HEALTH AND WELFARE FUND MEETING

FELRA & UFCW HEALTH & WELFARE FUND

AGENDA

APRIL 3, 2014

I. CALL TO ORDER

II. MINUTES (pg. 1 – 19)
- A. REGULAR MEETING – AUGUST 27, 2013
- B. REGULAR MEETING – DECEMBER 18, 2013
- C. APPEALS COMMITTEE MEETING – DECEMBER 10, 2013

III. FINANCIAL REPORT
- A. PNC BANK
- B. INVESTMENT PERFORMANCE SERVICES

IV. ATTORNEY'S REPORT
- A. REGULAR
- B. DELINQUENCY REPORT
- C. SUBROGATION

V. ADMINISTRATIVE MANAGER'S REPORT – (4Q13) (pg. 20 – 63)

VI. INVOICES (pg. 64 – 69)
- A. PPACA PROGRESS BILLING – 4Q13

VII. OTHER FUND BUSINESS (pg. 70 – 87)
- A. MISCELLANEOUS CORRESPONDENCE
- B. PARTICIPANT APPEALS (REFERRED BY SUBCOMMITTEE)
- C. HERITAGE RX

VIII. ANNUAL REPORTS
- A. NON-MEDICARE RETIREE HMO (CIGNA)
- B. PPO PROVIDER (CAREFIRST)
- C. MEDICARE HMO (KAISER PERMANENTE)
- D. PRESCRIPTION DRUG PROVIDER (EXPRESS SCRIPTS)
- E. UTILIZATION REVIEW PROVIDER (CAREWISE HEALTH/SHPS)

IX. NEXT MEETING DATE AND LOCATION

X. ADJOURNMENT

MINUTES

Food Employers Labor Relations Association and United Food & Commercial Workers Health & Welfare Fund

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SPARKS, MARYLAND 21152-9451
TELEPHONE: (410) 683-6500
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MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE FELRA & UFCW HEALTH AND WELFARE FUND HELD AUGUST 27, 2013 IN LANDOVER, MARYLAND

The following Trustees were present:

UNION TRUSTEES
M. Federici - Secretary
M. Boyle
J. Chorpenning

EMPLOYER TRUSTEES
J. Paradis – Chairman
J. Champion
F. Stegman
S. Stoner

Also present were:

S. Aherne – Health Dialog
H. Burton – Morgan, Lewis & Bockius, LLP
M. Herwig – PNC Bank
T. Hipkins – UFCW Local 27
W. Jensen – Associated Administrators, LLC
B. Johnson- Advantica
C. Murphy – Associated Administrators, LLC
G. Murphy, Jr. – UFCW Local 27
B. Slevin – Slevin & Hart, P.C.
L. Walsh – Associated Administrators, LLC

I. CALL TO ORDER

Noting the presence of a quorum, the Chairman called the meeting to order.

A. Trustee Resignation/Appointment

Mr. Jensen reported that he had received correspondence dated July 10, 2013 from Mr. Ira Kress resigning his position as a Trustee effective immediately. He further reported he had received

correspondence from Mr. Jason Paradis appointing Mr. Steve Stoner to fill the vacancy left by Mr. Kress. The Trustees welcomed Mr. Stoner to the Board of Trustees.

II MINUTES

The Trustees reviewed the minutes of the last regular meeting held on May 22, 2013 – May 23, 2013, and the Appeals Committee meeting held on June 11, 2013, which were pre-circulated.

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

RESOLVED that the minutes of the last regular meeting held on May 22 2013 – May 23, 2013 and the Appeals Committee meeting held on June 11, 2013, were approved as presented.

III. FINANCIAL REPORT

A. PNC Bank

The Trustees welcomed Mr. Michael Herwig of PNC Bank to the meeting. He presented the summary of activity report for the period January 1, 2013 through July 31, 2013. Such report indicated a beginning market value of $38,832,559, earnings of $1,445,893, receipts of $88,378,076, and disbursements of $85,185,715, producing an ending market value of $43,470,813 as of July 31, 2013.

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

B. Investment Performance Services ("IPS") Proposal for Investment Consulting Services

Mr. Jensen reviewed the proposal submitted by IPS to provide investment consulting services to the Fund. He noted that the proposed fee for such services by Fund was $40,000 for the Health and Welfare Fund, $15,000 for the Severance Fund, $1,000 for the Scholarship Fund and $1,000 for the Legal Fund. He noted that these rates would be guaranteed for two years.

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

RESOLVED to hire Investment Performance Services as the sole investment consultant for the FELRA and UFCW Health and Welfare Fund at a fee of $40,000 for the Health and Welfare Fund, $15,000 for the Severance Fund, $1,000 for the Legal Fund and $1,000 for the Scholarship Fund. It was further RESOLVED that the fees would be guaranteed for two years.

C. Appointment of Investment Committee

At the last meeting, the Trustees agreed that appointment of an investment committee would be desirable. After discussion, the Trustees appointed Trustee Chorpenning, Trustee Champion, Trustee Boyle and Trustee Paradis to serve on the investment committee.

IV. ATTORNEY'S REPORT

A. Affordable Care Act ("ACA")

Mr. Slevin reported on actions that need to be taken regarding the ACA. The Trustees tabled taking action.

B. Contracts

Mr. Slevin presented the contracts for Cheiron and Segal and an amendment to the ESI/Medco agreement for execution by the Trustees. The contracts were executed.

C. Fiduciary Insurance Broker

Mr. Jensen reported that the Fund's insurance broker, A & R Associates, had transferred their fiduciary insurance business to Segal Select.

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

RESOLVED to designate Segal Select as the broker of record.

D. Cost Sharing Agreement

Mr. Slevin presented a revised restated cost sharing agreement. Consideration was tabled.

E. HIPAA Privacy And Security

Mr. Slevin discussed the final regulations regarding HIPAA Privacy and Security under the HITECH Act.

F. A & P/Superfresh

Mr. Slevin reviewed the status of the A & P/Superfresh contribution delinquency litigation.

G. Express Scripts Litigation

Mr. Slevin reviewed the status of the Express Scripts litigation.

H. Meridian Class Action Litigation

Mr. Slevin discussed the status of the Meridian class action litigation.

I. Third Party Lawsuit

Mr. Slevin discussed a third party lawsuit filed in State court, by participant Larry Carey.

J. Interpleader Action

Mr. Slevin discussed the Coover vs. Butler lawsuit.

K. PNC Agreement - Short Term Investment Fund (STIF) Investment Policy

Mr. Slevin discussed the STIF investment policy and the PNC Agreement.

L. SBCs

Mr. Slevin discussed the SBCs.

M. Subrogation Report

Mr. Jensen presented the subrogation report for the first quarter of 2013. He noted that $74,206.82 was collected with $18,551.46 payable to Slevin & Hart. He next presented the subrogation report for the second quarter of 2013. He noted that $41,922.11 was collected with $10,480.53 payable to Slevin and Hart.

N. Salter Agreement

Mr. Slevin discussed the Salter engagement letter.

O. Affordable Care Act ("ACA") Letter to Bargaining Parties

Mr. Slevin reported that Associated Administrators had notified the bargaining parties on August 21, 2013 regarding the provisions of the Affordable Care Act that may need to be addressed in future collective bargaining agreements.

V. ADMINISTRATIVE MANAGER'S REPORT

A. 1Q13 - Combined Fund Recap

Mr. Jensen presented the administrative manager's report for the first quarter 2013. Such report indicated employer contributions of $28,731,580, retiree contributions of $6,567,642, employee contributions of $2,223,931, interest and dividends for the active plan of $80,942, interest and dividends for the retiree plan of $20,548, and miscellaneous income of $16,958, producing total income of $37,641,601. Expenses totaled $36,363,633, producing a net surplus of $1,277,968 as of the first quarter 2013. Mr. Jensen noted that contributions were made on behalf of 18,786 active plan participants.

VI. INVOICES

The Trustees reviewed the list of invoices for the active and retiree plans dated August 27, 2013, as well as the PPACA invoice for the second quarter 2013. It was noted there were no additions, deletions or changes to the lists.

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

RESOLVED that the invoices on the lists dated August 27, 2013 for the active plan and the retiree plan, including the PPACA invoice submitted by Associated, were approved for payment.

VII. OTHER FUND BUSINESS

A. Miscellaneous Correspondence

1. ValueOptions

Mr. Jensen reported that ValueOptions proposed maintaining their existing fees for the mental health and EAP services for 2014.

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

RESOLVED to accept the 2014 fees proposed by ValueOptions.

2. Model COBRA Notice

Mr. Jensen presented a Model COBRA notice revised by the Internal Revenue Service, which includes the option for application to the exchanges as of January 1, 2014. He noted that his office will be working with Fund Counsel to adapt the forms currently being used by the Fund.

3. Affordable Care Act ("ACA") Update

Mr. Jensen provided an update regarding the Affordable Care Act ("ACA").

4. Summary of Benefits and Coverage ("SBC")

Mr. Jensen noted that the Summary of Benefits and Coverage had been sent to all Plan Participants and Eligible Dependents on August 30, 2013.

5. Maintenance of Benefit ("MOB")

Mr. Jensen reported that the MOB letters had been sent to the Participating Employers on July 29, 2013.

6. Form 843

Mr. Jensen reported that he had filed Form 843 – Claim for Refund and Abatement, to the IRS on July 25, 2013 via Certified Mail.

7. PCORI Fee

Mr. Jensen reported that the PCORI fee of $30,298 was paid on July 25, 2013

8. Class Action Settlements

Mr. Jensen reported that the Fund had received $32.20 as settlement of a Bextra/Celebrex class action case filed by CIGNA. He further reported that the Fund had received $664.77 as settlement of a fraud detection case filed by CIGNA.

9. Certified Registered Nurse Anesthetist (CRNA) Language Review

Mr. Jensen reviewed responses by CareFirst and Segal concerning coverage of CRNA expenses.

10. Pending Severance Benefit Applications

The Trustees discussed whether to pay the Severance benefit for applications received from A&P/Superfresh and Acme participants. Both firms had not remitted the recent contribution demands made by the Plan. Mr. Murphy made a motion to pay the severance benefits.

On Motion made and seconded, the Union Trustees voted in favor of the Motion. The Employer Trustees voted against the Motion. The issue was deadlocked.

VIII. ANNUAL REPORTS

A. Optical Provider Report (Advantica)

The Trustees welcomed Mr. Blake Johnson of Advantica to the meeting. Mr. Johnson presented the 2012 report for Advantica Vision program. Such report indicated 4,643 exams were performed for Fund participants with 4,169 frames provided, as well as the related single vision, bifocal, trifocal lenses covered by the Plan. The member savings less premiums was $194,205. Total member premiums paid to Advantica were $1,172,281.

