3/31/2022	HMO Signature	$929.00	$252.00
			DHMO Select	$929.00	$488.00
			DHMO Signature	$929.00	$34.00
			MV Virtual Forward	$929.00	$0.00
		4/01/2022-09/30/2022	HMO Signature	$954.00	$227.00
			DHMO Select	$954.00	$463.00
			DHMO Signature	$954.00	$9.00
			MV Virtual Forward	$954.00	$0.00
		10/01/2022 - 04/30/2023	HMO Signature	$954.00	$512.00
			DHMO Select	$954.00	$998.00
			DHMO Signature	$954.00	$63.00
			MV Virtual Forward	$954.00	$0.00
		05/01/2023 - 04/30/2024	HMO Signature	$979.00	$535.00
			DHMO Select	$979.00	$1,036.00
			DHMO Signature	$979.00	$72.00
			MV Virtual Forward	$979.00	$0.00
	May 1, 2024 - $1,004.00	05/01/2024 - 04/30/2025	HMO Signature	$1,004.00	$535.00
	May 1, 2025 - $1,029.00		DHMO Select	$1,004.00	$1,036.00
			DHMO Signature	$1,004.00	$72.00
			MV Virtual Forward	$1,004.00	$0.00

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EMP NO.	EMPLOYER NAME	EFFECTIVE DATES	OPTION	MO. EMP'R AMOUNT	MO. EMP'EE AMOUNT
72-5405	**Mt. Vernon Printing**				
	Current CBA 9/1/2020 - 03/31/2024	10/01/2021 - 09/30/2022	HMO Signature	$652.00	$390.00
	Employer premium decreased 01/01/2021		DHMO Select	$652.00	$627.00
	$804.00 to $652.00		DHMO Signature	$652.00	$172.00
			MV Virtual Forward	$652.00	$58.00
		thru 09/30/2024	HMO Signature	$652.00	$862.00
			DHMO Select	$652.00	$1,363.00
			DHMO Signature	$652.00	$399.00
			MV Virtual Forward	$652.00	$157.00

EMP NO.	EMPLOYER NAME	EFFECTIVE DATES	OPTION	MO. EMP'R AMOUNT	MO. EMP'EE AMOUNT
72-5475	**Local 72-C**				
		10/01/2021 - 09/30/2022	HMO Signature	$944.00	$244.00
			DHMO Select	$944.00	$481.00
			DHMO Signature	$944.00	$26.00
			MV Virtual Forward	$944.00	$0.00
		10/01/2022 - 04/30/2023	HMO Signature	$944.00	$522.00
			DHMO Select	$944.00	$1,008.00
			DHMO Signature	$944.00	$73.00
			MV Virtual Forward	$944.00	$0.00
		05/01/2023- TBD	HMO Signature	$1,014.00	$500.00
			DHMO Select	$1,014.00	$1,001.00
			DHMO Signature	$1,014.00	$37.00
			MV Virtual Forward	$1,014.00	$0.00

EMP NO.	EMPLOYER NAME	EFFECTIVE DATES	OPTION	MO. EMP'R AMOUNT	MO. EMP'EE AMOUNT
72-5476	**Benchmark Marketing and Promo, Inc**				
	Current CBA 3/11/2022 - 03/10/2026				
		10/01/21- 09/30/2022	HMO Signature	$734.00	$349.00
			DHMO Select	$734.00	$586.00
			DHMO Signature	$734.00	$131.00
			MV Virtual Forward	$734.00	$17.00
		10/01/2022 - March 10, 2026	HMO Signature	$734.00	$780.00
			DHMO Select	$734.00	$1,281.00
			DHMO Signature	$734.00	$317.00
			MV Virtual Forward	$734.00	$75.00

EMP NO.	EMPLOYER NAME	EFFECTIVE DATES	OPTION	MO. EMP'R AMOUNT	MO. EMP'EE AMOUNT
72-5301	**H & H Bindery (WELFARE ONLY)**				
	H & H d/b/a Advance Finishing				
	Current CBA 3/11/2020 - 3/10/2024	08/01/2021 - 09/30/2022	HMO Signature	$964.00	$217.00
			DHMO Select	$964.00	$453.00
			DHMO Signature	$964.00	$0.00
			MV Virtual Forward	$964.00	$0.00
		10/01/2022 - 09/30/2023	HMO Signature	$989.00	$477.00
			DHMO Select	$989.00	$963.00
			DHMO Signature	$989.00	$23.00
			MV Virtual Forward	$989.00	$0.00
		10/01/2023 - TBD	HMO Signature	$1,014.00	$500.00
			DHMO Select	$1,014.00	$1,001.00
			DHMO Signature	$1,014.00	$37.00
			MV Virtual Forward	$1,014.00	$0.00

PRESSMAN WELFARE FUND
Investments July 19, 2024

CERTIFICATES OF DEPOSIT				
BALANCE	**MATURITY DATE**	**RATE**	**TERM**	**INSTITUTION**
$100,000	10/02/24	5.25%	6M	Beal Bank of Las Vegas NV
$101,000	12/26/24	5.25%	6M	Western Alliance Phoenix AZ
$75,000	10/31/24	4.85%	9M	Bank of America Charlotte NC

MONEY MARKET ACCOUNT				
BALANCE		**RATE**		**INSTITUTION**
$100,000.00		1%		Morgan Stanley Private

FIDELITY SPARTAN 500 INDEX FUND BALANCE				
DATE	**DOLLAR BALANCE**	**SHARE BALANCE**		**NET ASSET VALUE (NAV)**
5/31/2024	$585,824.78	3,191		$183.61

ASSET ALLOCATION			
			Policy
Fidelity Spartan 500 Index Fund	$585,824.78	49.35%	Target 40% (Range 25%-50%)
Certificates of Deposit	$276,000	23.25%	
Money Market	$100,000	8.42%	Not to exceed $100,000
Cash In Bank	$225,248	18.98%	Target $250,000(No More than $300,000)
	$1,187,072.56	100.00%	

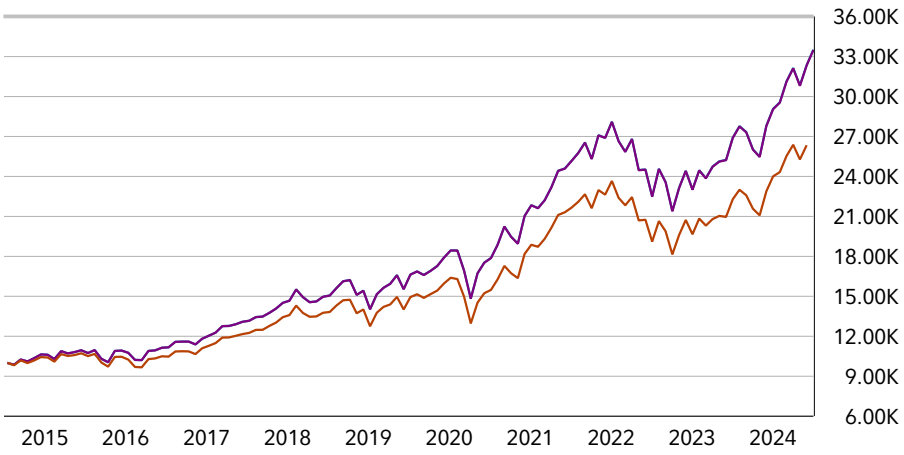
Fidelity® 500 Index Fund (FXAIX)

NTF No Transaction Fee[5]

Hypothetical Growth of $10,000[7,8]

AS OF 06/30/2024 ; Large Blend

FXAIX : $33,489 **S&P 500 Index : $33,521** **Large Blend : $0**



The performance data featured represents past performance, which is no guarantee of future results. Investment return and principal value of an investment will fluctuate; therefore, you may have a gain or loss when you sell your shares. Current performance may be higher or lower than the performance data quoted.

Performance[6,7,9,11]

AS OF 06/30/2024

Monthly	YTD (Monthly)	Average Annual Total Returns 1 Yr	3 Yrs	5 Yrs	10 Yrs	Life
Fidelity® 500 Index Fund	15.28%	24.56%	10.00%	15.03%	12.85%	10.95%
S&P 500	15.29%	24.56%	10.01%	15.05%	12.86%	11.07%
Quarter-End (AS OF 06/30/2024)						
Fidelity® 500 Index Fund		24.56%	10.00%	15.03%	12.85%	10.95%

Calendar Year Returns[6,7,9,11]

AS OF 06/30/2024

	2020	2021	2022	2023	2024
Fidelity® 500 Index Fund	18.40%	28.69%	-18.13%	26.29%	15.28%
S&P 500	18.40%	28.71%	-18.11%	26.29%	15.29%

Asset Allocation[1,2,10]

AS OF 05/31/2024

Domestic Equities	99.38%
International Equities	0.60%
Cash & Net Other Assets	0.02%

Morningstar® Snapshot*[12]

AS OF 05/31/2024

Morningstar Category	Large Blend
Risk of this Category	Lower Higher
Overall Rating	Out of 1289 funds
Returns	Low Avg High
Expenses	Low Avg High

*Data provided by Morningstar

Details

Morningstar Category	Large Blend
Fund Inception	02/17/1988
NAV 07/02/2024	$191.89
Exp Ratio (Gross) 04/29/2024	0.015%
Exp Ratio (Net) 04/29/2024	0.015%
Minimum to Invest	$0.00
Turnover Rate 02/29/2024	2.00%
Portfolio Net Assets ($M) 06/30/2024	$561,293.79

Major Market Sectors[10]

AS OF 05/31/2024

Information Technology	30.53%
Financials	12.88%
Health Care	11.96%
Consumer Discretionary	9.84%
Communication Services	9.27%
Industrials	8.53%
Consumer Staples	6.01%
Energy	3.86%
Utilities	2.48%
Materials	2.32%
Real Estate	2.18%

Regional Diversification[10]

AS OF 05/31/2024

United States	99.39%
Europe	0.60%
Other	0.00%
Cash & Net Other Assets	0.01%

Fidelity® 500 Index Fund: Investment Approach

- Fidelity® 500 Index Fund is a diversified domestic large-cap equity strategy that seeks to closely track the returns and characteristics of the S&P 500® index.
- The S&P 500® is a market-capitalization-weighted index designed to measure the performance of 500 large-cap U.S. companies.
- The fund holds each constituent security at approximately the same weight as the index.

Fund Overview

Objective

Seeks to provide investment results that correspond to the total return (i.e., the combination of capital changes and income) performance of common stocks publicly traded in the United States.

Strategy

Normally investing at least 80% of assets in common stocks included in the S&P 500 Index, which broadly represents the performance of common stocks publicly traded in the United States.

Risk

Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments.

Additional Disclosures

This description is only intended to provide a brief overview of the mutual fund. Read the fund's prospectus for more detailed information about the fund.

The S&P 500 Index is a market capitalization-weighted index of 500 common stocks chosen for

Top 10 Holdings[10]

AS OF 05/31/2024

34.01% of Total Portfolio

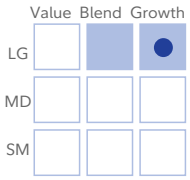
506 holdings as of 05/31/2024
502 issuers as of 05/31/2024

MICROSOFT CORP	
APPLE INC	
NVIDIA CORP	
AMAZON.COM INC	
META PLATFORMS INC CL A	
ALPHABET INC CL A	
ALPHABET INC CL C	
BERKSHIRE HATHAWAY INC CL B	
ELI LILLY & CO	
JPMORGAN CHASE & CO	

Equity StyleMap®*[4]

AS OF 04/30/2024

Historical Current



Large Growth
*99.98% Fund Assets Covered

Fund Manager(s)[3]

Primary Manager : **Geode Capital Management (since 08/04/2003)**

Volatility Measures

Beta 06/30/2024	1.00
R^2 06/30/2024	1.00
Sharpe Ratio 06/30/2024	0.38
Standard Deviation 06/30/2024	17.86

Fidelity® 500 Index Fund

Investment Approach

- Fidelity® 500 Index Fund is a diversified domestic large-cap equity strategy that seeks to closely track the returns and characteristics of the S&P 500® index.
- The S&P 500® is a market-capitalization-weighted index designed to measure the performance of 500 large-cap U.S. companies.
- The fund holds each constituent security at approximately the same weight as the index.

PERFORMANCE SUMMARY

	Cumulative		Annualized			
	3 Month	YTD	1 Year	3 Year	5 Year	10 Year/ LOF[1]
Fidelity 500 Index Fund Gross Expense Ratio: 0.015%[2]	10.55%	10.55%	29.87%	11.48%	15.04%	12.95%
S&P 500 Index	10.56%	10.56%	29.88%	11.49%	15.05%	12.96%
Morningstar Fund Large Blend	9.95%	9.95%	27.24%	9.88%	13.65%	11.45%
% Rank in Morningstar Category (1% = Best)	--	--	32%	22%	21%	8%
# of Funds in Morningstar Category	--	--	1,422	1,293	1,179	888

[1] *Life of Fund (LOF) if performance is less than 10 years. Fund inception date: 02/17/1988.*

[2] *This expense ratio is from the most recent prospectus and generally is based on amounts incurred during the most recent fiscal year, or estimated amounts for the current fiscal year in the case of a newly launched fund. It does not include any fee waivers or reimbursements, which would be reflected in the fund's net expense ratio.*

Past performance is no guarantee of future results. Investment return and principal value of an investment will fluctuate; therefore, you may have a gain or loss when you sell your shares. Current performance may be higher or lower than the performance stated. To learn more or to obtain the most recent month-end performance, visit fidelity.com/performance, institutional.fidelity.com, or 401k.com. Total returns are historical and include change in share value and reinvestment of dividends and capital gains, if any. Cumulative total returns are reported as of the period indicated.

For definitions and other important information, please see the Definitions and Important Information section of this Fund Review.

FUND INFORMATION

Manager(s):
Geode Capital Management

Trading Symbol:
FXAIX

Start Date:
February 17, 1988

Size (in millions):
$534,035.47

Morningstar Category:
Fund Large Blend

Stock markets, especially foreign markets, are volatile and can decline significantly in response to adverse issuer, political, regulatory, market, or economic developments.

Fidelity INVESTMENTS®

Not FDIC Insured • May Lose Value • No Bank Guarantee

Performance Review

The fund finished the first quarter roughly in line with the 10.56% gain of the benchmark S&P 500® index. Efficient trading and implementation strategies helped to limit transaction costs within the fund while replicating the exposures and characteristics of the index.

U.S. stocks gained 10.56% in the first quarter, as the S&P 500® index achieved its best start to a new year since 2019, driven by resilient corporate profits, a frenzy over generative artificial intelligence and the Federal Reserve's likely pivot to cutting interest rates later this year. Amid this favorable backdrop for higher-risk assets, the index continued its late-2023 momentum and ended March at its all-time high. Growth stocks led the broad rally, with all but one of 11 market sectors advancing.

In Q1, the U.S. economy and corporate earnings exhibited signs of broadening stabilization. Although core U.S. inflation remained elevated and investors dialed back their expectation for the pace and magnitude of expected rate cuts, investors remained largely optimistic that the Fed would soon shift to easing after a historic hiking cycle from March 2022 to July 2023.

That sentiment was evident in January, when the index gained 1.68%, and grew even stronger amid widespread optimism the central bank would bring down inflation to its target of 2% without inflicting too much damage to the economy. Sure enough, stocks gained 5.34% in February, boosted by strong corporate earnings. On March 20, the central bank held steady its benchmark federal funds rate and affirmed its projection to cut it three times this year, despite firmer-than-anticipated inflation in recent months. The index rose 3.22% for the month.

For the quarter, growth (+13%) shares within the index topped value (+8%), while large-caps bested smaller-caps. By sector within the S&P 500®, excitement about high-growth megatrends, fanned by AI fervor, was reflected in the roughly 13% gain for information technology – led by AI-focused chipmaker Nvidia (+82%) and cloud-computing giant Microsoft (+12%) – as well as communication services (+16%), with Facebook parent Meta Platforms (+37%) a standout. Amazon.com, from the consumer discretionary sector, rose about 19%, but the dominance of the so-called Magnificent Seven faded with steep pullbacks in personal-electronics giant Apple (-11%) and electric-vehicle maker Tesla (-29%), along with a lagging result from Google parent Alphabet (+8%). In other categories, energy stocks rose roughly 14%, driven by a strong increase in oil prices, while the rate-sensitive financials sector advanced about 12% and industrials gained 11%. In contrast, four defensive-oriented groups lagged most amid the risk-on backdrop: real estate (-1%), utilities (+5%), consumer staples (+8%) and health care (+9%).