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

B. Disease Management Provider (Health Dialog)

The Trustees welcomed Mr. Sean Aherne of Health Dialog to the meeting. He presented the annual savings report for 2012. Mr. Aherne reported that estimated savings were $745,728, representing a return on investment of 1.2 to 1, which was above the contract guarantee of 1 to 1. He noted that of the 26,128 participants utilizing the program, 5.5% had substantive program interactions in 2012. He noted that the average medical costs were $622.00 per participant per month. The estimated savings per interaction month were 12% or $75.00. The total fees paid to Health Dialog were $639,923 in 2012.

Mr. Aherne next reported on the Interactive Voice Response (IVR) program. Mr. Aherne noted that through their outreach efforts they reached 17.8% of the chronic population, accounting for 33% of the medical costs. Of those reached, 75% of the participants are engaged. 44.6% of the high risk population were reached. Of those reached, 78% are engaged. He further noted that four types of AutoDialog campaigns were run in 2012. As a result of these programs, the inbound call rate increased 55%, from 2.0 to 3.1 per 1000. He further noted that there was a 75% increase in participants providing information to a health coach. He noted that of the 156 members who talked to a health coach during the Flu Campaign, 29 stated that they had already received a flu shot, while another 30 members indicated that they planned to get a flu shot.

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

IX. ADOPTION OF COMMITTEE RECOMMENDATIONS

After review of the minutes of the recommendations made by the Legal, Severance and Scholarship Committees during their meetings,

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

RESOLVED that the recommendations made by the Committees are adopted by the Trustees of the Health and Welfare Fund.

X. NEXT MEETING DATE

After discussion, the Trustees selected December 19, 2013 as the next meeting date in Landover, Maryland.

XI. ADJOURNMENT

There being no further business to come before the Trustees, the meeting was adjourned.

Respectfully submitted,
Mark Federici, Secretary

Food Employers Labor Relations Association
and United Food & Commercial Workers
Health & Welfare Fund

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MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE FELRA & UFCW HEALTH AND WELFARE FUND HELD DECEMBER 18, 2013 IN LANDOVER, MARYLAND

The following Trustees were present:

UNION TRUSTEES
M. Federici - Secretary
M. Boyle
J. Chorpenning

EMPLOYER TRUSTEES
J. Paradis – Chairman
J. Champion
F. Stegman
S. Stoner

Also present were:

H. Burton – Morgan, Lewis & Bockius, LLP
S. Goodman – Slevin & Hart, P.C.
J. Herishen – Salter & Company
M. Herwig – PNC Bank
T. Hipkins – UFCW Local 27
W. Jensen – Associated Administrators, LLC
C. Murphy – Associated Administrators, LLC
G. Murphy, Jr. – UFCW Local 27

I. CALL TO ORDER

Noting the presence of a quorum, the Chairman called the meeting to order.

A. Proxy

Mr. Jensen reported that Trustee Masten had submitted his proxy to Trustee Chorpenning to act in all matters coming before the Trustees.

II MINUTES

The Trustees reviewed the minutes of the appeals subcommittee meeting held on September 17, 2013, which were pre-circulated.

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

RESOLVED that the minutes of the appeals subcommittee held on September 17, 2013 were approved as presented.

III. FINANCIAL REPORT

A. PNC Bank

The Trustees welcomed Mr. Michael Herwig of PNC Bank to the meeting. He presented the summary of activity report for the period January 1, 2013 through October 31, 2013. Such report indicated a beginning market value of $38,832,559, earnings of $2,309,603, receipts of $129,411,628, and disbursements of $123,609,581, producing an ending market value of $46,944,209 as of October 31, 2013.

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

B. Investment Performance Services – Transition.

Mr. Sichel provided a status update on the transfer of investment consulting duties from NEPC to IPS.

Mr. Sichel said that Segal, Bryant and Hamill ("SBH") had been sold. SBH requested that the Trustees consent to the change in ownership and assignment of the SBH contract. Mr. Sichel recommended that the Trustees approve an assignment of the contract as requested. After discussion,

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

RESOLVED to accept the advice of the investment consultant, by consenting to the assignment of the SBH contract as requested.

C. Auditor's Report

The Trustees welcomed Mr. Joseph Herishen of Salter & Company to the meeting. He presented the audit report for the period ending December 31, 2012. He noted that the report was an unqualified opinion.

Mr. Herishen reported that contribution income totaled $119,869,316. Investment income totaled $5,169,701. Other income totaled $34,569, producing total additions to the Fund of $125,073,856. Total deductions amounted to $167,966,071, producing a net decrease in the assets of $42,892,485, resulting in net assets at the end of the year of $70,832,429. Mr. Herishen reviewed the Notes to the Financial Statements, the Schedule of Assets held for Investment Purposes, the Schedule of Reportable Transactions, and the Schedule of Employer Contributions.

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

IV. ATTORNEY'S REPORT

A. Memorandum of Agreement ("MOA")

Mr. Jensen said a Memorandum of Agreement ("MOA") was reached between Safeway, Giant and UFCW Local's 400 and 27. Mr. Jensen noted that the MOA called for changes to the active and retiree benefit plans offered through the Fund.

Ms. Goodman noted that a meeting was necessary to discuss issues not addressed in the MOA.

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

> **RESOLVED to approve the Memorandum of Agreement and appoint a subcommittee of Trustees Paradis, Stegman, Federici and Murphy to discuss and resolve issues not addressed in the MOA and to handle all aspects of the Affordable Care Act.**

B. A & P/Superfresh

Ms. Goodman reviewed the status of the A & P/Superfresh litigation.

C. Meridian Litigation

Ms. Goodman discussed the status of the Meridian class action litigation.

D. Carrey Lawsuit

Ms. Goodman reported that the Carrey lawsuit was dismissed.

E. **Defense of Marriage Act ("DOMA")**

Ms. Goodman discussed the Supreme Court decision in the Windsor case.

F. **Active Plan and Retiree Plan**

Ms. Goodman discussed separate Trust Agreements for the Active and Retiree Plans. After discussion,

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

RESOLVED to adopt the separate Trust Agreements for the Active and Retiree Plans.

G. **Transitional Reinsurance Fee**

Ms. Goodman discussed the Transitional Reinsurance Fee.

H. **Medco Formulary Program**

Ms. Goodman discussed the Medco formulary program. She noted that Medco proposed excluding 48 drugs from their formulary list.

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

RESOLVED to approve the changes to Medco's formulary list.

I. **Madoff Fund**

Ms. Goodman discussed the Madoff Victim Fund.

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

RESOLVED to delegate to Chairman and Secretary the authority over the proof of claim with the Madoff Victim Fund.

J. **Restated Trust Agreement.**

Ms. Goodman presented the Restated Trust Agreement. The Trustees signed the Trust Agreement.

K. **Cost Sharing Agreement.**

Ms. Goodman discussed the draft restated cost-sharing agreement.

L. IPS

Ms. Goodman reviewed the investment consulting agreement with IPS. The Trustees signed the agreement and directed that IPS restate the Fund's investment policy.

M. Changes to COBRA Notifications.

Ms. Goodman discussed the revised Fund's COBRA election notice.

N. 2013 Annual Limit Waiver Update.

Ms. Goodman discussed the HHS's annual limit waiver program. The Fund Office is drafting the update now and will submit to HHS before the end of the year.

O. HIPAA Privacy and Security

Ms. Goodman discussed the updated HIPAA Notice of Privacy Practices.

P. Form 5500 for Retiree Plan.

Ms. Goodman discussed the Form 5500 and financial statement.

Q. Subrogation Report

Mr. Jensen presented the subrogation report for the third quarter of 2013. He noted that $157,810.68 was collected, $89,942.91 was compromised, with $39,452.67 payable to Slevin & Hart.

V. ADMINISTRATIVE MANAGER'S REPORT

A. 2Q13 - Combined Fund Recap

Mr. Jensen presented the administrative manager's report for the second quarter 2013. Such report indicated employer contributions of $28,460,367, retiree contributions of $6,424,403, employee contributions of $2,260,988, interest and dividends for the active plan of $88,599, interest and dividends for the retiree plan of $22,773, and miscellaneous income of $2,052, producing total income of $37,259,182. Expenses totaled $37,137,715, producing a net surplus of $121,467 as of the second quarter 2013. Mr. Jensen noted that contributions were made on behalf of 18,554 active plan participants.

B. 3Q13 - Combined Fund Recap

Mr. Jensen presented the administrative manager's report for the third quarter 2013. Such report indicated employer contributions of $31,420,683, retiree contributions of $7,112,608, employee contributions of $2,224,678, interest and dividends for the active plan of $90,537, interest and dividends for the retiree plan of $23,576, and miscellaneous income of $2,588, producing total income of $40,874,670. Expenses totaled $35,780,107, producing a net surplus of $5,094.563 as of the third quarter 2013. Mr. Jensen noted that contributions were made on behalf of 18,306 active plan participants.

VI. INVOICES

The Trustees reviewed the list of invoices for the active and retiree plans dated December 18, 2013, as well as the PPACA invoice for the third quarter 2013. It was noted there were no additions, deletions or changes to the lists.

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

RESOLVED that the invoices on the lists dated December 18, 2013 for the active plan and the retiree plan, including the PPACA invoice submitted by Associated, were approved for payment.

VII. OTHER FUND BUSINESS

A. Miscellaneous Correspondence

1. Medicare Deductible and Co-Insurance Rates – 2014

Mr. Jensen presented a memorandum regarding the Medicare Part A and Part B premium deductible and co-insurance rates for 2014. He noted that previously, the Trustees had approved Medicare reimbursements annually based on the deductible and co-insurance rates on a non-precedent setting basis.

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

RESOLVED to approve processing of Medicare secondary claims in accord with the 2014 deductibles and co-insurance rates published by the Centers for Medicare and Medicaid services, on a non-precedent setting basis.

2. ING

Mr. Jensen reported that he had received correspondence from ING notifying the Fund that the premium rates for 2014 would remain the same as the prior year. The Trustees noted review of these

rates could be performed by a fund consultant.

3. IPS Appointment

Mr. Jensen noted that a letter had been sent to all Fund investment managers on December 2, 2013 notifying them of the appointment of IPS as the investment consultant.

4. Kaiser Permanente Medicare Rates – 2014

Mr. Jensen presented the Kaiser Permanente Medicare Rates for 2014.

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

RESOLVED that the Kaiser Permanente Medicare premiums for 2014 were approved as presented.

5. ACA Compliance

Mr. Jensen reviewed a summary of ACA related matters to be decided by the Trustees effective January 1, 2014. After discussion,

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

RESOLVED to direct such PPACA compliance matters to the committee of Trustees appointed during this meeting to review ACA compliance.

6. Participant Appeal

Mr. Jensen reviewed an appeal, which was forwarded by the appeal subcommittee, to the full Board for resolution. He noted that the participant was requesting coverage of Gardisil for her son.

The Trustees reviewed the appeal, but tabled same pending further investigation.

7. CRNA discussion

The Trustees discussed the Carefirst proposal regarding coverage of Certified Registered Nurse Anesthetists ("CRNA").

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

RESOLVED to table the discussion of the coverage of CRNA's until the next meeting.

8. Women's Health and Cancer Rights Act ("WHCRA")

Mr. Jensen noted that the WHCRA notices had been printed in the December "For Your Benefit' newsletter.

9. Health Consultant

The Trustees discussed the desirability of having a health consultant, as well as reviewing the Pharmacy Benefit plan and related vendor contract. It was noted that Ms. Nancy Eid had directed the prior Request for Proposal ("RFP") for Pharmacy Benefit Manager ("PBM") services for the Fund. After discussion,

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

RESOLVED to issue a Request for Proposal for health consultant services. It was further RESOLVED to request a proposal from Ms. Nancy Eid for review of the Pharmacy Benefit Plan and related PBM vendor services.

VIII. ADOPTION OF COMMITTEE RECOMMENDATIONS

After review of the minutes of the recommendations made by the Legal, Severance and Scholarship Committees during their meetings,

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

RESOLVED that the recommendations made by the Committees are adopted by the Trustees of the Health and Welfare Fund.

IX. NEXT MEETING DATE

After discussion, the Trustees left the date and location of the next meeting to the call of the Chairman.

X. ADJOURNMENT

There being no further business to come before the Trustees, the meeting was adjourned.

Respectfully submitted,

Mark Federici, Secretary

Food Employers Labor Relations Association
and United Food and Commercial Workers
Health and Welfare Fund

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MINUTES OF THE MEETING OF THE APPEALS SUBCOMMITTEE OF THE FELRA & UFCW HEALTH AND WELFARE FUND HELD ON DECEMBER 10, 2013 IN SPARKS, MARYLAND

The following committee members were present:

UNION	EMPLOYER
T. Hipkins	L. Madert
C. Wiszynski	D. White

Also present was:
E. Novak - Associated Administrators, LLC
C. Brown – Associated Administrators, LLC

I. APPEALS

The following appeals were reviewed by the Trustees:

L27 – October 2013

CODE	ISSUE	DECISION
Rx13/219-6193	Brand Name Rx	Approved
A13/137-4928	Initial Eligibility	Denied
E13/216-7282	Return to Fund Coverage	Denied
E13/231-2988	Open Enrollment	Denied
Rx13/218-9428	Brand Name Rx	Approved
Rx13/235-0836	Quantity Limits	Approved
Rx13/229-5198	Oral Contraceptives	Approved
M13/468-6867	Late Filing, Late Appeal	Denied
M13/555-4247	Late Response, Late Appeal	Denied
M13/582-7393	Routine Services	Denied
M13/568-8248	Routine Services	Denied
M13/572-1284	Routine Services, Late Appeal	Denied
M13/556-4797	Excluded Services	Denied
M13/575-9955	Surgical Assistant, Late Appeal	Denied
M13/549-8931	CRNA	Tabled

M13/566-3483	Ambulance Services	Tabled
M13/544-1640	Ambulance Services	Denied
M13/598-3071	Experimental	Approved
D13/234-2537	Outpatient Dental Services	Denied
Rx13/239-4337	Quantity Limit	Approved
Rx13/241-6620	Brand Name Rx	Approved
M13/639-4663	Ambulance Services	Tabled

L400 – October 2013

CODE	ISSUE	DECISION
A13/130-6111	Exhaustion of Benefit	Denied
A13/136-6890	Late Continuation Form	Denied
E13/226-9536	Coordination of Benefits	Approved
E13/228-2562	Open Enrollment, Retiree Dependent Coverage	Denied
E13/227-9482	Retroactive Newborn Coverage	Denied
Rx13/215-6465	Quantity Limit	Approved
Rx13/223-4299	Quantity Limit	Approved
Rx13/233-0892	Brand Name Rx	Approved
Rx13/230-2265	Brand Name Rx	Approved
Rx13/232-6111	Brand Name Rx	Approved
Rx13/221-3888	Oral Contraceptives	Approved
M13/595-0431	Laboratory Services	Denied
M13/560-0946	Laboratory Services	Denied
M13/552-9689	Medical Necessity	Denied
M13/596-0135	Medical Necessity, Late Appeal	Denied
M13/594-0391	Routine Services	Denied
M13/602-7373	Routine Services	Tabled
M13/608-2562	Experimental	Approved
M13/558-4392	Excluded Services	Denied
M13/577-1984	CRNA, Late Appeal	Denied
M13/550-4885	Ambulance Services	Tabled
M13/588-9024	Ambulance Services	Tabled

L27 – November/December 2013

CODE	ISSUE	DECISION
A13/138-1392	Excluded Disability, Late Claim Form	Denied
Rx13/243-6737	Brand Name Rx	Approved
M13/597-1201	Late Filing, Late Appeal	Denied
M13/652-6320	Nonparticipating Provider	Tabled
M13/653-7623	Surgical Assistant, Late Appeal	Denied
Rx13/248-8489	Quantity Limits	Approved
Rx13/251-3411	Brand Name, Injectable	Approved

M13/416-1251	CRNA, Late Appeal	Denied
M13/407-4064	CRNA	Tabled
M13/463-2138	CRNA	Tabled
M13/426-3079	CRNA	Tabled
M13/519-2747	CRNA	Tabled
M13/533-7493	CRNA	Tabled
M13/540-6057	CRNA	Tabled
M13/386-7756	CRNA	Denied
M13/264-2704	CRNA	Denied

L400 – November/December 2013

CODE	ISSUE	DECISION
M13/649-2855	Nonparticipating Provider	Denied
M13/651-8665	Chemotherapy Benefit	Denied
E13/247-6544	Dependent Coverage	Denied
A13/141-5721	Altered Continuation Form	Denied
E13/244-7310	Open Enrollment	Denied
E13/245-0489	Request to Return to Fund Coverage	Denied
Rx13/242-7752	Quantity Limit	Approved
Rx13/246-1362	Brand Name Drug	Approved
Rx13/237-5891	Oral Contraceptives	Approved
M13/571-9148	Late Filing	Denied
M13/613-7597	Late Filing	Denied
M13/563-4498	Late Filing	Denied
M13/609-0958	No Response, Late Appeal	Denied
D13/220-3787	Outpatient Dental Services, Late Appeal	Denied
M13/648-3839	Ambulance Services	Tabled
M13/624-2271	Medical; Necessity	Denied
E13/250-6920	Coordination Of Benefits	Denied
M13/630-5587	Nonparticipating Provider	Tabled
Rx13/252-8810	Oral Contraceptives	Approved

II. ADJOURNMENT

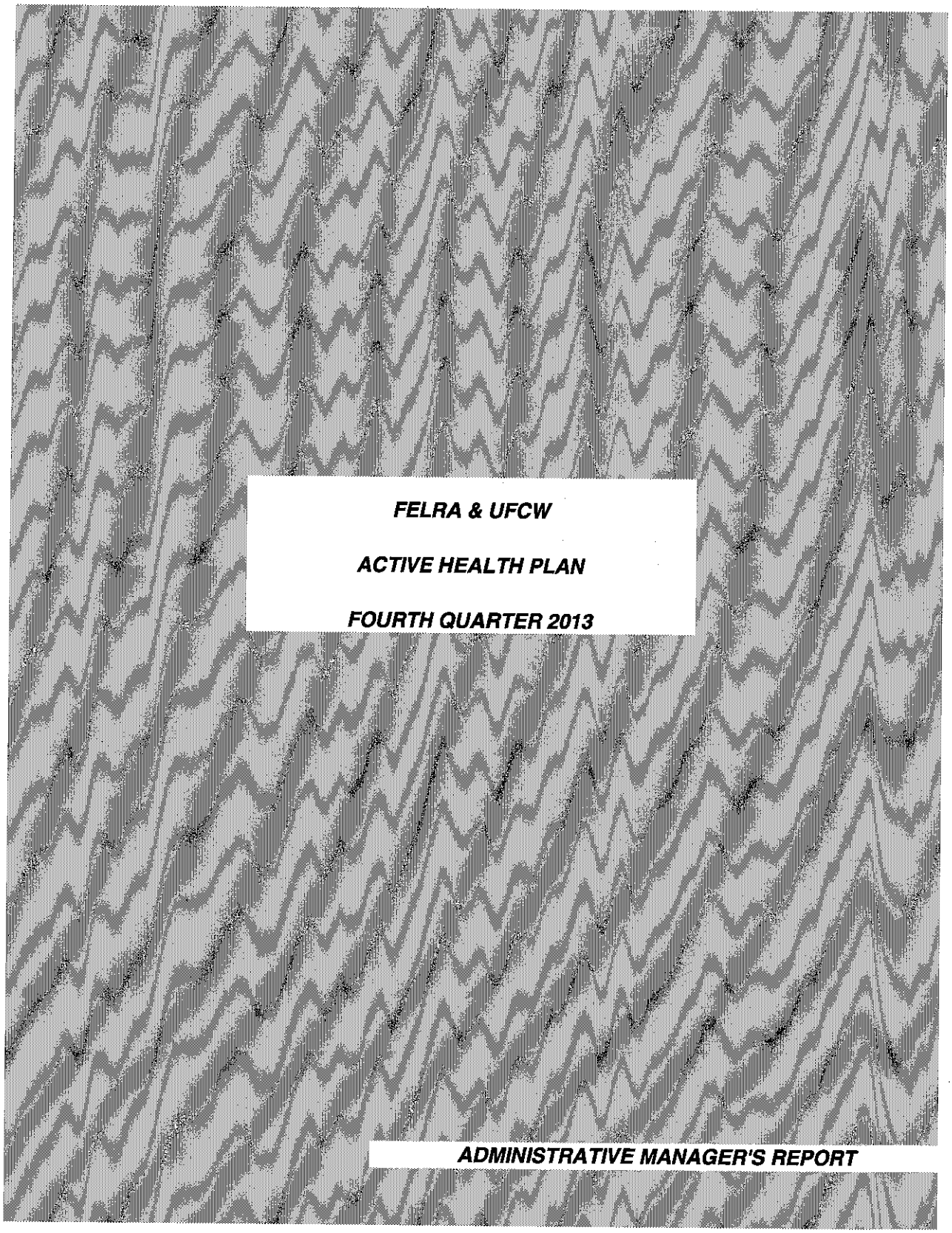
There being no further business to come before the Subcommittee, the meeting was adjourned.