Regardless of the market environment, we continue to apply a disciplined investment process across all our strategies, relying on highly skilled professionals and robust investment infrastructure. Investment performance is the foundation of our value proposition for shareholders. This is true of our comprehensive suite of low-cost index funds. We expect our index funds to deliver low tracking difference, which is the difference in a fund's performance to that of its stated benchmark. We also seek to minimize tracking error, which measures the volatility of these return differences over a period of time. Whether it's through solid trading techniques for funds that replicate an index or our optimization techniques, when necessary, we are focused on delivering returns in line with benchmark performance.■

PERFORMANCE BY MARKET SEGMENT

Market Segment	Three-Month Total Return
Communication Services	15.81%
Consumer Discretionary	4.98%
Consumer Staples	7.52%
Energy	13.68%
Financials	12.46%
Health Care	8.85%
Industrials	10.98%
Information Technology	12.69%
Materials	8.95%
Real Estate	-0.54%
Utilities	4.57%

LARGEST ABSOLUTE CONTRIBUTORS

Holding	Market Segment	Average Weight	Contribution (basis points)*
NVIDIA Corp.	Information Technology	4.20%	251
Microsoft Corp.	Information Technology	7.15%	84
Meta Platforms, Inc. Class A	Communication Services	2.34%	73
Amazon.com, Inc.	Consumer Discretionary	3.61%	65
Eli Lilly & Co.	Health Care	1.34%	39

** 1 basis point = 0.01%.*

LARGEST ABSOLUTE DETRACTORS

Holding	Market Segment	Average Weight	Contribution (basis points)*
Apple, Inc.	Information Technology	6.35%	-76
Tesla, Inc.	Consumer Discretionary	1.30%	-50
Adobe, Inc.	Information Technology	0.62%	-10
The Boeing Co.	Industrials	0.28%	-10
UnitedHealth Group, Inc.	Health Care	1.12%	-7

** 1 basis point = 0.01%.*

10 LARGEST HOLDINGS

Holding	Market Segment
Microsoft Corp.	Information Technology
Apple, Inc.	Information Technology
NVIDIA Corp.	Information Technology
Amazon.com, Inc.	Consumer Discretionary
Meta Platforms, Inc. Class A	Communication Services
Alphabet, Inc. Class A	Communication Services
Berkshire Hathaway, Inc. Class B	Financials
Alphabet, Inc. Class C	Communication Services
Eli Lilly & Co.	Health Care
Broadcom, Inc.	Information Technology
10 Largest Holdings as a % of Net Assets	**32.08%**
Total Number of Holdings	**506**

The 10 largest holdings are as of the end of the reporting period, and may not be representative of the fund's current or future investments. Holdings do not include money market investments.

MARKET-SEGMENT DIVERSIFICATION

Market Segment	Portfolio Weight	Index Weight
Information Technology	29.49%	29.57%
Financials	13.12%	13.16%
Health Care	12.38%	12.42%
Consumer Discretionary	10.32%	10.34%
Communication Services	8.93%	8.95%
Industrials	8.78%	8.80%
Consumer Staples	5.95%	5.97%
Energy	3.94%	3.95%
Materials	2.36%	2.37%
Real Estate	2.27%	2.28%
Utilities	2.20%	2.20%
Multi Sector	0.26%	--
Other	0.00%	0.00%

ASSET ALLOCATION

Asset Class	Portfolio Weight	Index Weight
Domestic Equities	99.35%	99.34%
International Equities	0.66%	0.66%
Developed Markets	0.66%	0.66%
Emerging Markets	0.00%	0.00%
Tax-Advantaged Domiciles	0.00%	0.00%
Bonds	0.00%	0.00%
Cash & Net Other Assets	-0.01%	0.00%

Net Other Assets can include fund receivables, fund payables, and offsets to other derivative positions, as well as certain assets that do not fall into any of the portfolio composition categories. Depending on the extent to which the fund invests in derivatives and the number of positions that are held for future settlement, Net Other Assets can be a negative number.

"Tax-Advantaged Domiciles" represent countries whose tax policies may be favorable for company incorporation.

CHARACTERISTICS

	Portfolio	Index
Valuation		
Price/Earnings Trailing	24.8x	24.8x
Price/Earnings (IBES 1-Year Forecast)	21.2x	21.2x
Price/Book	4.8x	4.8x
Price/Cash Flow	18.1x	18.1x
Return on Equity (5-Year Trailing)	18.2%	18.2%
Growth		
Sales/Share Growth 1-Year (Trailing)	12.1%	12.1%
Earnings/Share Growth 1-Year (Trailing)	11.9%	11.9%
Earnings/Share Growth 1-Year (IBES Forecast)	13.9%	13.9%
Earnings/Share Growth 5-Year (Trailing)	17.4%	17.4%
Size		
Weighted Average Market Cap ($ Billions)	796.9	796.9
Weighted Median Market Cap ($ Billions)	224.4	224.4
Median Market Cap ($ Billions)	35.4	35.4

3-YEAR RISK/RETURN STATISTICS

	Portfolio	Index
Beta	1.00	1.00
Standard Deviation	17.59%	17.60%
Sharpe Ratio	0.50	0.50
Tracking Error	0.01%	--
Information Ratio	-1.08	--
R-Squared	1.00	--

PRESSMEN WELFARE FUND
2018-2024 FINANCIAL SUMMARY

	2018	**2019**	**2020**	**2021**	**2022**	**2023**	**Jan. – Apr. 2024**
Employer Contributions	$1,659,358	$1,691,717	$1,323,334	$1,342,781	$1,409,868	$1,557,172	$521,329
Employee Contributions	$442,732	$442,153	$93.396	$30,316	$206,103	$355,582	$118,819
Loss in Employee Contributions due to subsidy			$230,000 loss in contributions	$280,000 loss in contributions	$160,000 loss in contributions		
Average Participants	157	159	129	125	130	137	141
Investment Loss/gain		$142,910	$98,000	$186,000	($169,888) loss	$121,662	$31,604
Expenses	$2,196,557	$2,138,670	$1,917,721	$1,797,121	$1,928,458	$2,061,763	$703,371
December 31 Assets	$1,989,294	$2,161,650	$1,876,107	$1,620,358	$1,126,572*	$1,083,817	$1,051,395
Ending Gain/ Loss	($104,272)	$123,439	($250,034)	($187,066)	($471,175)	$(15,623)	$(25,802)
Reason for increase in Expenses					Increase in DHMO Sig. Premiums increase in members Increase $88,000. Increase in the following in 2022: Increase admin $3,399, increase audit fees, $6747 increase in indemnity dental, Increase Signature premiums $15,587, $2,477 increase premiums in minimum value premium, slight increase in disability and life premium, Increase legal $15,122, Increase travel and trustee expense $4,085		

*2023 Year End Loss of $15,623

Pressmen Welfare Fund - Vendor Monthly Eligibility

KEY:		2022/2023	2023/2024
DE	DHMO Select	$1,876.26	$1,932.58
DI	DHMO Signature	$940.65	$968.89
MV	Minimum Value	$705.91	$727.10
SI	Kaiser Signature	$1,389.87	$1,431.59
Indemnity Dental			
Cigna		$33.01	$33.01

Open Enrollment October 1st yearly

	Nov-23		Dec-23		Jan-24		Feb-24		Mar-24		Apr-24		May-24		Jun-24		Jul-24	
DHMO Select - DE	1	1,932.58	1	1,932.58	1	1,932.58	1	1,932.58	1	1,932.58	1	1,932.58	1	1,932.58	1	1,932.58	1	1,932.58
DHMO Signature - DI	87	84,293.43	85	82,355.63	84	81,386.76	84	81,386.76	86	83,324.54	83	80,417.87	85	82,355.65	86	83,324.54	86	83,324.54
Min Value - MV	13	9,452.30	14	10,421.19	14	10,421.19	13	9,452.30	12	8,725.20	12	8,725.20	12	8,725.20	13	9,452.30	13	9,452.30
Kaiser Signature - SI	37	53,005.83	37	53,005.83	37	53,005.83	38	54,400.42	38	54,400.42	38	54,400.42	38	54,400.42	37	53,005.83	37	52,968.83
	138	148,684.14	137	147,715.23	136	146,746.36		147,172.06		148,382.74	134	145,476.07	136	147,413.85	137	147,715.25	137	147,678.25
Indemnity Dental	45		48		49		49		49		45		45		44		44	
Cigna	87		84		82		81		80		83		85		87		87	

	Feb-23		Mar-23		Apr-23		May-23		Jun-23		Jul-23		Aug-23		Sep-23		Oct-24	
DHMO Select - DE	1	1,876.26	1	1,876.26	1	1,876.26	1	1,876.26	1	1,876.26	1	1,876.26	1	1,876.26	1	1,876.26	1	1,932.58
DHMO Signature - DI	86	80,895.90	84	79,014.60	85	79,955.25	85	79,955.25	84	79,014.60	86	80,895.90	89	83,717.85	87	81,836.55	85	82,355.65
Min Value DHMO Sig - MV	12	8,470.92	12	8,470.92	13	9,176.83	13	9,176.83	12	8,470.92	12	8,470.92	11	7,765.01	11	7,765.01	13	9,452.30
Kaiser Signature - SI	40	55,594.80	40	55,594.80	40	55,594.80	40	55,594.80	40	55,594.80	39	54,204.93	39	54,204.93	38	52,815.06	37	53,005.83
	139	146,837.88	137	144,956.58	139	146,603.14	139	146,603.14	137	144,956.58	138	145,448.01	140	147,564.05	137	144,292.88	136	146,746.36
Indemnity Dental	47		45		46		46		46		45		47		45		44	
GDS/Cigna	85		85		86		86		84		87		87		86		86	

	May-22		Jun-22		Jul-22		Aug-22		Sep-22		Oct-22		Nov-22		Dec-22		Jan-23	
DHMO Select - DE	1	1,822.48	1	1,822.48	1	1,822.48	1	1,822.48	1	1,822.42	1	1,876.26	1	1,876.26	1	1,876.26	1	1,876.26
DHMO Signature - DI	78	71,267.82	77	70,354.13	76	69,440.44	73	66,699.37	81	74,008.89	90	84,658.50	87	81,836.55	89	83,717.85	89	83,717.85
Min Value DHMO Sig - MV	7	4,799.76	7	4,799.76	7	4,799.76	7	4,799.76	6	4,114.08	7	4,941.37	8	5,647.28	11	7,765.01	11	7,765.01
Kaiser Signature - SI	42	56,701.26	42	56,701.26	42	56,701.26	42	46,701.26	42	56,701.26	41	56,984.67	41	56,984.67	40	55,594.80	40	55,594.80
	128	134,591.32	127	133,677.63	126	132,763.94	123	120,022.87	130	136,646.65	139	148,460.80	137	146,344.76	141	148,953.92	141	148,953.92
Indemnity Dental	39		39		39		39		43		45		44		44		48	
GDS	82		81		80		77		81		88		87		90		86	

OTHER FUND BUSINESS

O'DONOGHUE & O'DONOGHUE LLP
EST. 1935

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TO: Board of Trustees, Pressmen Welfare Fund **By Email Only**

FROM: Ellen O. Boardman, Jacob N. Szewczyk and Grace Austin **DATE:** July 17, 2024

RE: **Final HIPAA Privacy Rule to Support Reproductive Health Care Privacy**

On April 26, 2024, the U.S. Department of Health and Human Services ("HHS") issued the HIPAA Privacy Rule to Support Reproductive Health Care Privacy Final Rule ("Final Rule"). The Final Rule modifies provisions of the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act") in response to developments in federal law concerning states' ability to restrict access to reproductive health services, including abortion, following the U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022), and new state laws restricting access or imposing criminal penalties for accessing abortion services. The Final Rule also implements parts of the Coronavirus Aid, Relief, and Economic Security Act of 2020 ("CARES Act") to strengthen privacy protections for substance use disorder treatment records in response to concerns that discrimination and fear of prosecution may deter people from seeking treatment.

The Final Rule took effect on June 25, 2024. The Pressmen Welfare Fund ("Fund"), other group health plans, and other HIPAA-covered entities must comply with most of the Final Rule's requirements by December 23, 2024 and other requirements by February 16, 2026. This memorandum summarizes the Final Rule's requirements and impact on the Fund and outlines steps to be taken before the December 23, 2024 and February 16, 2026 compliance deadlines.

I. PROHIBITED DISCLOSURE OF REPRODUCTIVE HEALTH CARE INFORMATION

The Final Rule limits circumstances in which HIPAA-covered entities, such as the Fund, can use or disclose protected health information ("PHI") related to reproductive health care for certain non-health care purposes. The Final Rule broadly defines reproductive health care as "health care that affects the health of the individual in all matters relating to the reproductive system and to its functions and processes." Examples of health care that fit within this definition include, but are not limited to: contraception, including emergency contraception; preconception screening and counseling; management of pregnancy and pregnancy-related conditions; and other types of care, services, and supplies used for the diagnosis and treatment of conditions related to the reproductive system.

The Final Rule prohibits the use or disclosure of PHI related to reproductive health care for any the following activities:

- to conduct a criminal, civil, or administrative investigation into any person seeking, obtaining, providing, or facilitating reproductive health care;
- to impose criminal, civil, or administrative liability on an individual for seeking, obtaining, providing, or facilitating reproductive health care; or
- to identify any individual for any purpose described above.

If PHI is sought from the Fund in any of these circumstances, the Fund is prohibited from disclosing such information when the reproductive health care at issue was lawful in the state where it was provided or the care was protected by Federal law, regardless of the state in which the health care was provided. Health plans may presume that reproductive health care provided by another entity is lawful *unless* the plan has actual knowledge that the care was not lawful under the circumstances in which it was provided, or the plan receives factual information from the person making the request that demonstrates a substantial basis that the care was not lawful under the circumstances. This prohibition on disclosure applies but is not limited to requests made in connection with law enforcement investigations, third party investigations in furtherance of civil proceedings, state licensure proceedings, criminal prosecutions, and family law proceedings.

II. ATTESTATION REQUIREMENT

Under the Final Rule, health plans that receive a request for PHI potentially related to reproductive health care may only disclose the requested information upon receipt of a signed attestation from the requestor stating that the disclosure is not sought for a prohibited purpose. Attestations are required even if the requesting party serves the plan with a subpoena. The Fund may rely on an attestation if it reasonably determines that sought-after disclosure is not for prohibited purposes. On the other hand, it is not reasonable for the Fund to rely solely on a statement from the requestor of such PHI that the reproductive health care was unlawful. Rather, the requesting party must provide sufficient additional information showing actual knowledge or demonstrating a substantial factual basis that the reproductive health care was unlawful. In the event that the Fund has reason to believe, during the course of the use or disclosure, that the representations contained within the attestation were materially incorrect (thus leading to uses or disclosures for a prohibited purpose), the Fund must cease the disclosure of PHI.

III. PRIVACY NOTICE

The Final Rule modifies the required content of the Notice of Privacy Practices ("NPP") that the Fund must provide to participants. NPPs must be amended to include a description of the types of uses and disclosures prohibited by the Final Rule and a description of the types of uses and disclosures for which an attestation is required, including examples of each.

Plans must also amend their NPPs to address recent HHS rulemaking surrounding the confidentiality of substance use disorder ("SUD") patient records. Specifically, NPPs must include a statement that SUD records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual without the individual's written consent or a court order. The Final Rule also requires covered entities to include a statement

explaining that PHI disclosed pursuant to the Privacy Rule may be subject to redisclosure and would be no longer protected.

IV. MISCELLANEOUS PROVISIONS

1. Personal Representatives. Group health plans may refuse to treat someone as an individual's personal representative (*i.e.*, an individual legally entitled to receive PHI regarding another person) if the plan reasonably believes that the individual has been or may be subject to domestic violence, abuse, or neglect by the personal representative, or that treating the individual as a personal representative would otherwise endanger the individual. The Final Rule clarifies that a covered entity's reasonable basis for not treating someone as a personal representative cannot be primarily because the person has provided or facilitated reproductive health care.