Respectfully submitted,

Emily Novak, Appeals Supervisor

Felra\H&W\12-2013

ADMINISTRATIVE MANAGER'S REPORT



PLAN I
FULL TIME
FOURTH QUARTER 2013

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT[1]	$2,887	898	$7,777,578
LOCAL 27 STAFF TEMPS	$2,887	0	0
LOCAL 400 STAFF TEMPS	$2,887	1	8,661
SAFEWAY	$2,887	421	3,646,281
TOTAL		1,320	$11,432,520

[1]INCLUDES ADJUSTMENTS FOR PRIOR MONTHS WITH PRIOR RATES

AVG. MONTHLY CONTRIBUTIONS $2,887

PLAN I = TIER I

PLAN I
FULL TIME
FOURTH QUARTER 2013

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL BENEFIT 24	$4.95	$10,360		698 PART
OPTICAL BENEFIT 12	$6.95	13,191		633 PART
TOTAL OPTICAL		$23,551	$5.95	
DENTAL INDIVIDUAL	$29.20	$34,544		394 PART
DENTAL FAMILY	$57.88	162,006		933 PART
DENTAL 27	$142.33	426		1 PART
TOTAL DENTAL		$196,976	$49.74	
DRUG	$.80/SCRIPT	$1,033,813	$261.06	11,723 SCRIPTS
HMO KAISER[1]	$1,057.39	$195,882		62 PART
HOSPITAL		1,884,515		
SURGICAL		394,379		
DIAGNOSTIC		325,093		
MAJOR MEDICAL		534,712		
MEDICAL ADMINISTRATION	$11.85	45,066		1,268 PART
TOTAL MEDICAL		$3,379,647	$853.45	
PSYCHE	$2.59	$9,865	$2.49	1,270 PART
PSYCHE		$62,688	$15.83	
E.A.P.	$.67	$2,551	$0.64	1,270 PART
UTILIZATION MANAGEMENT	$2.35	$10,670	$2.69	1,267 PART
DISEASE MANAGEMENT	$2.06	$16,942	$4.28	1,288 PART
P.P.O CAREFIRST FLEXLINK	$19.61	$18,311	$4.62	311 PART
P P O CAREFIRST NETWORK	$3.88	$11,256	$2.84	967 PART
P.P.O. AA, LLC		$48	$0.01	
P.P.O. A & G		$2,964	$0.75	
LIFE-AD&D	$.175/.018/1000	$12,551	$3.17	1,346 PART
A & S		$375,290	$94.77	
SUB TOTAL		$5,157,123	$1,302.29	

OPERATING EXPENSES

ADMINISTRATION	$11.57	$47,715	$12.05	1,372 PART
MISCELLANEOUS		$19,293	$4.87	
SUB TOTAL		$67,008	$16.92	

TOTAL	$5,224,131	$1,319.21

[1]RATE CHANGE EFFECTIVE OCTOBER 2013

PLAN I
FULL TIME
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTR - ACTIVE	$4,946,541	$4,852,701	$5,457,493	$5,368,374	$20,625,109
MISC. INCOME-DENTAL	239	239	239	239	956
-LOA	0	4,660	7,122	4,475	16,257
-COBRA	0	0	0	3,874	3,874
-HMO COPAY	28,886	29,028	25,764	30,000	113,678
TOTAL	$4,975,666	$4,886,628	$5,490,618	$6,943,740	$22,296,652
EXPENSES					
MEDICAL	$3,141,077	$3,472,745	$3,386,186	$3,379,647	$13,379,655
A & S	449,653	376,097	446,421	375,290	1,647,461
DENTAL	210,217	205,985	200,480	196,976	813,658
DRUG	905,558	819,441	998,299	1,033,813	3,757,111
PSYCHE	20,840	23,692	97,491	72,553	214,576
OPTICAL	25,071	24,520	23,886	23,551	97,028
LIFE & AD & D	13,359	13,083	12,757	12,551	51,750
UTILIZATION MANAGEMENT	10,380	10,949	9,645	10,670	41,644
DISEASE MANAGEMENT	17,866	17,621	17,341	16,942	69,770
E.A.P.	2,701	2,656	2,586	2,551	10,494
P.P.O.	33,103	32,964	32,134	32,579	130,780
OPERATING EXPENSE	68,591	74,496	74,770	67,008	284,865
TOTAL EXPENSE	$4,898,416	$5,074,249	$5,301,996	$5,224,131	$20,498,792
SURPLUS (DEFICIT)	**$77,250**	**($187,621)**	**$188,622**	**$1,719,609**	**$1,797,860**
AVERAGE INCOME	$1,180	$1,181	$1,364	$1,753	$1,370
AVERAGE EXPENSE	$1,161	$1,227	$1,317	$1,319	$1,256
SURPLUS (DEFICIT)	$19	($46)	$47	$434	$114
TOTAL PARTICIPANTS	1,406	1,379	1,342	1,320	1,362

PLAN I
PART TIME
FOURTH QUARTER 2013

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT[1]	$2,620	188	$1,477,680
SAFEWAY	$2,620	32	254,140
TOTAL		220	$1,731,820

[1]INCLUDES ADJUSTMENTS FOR PRIOR MONTHS WITH PRIOR RATES

AVG. MONTHLY CONTRIBUTIONS $2,624

PLAN I = TIER I

PLAN I
PART TIME
FOURTH QUARTER 2013

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL BENEFIT 24	$4.95	$1,944		131 PART
OPTICAL BENEFIT 12	$6.95	2,071		99 PART
TOTAL OPTICAL		$4,015	$6.08	
DENTAL INDIVIDUAL	$29.20	$9,606		110 PART
DENTAL FAMILY	$57.88	20,952		121 PART
TOTAL DENTAL		$30,558	$46.30	
DRUG	$.80/SCRIPT	$153,327	$232.31	1,841 SCRIPTS
HMO KAISER[1]	$1,009.20	$17,276		6 PART
HOSPITAL		554,457		
SURGICAL		67,411		
DIAGNOSTIC		66,590		
MAJOR MEDICAL		102,758		
MEDICAL ADMINISTRATION	$11.85	7,998		225 PART
TOTAL MEDICAL		$816,490	$1,237.11	
PSYCHE	$2.59	$1,739	$2.63	224 PART
PSYCHE		$8,919	$13.51	
E.A.P.	$.67	$450	$0.68	224 PART
UTILIZATION MANAGEMENT	$2.35	$2,000	$3.03	223 PART
DISEASE MANAGEMENT	$2.06	$2,431	$3.68	223 PART
P.P.O CAREFIRST FLEXLINK	$19.61	$2,777	$4.21	47 PART
P P O CAREFIRST NETWORK	$3.88	$2,064	$3.13	177 PART
P.P.O. AA, LLC		$9	$0.01	
P.P.O. A & G		$502	$0.76	
LIFE-AD&D	$.175/.018/1000	$940	$1.42	235 PART
A & S		$28,166	$42.68	
SUB TOTAL		**$1,054,387**	$1,597.54	

OPERATING EXPENSES

ADMINISTRATION	$11.57	$8,087	$12.25	233 PART
MISCELLANEOUS		$3,215	$4.87	
SUB TOTAL		$11,302	$17.12	

TOTAL	**$1,065,689**	**$1,614.66**

[1]RATE CHANGE EFFECTIVE OCTOBER 2013

PLAN I
PART TIME
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTR - ACTIVE	$815,496	$783,667	$839,047	$813,212	$3,251,422
MISC. INCOME-DENTAL	0	0	0	0	0
-LOA	0	0	0	0	0
-COBRA	740	0	0	0	740
-HMO COPAY	4,005	4,706	4,173	5,808	18,692
TOTAL	$820,241	$788,373	$843,220	$1,158,820	$3,610,654
EXPENSES					
MEDICAL	$457,040	$329,558	$529,608	$816,490	$2,132,696
A & S	25,327	41,259	37,494	28,166	132,246
DENTAL	33,201	32,127	31,229	30,558	127,115
DRUG	129,745	127,224	146,184	153,327	556,480
PSYCHE	3,106	3,204	24,128	10,658	41,096
OPTICAL	4,373	4,240	4,124	4,015	16,752
LIFE & AD & D	1,017	979	961	940	3,897
UTILIZATION MANAGEMENT	1,685	1,861	1,792	2,000	7,338
DISEASE MANAGEMENT	2,542	2,535	2,480	2,431	9,988
E.A.P.	477	459	449	450	1,835
P.P.O.	5,457	5,339	5,231	5,352	21,379
OPERATING EXPENSE	11,822	12,596	12,528	11,302	48,248
TOTAL EXPENSE	$675,792	$561,381	$796,208	$1,065,689	$3,099,070
SURPLUS (DEFICIT)	**$144,449**	**$226,992**	**$47,012**	**$93,131**	**$511,584**
AVERAGE INCOME	$1,130	$1,128	$1,238	$1,756	$1,313
AVERAGE EXPENSE	$931	$803	$1,169	$1,615	$1,130
SURPLUS (DEFICIT)	$199	$325	$69	$141	$183
TOTAL PARTICIPANTS	242	233	227	220	231

PLAN X
FULL TIME
FOURTH QUARTER 2013

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$844	77	$194,964
EDDIES	$861	3	7,749
GIANT[1]	$844	2,913	7,375,634
FRESH & GREEN	$844	6	15,192
LOCAL 27 STAFF TEMPS	$844	6	15,192
LOCAL 400 STAFF TEMPS	$844	1	2,532
SAFEWAY[1]	$844	1,897	4,803,204
SAFEWAY DELAWARE	$844	84	212,688
TOTAL		4,987	$12,627,155

[1]INCLUDES ADJUSTMENTS FOR PRIOR MONTHS WITH PRIOR RATES

AVG. MONTHLY CONTRIBUTIONS $844

PLAN X = TIER II

PLAN X
FULL TIME
FOURTH QUARTER 2013

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$73,538	$4.92	4,952 PART
DENTAL FAMILY	$60.98	$563,404		3,080 PART
DENTAL INDIVIDUAL	$29.63	166,906		1,878 PART
TOTAL DENTAL		$730,310	$48.81	
DRUG	$.80/SCRIPT	$2,595,780	$173.50	32,313 SCRIPTS
HMO KAISER[1]	$714.46	$712,804		331 PART
MEDICAL INDIVIDUAL		1,525,728		
MEDICAL FAMILY		3,879,672		
MEDICAL ADMINISTRATION	$11.85	164,278		4,621 PART
TOTAL MEDICAL		$6,282,482	$419.92	
PSYCHE	$2.59	$35,880	$2.40	4,618 PART
PSYCHE		$274,676	$18.36	
E.A.P.	$0.67	$9,282	$0.62	4,618 PART
UTILIZATION MANAGEMENT	$2.35	$34,593	$2.31	4,600 PART
DISEASE MANAGEMENT	$2.06	$61,109	$4.08	4,632 PART
P.P.O CAREFIRST FLEXLINK	$19.61	$61,970	$4.14	1,053 PART
P P O CAREFIRST NETWORK	$3.88	$41,697	$2.79	3,581 PART
P.P.O. AA, LLC		$178	$0.01	
P.P.O. A & G		$11,049	$0.74	
LIFE-AD&D	$.175/.018/1000	$20,910	$1.40	4,971 PART
A & S		$1,020,108	$68.18	
SUB TOTAL		**$11,253,552**	$752.18	

OPERATING EXPENSES

ADMINISTRATION	$11.57	$176,733	$11.81	5,074 PART
MISCELLANEOUS		$72,886	$4.87	
SUB TOTAL		$249,619	$16.68	

TOTAL	**$11,503,171**	**$768.86**

[1]RATE CHANGE EFFECTIVE OCTOBER 2013

PLAN X
FULL TIME
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTRIBUTIONS	$11,600,051	$11,458,068	$12,666,577	$12,627,155	$48,351,851
MISC. INCOME-LOA	1	669	1	0	671
-COBRA	37,368	47,610	40,057	39,561	164,596
-HMO COPAY	134,827	165,011	149,717	178,432	627,987
TOTAL INCOME	$11,772,247	$11,671,358	$12,856,352	$12,845,148	$49,145,105
EXPENSES					
MEDICAL	$6,685,854	$7,418,430	$6,063,749	$6,282,482	$26,450,515
A & S	1,163,036	1,067,699	1,005,735	1,020,108	4,256,578
DENTAL	748,742	737,200	732,583	730,310	2,948,835
DRUG	2,444,925	2,108,778	2,640,208	2,595,780	9,789,691
PSYCHE	95,930	43,081	387,327	310,556	836,894
OPTICAL	75,355	74,276	73,834	73,538	297,003
LIFE & AD & D	21,387	21,216	20,986	20,910	84,499
UTILIZATION MANAGEMENT	34,091	35,970	34,542	34,593	139,196
DISEASE MANAGEMENT	61,993	61,889	61,319	61,109	246,310
E.A.P.	9,486	9,358	9,302	9,282	37,428
P.P.O.	111,895	112,512	111,418	114,884	450,709
OPERATING EXPENSE	243,925	269,113	272,962	249,619	1,035,619
TOTAL EXPENSE	$11,696,619	$11,959,522	$11,413,965	$11,503,171	$46,573,277
SURPLUS (DEFICIT)	**$75,628**	**($288,164)**	**$1,442,387**	**$1,341,977**	**$2,571,828**
AVERAGE INCOME	$773	$776	$857	$859	$816
AVERAGE EXPENSE	$768	$795	$760	$769	$773
SURPLUS (DEFICIT)	$5	($19)	$97	$90	$43
TOTAL PARTICIPANTS	5,074	5,013	5,003	4,987	5,019

PLAN X
FULL TIME
2012

QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTRIBUTIONS	$10,672,851	$3,766,527	$6,805,608	$10,987,310	$32,232,296
MISC. INCOME-LOA	(441)	0	0	0	(441)
-COBRA	38,379	29,718	33,223	26,636	127,956
-HMO COPAY	127,799	108,764	92,135	102,496	431,194
TOTAL INCOME	$10,838,588	$3,905,009	$6,930,966	$11,116,442	$32,791,005
EXPENSES					
MEDICAL	$6,332,497	$6,742,440	$7,667,370	$7,547,105	$28,289,412
A & S	1,047,732	1,073,729	1,167,289	1,158,095	4,446,845
DENTAL	687,168	716,770	728,785	727,278	2,860,001
DRUG	2,597,355	1,870,241	2,550,012	2,560,207	9,577,815
PSYCHE	189,640	197,340	197,519	115,466	699,965
OPTICAL	75,898	75,923	75,552	75,350	302,723
LIFE & AD & D	21,479	21,598	21,420	21,387	85,884
UTILIZATION MANAGEMENT	34,595	35,285	34,772	36,203	140,855
DISEASE MANAGEMENT	75,450	76,159	59,813	60,274	271,696
E.A.P.	9,407	9,387	9,350	9,459	37,603
P.P.O.	104,096	108,289	107,789	115,425	435,599
OPERATING EXPENSE	239,737	309,719	251,764	258,804	1,060,024
TOTAL EXPENSE	$11,415,054	$11,236,880	$12,871,435	$12,685,053	$48,208,422
SURPLUS (DEFICIT)	**($576,466)**	**($7,331,871)**	**($5,940,469)**	**($1,568,611)**	**($15,417,417)**
AVERAGE INCOME	$712	$250	$455	$731	$537
AVERAGE EXPENSE	$750	$720	$845	$834	$787
SURPLUS (DEFICIT)	($38)	($470)	($390)	($103)	($250)
TOTAL PARTICIPANTS	5,074	5,200	5,075	5,068	5,104

PLAN X
PART TIME
FOURTH QUARTER 2013

CONTRIBUTIONS
INDIVIDUAL

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$470	1	$470
GIANT[1]	$470	2,968	4,184,450
FRESH & GREEN[1]	$470	12	16,450
LOCAL 400 STAFF TEMPS	$470	1	1,410
SAFEWAY[1]	$470	1,353	1,907,730
SAFEWAY DELAWARE[1]	$470	69	96,820
TOTAL		4,404	$6,207,330

[1]INCLUDES ADJUSTMENTS FOR PRIOR MONTHS WITH PRIOR RATES

AVG. MONTHLY CONTRIBUTIONS $470

PLAN X – TIER II

PLAN X
PART TIME
FOURTH QUARTER 2013

BENEFIT EXPENSES
INDIVIDUAL

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$60,420	$4.57	4,069 PART
DENTAL	$29.63	$361,576	$27.37	4,068 PART
DRUG	$.80/SCRIPT	$1,044,628	$79.07	14,967 SCRIPTS
HMO KAISER[1]	$483.36	$90,595		62 PART
MEDICAL		2,693,669		
MEDICAL ADMINISTRATION	$11.85	143,112		4,026 PART
TOTAL MEDICAL		$2,927,376	$221.57	
PSYCHE	$2.59	$31,235	$2.36	4,020 PART
PSYCHE		$122,419	$9.27	
E.A.P.	$0.67	$8,081	$0.61	4,020 PART
UTILIZATION MANAGEMENT	$2.35	$29,112	$2.20	3,964 PART
DISEASE MANAGEMENT	$2.06	$23,973	$1.81	3,888 PART
P.P.O CAREFIRST FLEXLINK	$19.61	$45,972	$3.48	781 PART
P P O CAREFIRST NETWORK	$3.88	$37,283	$2.82	3,203 PART
P.P.O. AA, LLC		$154	$0.01	
P.P.O A & G		$9,555	$0.72	
LIFE-AD&D	$.175/.018/1000	$11,202	$0.85	4,059 PART
A & S		$241,493	$18.28	
SUB TOTAL		**$4,954,479**	$374.99	

OPERATING EXPENSES

ADMINISTRATION	$11.57	$152,065	$11.51	4,366 PART
MISCELLANEOUS		$64,365	$4.87	
SUB TOTAL		$216,430	$16.38	

TOTAL	$5,170,909	$391.37

[1]RATE CHANGE EFFECTIVE OCTOBER 2013

PLAN X
PART TIME
FOURTH QUARTER 2013

INDIVIDUAL
QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTRIBUTIONS	$5,378,220	$5,428,918	$6,099,820	$6,207,330	$23,114,288
MISC. INCOME-LOA	0	0	0	0	0
-COBRA	24,856	18,338	25,291	20,339	88,824
-HMO COPAY	27,032	31,578	27,060	31,726	117,396
TOTAL INCOME	$5,430,108	$5,478,834	$6,152,171	$6,259,395	$23,320,508
EXPENSES					
MEDICAL	$2,790,874	$2,741,517	$2,786,893	$2,927,376	$11,246,660
A & S	256,904	266,280	241,863	241,493	1,006,540
DENTAL	347,708	351,293	351,057	361,576	1,411,634
DRUG	967,551	858,315	1,032,708	1,044,628	3,903,202
PSYCHE	73,546	33,716	151,203	153,654	412,119
OPTICAL	58,073	58,677	58,638	60,420	235,808
LIFE & AD & D	11,051	11,077	11,027	11,202	44,357
UTILIZATION MANAGEMENT	27,315	28,192	28,367	29,112	112,986
DISEASE MANAGEMENT	22,807	23,619	23,897	23,973	94,296
E.A.P.	7,718	7,833	7,817	8,081	31,449
P.P.O.	84,422	86,742	86,644	92,964	350,772
OPERATING EXPENSES	197,689	220,238	229,986	216,430	864,343
TOTAL EXPENSE	$4,845,658	$4,687,499	$5,010,100	$5,170,909	$19,714,166
SURPLUS (DEFICIT)	**$584,450**	**$791,335**	**$1,142,071**	**$1,088,486**	**$3,606,342**
AVERAGE INCOME	$434	$434	$474	$474	$454
AVERAGE EXPENSE	$387	$371	$386	$391	$384
SURPLUS (DEFICIT)	$47	$63	$88	$83	$70
TOTAL PARTICIPANTS	4,170	4,209	4,327	4,404	4,278

PLAN X
PART TIME
2012

INDIVIDUAL
QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTRIBUTIONS	$4,972,247	$1,764,360	$3,009,258	$5,109,777	$14,855,642
MISC. INCOME-LOA	0	0	845	438	1,283
-COBRA	32,891	18,922	21,699	24,838	98,350
-HMO COPAY	30,056	24,051	19,906	20,480	94,493
TOTAL INCOME	$5,035,194	$1,807,333	$3,051,708	$5,155,533	$15,049,768
EXPENSES					
MEDICAL	$3,613,532	$2,698,126	$3,885,101	$2,622,235	$12,818,994
A & S	229,051	218,420	275,338	235,680	958,489
DENTAL	301,832	317,481	329,590	334,422	1,283,325
DRUG	1,079,557	809,098	1,036,324	1,125,992	4,050,971
PSYCHE	57,631	59,096	57,128	49,497	223,352
OPTICAL	55,460	55,847	56,806	57,543	225,656
LIFE & AD & D	10,324	10,510	10,594	10,859	42,287
UTILIZATION MANAGEMENT	26,300	26,181	27,047	28,332	107,860
DISEASE MANAGEMENT	25,808	26,489	21,066	21,837	95,200
E.A.P.	7,292	7,325	7,476	7,643	29,736
P.P.O.	73,261	78,715	79,854	85,896	317,726
OPERATING EXPENSES	178,657	234,219	193,540	204,931	811,347
TOTAL EXPENSE	$5,658,705	$4,541,507	$5,979,864	$4,784,867	$20,964,943
SURPLUS (DEFICIT)	**($623,511)**	**($2,734,174)**	**($2,928,156)**	**$370,666**	**($5,915,175)**
AVERAGE INCOME	$441	$151	$253	$417	$316
AVERAGE EXPENSE	$495	$379	$495	$387	$439
SURPLUS (DEFICIT)	($54)	($228)	($242)	$30	($123)
TOTAL PARTICIPANTS	3,809	3,992	4,025	4,121	3,987

PLAN X
PART TIME
FOURTH QUARTER 2018

CONTRIBUTIONS
DEPENDENT

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$1,060	0	$0
GIANT[1]	$1,060	872	2,773,706
FRESH & GREEN[1]	$1,060	11	34,509
LOCAL 400 STAFF TEMPS	$1,060	0	0
SAFEWAY[1]	$1,060	232	736,700
SAFEWAY DELAWARE	$1,060	6	19,080
TOTAL		1,121	$3,563,995