2. Reports of Abuse, Neglect, or Domestic Violence. Currently, health plans and other covered entities may disclose PHI under specified conditions to an authorized government agency where the plan reasonably believes the individual is a victim of abuse, neglect, or domestic violence. The Final Rule clarifies that providing or facilitating access to lawful reproductive health care itself is not abuse, neglect, or domestic violence. Thus, the authority to use or disclose PHI in cases of abuse, neglect, or domestic violence does not permit uses or disclosures based primarily on the provision or facilitation of reproductive health care.

V. LIKELY CHALLENGES TO RULE

Given the subject matter of the Final Rule and the current judicial environment, we believe that a legal challenge to this rule is close to inevitable. We anticipate that those seeking to challenge the Final Rule – most likely one or more states with highly restrictive abortion laws – will file suit and seek to enjoin its implementation. Based on recent challenges to a slew of other regulations, such a suit will likely be brough in one of the federal districts in Texas in which opponents of the Final Rule are likely to get a sympathetic hearing from judges who have already shown a great willingness to issue nationwide injunctions against federal regulation. Should that come to pass, the matter will most likely be appealed to the United States Court of Appeals for the Fifth Circuit, which sits in New Orleans and is the most conservative of the circuit courts of appeals in the country, one that has shown a willingness to aggressively strike down federal regulation with which it does not agree, especially in the area of reproductive rights.

Such litigation will also be occurring against a backdrop in which the powers of administrative agencies have recently been upended by the United States Supreme Court in the case of *Loper Bright Enterprises v. Raimondo*, which reversed forty plus years of precedent of courts deferring to agencies' reasonable interpretation of federal laws. We are skeptical that any of the judges hearing such a challenge will show any deference to HHS in this matter. In the end, the United States Supreme Court will likely have to weigh in on this question. Given what we have seen from the Court over the last couple of years, we are doubtful that the Final Rule will be upheld.

VI. COMPLIANCE STEPS

To ensure compliance with the Final Rule, the Fund must review and revise its procedures for reviewing and evaluating the validity of requests for PHI related to reproductive health care. In addition, the Fund will need to revise and/or adopt the following documents:

1. **Updated Privacy Policy.** The Fund should review its Privacy Policy and consider which policies and procedures must be modified to comply with the Final Rule, which may include adopting a procedure for reviewing and responding to request for information potentially related to reproductive health care. The Fund must adopt these changes by December 23, 2024.

2. **Attestation Form.** The Fund should adopt an attestation form for requests for PHI potentially related to reproductive health care. HHS has indicated that a model attestation form will be published prior to the December 23, 2024 compliance deadline.

3. **Updated Privacy Notice.** The Fund must revise its Notices of Privacy Practices to address the above changes by February 16, 2026.

While these steps are necessary, we recommend that the Fund defer any action with respect to the Final Rule until later in 2024 to see whether it is likely to survive. By deferring such action, the Fund will not incur unnecessary expenses if the Final Rule is struck down; if it is not struck down, we will prepare all items necessary to implement the Final Rule by the compliance deadline.

We are available to discuss this matter further at your convenience.

cc: Anne-Marie Sims, Associated Administrators

2003566.1

RATE PROPOSAL

Pressman Welfare Fund Local 72

Effective from 10/01/2024 through 09/30/2025

2024 Customer Packet

Region(s)	Group(s)
Mid-Atlantic States	17989

Table of Contents

Executive Summary

Group Name: Pressman Welfare Fund Local 72
Group Number(s): 17989
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

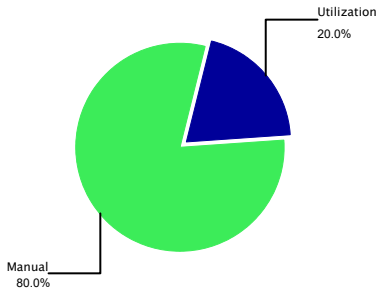
Region: Mid-Atlantic States
Contract Period: 10/01/2024 - 09/30/2025

	Apr22 - Mar23	Apr23 - Mar24
Average Members*:	249	260

Rates**

	Current Rates	Change %	Change $	Proposed Rates
Custom HMO 1 Sig:				
Subscriber and 0 or more dependents	$1,431.59	24.83 %	$355.49	$1,787.08
DHMO 6 Sig:				
Subscriber and 0 or more dependents	$968.89	24.83 %	$240.60	$1,209.49
VF DHMO MV 1:				
Subscriber and 0 or more dependents	$727.10	24.83 %	$180.55	$907.65
Custom DHMO 7 SEL:				
Subscriber and 0 or more dependents	$1,932.58	24.83 %	$479.90	$2,412.48

Credibility



* Includes Actives and /or pre 65 Retirees only.

**Benefit plan descriptions are summarized, please see Rate and Benefit Summary for full descriptions.

Total - $ PMPM

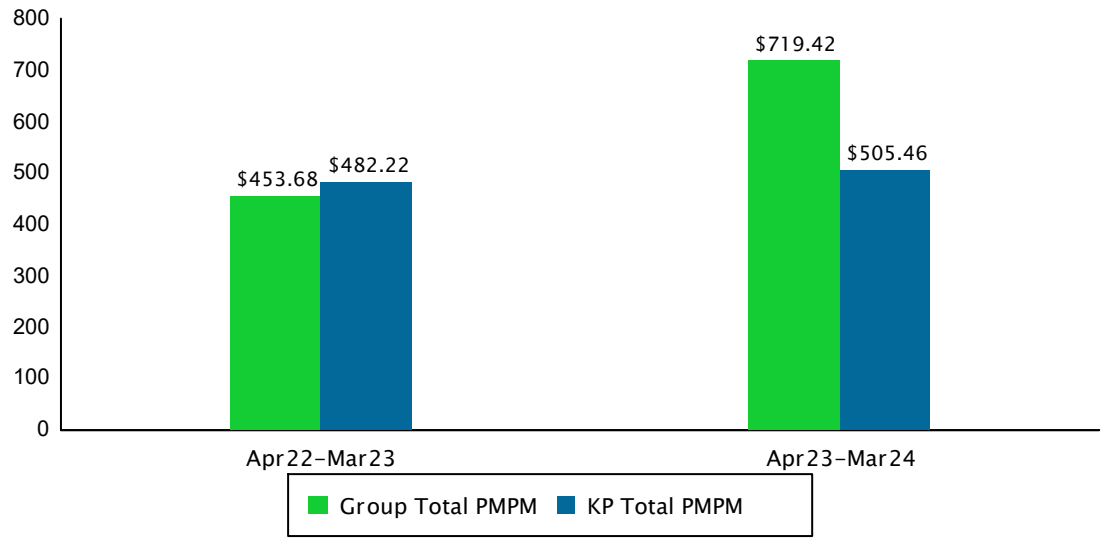
Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Group Number(s): 17989
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Region: Mid-Atlantic States
Contract Period: 10/01/2024 - 9/30/2025

	Apr22 - Mar23	Apr23 - Mar24
Average Members*:	249	260

Quote Number(s): 32097576, 32097577, 32097578, 32097579

Total $ PMPM



Total $ PMPM *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Inpatient	$102.40	197.9%	$305.05
Outpatient	190.19	11.9%	212.86
Pharmacy	71.61	(9.2)%	65.03
Other	89.48	52.5%	136.48
Total $ PMPM	**$453.68**	**58.6%**	**$719.42**
Group to Health Plan Ratio	94.1%	51.2%	142.3%

* Includes Actives and/or pre 65 Retirees only.

Rate Buildup

Group Name: Pressman Welfare Fund Local 72
Group Number(s): 17989
Subgroup(s): 0001,0007,0012

Product Type: DHMO MD SEL
Quote_Name: Custom DHMO 7 SEL

Region: Mid-Atlantic States
Contract Period: 10/01/2024 - 09/30/2025
Report Period: Apr 2023 through Mar 2024

	Apr23 - Mar24
Average Members:	2
Rating Month:	March 2024
Rating Members:	2

Medical Calculation

			Weight	Factor	Total$	PMPM$
A	**Projected Claims Calculation**					
A1	Paid Claims				$8,091	$337.138
A2	- Pooling Credit	Pooling Point:$105,000			0	0.000
A3	+ Pooling Charge				1,084	45.170
A4	Claims Net of Pooling				$9,175	$382.308
A5	X Incurred Claims Adjustment			1.07536		
A6	X Demographic Change			1.00000		
A7	X Historical Benefit Change			1.000000		
A8	Adjusted Claims					$411.119
A9	X Trend Factor	Annual Trend: 9.62%		1.14778		
A10	Claims based PMPM	18.0 Months Midpoint to Midpoint				$471.874
A11	Credibility		20%			
B	**Manual Rate Calculation**					
B1	Benefit Adjusted Manual Rate					$545.494
B2	X Area Factor			1.00000		
B3	X Demographic Factor			2.93721		
B4	X Industry Factor			1.00000		
B5	X COBRA Factor			1.00000		
B6	X Work Status Factor			1.00000		
B7	Manual PMPM					$1,602.231
B8	Credibility		80%			

Total Rate Calculation

		Factor	Mo. Prem.	PMPM$
D	**Total Rate Calculation**			
D1	Blended Rate		$2,752	$1,376.159
D2	X Future Benefit Change	1.000000		
D3	Adjusted PMPM		$2,752	$1,376.159
D4	+ Retention		132	65.994
D5	+ Other Benefits		0	0.000
D6	+ Group Specific Charge		0	0.000
D7	+ Late Payment Charge		0	0.000
D8	+ Federal PCORI Fee		1	0.280
D9	+ State Fee		2	1.000
D10	+ Premium Tax		0	0.000
D11	+ Commission		0	0.000
D12	**Uncapped PMPM Premium Requirement**		**$2,887**	**$1,443.433**
E	**Capping**	**Increase**		
E1	In-Force Rate		$1,933	$966.290
E2	Premium Requirement without Changes and Underwriter Adjustment	49.38%	2,887	1,443.433
E3	Capping Rate	24.83%	2,412	1,206.240
E4	**Quoted Rate PMPM before Underwriter Adjustment**	**24.83%**	**2,412**	**1,206.240**
E5	X Underwriter Adjustment	1.00000		
E6	**Quoted Rate PMPM after Underwriter Adjustment**	**24.83%**	**2,412**	**1,206.240**
E7	Capping Adjustment		(474)	(237.193)

NPS Quote ID: 32097579

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate Buildup

Group Name: Pressman Welfare Fund Local 72
Group Number(s): 17989
Subgroup(s): 0000,0003,0006,0009,0011,0015,0018

Product Type: DHMO MD SIG
Quote_Name: Custom DHMO 6 Sig

Region: Mid-Atlantic States
Contract Period: 10/01/2024 - 09/30/2025
Report Period: Apr 2023 through Mar 2024

		Apr23 - Mar24
Average Members:		258
Rating Month:		March 2024
Rating Members:		158

Medical Calculation

			Weight	Factor	Total$	PMPM$
A	**Projected Claims Calculation**					
A1	Paid Claims				$2,234,334	$722.384
A2	- Pooling Credit	Pooling Point:$105,000			(729,465)	(235.844)
A3	+ Pooling Charge				139,711	45.170
A4	Claims Net of Pooling				$1,644,580	$531.710
A5	X Incurred Claims Adjustment			1.12148		
A6	X Demographic Change			1.00139		
A7	X Historical Benefit Change			0.989400		
A8	Adjusted Claims					$590.801
A9	X Trend Factor	Annual Trend: 7.89%		1.12072		
A10	Claims based PMPM	18.0 Months Midpoint to Midpoint				$662.123
A11	Credibility		20%			
B	**Manual Rate Calculation**					
B1	Benefit Adjusted Manual Rate					$534.984
B2	X Area Factor			1.00000		
B3	X Demographic Factor			1.19179		
B4	X Industry Factor			1.00000		
B5	X COBRA Factor			1.00000		
B6	X Work Status Factor			1.00000		
B7	Manual PMPM					$637.589
B8	Credibility		80%			

Total Rate Calculation

		Factor	Mo. Prem.	PMPM$
D	**Total Rate Calculation**			
D1	Blended Rate		$101,514	$642.496
D2	X Future Benefit Change	1.000000		
D3	Adjusted PMPM		$101,514	$642.496
D4	+ Retention		9,256	58.584
D5	+ Other Benefits		0	0.000
D6	+ Group Specific Charge		0	0.000
D7	+ Late Payment Charge		0	0.000
D8	+ Federal PCORI Fee		44	0.280
D9	+ State Fee		158	1.000
D10	+ Premium Tax		0	0.000
D11	+ Commission		0	0.000
D12	**Uncapped PMPM Premium Requirement**		**$110,973**	**$702.360**
E	**Capping**	**Increase**		
E1	In-Force Rate		$83,325	$527.371
E2	Premium Requirement without Changes and Underwriter Adjustment	33.18%	110,973	702.360
E3	Capping Rate	24.83%	104,016	658.328
E4	**Quoted Rate PMPM before Underwriter Adjustment**	**24.83%**	**104,016**	**658.328**
E5	X Underwriter Adjustment	1.00000		
E6	**Quoted Rate PMPM after Underwriter Adjustment**	**24.83%**	**104,016**	**658.328**
E7	Capping Adjustment		(6,957)	(44.032)

NPS Quote ID: 32097577

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate Buildup

Group Name: Pressman Welfare Fund Local 72
Group Number(s): 17989
Subgroup(s): 0000,0003,0006,0009,0011,0015,0018

Product Type: DHMO MD SIG
Quote_Name: VF DHMO MV 1

Region: Mid-Atlantic States
Contract Period: 10/01/2024 - 09/30/2025
Report Period: Apr 2023 through Mar 2024

		Apr23 - Mar24
Average Members:		258
Rating Month:		March 2024
Rating Members:		16

	Medical Calculation		Weight	Factor	Total$	PMPM$
A	**Projected Claims Calculation**					
A1	Paid Claims				$2,234,334	$722.384
A2	- Pooling Credit	Pooling Point:$105,000			(729,465)	(235.844)
A3	+ Pooling Charge				139,711	45.170
A4	Claims Net of Pooling				$1,644,580	$531.710
A5	X Incurred Claims Adjustment			1.12148		
A6	X Demographic Change			1.00139		
A7	X Historical Benefit Change			0.501200		
A8	Adjusted Claims					$299.282
A9	X Trend Factor	Annual Trend: 7.89%		1.12072		
A10	Claims based PMPM	18.0 Months Midpoint to Midpoint				$335.411
A11	Credibility		20%			
B	**Manual Rate Calculation**					
B1	Benefit Adjusted Manual Rate					$271.022
B2	X Area Factor			1.00000		
B3	X Demographic Factor			1.19179		
B4	X Industry Factor			1.00000		
B5	X COBRA Factor			1.00000		
B6	X Work Status Factor			1.00000		
B7	Manual PMPM					$323.001
B8	Credibility		80%			

Total Rate Calculation

		Factor	Mo. Prem.	PMPM$
D	**Total Rate Calculation**			
D1	Blended Rate		$5,208	$325.483
D2	X Future Benefit Change	1.000000		
D3	Adjusted PMPM		$5,208	$325.483
D4	+ Retention		886	55.381
D5	+ Other Benefits		0	0.000
D6	+ Group Specific Charge		0	0.000
D7	+ Late Payment Charge		0	0.000
D8	+ Federal PCORI Fee		4	0.280
D9	+ State Fee		16	1.000
D10	+ Premium Tax		0	0.000
D11	+ Commission		0	0.000
D12	**Uncapped PMPM Premium Requirement**		**$6,114**	**$382.144**
E	**Capping**	**Increase**		
E1	In-Force Rate		$8,725	$545.325
E2	Premium Requirement without Changes and Underwriter Adjustment	(29.92%)	6,114	382.144
E3	Capping Rate	24.83%	10,892	680.741
E4	**Quoted Rate PMPM before Underwriter Adjustment**	**24.83%**	**10,892**	**680.741**
E5	X Underwriter Adjustment	1.00000		
E6	**Quoted Rate PMPM after Underwriter Adjustment**	**24.83%**	**10,892**	**680.741**
E7	Capping Adjustment		4,778	298.597

NPS Quote ID: 32097578

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate Buildup

Group Name: Pressman Welfare Fund Local 72
Group Number(s): 17989
Subgroup(s): 0000,0003,0006,0009,0011,0015,0018