[1]INCLUDES ADJUSTMENTS FOR PRIOR MONTHS WITH PRIOR RATES

AVG. MONTHLY CONTRIBUTIONS $1,060

PLAN X – TIER II

PLAN X
PART TIME
FOURTH QUARTER 2013

BENEFIT EXPENSES
DEPENDENT

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$16,731	$4.98	1,127 PART
DENTAL	$60.98	$206,417	$61.38	1,128 PART
DRUG	$.80/SCRIPT	$854,913	$254.21	10,766 SCRIPTS
HMO KAISER[1]	$866.61	$281,210		108 PART
MEDICAL		1,974,592		
MEDICAL ADMINISTRATION	$11.85	36,201		1,018 PART
TOTAL MEDICAL		$2,292,003	$681.54	
PSYCHE	$2.59	$7,920	$2.36	1,019 PART
PSYCHE		$54,129	$16.10	
E.A.P.	$.67	$2,049	$0.61	1,019 PART
UTILIZATION MANAGEMENT	$2.35	$8,095	$2.41	1,012 PART
DISEASE MANAGEMENT	$2.06	$18,156	$5.40	1,010 PART
P.P.O. CAREFIRST FLEXLINK	$19.61	$12,254	$3.64	208 PART
P.P.O. CAREFIRST NETWORK	$3.88	$9,463	$2.81	813 PART
P.P.O. AA, LLC		$39	$0.01	
P.P.O. A & G		$2,443	$0.73	
LIFE-AD&D	$.175/.018/1000	$3,064	$0.91	1,110 PART
A & S		$73,392	$21.82	
SUB TOTAL		**$3,561,068**	$1,058.91	

OPERATING EXPENSES

ADMINISTRATION	$11.57	$38,875	$11.56	1,119 PART
MISCELLANEOUS		$16,384	$4.87	
SUB TOTAL		$55,259	$16.43	

TOTAL	**$3,616,327**	**$1,075.34**

[1]RATE CHANGE EFFECTIVE OCTOBER 2013

PLAN X
PART TIME
FOURTH QUARTER 2013

DEPENDENT
QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTRIBUTIONS	$3,006,601	$3,021,438	$3,519,043	$3,563,995	$13,111,077
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	2,756	2,756	3,806	3,303	12,621
-HMO COPAY	42,747	50,473	43,308	45,367	181,895
-DEP. COPAY	180	723	722	0	1,625
TOTAL INCOME	$3,052,284	$3,075,390	$3,566,879	$3,612,665	$13,307,218
EXPENSES					
MEDICAL	$2,064,478	$2,525,637	$2,154,580	$2,292,003	$9,036,698
A & S	100,779	125,408	120,902	73,392	420,481
DENTAL	203,064	205,686	205,442	206,417	820,609
DRUG	768,136	681,704	759,967	854,913	3,064,720
PSYCHE	19,855	8,820	81,750	62,049	172,474
OPTICAL	16,454	16,662	16,676	16,731	66,523
LIFE & AD & D	2,794	2,945	2,983	3,064	11,786
UTILIZATION MANAGEMENT	7,544	8,067	7,372	8,095	31,078
DISEASE MANAGEMENT	17,697	17,746	18,123	18,156	71,722
E.A.P.	1,995	2,018	2,027	2,049	8,089
P.P.O.	22,408	23,132	23,246	24,199	92,985
OPERATING EXPENSE	53,365	58,716	60,349	55,259	227,689
TOTAL EXPENSE	$3,278,569	$3,676,541	$3,453,417	$3,616,327	$14,024,854
SURPLUS (DEFICIT)	**($226,285)**	**($601,151)**	**$113,462**	**($3,662)**	**($717,636)**
AVERAGE INCOME	$917	$919	$1,075	$1,074	$996
AVERAGE EXPENSE	$985	$1,099	$1,041	$1,075	$1,050
SURPLUS (DEFICIT)	($68)	($180)	$34	($1)	($54)
TOTAL PARTICIPANTS	1,110	1,115	1,106	1,121	1,113

PLAN X
PART TIME
2012

DEPENDENT
QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTRIBUTIONS	$3,143,360	$1,080,060	$1,675,409	$2,954,851	$8,853,680
MISC. INCOME -LOA	0	0	897	0	897
-COBRA	1,963	0	3,791	2,756	8,510
-HMO COPAY	38,789	35,694	28,037	31,228	133,748
-DEP. COPAY	2,068	564	188	0	2,820
TOTAL INCOME	$3,186,180	$1,116,318	$1,708,322	$2,988,835	$8,999,655
EXPENSES					
MEDICAL	$1,808,901	$2,317,672	$2,266,300	$2,081,196	$8,474,069
A & S	89,323	94,941	80,201	72,454	336,919
DENTAL	186,999	193,697	198,379	199,326	778,401
DRUG	767,961	583,572	756,341	782,865	2,890,739
PSYCHE	41,129	43,679	57,139	44,786	186,733
OPTICAL	16,686	16,527	16,588	16,651	66,452
LIFE & AD & D	2,977	2,999	2,955	2,937	11,868
UTILIZATION MANAGEMENT	7,322	7,406	7,044	7,761	29,533
DISEASE MANAGEMENT	21,014	21,336	16,612	17,231	76,193
E.A.P.	1,989	1,965	1,970	2,011	7,935
P.P.O.	20,737	21,575	21,616	23,159	87,087
OPERATING EXPENSE	51,784	67,005	53,925	56,012	228,726
TOTAL EXPENSE	$3,016,822	$3,372,374	$3,479,070	$3,306,389	$13,174,655
SURPLUS (DEFICIT)	**$169,358**	**($2,256,056)**	**($1,770,748)**	**($317,554)**	**($4,175,000)**
AVERAGE INCOME	$952	$333	$518	$886	$672
AVERAGE EXPENSE	$901	$1,006	$1,054	$980	$985
SURPLUS (DEFICIT)	$51	($673)	($536)	($94)	($313)
TOTAL PARTICIPANTS	1,116	1,117	1,100	1,125	1,115

PLAN XX
FULL TIME
FOURTH QUARTER 2013

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$486	58	$85,050
GIANT[1]	$486	251	364,986
FRESH & GREEN	$486	0	(804)
LOCAL 27 STAFF TEMPS	$486	0	0
LOCAL 400 STAFF TEMPS	$486	0	0
SAFEWAY[1]	$486	187	272,160
SAFEWAY DELAWARE[1]	$486	6	9,234
TOTAL		502	$730,626

[1]INCLUDES ADJUSTMENTS FOR PRIOR MONTHS WITH PRIOR RATES

AVG. MONTHLY CONTRIBUTIONS $485

PLAN XX
FULL TIME
FOURTH QUARTER 2013

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$6,218	$4.13	419 PART
DENTAL FAMILY	$35.95	$18,442		171 PART
DENTAL INDIVIDUAL	$17.46	13,026		249 PART
TOTAL DENTAL		$31,468	$20.90	
DRUG	$.80/SCRIPT	$70,017	$46.49	1,285 SCRIPTS
HMO KAISER[1]	$407.90	$26,357		21 PART
MEDICAL INDIVIDUAL		66,690		
MEDICAL FAMILY		194,525		
MEDICAL ADMINISTRATION	$11.85	14,173		399 PART
TOTAL MEDICAL		$301,745	$200.36	
PSYCHE	$2.59	$3,097	$2.06	399 PART
PSYCHE		$39,833	$26.45	
UTILIZATION MANAGEMENT	$2.35	$2,804	$1.86	398 PART
DISEASE MANAGEMENT	$2.06	$4,468	$2.97	406 PART
P.P.O CAREFIRST FLEXLINK	$19.61	$6,882	$4.57	117 PART
P.P.O CAREFIRST NETWORK	$3.88	$3,345	$2.22	287 PART
LIFE-AD&D	$.175/.018/1000	$1,256	$0.83	434 PART
A & S		$25,950	$17.23	
SUB TOTAL		**$497,083**	$330.07	

OPERATING EXPENSES

ADMINISTRATION	$11.57	$18,073	$12.00	519 PART
MISCELLANEOUS		$7,336	$4.87	
SUB TOTAL		$25,409	$16.87	

TOTAL	**$522,492**	**$346.94**

[1]RATE CHANGE EFFECTIVE OCTOBER 2013

PLAN XX
FULL TIME
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTRIBUTIONS	$751,725	$746,351	$758,160	$730,626	$2,986,862
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	2,461	1,788	4,354	3,693	12,296
TOTAL INCOME	$754,186	$748,139	$762,514	$734,319	$2,999,158
EXPENSES					
MEDICAL	$312,224	$317,863	$307,883	$301,745	$1,239,715
A & S	27,720	23,093	27,062	25,950	103,825
DENTAL	33,295	32,924	32,320	31,468	130,007
DRUG	81,876	78,372	76,463	70,017	306,728
PSYCHE	4,038	3,123	39,956	42,930	90,047
OPTICAL	6,514	6,454	6,322	6,218	25,508
LIFE & AD & D	1,337	1,282	1,272	1,256	5,147
UTILIZATION MANAGEMENT	2,881	2,856	3,197	2,804	11,738
DISEASE MANAGEMENT	5,035	4,532	4,586	4,468	18,621
P.P.O.	10,133	10,295	10,294	10,227	40,949
OPERATING EXPENSE	26,441	27,739	28,345	25,409	107,934
TOTAL EXPENSE	$511,494	$508,533	$537,700	$522,492	$2,080,219
SURPLUS (DEFICIT)	**$242,692**	**$239,606**	**$224,814**	**$211,827**	**$918,939**
AVERAGE INCOME	$475	$472	$488	$488	$481
AVERAGE EXPENSE	$322	$321	$344	$347	$334
SURPLUS (DEFICIT)	$153	$151	$144	$141	$147
TOTAL PARTICIPANTS	529	528	521	502	520

PLAN XX
FULL TIME
2012

QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTRIBUTIONS	$682,147	$216,720	$500,182	$733,245	$2,132,294
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	961	2,564	1,487	6,553	11,565
TOTAL INCOME	$683,108	$219,284	$501,669	$739,798	$2,143,859
EXPENSES					
MEDICAL	$545,662	$511,426	$663,961	$533,778	$2,254,827
A & S	54,120	50,671	43,842	32,527	181,160
DENTAL	45,719	40,632	38,056	36,200	160,607
DRUG	123,285	80,893	92,379	90,011	386,568
PSYCHE	22,116	24,447	11,931	24,180	82,674
OPTICAL	9,063	8,103	7,629	7,316	32,111
LIFE & AD & D	1,858	1,634	1,540	1,466	6,498
UTILIZATION MANAGEMENT	4,284	3,753	3,327	3,269	14,633
DISEASE MANAGEMENT	8,205	7,227	5,352	5,052	25,836
P.P.O.	14,134	12,415	11,610	12,071	50,230
OPERATING EXPENSE	31,738	38,576	29,355	29,573	129,242
TOTAL EXPENSE	$860,184	$779,777	$908,982	$775,443	$3,324,386
SURPLUS (DEFICIT)	**($177,076)**	**($560,493)**	**($407,313)**	**($35,645)**	**($1,180,527)**
AVERAGE INCOME	$343	$118	$281	$436	$295
AVERAGE EXPENSE	$432	$421	$509	$457	$455
SURPLUS (DEFICIT)	($89)	($303)	($228)	($21)	($160)
TOTAL PARTICIPANTS	663	618	595	566	611