Product Type: HMO MD SIG
Quote_Name: Custom HMO 1 Sig

Region: Mid-Atlantic States
Contract Period: 10/01/2024 - 09/30/2025
Report Period: Apr 2023 through Mar 2024

	Apr23 - Mar24
Average Members:	258
Rating Month:	March 2024
Rating Members:	83

Medical Calculation

			Weight	Factor	Total$	PMPM$
A	**Projected Claims Calculation**					
A1	Paid Claims				$2,234,334	$722.384
A2	- Pooling Credit	Pooling Point:$105,000			(729,465)	(235.844)
A3	+ Pooling Charge				139,711	45.170
A4	Claims Net of Pooling				$1,644,580	$531.710
A5	X Incurred Claims Adjustment			1.12148		
A6	X Demographic Change			1.00139		
A7	X Historical Benefit Change			1.107700		
A8	Adjusted Claims					$661.442
A9	X Trend Factor	Annual Trend: 7.89%		1.12072		
A10	Claims based PMPM	18.0 Months Midpoint to Midpoint				$741.291
A11	Credibility		20%			
B	**Manual Rate Calculation**					
B1	Benefit Adjusted Manual Rate					$605.443
B2	X Area Factor			1.00000		
B3	X Demographic Factor			1.19179		
B4	X Industry Factor			1.00000		
B5	X COBRA Factor			1.00000		
B6	X Work Status Factor			1.00000		
B7	Manual PMPM					$721.561
B8	Credibility		80%			

Total Rate Calculation

		Factor	Mo. Prem.	PMPM$
D	**Total Rate Calculation**			
D1	Blended Rate		$60,217	$725.507
D2	X Future Benefit Change	1.000000		
D3	Adjusted PMPM		$60,217	$725.507
D4	+ Retention		4,932	59.422
D5	+ Other Benefits		0	0.000
D6	+ Group Specific Charge		0	0.000
D7	+ Late Payment Charge		0	0.000
D8	+ Federal PCORI Fee		23	0.280
D9	+ State Fee		83	1.000
D10	+ Premium Tax		0	0.000
D11	+ Commission		0	0.000
D12	**Uncapped PMPM Premium Requirement**		**$65,255**	**$786.209**
E	**Capping**	**Increase**		
E1	In-Force Rate		$54,400	$655.427
E2	Premium Requirement without Changes and Underwriter Adjustment	19.95%	65,255	786.209
E3	Capping Rate	24.83%	67,909	818.183
E4	**Quoted Rate PMPM before Underwriter Adjustment**	**24.83%**	**67,909**	**818.183**
E5	X Underwriter Adjustment	1.00000		
E6	**Quoted Rate PMPM after Underwriter Adjustment**	**24.83%**	**67,909**	**818.183**
E7	Capping Adjustment		2,654	31.974

NPS Quote ID: 32097576

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Membership – Age and Gender Demographics

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Group Number(s): 17989
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Quote Number(s): 32097576,32097577,32097578,32097579

Region: Mid-Atlantic States
Contract Period: 10/01/2024-09/30/2025

Members*

	Average Apr22-Mar23				Average Apr23-Mar24				Current as of Mar24			
Age	**Male**	**Female**	**Total**	**Percent**	**Male**	**Female**	**Total**	**Percent**	**Male**	**Female**	**Total**	**Percent**
0-0	0	1	1	0.4%	0	0	0	0.1%	0	0	0	0.0%
1-4	1	0	1	0.4%	1	1	2	0.7%	1	1	2	0.8%
5-9	4	0	4	1.5%	1	1	2	0.9%	1	1	2	0.8%
10-14	8	6	14	5.5%	9	3	12	4.6%	9	2	11	4.2%
15-19	7	5	12	4.9%	7	7	14	5.3%	7	8	15	5.8%
20-24	11	16	27	10.8%	16	13	29	11.2%	14	13	27	10.4%
25-29	9	3	13	5.1%	7	7	14	5.3%	9	5	14	5.4%
30-34	6	4	10	3.9%	5	4	8	3.2%	5	3	8	3.1%
35-39	4	4	7	3.0%	5	3	8	3.0%	5	3	8	3.1%
40-44	9	8	17	6.8%	9	9	18	6.8%	8	8	16	6.2%
45-49	11	7	19	7.4%	9	10	19	7.3%	11	13	24	9.3%
50-54	23	16	39	15.5%	23	16	39	15.1%	23	14	37	14.3%
55-59	21	17	38	15.4%	19	18	37	14.1%	18	20	38	14.7%
60-64	25	11	35	14.2%	28	12	40	15.4%	26	11	37	14.3%
65-69	4	3	6	2.4%	6	5	10	4.0%	7	4	11	4.2%
70-74	1	3	4	1.7%	1	4	5	1.9%	2	4	6	2.3%
75-79	2	1	3	1.1%	2	1	3	1.2%	2	1	3	1.2%
80-84	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
85+	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
Total Members	**145**	**103**	**249**	**100.0%**	**148**	**112**	**260**	**100.0%**	**148**	**111**	**259**	**100.0%**
Percentage	58.4%	41.6%			56.8%	43.2%			57.1%	42.9%		
Health Plan Average Age:	36.2	37.2	36.7		36.4	37.3	36.9		37.5	38.8	38.2	
Group Average Age:	43.9	42.7	43.4		44.5	43.8	44.2		44.4	44.4	44.4	
Average Contract Size:			1.86				1.88				1.89	

* Includes Actives and /or pre 65 Retirees only.

Overview of Utilization

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Group Number(s): 17989
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Quote Number(s): 32097576,32097577,32097578,32097579

Region: Mid-Atlantic States
Contract Period: 10/01/2024 - 09/30/2025

	Apr22 - Mar23	Apr23 - Mar24
Average Members*:	249	260

Inpatient Days/1000 *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Medical	8.0	1,440.0%	123.2
Surgical	100.6	167.9%	269.5
Maternity	28.2	(100.0)%	0.0
Mental Health	0.0	0.0%	0.0
Substance Abuse	233.4	(100.0)%	0.0
SNF	0.0	N/A	61.6
Total Inpatient Days/1000	**370.2**	**22.7%**	**454.3**

Inpatient Admits/1000 *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Medical	4.0	572.5%	26.9
Surgical	20.1	(4.5)%	19.2
Maternity	8.0	(100.0)%	0.0
Mental Health	0.0	0.0%	0.0
Substance Abuse	4.0	(100.0)%	0.0
SNF	0.0	N/A	7.7
Total Inpatient Admits/1000	**36.2**	**48.9%**	**53.9**

Outpatient Visits/1000 *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Outpatient Visits	3,742.5	11.6%	4,177.1
Outpatient Mental Health	165.0	54.0%	254.1
Outpatient Substance Abuse	16.1	736.6%	134.7
Emergency Room	76.5	(29.5)%	53.9
Surgeries and Hospital Outpatient Other			
Hospital Outpatient Surgery	20.1	129.9%	46.2
Hospital Outpatient Other	76.5	66.0%	127.0
Lab	3,617.7	13.2%	4,096.2
Radiology	861.2	5.5%	908.6
Total Outpatient Visits/1000	**8,575.5**	**14.3%**	**9,797.9**

Pharmacy Scripts PMPY *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Brand /Formulary	0.3	0.0%	0.3
Brand / Non-Formulary	0.1	0.0%	0.1
Generic / Formulary	6.5	6.2%	6.9
Generic / Non-Formulary	0.2	0.0%	0.2
Total Pharmacy Scripts PMPY	**7.1**	**5.6%**	**7.5**

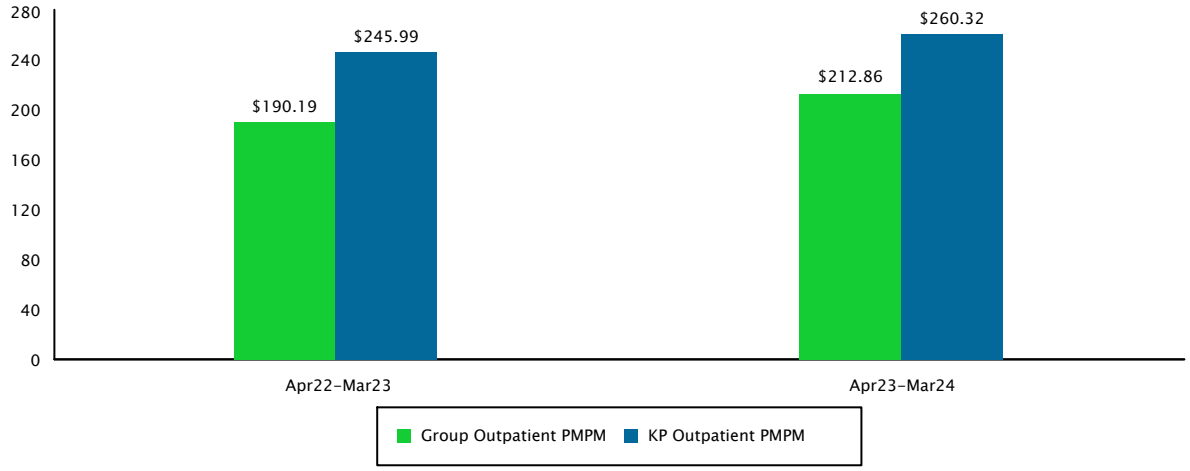
* Includes actives and /or pre 65 Retirees Only.

Outpatient - $ PMPM and $/Visit

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number(s): 17989
Contract Period: 10/01/2024 - 09/30/2025
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Quote Number(s): 32097576,32097577,32097578,32097579

	Apr22 - Mar23	Apr23 - Mar24
Average Members*:	249	260

Outpatient $ PMPM



Outpatient $ PMPM *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Outpatient Visits	$105.57	1.8%	$107.49
Outpatient Mental Health	2.42	(26.0)%	1.79
Outpatient Substance Abuse	0.29	106.9%	0.60
Emergency Room	10.56	(19.8)%	8.47
Surgeries and Hospital Outpatient Other			
Hospital Outpatient Surgery	16.06	31.9%	21.18
Hospital Outpatient Other	5.99	176.1%	16.54
Lab	25.32	35.5%	34.30
Radiology	23.99	(6.3)%	22.49
Total Outpatient $ PMPM	**$190.19**	**11.9%**	**$212.86**
Group to Health Plan Ratio	77.3%	5.8%	81.8%

Outpatient $/Visit *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Outpatient Visits	$338.51	(8.8)%	$308.79
Outpatient Mental Health	175.65	(52.0)%	84.37
Outpatient Substance Abuse	214.25	(74.9)%	53.78
Emergency Room	1,657.83	13.8%	1,886.35
Surgeries and Hospital Outpatient Other			
Hospital Outpatient Surgery	9,579.62	(42.6)%	5,501.42
Hospital Outpatient Other	940.54	66.1%	1,562.39
Lab	83.98	19.6%	100.47
Radiology	334.25	(11.1)%	297.07
Total Outpatient $/Visit	**$266.15**	**(2.0)%**	**$260.70**

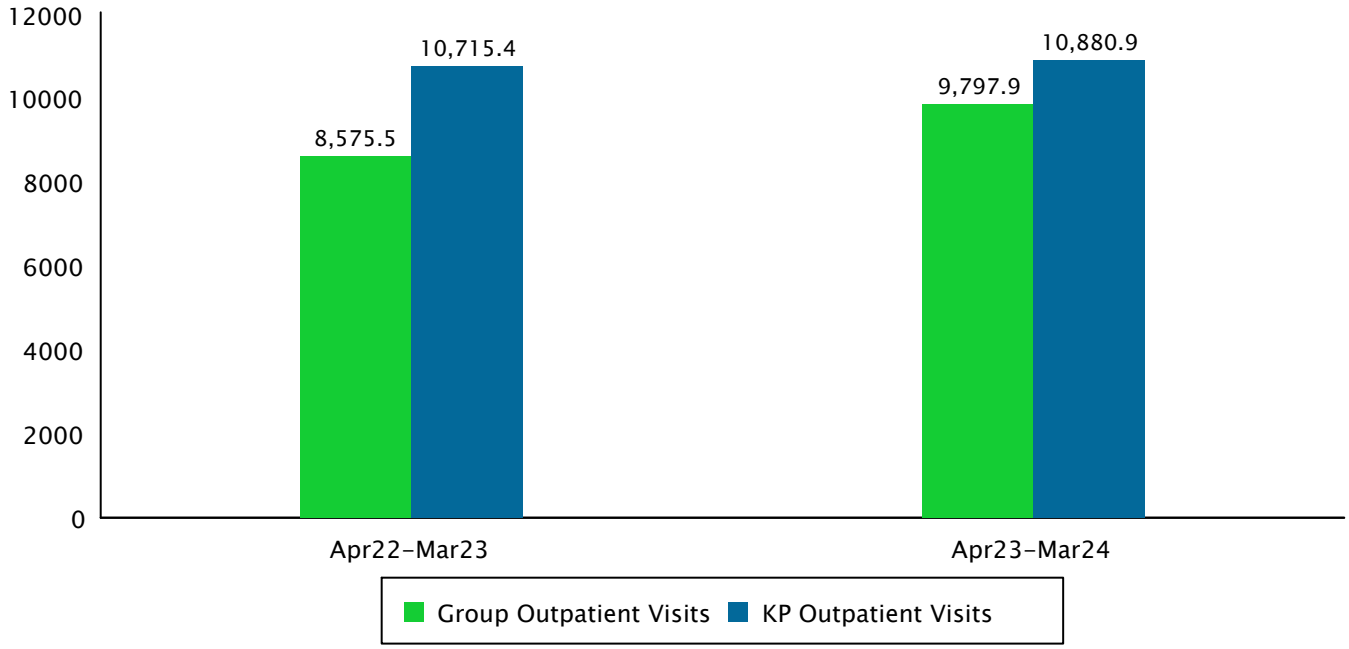
* Includes Actives and /or pre 65 Retirees only.

Outpatient - Visits/1000

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number(s): 17989
Contract Period: 10/01/2024-09/30/2025
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Quote Number(s): 32097576,32097577,32097578,32097579

	Apr22 - Mar23	Apr23 - Mar24
Average Members*:	249	260

Outpatient Visits/1000



Outpatient Visits/1000 *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Outpatient Visits	3,742.5	11.6%	4,177.1
Outpatient Mental Health	165.0	54.0%	254.1
Outpatient Substance Abuse	16.1	736.6%	134.7
Emergency Room	76.5	(29.5)%	53.9
Surgeries and Hospital Outpatient Other			
Hospital Outpatient Surgery	20.1	129.9%	46.2
Hospital Outpatient Other	76.5	66.0%	127.0
Lab	3,617.7	13.2%	4,096.2
Radiology	861.2	5.5%	908.6
Total Outpatient Visits/1000	**8,575.5**	**14.3%**	**9,797.9**

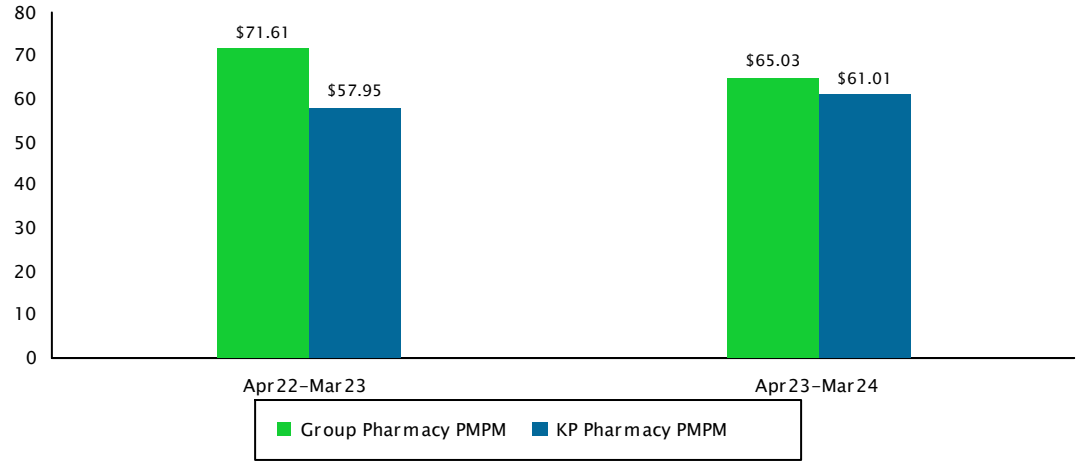
* Includes Actives and /or pre 65 Retirees only.

Pharmacy – $ PMPM and $/Script

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number(s): 17989
Contract Period: 10/01/2024-09/30/2025
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Quote Number(s): 32097576,32097577,32097578,32097579

	Apr22 – Mar23	Apr23 – Mar24
Average Members*:	249	260

Pharmacy $ PMPM



Pharmacy $ PMPM *

Service Category	Apr22 – Mar23	Change	Apr23 – Mar24
Brand /Formulary	$36.92	20.8%	$44.60
Brand/Non-Formulary	1.77	415.3%	9.12
Generic/Formulary	6.68	24.7%	8.33
Generic/Non-Formulary	1.09	(17.4)%	0.90
Specialty /Formulary	0.00	0.0%	0.00
Specialty /Non-Formulary	25.15	(93.5)%	2.08
Total Pharmacy $ PMPM	**$71.61**	**(9.2)%**	**$65.03**
Group to Health Plan Ratio	123.6%	(13.8)%	106.6%

Pharmacy $/Script *

Service Category	Apr22 – Mar23	Change	Apr23 – Mar24
Brand /Formulary	$1,448.57	20.0%	$1,737.76
Brand/Non-Formulary	211.54	690.8%	1,672.84
Generic/Formulary	12.33	17.0%	14.43
Generic/Non-Formulary	61.12	(13.1)%	53.10
Specialty /Formulary	0.00	0.0%	0.00
Specialty /Non-Formulary	24,995.33	(93.5)%	1,618.38
Total Pharmacy $/Script	**$120.37**	**(13.8)%**	**$103.79**

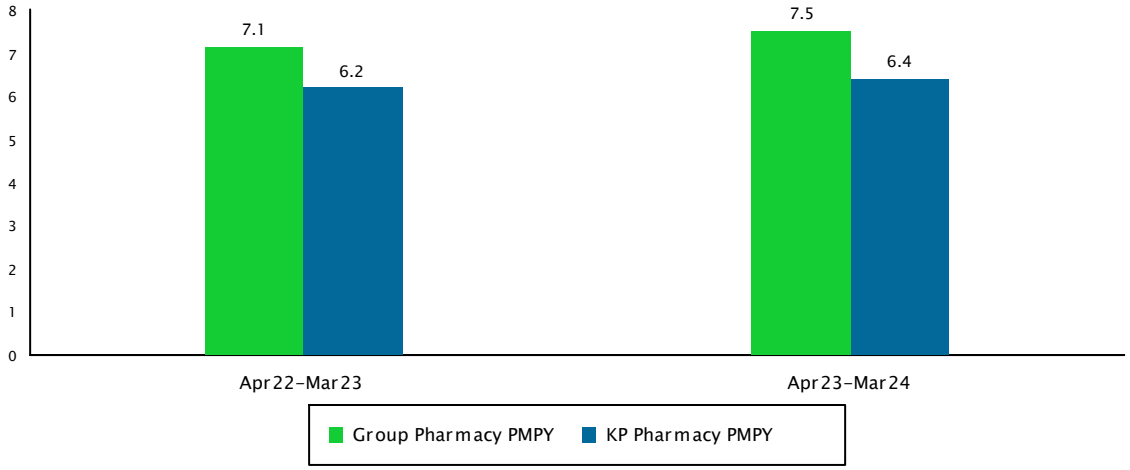
* Includes Actives and /or pre 65 Retirees only.

Pharmacy - Scripts / PMPY

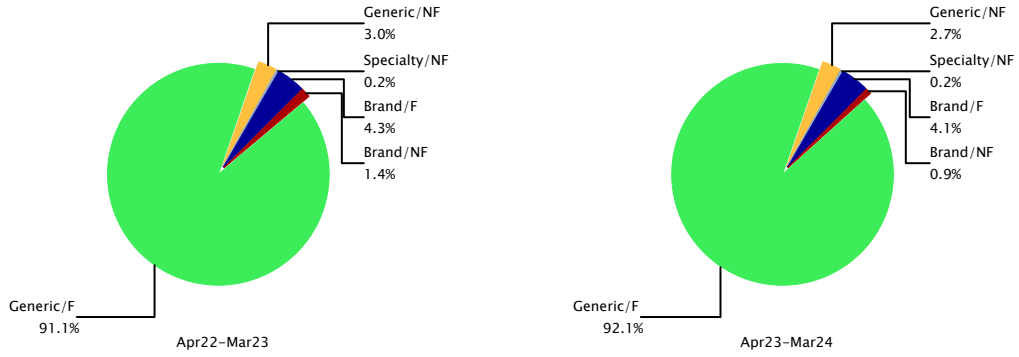
Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number(s): 17989
Contract Period: 10/01/2024-09/30/2025
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Quote Number(s): 32097576,32097577,32097578,32097579

	Apr22 - Mar23	Apr23 - Mar24
Average Members*:	249	260

Pharmacy Scripts PMPY



Pharmacy Scripts Comparison



Pharmacy Scripts PMPY *

Service Category	Apr22 - Mar23	Change	Apr23 - Mar24
Brand /Formulary (F)	0.3	0.0%	0.3
Brand/Non-Formulary (NF)	0.1	0.0%	0.1
Generic/Formulary (F)	6.5	6.2%	6.9
Generic/Non-Formulary (NF)	0.2	0.0%	0.2
Specialty /Formulary (F)	0.0	0.0%	0.0
Specialty /Non-Formulary (NF)	0.0	0.0%	0.0
Total Pharmacy Scripts PMPY	**7.1**	**5.6%**	**7.5**

* Includes Actives and /or pre 65 Retirees only.

Pharmacy Detail

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Region: Mid-Atlantic States

Group Number(s): 17989

Contract Period: 10/01/2024-09/30/2025

Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote Number(s): 32097576,32097577,32097578,32097579

Average Members *: Apr23 - Mar24: 260

GROUP

GENERIC	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$25,955	12.8%	$8.33	1,799	92.1%	$14.43
Non-Formulary	2,814	1.4%	0.90	53	2.7%	53.10
Rx Total	**$28,769**	**14.2%**	**$9.23**	**1,852**	**94.8%**	**$15.53**

BRAND	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$139,021	68.6%	$44.60	80	4.1%	$1,737.76
Non-Formulary	28,438	14.0%	9.12	17	0.9%	1,672.84
Rx Total	**$167,459**	**82.6%**	**$53.72**	**97**	**5.0%**	**$1,726.38**

SPECIALTY DRUG	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$0	0.0%	$0.00	0	0.0%	$0.00
Non-Formulary	6,474	3.2%	2.08	4	0.2%	1,618.38
Rx Total	**$6,474**	**3.2%**	**$2.08**	**4**	**0.2%**	**$1,618.38**

TOTAL	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$164,975	81.4%	$52.93	1,879	96.2%	$87.80
Non-Formulary	37,726	18.6%	12.10	74	3.8%	509.81
Rx Total	**$202,701**	**100.0%**	**$65.03**	**1,953**	**100.0%**	**$103.79**

HEALTH PLAN

GENERIC	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	14.3%	$8.74	90.5%	$18.05
Non-Formulary	1.3%	0.77	2.6%	56.17
Rx Total	**15.6%**	**$9.51**	**93.1%**	**$19.11**

BRAND	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	47.0%	$28.66	5.1%	$1,047.85
Non-Formulary	24.3%	14.80	1.6%	1,678.29
Rx Total	**71.2%**	**$43.46**	**6.8%**	**$1,201.53**

SPECIALTY DRUG	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	8.7%	$5.34	0.1%	$9,009.77
Non-Formulary	4.4%	2.70	0.1%	10,023.92
Rx Total	**13.2%**	**$8.03**	**0.2%**	**$9,326.49**

TOTAL	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	70.1%	$42.74	95.7%	$83.48
Non-Formulary	29.9%	18.27	4.3%	798.75
Rx Total	**100.0%**	**$61.01**	**100.0%**	**$114.06**

* Includes Actives and /or pre 65 Retirees Only.

NPS RQR Number: 16028191

NPS RQR Name: PRESSMEN WELFARE FUND

Pharmacy Detail

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Region: Mid-Atlantic States

Group Number(s): 17989

Contract Period: 10/01/2024-09/30/2025

Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote Number(s): 32097576,32097577,32097578,32097579

Apr22 - Mar23
Average Members *: 249

GROUP

GENERIC	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$19,931	9.3%	$6.68	1,617	91.1%	$12.33
Non-Formulary	3,239	1.5%	1.09	53	3.0%	61.12
Rx Total	**$23,170**	**10.9%**	**$7.77**	**1,670**	**94.1%**	**$13.87**

BRAND	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$110,091	51.6%	$36.92	76	4.3%	$1,448.57
Non-Formulary	5,288	2.5%	1.77	25	1.4%	211.54
Rx Total	**$115,380**	**54.0%**	**$38.69**	**101**	**5.7%**	**$1,142.37**

SPECIALTY DRUG	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$0	0.0%	$0.00	0	0.0%	$0.00
Non-Formulary	74,986	35.1%	25.15	3	0.2%	24,995.33
Rx Total	**$74,986**	**35.1%**	**$25.15**	**3**	**0.2%**	**$24,995.33**

TOTAL	$ Claims	% of Total Rx Claims	PMPM Claims	Scripts	% of Total Scripts	$ per Script
Formulary	$130,022	60.9%	$43.60	1,693	95.4%	$76.80
Non-Formulary	83,514	39.1%	28.01	81	4.6%	1,031.03
Rx Total	**$213,536**	**100.0%**	**$71.61**	**1,774**	**100.0%**	**$120.37**

HEALTH PLAN

GENERIC	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	14.5%	$8.41	89.1%	$18.17
Non-Formulary	1.3%	0.76	2.4%	60.94
Rx Total	**15.8%**	**$9.17**	**91.5%**	**$19.29**

BRAND	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	46.6%	$27.01	4.9%	$1,062.44
Non-Formulary	21.2%	12.27	3.4%	697.32
Rx Total	**67.8%**	**$39.28**	**8.3%**	**$913.10**

SPECIALTY DRUG	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	11.3%	$6.57	0.1%	$9,590.75
Non-Formulary	5.1%	2.94	0.1%	9,340.03
Rx Total	**16.4%**	**$9.50**	**0.2%**	**$9,511.88**

TOTAL	% of Total Rx Claims	PMPM Claims	% of Total Scripts	$ per Script
Formulary	72.4%	$41.98	94.1%	$85.88
Non-Formulary	27.6%	15.96	5.9%	525.23
Other**	0.0%	0.00	0.0%	3.93
Rx Total	**100.0%**	**$57.95**	**100.0%**	**$111.59**

* Includes Actives and /or pre 65 Retirees Only.

** The Other category includes claims that cannot be broken out by the categories indicated.

NPS RQR Number: 16028191

NPS RQR Name: PRESSMEN WELFARE FUND

Non - Medicare

Top 25 Drugs by Total Scripts

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Region: Mid-Atlantic States

Group Number: 17989

Contract Period: 10/01/2024 - 09/30/2025

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Average Members *: Apr22 - Mar23: 249; Apr23 - Mar24: 260

Quote number(s): 32097576, 32097577, 32097578, 32097579

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-Formulary**	Health Plan Rank	Health Plan % of Total Scripts	Group Annual Scripts per Member	Group Scripts	Group Rank	Group % of Total Scripts
RESPIRATORY THERAPY AGENTS	00781729685	ALBUTEROL SULFATE 90MCG/ACTUATION HFAA		G	F	1	2.5%	0.23	59	1	3.0%
CARDIOVASCULAR THERAPY AGENTS	72205002399	ATORVASTATIN 20MG TAB		G	F	3	1.5%	0.21	54	2	2.8%
CARDIOVASCULAR THERAPY AGENTS	72205002499	ATORVASTATIN 40MG TAB		G	F	2	2.2%	0.17	45	3	2.3%
CARDIOVASCULAR THERAPY AGENTS	72205002599	ATORVASTATIN 80MG TAB		G	F	26	0.6%	0.15	38	4	1.9%
CARDIOVASCULAR THERAPY AGENTS	65162035111	SILDENAFIL (PULM.HYPERTENSION) 20MG TAB		G	F	44	0.4%	0.13	33	5	1.7%
GASTROINTESTINAL THERAPY AGENTS	65862056099	PANTOPRAZOLE 40MG TBEC		G	F	4	1.4%	0.10	25	6	1.3%
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	67877032105	IBUPROFEN 800MG TAB		G	F	7	1.2%	0.09	24	7	1.2%
CARDIOVASCULAR THERAPY AGENTS	29300039810	AMLODIPINE 10MG TAB		G	F	5	1.4%	0.09	23	8	1.2%
GASTROINTESTINAL THERAPY AGENTS	00121087316	LACTULOSE 10GRAM/15 ML SOLN		G	F	266	0.1%	0.08	22	9	1.1%
CARDIOVASCULAR THERAPY AGENTS	29300039710	AMLODIPINE 5MG TAB		G	F	6	1.3%	0.08	22	10	1.1%
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	10702001801	OXYCODONE 5MG TAB		G	F	45	0.4%	0.08	20	11	1.0%

Non - Medicare

Top 25 Drugs by Total Scripts

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number: 17989
Contract Period: 10/01/2024 - 09/30/2025
Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Average Members *: Apr22 - Mar23: 249; Apr23 - Mar24: 260
Quote number(s): 32097576, 32097577, 32097578, 32097579

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Health Plan Rank	Health Plan % of Total Scripts	Group Annual Scripts per Member	Group Scripts	Group Rank	Group % of Total Scripts
ANTI-INFECTIVE AGENTS	69452029030	ACYCLOVIR 400MG TAB		G	F	37	0.5%	0.07	19	12	1.0%
ENDOCRINE	60505014202	GLIPIZIDE 10MG TAB		G	F	16	0.7%	0.07	18	13	0.9%
ENDOCRINE	00054981729	PREDNISONE 10MG TAB		G	F	19	0.7%	0.07	18	14	0.9%
ANTI-INFECTIVE AGENTS	23155013505	DOXYCYCLINE MONOHYDRATE 100MG TAB		G	F	9	1.0%	0.07	17	15	0.9%
CONTRACEPTIVES	00555902658	JUNEL FE 1/20 (28) 1 MG-20 MCG(21)/75 MG (7) TAB		G	F	41	0.4%	0.06	15	16	0.8%
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	00406051201	OXYCODONE-ACETA MINOPHEN 5-325MG TAB		G	F	52	0.4%	0.06	15	17	0.8%
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	00406012301	HYDROCODONE-ACE TAMINOPHEN 5-325MG TAB		G	F	103	0.2%	0.06	15	18	0.8%
RESPIRATORY THERAPY AGENTS	68382024701	BENZONATATE 100MG CAP		G	F	12	0.8%	0.06	15	19	0.8%
CARDIOVASCULAR THERAPY AGENTS	65862020199	LOSARTAN 25MG TAB		G	F	29	0.6%	0.06	15	20	0.8%
CARDIOVASCULAR THERAPY AGENTS	72205002299	ATORVASTATIN 10MG TAB		G	F	22	0.6%	0.06	15	21	0.8%
CARDIOVASCULAR THERAPY AGENTS	53746051105	SPIRONOLACTONE 25MG TAB		G	F	122	0.2%	0.06	15	22	0.8%
ENDOCRINE	00597015390	JARDIANCE 25MG TAB		B	F	48	0.4%	0.05	14	23	0.7%

NPS RQR Number: 16028191 NPS RQR Name: PRESSMEN WELFARE FUND

Non - Medicare

Top 25 Drugs by Total Scripts

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-Formulary**	Health Plan Rank	Health Plan % of Total Scripts	Group Annual Scripts per Member	Group Scripts	Group Rank	Group % of Total Scripts
CARDIOVASCULAR THERAPY AGENTS	68180097903	LISINOPRIL 40MG TAB		G	F	28	0.6%	0.05	13	24	0.7%
HEMATOLOGICAL AGENTS	00597036055	PRADAXA 150MG CAP		B	N	76	0.3%	0.05	12	25	0.6%
		ALL OTHER					79.8%	5.28	1,372		70.3%
	TOTAL:						**100.0%**	**7.52**	**1,953**		**100.0%**

* Includes actives and /or pre 65 Retirees Only.