PLAN XX
PART TIME
FOURTH QUARTER 2013

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS	$120	4	$1,440
GIANT[1]	$120	3,665	1,319,640
FRESH & GREEN	$120	9	3,360
LOCAL 400 STAFF TEMPS	$120	0	0
SAFEWAY[1]	$120	1,865	671,278
SAFEWAY DELAWARE[1]	$120	52	18,819
TOTAL		5,595	$2,014,537

[1]INCLUDES ADJUSTMENTS FOR PRIOR MONTHS WITH PRIOR RATES

AVG. MONTHLY CONTRIBUTIONS $120

PLAN XX
PART TIME
FOURTH QUARTER 2013

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$27,809	$1.66	1,873 PART
DENTAL	$17.46	$98,161	$5.85	1,874 PART
DRUG	$.80/SCRIPT	$255,759	$15.24	4,054 SCRIPTS
HMO KAISER[1]	$88.42	$18,572		69 PART
MEDICAL		924,981		
MEDICAL ADMINISTRATION	$11.85	76,160		2,142 PART
TOTAL MEDICAL		$1,019,713	$60.75	
PSYCHE	$2.59	$16,786	$1.00	2,160 PART
PSYCHE		$45,608	$2.72	
UTILIZATION MANAGEMENT	$2.35	$15,463	$0.92	2,185 PART
DISEASE MANAGEMENT	$2.06	$14,584	$0.87	2,365 PART
P.P.O CAREFIRST FLEXLINK	$19.61	$26,324	$1.57	447 PART
P P O CAREFIRST NETWORK	$3.88	$20,498	$1.22	1,761 PART
LIFE-AD&D	$.175/.018/1000	$3,361	$0.20	2,321 PART
A & S		$30,073	$1.79	
SUB TOTAL		**$1,574,139**	$93.79	

OPERATING EXPENSES

ADMINISTRATION	$11.57	$206,003	$12.27	5,920 PART
MISCELLANEOUS		$81,772	$4.87	
SUB TOTAL		$287,775	$17.14	
TOTAL		**$1,861,914**	**$110.93**	

[1]RATE CHANGE EFFECTIVE OCTOBER 2013

PLAN XX
PART TIME
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTRIBUTIONS	$2,232,946	$2,169,224	$2,080,543	$2,014,537	$8,497,250
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	8,568	5,966	5,752	5,513	25,799
TOTAL INCOME	$2,241,514	$2,175,190	$2,086,295	$2,020,050	$8,523,049
EXPENSES					
MEDICAL	$919,366	$1,274,788	$1,062,023	$1,019,713	$4,275,890
A & S	40,189	41,135	37,609	30,073	149,006
DENTAL	112,215	113,910	108,304	98,161	432,590
DRUG	236,917	205,294	254,370	255,759	952,340
PSYCHE	25,689	20,515	58,040	62,394	166,638
OPTICAL	31,773	32,239	30,686	27,809	122,507
LIFE & AD & D	3,606	3,680	3,580	3,361	14,227
UTILIZATION MANAGEMENT	17,085	17,647	17,009	15,463	67,204
DISEASE MANAGEMENT	15,217	14,997	15,051	14,584	59,849
P.P.O.	50,429	52,994	51,340	46,822	201,585
OPERATING EXPENSE	295,023	324,108	320,740	287,775	1,227,646
TOTAL EXPENSE	$1,747,509	$2,101,307	$1,958,752	$1,861,914	$7,669,482
SURPLUS (DEFICIT)	**$494,005**	**$73,883**	**$127,543**	**$158,136**	**$853,567**
AVERAGE INCOME	$119	$119	$120	$120	$120
AVERAGE EXPENSE	$93	$115	$113	$111	$108
SURPLUS (DEFICIT)	$26	$4	$7	$9	$12
TOTAL PARTICIPANTS	6,255	6,077	5,780	5,595	5,927

PLAN XX
PART TIME
2012

QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTRIBUTIONS	$2,047,932	$673,227	$1,327,373	$2,110,916	$6,159,448
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	6,769	7,434	7,162	7,692	29,057
TOTAL INCOME	$2,054,701	$680,661	$1,334,535	$2,118,608	$6,188,505
EXPENSES					
MEDICAL	$1,159,843	$1,141,478	$1,420,212	$1,350,529	$5,072,062
A & S	49,947	48,949	44,860	54,273	198,029
DENTAL	126,227	123,955	118,430	110,802	479,414
DRUG	290,796	179,355	234,786	255,472	960,409
PSYCHE	59,834	81,073	78,825	33,397	253,129
OPTICAL	36,783	36,110	34,631	32,294	139,818
LIFE & AD & D	4,293	4,225	4,089	3,844	16,451
UTILIZATION MANAGEMENT	22,390	19,960	19,473	18,171	79,994
DISEASE MANAGEMENT	21,432	21,344	16,274	15,170	74,220
P.P.O.	59,053	57,340	54,665	56,510	227,568
OPERATING EXPENSE	317,224	410,122	320,142	318,226	1,365,714
TOTAL EXPENSE	$2,147,822	$2,123,911	$2,346,387	$2,248,688	$8,866,808
SURPLUS (DEFICIT)	**($93,121)**	**($1,443,250)**	**($1,011,852)**	**($130,080)**	**($2,678,303)**
AVERAGE INCOME	$99	$34	$69	$114	$79
AVERAGE EXPENSE	$104	$105	$122	$121	$113
SURPLUS (DEFICIT)	($5)	($71)	($53)	($7)	($34)
TOTAL PARTICIPANTS	6,894	6,756	6,433	6,178	6,565

ACTIVE PLANS
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTR - ACTIVE	$28,731,580	$28,460,367	$31,420,683	$31,325,229	$119,937,859
EMPLOYEE CONTRIBUTIONS	314,666	363,545	337,366	2,248,908	3,264,485
INTEREST & DIVIDENDS - ACTIVE	80,942	88,599	90,537	105,190	365,268
MISCELLANEOUS[1]	16,958	2,052	2,588	570	22,168
TOTAL INCOME	$29,144,146	$28,914,563	$31,851,174	$33,679,897	$123,589,780
EXPENSES					
MEDICAL	$16,370,913	$18,080,538	$16,290,922	$17,019,456	$67,761,829
A & S	2,063,608	1,940,971	1,917,086	1,794,472	7,716,137
DENTAL	1,688,442	1,679,125	1,661,415	1,655,466	6,684,448
DRUG	5,534,708	4,879,128	5,908,199	6,008,237	22,330,272
PSYCHE	243,004	136,151	839,895	714,794	1,933,844
OPTICAL	217,613	217,068	214,166	212,282	861,129
LIFE & AD & D	54,551	54,262	53,566	53,284	215,663
UTILIZATION REVIEW	100,981	105,542	101,924	102,737	411,184
DISEASE MANAGEMENT	143,157	142,939	142,797	141,663	570,556
E.A.P.	22,377	22,324	22,181	22,413	89,295
P.P.O.	317,847	323,978	320,307	327,027	1,289,159
OPERATING EXPENSE	896,856	987,006	999,680	912,802	3,796,344
TOTAL EXPENSE	$27,654,057	$28,569,032	$28,472,138	$28,964,633	$113,659,860
SURPLUS (DEFICIT)	**$1,490,089**	**$345,531**	**$3,379,036**	**$4,715,264**	**$9,929,920**
TOTAL PARTICIPANTS	18,786	18,554	18,306	18,149	18,449
FUND RESERVE	$33,899,866	$24,781,473	$39,311,810	$42,560,186	

[1]INCLUDES LITIGATION SETTLEMENT FOR 4th QTR:

$558	ARTHROCARE
12	THE PAUL TRAVELERS
$570	

PLAN I
FULL TIME
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTR - ACTIVE	$4,946,541	$4,852,701	$5,457,493	$5,368,374	$20,625,109
EMPLOYER CONTR - RETIREE	5,638,129	5,531,169	6,164,815	6,064,146	$23,398,259
MISC. INCOME-DENTAL	239	239	239	239	956
-RETIREE	1,566,166	1,556,866	1,547,224	1,536,778	6,207,034
-LOA	0	4,660	7,122	4,475	16,257
-COBRA	0	0	0	3,874	3,874
-HMO COPAY	28,886	29,028	25,764	30,000	113,678
TOTAL	$12,179,961	$11,974,663	$13,202,657	$13,007,886	$50,365,167
EXPENSES					
MEDICAL	$3,141,077	$3,472,745	$3,386,186	$3,379,647	$13,379,655
RETIREE	7,574,771	7,297,802	6,372,143	6,951,247	28,195,963
A & S	449,653	376,097	446,421	375,290	1,647,461
DENTAL	210,217	205,985	200,480	196,976	813,658
DRUG	905,558	819,441	998,299	1,033,813	3,757,111
PSYCHE	20,840	23,692	97,491	72,553	214,576
OPTICAL	25,071	24,520	23,886	23,551	97,028
LIFE & AD & D	13,359	13,083	12,757	12,551	51,750
UTILIZATION MANAGEMENT	10,380	10,949	9,645	10,670	41,644
DISEASE MANAGEMENT	17,866	17,621	17,341	16,942	69,770
E.A.P.	2,701	2,656	2,586	2,551	10,494
P.P.O.	33,103	32,964	32,134	32,579	130,780
OPERATING EXPENSE	68,591	74,496	74,770	67,008	284,865
TOTAL EXPENSE	$12,473,187	$12,372,051	$11,674,139	$12,175,378	$48,694,755
SURPLUS (DEFICIT)	**($293,226)**	**($397,388)**	**$1,528,518**	**$832,508**	**$1,670,412**
AVERAGE INCOME	$2,888	$2,895	$3,279	$3,285	$3,087
AVERAGE EXPENSE	$2,957	$2,991	$2,900	$3,075	$2,981
SURPLUS (DEFICIT)	($69)	($96)	$379	$210	$106
TOTAL PARTICIPANTS	1,406	1,379	1,342	1,320	1,362