**The Other category ("O") includes claims that cannot be broken out by the categories indicated.

Brand/generic and formulary/non-formulary flags are determined from an NDC look-up table regularly updated by Pharmacy Analytical Services.

Non - Medicare

Top 25 Drugs by Net Claims

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

						Health Plan			Group		
Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Rank	Net Claims Per Script	% of Total Net Claims	Net Claims	Rank	Net Claims Per Script
ANTI-INFECTIVE AGENTS	49702023113	TRIUMEQ 600-50-300MG TAB		B	F	2	$8,402.17	20.5 %	$41,589.83	1	$10,397.46
RESPIRATORY THERAPY AGENTS	00310183030	FASENRA PEN 30MG/ML ATIN		B	N	45	5,269.41	18.1 %	36,661.03	2	5,237.29
DERMATOLOGICAL	00024591502	DUPIXENT PEN 300MG/2 ML PNIJ		B	N	9	3,596.56	11.8 %	23,877.16	3	5,969.29
ANTI-INFECTIVE AGENTS	72626270101	SOFOSBUVIR-VELPAT ASVIR 400-100MG TAB		B	F	40	6,478.85	9.7 %	19,601.52	4	6,533.84
CARDIOVASCULAR THERAPY AGENTS	00078065920	ENTRESTO 24-26MG TAB		B	F	152	1,212.75	5.3 %	10,778.44	5	979.86
ENDOCRINE	00597015390	JARDIANCE 25MG TAB		B	F	7	555.24	3.8 %	7,689.24	6	549.23
ENDOCRINE	00002840001	FORTEO 20 MCG/DOSE(600MCG/ 2.4ML) PNIJ	S	B	F	344	1,976.26	3.2 %	6,473.50	7	1,618.38
CENTRAL NERVOUS SYSTEM AGENTS	64764075030	TRINTELLIX 20MG TAB		B	N	260	1,006.09	1.7 %	3,502.86	8	500.41
RESPIRATORY THERAPY AGENTS	00173071720	ADVAIR HFA 230-21MCG/ACTUAT ION HFAA		B	F	283	424.37	1.7 %	3,409.11	9	309.92
ENDOCRINE	00597015230	JARDIANCE 10MG TAB		B	F	110	804.64	1.7 %	3,402.42	10	1,134.14
CARDIOVASCULAR THERAPY AGENTS	00078077767	ENTRESTO 49-51MG TAB		B	F	186	1,149.87	1.6 %	3,222.78	11	1,074.26

Non - Medicare

Top 25 Drugs by Net Claims

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

						Health Plan			Group		
Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Rank	Net Claims Per Script	% of Total Net Claims	Net Claims	Rank	Net Claims Per Script
RESPIRATORY THERAPY AGENTS	00597010061	SPIRIVA RESPIMAT 2.5MCG/ACTUATION MIST		B	F	34	$376.09	1.6 %	$3,206.24	12	$801.56
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC	72511040002	AMJEVITA(CF) AUTOINJECTOR 40MG/0.8 ML ATIN		B	F	8	2,060.23	1.5 %	3,110.20	13	3,110.20
CENTRAL NERVOUS SYSTEM AGENTS	51759020210	AJOVY AUTOINJECTOR 225MG/1.5 ML ATIN		B	N	62	463.71	1.0 %	2,076.00	14	415.20
HEMATOLOGICAL AGENTS	00597036055	PRADAXA 150MG CAP		B	N	28	236.86	1.0 %	1,988.92	15	165.74
MULTIPLE SCLEROSIS AGENTS	68462016630	FINGOLIMOD 0.5MG CAP		G	F	1,701	457.88	0.8 %	1,696.12	16	848.06
ANTI-INFECTIVE AGENTS	00069532130	PAXLOVID 300 MG (150 MGX 2)-100 MG DSPK		B	F	22	1,416.44	0.7 %	1,433.98	17	1,433.98
ENDOCRINE	00597015290	JARDIANCE 10MG TAB		B	F	262	760.30	0.6 %	1,269.67	18	634.84
RESPIRATORY THERAPY AGENTS	00378932132	WIXELA INHUB 250-50MCG/DOSE DSDV		G	F	50	124.12	0.4 %	906.10	19	226.53
GASTROINTESTINAL THERAPY AGENTS	54092047612	LIALDA 1.2GRAM TBEC		B	N	166	383.12	0.4 %	871.85	20	124.55
ENDOCRINE	00002831501	HUMULIN N NPH U-100 INSULIN 100UNIT/ML SUSP		B	N	63	107.25	0.4 %	850.56	21	121.51

Non - Medicare

Top 25 Drugs by Net Claims

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number: 17989
Contract Period: 10/01/2024 - 09/30/2025
Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Average Members *: Apr22 - Mar23: 249; Apr23 - Mar24: 260
Quote number(s): 32097576, 32097577, 32097578, 32097579

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-Formulary**	Health Plan Rank	Health Plan Net Claims Per Script	Group % of Total Net Claims	Group Net Claims	Group Rank	Group Net Claims Per Script
RESPIRATORY THERAPY AGENTS	00378932232	WIXELA INHUB 500-50MCG/DOSE DSDV		G	F	69	$154.96	0.4 %	$768.11	22	$109.73
RESPIRATORY THERAPY AGENTS	00378750332	BREYNA 160-4.5MCG/ACTUATION HFAA		G	F	413	148.94	0.4 %	757.69	23	757.69
CARDIOVASCULAR THERAPY AGENTS	72205002599	ATORVASTATIN 80MG TAB		G	F	170	19.85	0.4 %	735.41	24	19.35
RESPIRATORY THERAPY AGENTS	00781729685	ALBUTEROL SULFATE 90MCG/ACTUATION HFAA		G	F	114	7.41	0.3 %	685.70	25	11.62
		ALL OTHER					$104.61	10.9 %	$22,136.80		$12.78
	TOTAL:						**$114.06**	**100.0 %**	**$202,701.24**		**$103.79**

* Includes actives and /or pre 65 Retirees Only.

**The Other category ("O") includes claims that cannot be broken out by the categories indicated.

Brand/generic and formulary/non-formulary flags are determined from an NDC look-up table regularly updated by Pharmacy Analytical Services.

Non - Medicare

Top 25 Drugs by Total Scripts sorted by Therapeutic Class

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Health Plan Rank	Health Plan % of Total Scripts	Group Annual Scripts per Member	Group Scripts	Group Rank	Group % of Total Scripts
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC											
	67877032105	IBUPROFEN 800MG TAB		G	F	7	1.2%	0.09	24	7	1.2%
	10702001801	OXYCODONE 5MG TAB		G	F	45	0.4%	0.08	20	11	1.0%
	00406051201	OXYCODONE-ACETA MINOPHEN 5-325MG TAB		G	F	52	0.4%	0.06	15	17	0.8%
	00406012301	HYDROCODONE-ACE TAMINOPHEN 5-325MG TAB		G	F	103	0.2%	0.06	15	18	0.8%
	ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC :						**2.2%**	**0.28**	**74**		**3.8%**
ANTI-INFECTIVE AGENTS											
	69452029030	ACYCLOVIR 400MG TAB		G	F	37	0.5%	0.07	19	12	1.0%
	23155013505	DOXYCYCLINE MONOHYDRATE 100MG TAB		G	F	9	1.0%	0.07	17	15	0.9%
	ANTI-INFECTIVE AGENTS :						**1.5%**	**0.14**	**36**		**1.8%**
CARDIOVASCULAR THERAPY AGENTS											
	72205002399	ATORVASTATIN 20MG TAB		G	F	3	1.5%	0.21	54	2	2.8%
	72205002499	ATORVASTATIN 40MG TAB		G	F	2	2.2%	0.17	45	3	2.3%
	72205002599	ATORVASTATIN 80MG TAB		G	F	26	0.6%	0.15	38	4	1.9%

Non - Medicare

Top 25 Drugs by Total Scripts sorted by Therapeutic Class

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number: 17989
Contract Period: 10/01/2024 - 09/30/2025
Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Average Members *: Apr22 - Mar23: 249; Apr23 - Mar24: 260
Quote number(s): 32097576, 32097577, 32097578, 32097579

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-Formulary**	Health Plan Rank	Health Plan % of Total Scripts	Group Annual Scripts per Member	Group Scripts	Group Rank	Group % of Total Scripts
	65162035111	SILDENAFIL (PULM.HYPERTENSION) 20MG TAB		G	F	44	0.4%	0.13	33	5	1.7%
	29300039810	AMLODIPINE 10MG TAB		G	F	5	1.4%	0.09	23	8	1.2%
	29300039710	AMLODIPINE 5MG TAB		G	F	6	1.3%	0.08	22	10	1.1%
	65862020199	LOSARTAN 25MG TAB		G	F	29	0.6%	0.06	15	20	0.8%
	72205002299	ATORVASTATIN 10MG TAB		G	F	22	0.6%	0.06	15	21	0.8%
	53746051105	SPIRONOLACTONE 25MG TAB		G	F	122	0.2%	0.06	15	22	0.8%
	68180097903	LISINOPRIL 40MG TAB		G	F	28	0.6%	0.05	13	24	0.7%
	CARDIOVASCULAR THERAPY AGENTS :						**9.2%**	**1.05**	**273**		**14.0%**
CONTRACEPTIVES											
	00555902658	JUNEL FE 1/20 (28) 1 MG-20 MCG(21)/75 MG (7) TAB		G	F	41	0.4%	0.06	15	16	0.8%
	CONTRACEPTIVES :						**0.4%**	**0.06**	**15**		**0.8%**
ENDOCRINE											
	60505014202	GLIPIZIDE 10MG TAB		G	F	16	0.7%	0.07	18	13	0.9%
	00054981729	PREDNISONE 10MG TAB		G	F	19	0.7%	0.07	18	14	0.9%
	00597015390	JARDIANCE 25MG TAB		B	F	48	0.4%	0.05	14	23	0.7%
	ENDOCRINE :						**1.8%**	**0.19**	**50**		**2.6%**
GASTROINTESTINAL THERAPY AGENTS											

Non - Medicare

Top 25 Drugs by Total Scripts sorted by Therapeutic Class

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Health Plan Rank	Health Plan % of Total Scripts	Group Annual Scripts per Member	Group Scripts	Group Rank	Group % of Total Scripts
	65862056099	PANTOPRAZOLE 40MG TBEC		G	F	4	1.4%	0.10	25	6	1.3%
	00121087316	LACTULOSE 10GRAM/15 ML SOLN		G	F	266	0.1%	0.08	22	9	1.1%
	GASTROINTESTINAL THERAPY AGENTS :						**1.5%**	**0.18**	**47**		**2.4%**
HEMATOLOGICAL AGENTS											
	00597036055	PRADAXA 150MG CAP		B	N	76	0.3%	0.05	12	25	0.6%
	HEMATOLOGICAL AGENTS :						**0.3%**	**0.05**	**12**		**0.6%**
RESPIRATORY THERAPY AGENTS											
	00781729685	ALBUTEROL SULFATE 90MCG/ACTUATION HFAA		G	F	1	2.5%	0.23	59	1	3.0%
	68382024701	BENZONATATE 100MG CAP		G	F	12	0.8%	0.06	15	19	0.8%
	RESPIRATORY THERAPY AGENTS :						**3.3%**	**0.28**	**74**		**3.8%**
	ALL OTHER :						**79.8%**	**5.28**	**1,372**		**70.3%**
	TOTAL:						**100.0%**	**7.52**	**1,953**		**100.0%**

* Includes actives and /or pre 65 Retirees Only.

**The Other category ("O") includes claims that cannot be broken out by the categories indicated.

Brand/generic and formulary/non-formulary flags are determined from an NDC look-up table regularly updated by Pharmacy Analytical Services.

Non - Medicare

Top 25 Drugs by Net Claims sorted by Therapeutic Class

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-Formulary**	Health Plan Rank	Health Plan Net Claims Per Script	% of Total Net Claims	Group Net Claims	Group Rank	Group Net Claims Per Script
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC											
	72511040002	AMJEVITA(CF) AUTOINJECTOR 40MG/0.8 ML ATIN		B	F	8	$2,060.23	1.5 %	$3,110.20	13	$3,110.20
	ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC :						**$2,060.23**	**1.5 %**	**$3,110.20**		**$3,110.20**
ANTI-INFECTIVE AGENTS											
	49702023113	TRIUMEQ 600-50-300MG TAB		B	F	2	$8,402.17	20.5 %	$41,589.83	1	$10,397.46
	72626270101	SOFOSBUVIR-VELPATASVIR 400-100MG TAB		B	F	40	6,478.85	9.7 %	19,601.52	4	6,533.84
	00069532130	PAXLOVID 300 MG (150 MGX 2)-100 MG DSPK		B	F	22	1,416.44	0.7 %	1,433.98	17	1,433.98
	ANTI-INFECTIVE AGENTS :						**$4,505.62**	**30.9 %**	**$62,625.33**		**$7,828.17**
CARDIOVASCULAR THERAPY AGENTS											
	00078065920	ENTRESTO 24-26MG TAB		B	F	152	$1,212.75	5.3 %	$10,778.44	5	$979.86
	00078077767	ENTRESTO 49-51MG TAB		B	F	186	1,149.87	1.6 %	3,222.78	11	1,074.26
	72205002599	ATORVASTATIN 80MG TAB		G	F	170	19.85	0.4 %	735.41	24	19.35
	CARDIOVASCULAR THERAPY AGENTS :						**$58.45**	**7.3 %**	**$14,736.63**		**$283.40**
CENTRAL NERVOUS SYSTEM AGENTS											
	64764075030	TRINTELLIX 20MG TAB		B	N	260	$1,006.09	1.7 %	$3,502.86	8	$500.41

Non - Medicare

Top 25 Drugs by Net Claims sorted by Therapeutic Class

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Health Plan Rank	Health Plan Net Claims Per Script	Group % of Total Net Claims	Group Net Claims	Group Rank	Group Net Claims Per Script
	51759020210	AJOVY AUTOINJECTOR 225MG/1.5 ML ATIN		B	N	62	$463.71	1.0 %	$2,076.00	14	$415.20
	CENTRAL NERVOUS SYSTEM AGENTS :						**$512.32**	**2.8 %**	**$5,578.86**		**$464.91**
DERMATOLOGICAL											
	00024591502	DUPIXENT PEN 300MG/2 ML PNIJ		B	N	9	$3,596.56	11.8 %	$23,877.16	3	$5,969.29
	DERMATOLOGICAL :						**$3,596.56**	**11.8 %**	**$23,877.16**		**$5,969.29**
ENDOCRINE											
	00597015390	JARDIANCE 25MG TAB		B	F	7	$555.24	3.8 %	$7,689.24	6	$549.23
	00002840001	FORTEO 20 MCG/DOSE(600MCG/ 2.4ML) PNIJ	S	B	F	344	1,976.26	3.2 %	6,473.50	7	1,618.38
	00597015230	JARDIANCE 10MG TAB		B	F	110	804.64	1.7 %	3,402.42	10	1,134.14
	00597015290	JARDIANCE 10MG TAB		B	F	262	760.30	0.6 %	1,269.67	18	634.84
	00002831501	HUMULIN N NPH U-100 INSULIN 100UNIT/ML SUSP		B	N	63	107.25	0.4 %	850.56	21	121.51
	ENDOCRINE :						**$382.35**	**9.7 %**	**$19,685.39**		**$656.18**
GASTROINTESTINAL THERAPY AGENTS											
	54092047612	LIALDA 1.2GRAM TBEC		B	N	166	$383.12	0.4 %	$871.85	20	$124.55
	GASTROINTESTINAL THERAPY AGENTS :						**$383.12**	**0.4 %**	**$871.85**		**$124.55**
HEMATOLOGICAL AGENTS											

Non - Medicare

Top 25 Drugs by Net Claims sorted by Therapeutic Class

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Health Plan Rank	Health Plan Net Claims Per Script	Group % of Total Net Claims	Group Net Claims	Group Rank	Group Net Claims Per Script
	00597036055	PRADAXA 150MG CAP		B	N	28	$236.86	1.0 %	$1,988.92	15	$165.74
	HEMATOLOGICAL AGENTS :						**$236.86**	**1.0 %**	**$1,988.92**		**$165.74**
MULTIPLE SCLEROSIS AGENTS											
	68462016630	FINGOLIMOD 0.5MG CAP		G	F	1,701	$457.88	0.8 %	$1,696.12	16	$848.06
	MULTIPLE SCLEROSIS AGENTS :						**$457.88**	**0.8 %**	**$1,696.12**		**$848.06**
RESPIRATORY THERAPY AGENTS											
	00310183030	FASENRA PEN 30MG/ML ATIN		B	N	45	$5,269.41	18.1 %	$36,661.03	2	$5,237.29
	00173071720	ADVAIR HFA 230-21MCG/ACTUAT ION HFAA		B	F	283	424.37	1.7 %	3,409.11	9	309.92
	00597010061	SPIRIVA RESPIMAT 2.5MCG/ACTUATION MIST		B	F	34	376.09	1.6 %	3,206.24	12	801.56
	00378932132	WIXELA INHUB 250-50MCG/DOSE DSDV		G	F	50	124.12	0.4 %	906.10	19	226.53
	00378932232	WIXELA INHUB 500-50MCG/DOSE DSDV		G	F	69	154.96	0.4 %	768.11	22	109.73
	00378750332	BREYNA 160-4.5MCG/ACTUA TION HFAA		G	F	413	148.94	0.4 %	757.69	23	757.69

Non - Medicare

Top 25 Drugs by Net Claims sorted by Therapeutic Class

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Group Number: 17989

Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

Quote number(s): 32097576, 32097577, 32097578, 32097579

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Average Members *:	Apr22 - Mar23	Apr23 - Mar24
	249	260

Report Period Apr23 - Mar24 Compared to Health Plan

Therapeutic Class	NDC	Drug Name	Specialty Drug	Brand/ Generic	Formulary /Non-For mulary**	Health Plan Rank	Health Plan Net Claims Per Script	% of Total Net Claims	Group Net Claims	Group Rank	Group Net Claims Per Script
	00781729685	ALBUTEROL SULFATE 90MCG/ACTUATION HFAA		G	F	114	$7.41	0.3 %	$685.70	25	$11.62
	RESPIRATORY THERAPY AGENTS :						**$59.17**	**22.9 %**	**$46,393.98**		**$498.86**
	ALL OTHER :						**$104.61**	**10.9 %**	**$22,136.80**		**$12.78**
	TOTAL:						**$114.06**	**100.0 %**	**$202,701.24**		**$103.79**

* Includes actives and /or pre 65 Retirees Only.

**The Other category ("O") includes claims that cannot be broken out by the categories indicated.

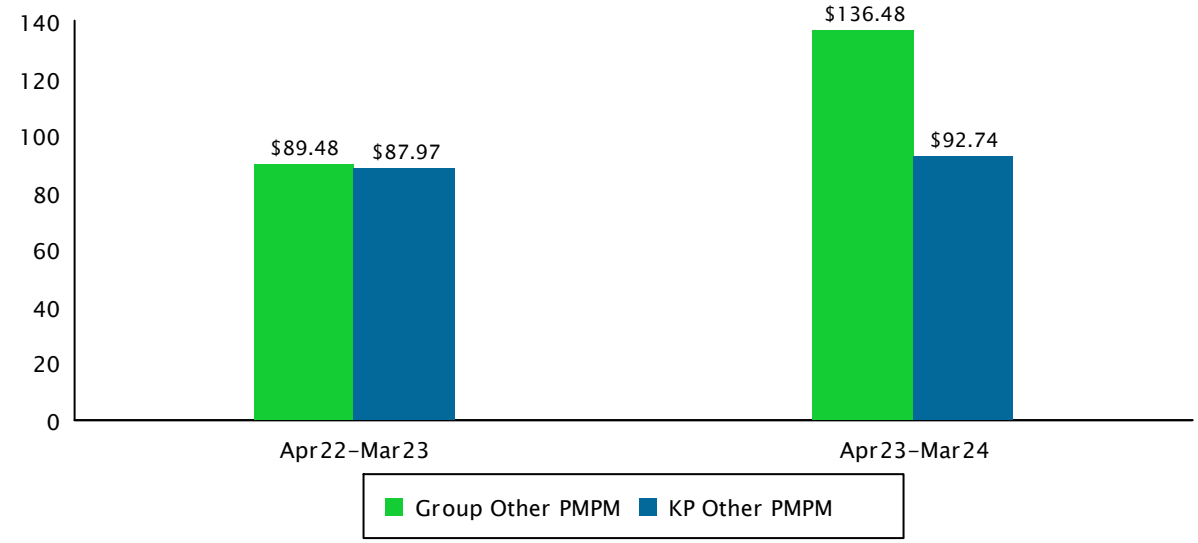
Brand/generic and formulary/non-formulary flags are determined from an NDC look-up table regularly updated by Pharmacy Analytical Services.

Other – $ PMPM

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Region: Mid-Atlantic States
Group Number(s): 17989
Contract Period: 10/01/2024-09/30/2025
Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018
Quote Number(s): 32097576,32097577,32097578,32097579

	Apr22 – Mar23	Apr23 – Mar24
Average Members*:	249	260

Other $ PMPM



Other $ PMPM *

Service Category	Apr22 – Mar23	Change	Apr23 – Mar24
Ambulance	$0.60	340.0%	$2.64
DME	3.86	523.3%	24.06
Home Health	3.57	54.3%	5.51
Hearing Aids	0.00	0.0%	0.00
Vision Hardware	0.25	96.0%	0.49
Chiropractic Services	0.00	0.0%	0.00
Dental	0.00	0.0%	0.00
Acupuncture	0.13	(69.2)%	0.04
Integrated Care Management – Variable – Rx	20.87	9.0%	22.75
Integrated Care Management – Variable – Medical	32.29	58.3%	51.12
Integrated Care Management – Fixed	27.91	7.1%	29.89
Other Medical Services	0.00	N/A	(0.01)
Total Other $ PMPM	**$89.48**	**52.5%**	**$136.48**
Group to Health Plan Ratio	101.7%	44.7%	147.2%

Other Utilization/1000 *

Service Category	Apr22 – Mar23	Change	Apr23 – Mar24
Ambulance	12.1	281.8%	46.2
DME	511.1	13.0%	577.5
Home Health	116.7	22.0%	142.4
Hearing Aids	0.0	0.0%	0.0
Vision Hardware	36.2	91.4%	69.3
Chiropractic Services	0.0	0.0%	0.0
Dental	0.0	0.0%	0.0
Acupuncture	16.1	(76.4)%	3.8
Total Other Utilization	**692.2**	**21.3%**	**839.3**

* Includes Actives and/or pre 65 Retirees only.

High Cost Claimants

Region: Mid-Atlantic States

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo

Contract Period: 10/01/2024 - 09/30/2025

Group Number(s): 17989

Subgroup(s): 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

	Apr22 - Mar23	Apr23 - Mar24
Average Members*:	249	260

Product Type: HMO MD SIG,DHMO MD SEL

Claims In Excess Of: $52,500

Quote Number(s): 32097576,32097577,32097578,32097579

Pooling Point: $105,000

Person	Member Status	Major Diagnostic Category	Claims Per Member	% of Total Claims	Claims Over Pooling Point
Current Year					
Person 1	Active	00-PRE-MDC	$777,672.52	34.7%	$672,672.52
Person 2	Active	18-INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	161,792.23	7.2%	56,792.23
Person 3	Active	99-No Primary MDC Found	90,139.85	4.0%	0.00
Person 4	Active	08-DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	70,299.32	3.1%	0.00
Person 5	Active	10-ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	55,791.81	2.5%	0.00
Person 6	Active	99-No Primary MDC Found	52,565.73	2.3%	0.00
Total for High Cost Members:			**$1,208,261.46**	**53.9 %**	
All Other Claimants Total:			**$1,034,163.41**	**46.1 %**	
Total for All Claimants:			**$2,242,424.87**	**100.0 %**	**$729,464.75**
Prior Year					
Person 1	Active	01-DISEASES & DISORDERS OF THE NERVOUS SYSTEM	$149,937.01	11.1%	$44,937.01
Person 2	Active	14-PREGNANCY,CHILDBIRTH & THE PUERPERIUM	97,388.06	7.2%	0.00
Person 3	Active	99-No Primary MDC Found	85,799.28	6.3%	0.00
Total for High Cost Members:			**$333,124.35**	**24.6 %**	
All Other Claimants Total:			**$1,019,745.57**	**75.4 %**	
Total for All Claimants:			**$1,352,869.92**	**100.0 %**	**$44,937.01**

* Includes Actives and /or pre 65 Retirees Only.

This report is based on MS-DRG.

Medical Benefit Ratio

Non-Medicare

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

Group Name: PRESSMEN WELFARE FUND Status Quo 2024-Status Quo
Group Numbers: 17989
Subgroups: 0000,0001,0003,0006,0007,0009,0011, 0012,0015,0018

	Apr22 - Mar23	Apr23 - Mar24
Average Members :	249	260

	Premium*	Premium PMPM	Medical Claims			Total Medical Claims	Rx Claims	Total Paid Claims	Total Paid Claims PMPM	Medical Benefit Ratio**	Subscribers	Members
			Inpatient	Outpatient	Other							
Quote Number(s): 32097576, 32097577, 32097578, 32097579												
Current Year												
Apr 23	$146,603	$570.44	$0	$40,848	$19,294	$60,141	$3,290	$63,431	$246.81	43%	139	257
May 23	145,662	568.99	40,188	41,380	22,609	104,177	3,154	107,331	419.26	74%	138	256
Jun 23	146,838	569.14	78,400	70,259	32,463	181,121	19,885	201,006	779.09	137%	139	258
Jul 23	145,683	564.66	58,539	37,507	26,018	122,064	11,355	133,419	517.13	92%	138	258
Aug 23	147,564	563.22	631,540	40,670	72,658	744,868	38,733	783,601	2,990.84	531%	140	262
Sep 23	146,389	558.74	104,275	69,127	51,174	224,576	16,411	240,987	919.80	165%	139	262
Oct 23	147,436	567.06	162	77,502	25,618	103,282	21,280	124,562	479.08	84%	137	260
Nov 23	149,374	570.13	26,837	53,797	42,385	123,019	15,959	138,978	530.45	93%	139	262
Dec 23	149,837	567.56	0	43,987	38,654	82,641	23,260	105,901	401.14	71%	139	264
Jan 24	147,436	567.06	9,097	54,668	33,665	97,430	18,721	116,152	446.74	79%	137	260
Feb 24	148,141	571.97	827	65,804	24,579	91,211	11,918	103,129	398.18	70%	137	259
Mar 24	148,383	572.91	978	67,933	36,282	105,192	18,736	123,928	478.49	84%	137	259
Total	**$1,769,347**	**$567.64**	**$950,842**	**$663,482**	**$425,400**	**$2,039,724**	**$202,701**	**$2,242,425**	**$719.42**	**127%**	**1,659**	**3,117**
Prior Year												
Apr 22	$135,028	$564.97	$4,323	$48,564	$18,005	$70,892	$33,667	$104,559	$437.49	77%	128	239
May 22	131,850	568.32	(935)	35,845	16,524	51,435	6,763	58,198	250.85	44%	125	232
Jun 22	132,764	567.37	0	36,854	16,757	53,611	18,629	72,240	308.72	54%	126	234
Jul 22	130,937	564.38	0	40,995	16,270	57,265	42,052	99,317	428.09	76%	124	232
Aug 22	132,764	572.26	38,146	50,757	22,033	110,936	7,976	118,912	512.55	90%	126	232
Sep 22	137,332	569.84	456	47,506	20,037	67,999	15,737	83,735	347.45	61%	131	241
Oct 22	151,519	571.77	5,829	46,057	21,138	73,024	32,316	105,341	397.51	70%	143	265
Nov 22	149,895	569.94	5,348	38,777	18,327	62,453	8,995	71,447	271.66	48%	142	263
Dec 22	148,954	564.22	26,711	49,158	24,431	100,300	14,813	115,113	436.03	77%	141	264
Jan 23	148,013	558.54	164,542	58,994	44,307	267,842	10,483	278,325	1,050.28	188%	140	265
Feb 23	144,957	561.85	32,639	44,238	23,279	100,155	4,755	104,910	406.63	72%	137	258
Mar 23	144,957	564.03	28,296	69,414	25,713	123,423	17,349	140,772	547.75	97%	137	257
Total	**$1,688,969**	**$566.39**	**$305,353**	**$567,160**	**$266,821**	**$1,139,334**	**$213,536**	**$1,352,870**	**$453.68**	**80%**	**1,600**	**2,982**

* Monthly Subscribers by tier multiplied by rates in effect for each month. Subscriber counts may include retroactive adjustments.

** Medical and Pharmacy paid claims divided by Premium.

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0000

Product Type: HMO MD SIG
Quote Name: Custom HMO 1 Sig

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 – 09/30/2025

	Apr23 – Mar24
Average Members*:	258
Eligibles:	400

Current Rates	Rate Tiers	Medical	Ratio
	Subscriber and 0 or more dependents	$1,431.59	1.00

Proposed Rates	Rate Tiers	Subscribers	Medical	%Change	Ratio
	Subscriber and 0 or more dependents	38	$1,787.08	24.83 %	1.00

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year(s) :	None
Out-of-Pocket Maximum: Individual / Family :	Medical Out-of-Pocket 3500I/9400F Embedded INCL DED Plan Year
Lifetime Maximum: Individual / Family :	None
Prescription Drugs	
Prescription Drugs :	30d 1 copay, 90d 2 copay, MO 90d 2 copay; KP $5/15/30, CM $15/25/40, MO $5/15/30 includes drugs for treatment of sexual dysfunction, 50% coins limited to 8 tablets/30 days
Outpatient	
Primary Care :	$15 COPAY
Preventive Care :	$0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care :	$20 COPAY
Urgent Care :	$20 COPAY
Other Professional	
Outpatient Surgical Services :	$50 COPAY
Chiropractic Services :	$20 COPAY/VISIT 20 VISITS/CONT YR
Acupuncture Services :	$20 COPAY/VISIT 20 VISITS/CONT YR
Dental :	NOT COVERED
Infertility Diagnosis & Testing :	50% COINS
Infertility Assistive Reproductive Technology :	50% COINS $100,000 BEN MAX/LIFE, 3 PROCEDURES/LIVE BIRTH
Occupational Therapy :	$15 COPAY 30 VISITS/EPISODE
Physical Therapy :	$15 COPAY 30 VISITS/EPISODE
Speech Therapy :	$15 COPAY 30 VISITS/EPISODE
Ambulance and Emergency Services	
Ambulance Services :	$75 COPAY
Emergency Services :	$100 COPAY
Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testing :	$0 COPAY
Outpatient Diagnostic Radiology :	$0 COPAY
Outpatient Specialty Imaging :	$100 COPAY
Hospital Inpatient	
Hospital Services, Inpatient :	$100 COPAY/ADMIT
Skilled Nursing Facility Care :	$100 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 :	$100 COPAY/ADMIT
Other	
Basic Durable Medical Equipment :	$0 COPAY
Prosthetics :	$0 COPAY
Orthotics :	$0 COPAY

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097576

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0000

Product Type: HMO MD SIG
Quote Name: Custom HMO 1 Sig

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 - 09/30/2025

	Apr23 - Mar24
Average Members*:	258
Eligibles:	400

Eyeglass Frames :	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses :	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids :	NOT COVERED

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

Commission:	None
APP:	No

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097576

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0012,0013,0014

Product Type: DHMO MD SEL
Quote Name: Custom DHMO 7 SEL

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 – 09/30/2025

	Apr23 – Mar24
Average Members*:	2
Eligibles: 400	

Current Rates	Rate Tiers	Medical	Ratio
	Subscriber and 0 or more dependents	$1,932.58	1.00

Proposed Rates	Rate Tiers	Subscribers	Medical	%Change	Ratio
	Subscriber and 0 or more dependents	1	$2,412.48	24.83 %	1.00

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year(s) :	$750/$1,500 Emb
Out-of-Pocket Maximum: Individual / Family :	Medical Out-of-Pocket 3000I/6000F Embedded INCL DED Plan Yr
Lifetime Maximum: Individual / Family :	None
Prescription Drugs	
Prescription Drugs :	30d 1 copay, 90d 2 copay, MO 90d 2 copay; KP $5/15/30, CM $15/25/40, MO $5/15/30 includes drugs for treatment of sexual dysfunction, 50% coins limited to 8 tablets/30 days
Outpatient	
Primary Care :	$20 COPAY
Preventive Care :	$0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care :	$30 COPAY
Urgent Care :	$30 COPAY
Other Professional	
Outpatient Surgical Services :	20% COINS
Chiropractic Services :	$15 COPAY/VISIT 20 VISITS/CONT YR
Acupuncture Services :	$15 COPAY/VISIT 20 VISITS/CONT YR
Dental :	NOT COVERED
Infertility Diagnosis & Testing :	50% COINS
Infertility Assistive Reproductive Technology :	50% COINS $100,000 BEN MAX/LIFE, 3 PROCEDURES/LIVE BIRTH
Occupational Therapy :	$30 COPAY 30 VISITS/EPISODE
Physical Therapy :	$30 COPAY 30 VISITS/EPISODE
Speech Therapy :	$30 COPAY 30 VISITS/EPISODE
Ambulance and Emergency Services	
Ambulance Services :	$100 COPAY
Emergency Services :	$100 COPAY
Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testing :	$20 COPAY
Outpatient Diagnostic Radiology :	$20 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 :	$10 COPAY
Behavioral Health-Individual Therapy :	$20 COPAY
Behavioral Health, Inpatient :	20% COINS
Other	
Basic Durable Medical Equipment :	$0 COPAY
Prosthetics :	$0 COPAY
Orthotics :	$0 COPAY

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097579

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0012,0013,0014

Product Type: DHMO MD SEL
Quote Name: Custom DHMO 7 SEL

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 - 09/30/2025

	Apr23 - Mar24
Average Members*:	2
Eligibles:	400

Eyeglass Frames :	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses :	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids :	NOT COVERED

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

Commission:	None
APP:	No

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097579

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0009,0010,0011

Product Type: DHMO MD SIG
Quote Name: DHMO 6 Sig

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 - 09/30/2025

	Apr23 - Mar24
Average Members*:	258
Eligibles:	400

Current Rates	Rate Tiers	Medical	Ratio
	Subscriber and 0 or more dependents	$968.89	1.00

Proposed Rates	Rate Tiers	Subscribers	Medical	%Change	Ratio
	Subscriber and 0 or more dependents	86	$1,209.49	24.83 %	1.00

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year(s) :	$750/$1,500
Out-of-Pocket Maximum: Individual / Family :	$3,000/$6,000/cont yr Med/Rx
Lifetime Maximum: Individual / Family :	None
Prescription Drugs	
Prescription Drugs :	30d 1 copay, 90d 2 copay, MO 90d 2 copay; KP $5/15/30, CM $15/25/40, MO $5/15/30 includes drugs for treatment of sexual dysfunction, 50% coins limited to 8 tablets/30 days
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 :	10% COINS
Chiropractic Services :	$15 COPAY/VISIT 20 VISITS/CONT YR
Acupuncture Services :	$15 COPAY/VISIT 20 VISITS/CONT YR
Dental :	NOT COVERED
Infertility Diagnosis & Testing :	50% COINS
Infertility Assistive Reproductive Technology :	50% COINS $100,000 BEN MAX/LIFE, 3 PROCEDURES/LIVE BIRTH
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
Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testing :	$15 COPAY
Outpatient Diagnostic Radiology :	$15 COPAY
Outpatient Specialty Imaging :	10% COINS
Hospital Inpatient	
Hospital Services, Inpatient :	10% COINS
Skilled Nursing Facility Care :	10% COINS 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 :	10% COINS
Other	
Basic Durable Medical Equipment :	$0 COPAY
Prosthetics :	$0 COPAY
Orthotics :	$0 COPAY

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097577

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0009,0010,0011

Product Type: DHMO MD SIG
Quote Name: Custom DHMO 6 Sig

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 – 09/30/2025

	Apr23 – Mar24
Average Members*:	258
Eligibles:	400

Eyeglass Frames :	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses :	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids :	NOT COVERED

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

Commission:	None
APP:	No

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097577

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0015,0016,0018,0019,0020

Product Type: DHMO MD SIG
Quote Name: VF DHMO MV 1

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 – 09/30/2025

	Apr23 – Mar24
Average Members*:	258
Eligibles:	400

Current Rates	Rate Tiers	Medical	Ratio
	Subscriber and 0 or more dependents	$727.10	1.00

Proposed Rates	Rate Tiers	Subscribers	Medical	%Change	Ratio
	Subscriber and 0 or more dependents	12	$907.65	24.83 %	1.00

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year(s) :	$5,000/$10,000 Embedded
Out-of-Pocket Maximum: Individual / Family :	$8,500I/$17,000F/cont yr EMB.
Lifetime Maximum: Individual / Family :	None
Prescription Drugs	
Prescription Drugs :	30d 1 copay, 90d 2 copay, MO 90d 2 copay; KP 25/60/50%; COMM Not Covered/MO 25/60/50%; KP/MO 50% up to $150 max includes drugs for treatment of sexual dysfunction, 50% coins limited to 8 tablets/30 days
Outpatient	
Primary Care :	$0 COPAY FIRST (1ST) PCP OR MH VISIT THEN $70 AFTER DED. FOR EACH VISIT THEREAFTER
Preventive Care :	$0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care :	$90 COPAY
Urgent Care :	$90 COPAY
Other Professional	
Outpatient Surgical Services :	40% 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/LIVE BIRTH
Occupational Therapy :	$90 COPAY 30 VISITS/EPISODE
Physical Therapy :	$90 COPAY 30 VISITS/EPISODE
Speech Therapy :	$90 COPAY 30 VISITS/EPISODE
Ambulance and Emergency Services	
Ambulance Services :	40% COINS
Emergency Services :	40% COINS
Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testing :	$70 COPAY
Outpatient Diagnostic Radiology :	$150 COPAY
Outpatient Specialty Imaging :	40% COINS
Hospital Inpatient	
Hospital Services, Inpatient :	40% COINS
Skilled Nursing Facility Care :	40% COINS UP TO 100 DAYS/CONT YR
Mental Health and Chemical Dependency	
Behavioral Health-Group Therapy :	$0 COPAY FIRST (1st) PCP or MH VISIT THEN $35 AFTER DED, FOR EACH VISIT THEREAFTER
Behavioral Health-Individual Therapy :	$0 COPAY FIRST (1ST) PCP OR MH VISIT THEN $70 AFTER DED. FOR EACH VISIT THEREAFTER
Behavioral Health, Inpatient :	40% COINS
Other	
Basic Durable Medical Equipment :	50% COINS
Prosthetics :	30% COINS

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097578

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate and Benefit Summary – Commercial

Group Name: Pressman Welfare Fund Local 72
Group Numbers 17989
Subgroups: 0015,0016,0018,0019,0020

Product Type: DHMO MD SIG
Quote Name: VF DHMO MV 1

Region: Mid-Atlantic States
Jurisdiction: MD
Contract Period: 10/01/2024 – 09/30/2025

	Apr23 – Mar24
Average Members*:	258
Eligibles:	400

Orthotics :	50% COINS
Eyeglass Frames :	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses :	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids :	NOT COVERED

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

Commission:	None
APP:	No

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32097578

NPS RQR Number: 16028191 NPS RQR Name : PRESSMEN WELFARE FUND

Rate Assumptions and Requirements

Group Name: Pressman Welfare Fund Local 72

Group Numbers: 17989

Subgroups: 0000,0009,0010,0011,0012,0013,0014, 0015,0016,0018,0019,0020

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

KP Offered: Alongside other carrier(s)

Quotes Included

Custom DHMO 6 Sig - 32097577
Custom DHMO 7 SEL - 32097579
Custom HMO 1 Sig - 32097576
VF DHMO MV 1 - 32097578

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 10/1/2024 through 9/30/2025 unless otherwise specified above.
   The rates and benefits in this proposal include the Federal Health Care Reform requirements. KP reserves the right to modify the rates and benefits if we receive further clarification of Federal Health Care Reform requirements, or to incorporate other applicable Federal Health Care Reform requirements. In addition, Kaiser Permanente reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action.
   KP reserves the right to rerate if actual enrollment results in a +/-5% change in the rates from what was assumed at the time of this quote. Examples of changes that may impact rates include, but are not limited to, the following:
   a. A change in the demographic factor.
   b. A change in the average family size or subscriber distribution.
   c. A change in the number of subscribers enrolled in KP.
   d. A change in the number of plans offered alongside KP.
   e. A change in the benefit design of a plan offered alongside KP.
   f. A change in the employer contribution formula.
   g. Groups must abide by the Break-in and Break-away Policy.

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

3. **Participation and contribution requirements:**
   a. Proposed rates and benefits assume 75% of overall eligible group employees enroll in a company-sponsored plan excluding those waiving for alternative group coverage.
   b. Proposal assumes employer pays at least 50% of the employee only cost and is non-discriminatory. Early retiree coverage added after 1/1/2024 will require the employer to pay at least 50% of the subscriber only early retiree rate on a non-discriminatory basis.
   c. With respect to any coverage identified as a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("ACA"), Group must immediately inform Health Plan if this coverage no longer meets the requirements for grandfathered status including but not limited to any change in its contribution rate to the cost of any grandfathered health plan(s) during the plan year. Group's contribution rate for grandfathered health plan coverage may not decrease more than five percent (5%) for any rate tier for such grandfathered plan(s) when compared to Group's contribution rate in effect on March 23, 2010 for the same plan.

Rate Assumptions and Requirements

Group Name: Pressman Welfare Fund Local 72

Group Numbers: 17989

Subgroups: 0000,0009,0010,0011,0012,0013,0014, 0015,0016,0018,0019,0020

Region: Mid-Atlantic States

Contract Period: 10/01/2024 - 09/30/2025

KP Offered: Alongside other carrier(s)

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

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

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

5. Product-specific participation requirements:

Additional Kaiser Permanente Medicare Senior Advantage (KPSA) requirements:

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

Additional Out-of-Area Product Requirements:

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

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

a. Employer - the employer cannot be considered a small group according to state law.
b. Actives:
   - The group (employer) must be related to those offered a KP plan by virtue of employment. This includes when the group contract is with a Taft-Hartley Trust, Professional Employer Organization (PEO), association or Joint Power of Authority (JPA).
   - An eligible employee is defined as an active, permanent employee who is on the employer's payroll, and works the minimum number of hours mandated by federal and/or state law to be considered an "eligible employee." Any agreement to change the minimum hours required must be in writing. Temporary and independent contractors (i.e., 1099 employees) are not eligible unless noted otherwise in this Rate Assumptions and Requirements document.
   - The employee must live or work in the service area specific to the product they enroll in.
   - 100% of eligible employees must be covered by Workers' Compensation, where mandated by law.
c. New enrollees:
   The probationary period for new employees is non-discriminatory and reflects no more than a 90-day waiting period unless noted otherwise in this Rate Assumptions and Requirements document.

d. COBRA
- It is the responsibility of the employer group to enroll eligible members into the KP COBRA plan in compliance with federal law.
- It is the employer's responsibility to comply with appropriate COBRA statutes.
- KP will generally include COBRA members as part of the group bill. If individual billing has been arranged, KP will assume responsibility for collecting premiums from COBRA members, only acting as a collection agent on behalf of the group, not as a fiduciary for the group. In addition, KP retains the authority to terminate a direct-billed member for non-payment.

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

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

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

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

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

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

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

10. Guaranteed Renewability:

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

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

For Northwest and Washington:

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

Glossary of Terms

Term	Kaiser Foundation Health Plan
Annual Trend	The projected annual percent change in medical and pharmacy expenses applied to a group's claims experience.
Area Factor	A factor that adjusts the manual rate to reflect geographic price differentials.
Average Members	The average monthly membership during the reporting period.
Benefit Adjusted Manual Rate	The average rate for a group's current benefit plan for a particular market segment.
Capping	A method of stabilizing year-to-year rate changes.
COBRA Factor	An adjustment made to the manual rate to reflect the proportion of COBRA enrollees.
Contract Period	The time period during which a rate is valid.
Credibility	The weighting applied to manual, risk or claims-based rates when developing required premium rates.
Demographic Change	An adjustment made in the Projected Claims Calculation to reflect changes in the group demographics that occurred between the experience period and the time of the quote.
Demographic Factor	An adjustment made to the manual rate to reflect a group's current demographics.
Federal Health Insurer Fee	A percent of premium fee paid by insurance carriers for commercial and Medicare business beginning January 1, 2014.
Federal PCORI Fee	A fee per covered life paid by commercial insurers and self-funded plan sponsors to fund the Patient-Centered Outcomes Research Institute (PCORI). PCORI was established by the Affordable Care Act. The PCORI will commission studies that compare drugs, medical devices, tests, surgeries and ways to deliver health care.
Federal Transitional Reinsurance Program Contribution	A fee paid by commercial insurers and third party administrators for self-funded plans from 2014 through 2016 to support reinsurance to individual market insurers covering high risk individuals in Exchanges.
Formulary	A list of preferred drugs based on their effectiveness and value.
Future Benefit Change	An adjustment to the rate to reflect a change in benefits being quoted for the renewal period.
Historical Benefit Change	An adjustment made to historical paid claims to reflect the group's current benefit level.
Hospital Outpatient Other	This service category primarily consists of non-surgical services provided in an outpatient hospital or facility setting. This includes, but is not limited to dialysis treatment, hospital observation visits originating in the emergency room, some colonoscopies, and mental health & substance abuse partial hospitalization.
Incurred Claim Adjustment	An adjustment made to a group's paid claims to convert them to estimated incurred claims.
In-force PMPM Rate	A group's current monthly PMPM (per member per month) rate.
Integrated Care Management (ICM) Fee	This charge, which is currently included in Paid Claims, incorporates services such as chronic conditions management, pharmacy management, clinical access alternatives, telephonic clinical advice, wellness information and coaching, online personal health management, medical and case management, external provider network management, and other care management services that are not billed or can't be done so efficiently. At KP, integrated care management cannot be unbundled, as it is part of the unique care and services the Permanente Medical Groups deliver to get and keep our members healthy.
Kaiser Permanente Senior Advantage (KPSA)	Kaiser Permanente's Medicare Advantage plan. `
Late Payment Charge	A fee added to the rate to compensate KP for a group's late payment history.

Glossary of Terms

Term	Kaiser Foundation Health Plan
Market Segment	Group divisions based on group size and/or line of business such as Labor Trust or National Accounts.
Other Benefits	Benefits that are not included in the manual rate nor in the paid claims.
Other Medical Services (OMS)	Other Medical Services (OMS) is a component of claims that accounts for services that are not easily captured in our claims and encounter systems. OMS includes but is not limited to capitated services, incomplete coding of KP services, COB and third-party liability.
Paid Claims	Paid medical expenses for services provided to a health plan member. These are either the result of an internal service, where prices are based on a fee schedule, or an external claim for services from a non-KP provider. Claims are attributed to the month in which they were paid (external) or reported (internal).
Pooling Charge	The per member per month charge included in the Projected Claims Calculation to compensate for the removal of claims exceeding the pooling point.
Pooling Credit	The total combined medical and prescription drug claims paid above the pooling point. This amount is removed from paid claims in the Projected Claims Calculation.
Pooling Point	The annual threshold above which a member's combined medical and prescription drug claims will be excluded from the group's rate calculation.
Quoted Rate	The renewal rate calculated on a per member per month basis.
Rate Assumptions and Requirements	A component of the customer renewal report package that documents terms and conditions of the rate proposal.
Rating Members	The membership during the rating month used in the renewal.
Rating Month	The month of the membership and benefits used to calculate the renewal.
Report Period	The period of time over which prior claims are aggregated and used to project future claim costs.
Reporting Threshold	Used on the High Cost Claimants report, it is the minimum in total claims in the reporting period required for a member to be displayed. The threshold varies by group size.
Retention	The portion of premium retained by KP to cover Health Plan administration expenses such as billing, member services and marketing.
Surgeries, Procedures and Outpatient Facility	Surgeries, Procedures and Outpatient Facility. `
Trend Factor	A factor that projects historical claims to a future rating period.
Underwriter Adjustment	An adjustment to the rate made by the underwriter to reflect differences in risk or offering conditions not accounted for elsewhere in the rate development.
Work Status Factor	An adjustment made to the manual rate to reflect the under 65 retiree population's influence on projected medical expenses.

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

MEETING NOTES