PLAN I
FULL TIME
2012

QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTR - ACTIVE	$11,830,448	$1,824,000	$2,965,936	$4,846,765	$21,467,149
EMPLOYER CONTR - RETIREE		$2,079,018	$3,380,610	$5,524,404	$10,984,032
MISC. INCOME-DENTAL	239	239	239	239	956
-RETIREE	1,677,311	1,655,411	1,575,435	1,576,336	6,484,493
-LOA	0	0	0	0	0
-COBRA	15,059	6,642	5,902	1,078	28,681
-HMO COPAY	25,196	21,859	14,798	24,362	86,215
TOTAL	$13,548,253	$5,587,169	$7,942,920	$11,973,184	$39,051,526
EXPENSES					
MEDICAL	$3,031,099	$3,361,492	$4,518,811	$3,631,023	$14,542,425
RETIREE	7,965,362	7,000,608	6,940,563	7,602,751	29,509,284
A & S	504,635	523,490	488,602	436,712	1,953,439
DENTAL	227,096	220,935	214,635	208,419	871,085
DRUG	1,228,616	884,763	1,075,391	1,110,927	4,299,697
PSYCHE	62,550	44,030	69,781	52,250	228,611
OPTICAL	27,917	27,190	26,464	25,692	107,263
LIFE & AD & D	14,830	14,482	14,102	13,694	57,108
UTILIZATION MANAGEMENT	11,083	11,706	10,675	10,790	44,254
DISEASE MANAGEMENT	23,913	23,459	17,907	17,499	82,778
E.A.P.	2,994	2,905	2,825	2,763	11,487
P.P.O.	34,828	34,771	33,614	34,745	137,958
OPERATING EXPENSE	74,408	93,065	73,679	74,797	315,949
TOTAL EXPENSE	$13,209,331	$12,242,896	$13,487,049	$13,222,062	$52,161,338
SURPLUS (DEFICIT)	**$338,922**	**($6,655,727)**	**($5,544,129)**	**($1,248,878)**	**($13,109,812)**
AVERAGE INCOME	$2,902	$1,228	$1,799	$2,777	$2,177
AVERAGE EXPENSE	$2,830	$2,690	$3,054	$3,067	$2,910
SURPLUS (DEFICIT)	$72	($1,462)	($1,255)	($290)	($733)
TOTAL PARTICIPANTS	1,556	1,517	1,472	1,437	1,496

PLAN I
PART TIME
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTR - ACTIVE	$815,496	$783,667	$839,047	$813,212	$3,251,422
EMPLOYER CONTR - RETIREE	929,513	893,234	947,793	918,608	$3,689,148
MISC. INCOME-DENTAL	0	0	0	0	0
-RETIREE	343,099	340,577	340,088	339,800	1,363,564
-LOA	0	0	0	0	0
-COBRA	740	0	0	0	740
-HMO COPAY	4,005	4,706	4,173	5,808	18,692
TOTAL	$2,092,853	$2,022,184	$2,131,101	$2,077,428	$8,323,566
EXPENSES					
MEDICAL	$457,040	$329,558	$529,608	$816,490	$2,132,696
RETIREE	1,134,805	1,270,879	935,826	1,123,146	4,464,656
A & S	25,327	41,259	37,494	28,166	132,246
DENTAL	33,201	32,127	31,229	30,558	127,115
DRUG	129,745	127,224	146,184	153,327	556,480
PSYCHE	3,106	3,204	24,128	10,658	41,096
OPTICAL	4,373	4,240	4,124	4,015	16,752
LIFE & AD & D	1,017	979	961	940	3,897
UTILIZATION MANAGEMENT	1,685	1,861	1,792	2,000	7,338
DISEASE MANAGEMENT	2,542	2,535	2,480	2,431	9,988
E.A.P.	477	459	449	450	1,835
P.P.O.	5,457	5,339	5,231	5,352	21,379
OPERATING EXPENSE	11,822	12,596	12,528	11,302	48,248
TOTAL EXPENSE	$1,810,597	$1,832,260	$1,732,034	$2,188,835	$7,563,726
SURPLUS (DEFICIT)	**$282,256**	**$189,924**	**$399,067**	**($111,407)**	**$759,840**
AVERAGE INCOME	$2,883	$2,893	$3,129	$3,148	$3,013
AVERAGE EXPENSE	$2,494	$2,621	$2,543	$3,316	$2,744
SURPLUS (DEFICIT)	$389	$272	$586	($168)	$269
TOTAL PARTICIPANTS	242	233	227	220	231

PLAN I
PART TIME
2012

QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTR - ACTIVE	$1,965,793	$305,225	$465,424	$819,498	$3,555,940
EMPLOYER CONTR - RETIREE		$347,900	$530,497	$934,075	$1,812,472
MISC. INCOME-DENTAL	0	0	0	0	0
-RETIREE	364,398	359,432	342,921	343,770	1,410,521
-LOA	3,582	2,149	748	0	6,479
-COBRA	7,783	2,611	2,216	3,692	16,302
-HMO COPAY	4,464	3,999	3,162	4,235	15,860
TOTAL	$2,346,020	$1,021,316	$1,344,968	$2,105,270	$6,817,574
EXPENSES					
MEDICAL	$430,500	$371,743	$723,618	$434,418	$1,960,279
RETIREE	1,308,024	1,201,673	1,034,245	1,105,000	4,648,942
A & S	31,611	56,719	60,051	29,578	177,959
DENTAL	37,421	35,618	34,152	33,078	140,269
DRUG	200,616	138,977	234,106	162,030	735,729
PSYCHE	4,295	13,506	19,634	7,863	45,298
OPTICAL	5,111	4,889	4,719	4,520	19,239
LIFE & AD & D	1,176	1,152	1,104	1,058	4,490
UTILIZATION MANAGEMENT	2,072	1,963	2,680	2,147	8,862
DISEASE MANAGEMENT	3,490	3,403	2,552	2,478	11,923
E.A.P.	561	533	514	490	2,098
P.P.O.	6,015	6,002	5,546	5,691	23,254
OPERATING EXPENSE	13,340	16,705	13,049	12,904	55,998
TOTAL EXPENSE	$2,044,232	$1,852,883	$2,135,970	$1,801,255	$7,834,340
SURPLUS (DEFICIT)	**$301,788**	**($831,567)**	**($791,002)**	**$304,015**	**($1,016,766)**
AVERAGE INCOME	$2,793	$1,266	$1,779	$2,830	$2,167
AVERAGE EXPENSE	$2,434	$2,296	$2,825	$2,421	$2,494
SURPLUS (DEFICIT)	$359	($1,030)	($1,046)	$409	($327)
TOTAL PARTICIPANTS	280	269	252	248	262

COMBINED FUND
FOURTH QUARTER 2013

QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTR - ACTIVE	$28,731,580	$28,460,367	$31,420,683	$31,325,229	$119,937,859
EMPLOYER CONTR - RETIREE	$6,567,642	6,424,403	7,112,608	6,982,754	$27,087,407
EMPLOYEE CONTRIBUTIONS	2,223,931	2,260,988	2,224,678	2,248,908	8,958,505
INTEREST & DIVIDENDS - ACTIVE	80,942	88,599	90,537	105,190	365,268
INTEREST & DIVIDENDS - RETIREE	20,548	22,773	23,576	27,623	94,520
MISCELLANEOUS[1]	16,958	2,052	2,588	570	22,168
TOTAL INCOME	$37,641,601	$37,259,182	$40,874,670	$40,690,274	$156,465,727
EXPENSES					
MEDICAL	$16,370,913	$18,080,538	$16,290,922	$17,019,456	$67,761,829
RETIREES	8,709,576	8,568,681	7,307,969	8,074,393	32,660,619
A & S	2,063,608	1,940,971	1,917,086	1,794,472	7,716,137
DENTAL	1,688,442	1,679,125	1,661,415	1,655,466	6,684,448
DRUG	5,534,708	4,879,128	5,908,199	6,008,237	22,330,272
PSYCHE	243,004	136,151	839,895	714,794	1,933,844
OPTICAL	217,613	217,068	214,166	212,282	861,129
LIFE & AD & D	54,551	54,262	53,566	53,284	215,663
UTILIZATION REVIEW	100,981	105,542	101,924	102,737	411,184
DISEASE MANAGEMENT	143,157	142,939	142,797	141,663	570,556
E.A.P.	22,377	22,324	22,181	22,413	89,295
P.P.O.	317,847	323,978	320,307	327,027	1,289,159
OPERATING EXPENSE	896,856	987,006	999,680	912,802	3,796,344
TOTAL EXPENSE	$36,363,633	$37,137,713	$35,780,107	$37,039,026	$146,320,479
SURPLUS (DEFICIT)	**$1,277,968**	**$121,469**	**$5,094,563**	**$3,651,248**	**$10,145,248**
TOTAL PARTICIPANTS	18,786	18,554	18,306	18,149	18,449
FUND RESERVE	$42,298,470	$33,271,677	$47,635,304	$50,725,341	

[1]INCLUDES LITIGATION SETTLEMENT FOR 4th QTR:

$558 ARTHROCARE
12 THE PAUL TRAVELERS
$570

COMBINED FUND
2012

QUARTERLY RECAPS

	FIRST 2012	SECOND 2012	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTR - ACTIVE	$35,314,778	$9,630,119	$16,749,190	$27,562,362	$89,256,449
EMPLOYER CONTR - RETIREE	$0	$2,426,918	$3,911,107	$6,458,479	$12,796,504
EMPLOYEE CONTRIBUTIONS	2,377,266	2,280,053	2,154,791	2,176,829	8,988,939
INTEREST & DIVIDENDS - ACTIVE	285,315	271,137	305,868	121,547	983,867
INTEREST & DIVIDENDS - RETIREE		66,639	77,339	31,017	174,995
MISCELLANEOUS[1]	2,593	2,272	5,235	4,147	14,247
TOTAL INCOME	$37,979,952	$14,677,138	$23,203,530	$36,354,381	$112,215,001
EXPENSES					
MEDICAL	$16,922,034	$17,144,377	$21,145,373	$18,200,284	$73,412,068
RETIREES	9,273,386	8,202,281	7,974,808	8,707,751	34,158,226
A & S	2,006,419	2,066,919	2,160,183	2,019,319	8,252,840
DENTAL	1,612,462	1,649,088	1,662,027	1,649,525	6,573,102
DRUG	6,288,186	4,546,899	5,979,339	6,087,504	22,901,928
PSYCHE	437,195	463,171	491,957	327,439	1,719,762
OPTICAL	226,918	224,589	222,389	219,366	893,262
LIFE & AD & D	56,937	56,600	55,804	55,245	224,586
UTILIZATION REVIEW	108,046	106,254	105,018	106,673	425,991
DISEASE MANAGEMENT	179,312	179,417	139,576	139,541	637,846
E.A.P.	22,243	22,115	22,135	22,366	88,859
P.P.O.	312,124	319,107	314,694	333,497	1,279,422
OPERATING EXPENSE	906,888	1,169,411	935,454	955,247	3,967,000
TOTAL EXPENSE	$38,352,150	$36,150,228	$41,208,757	$38,823,757	$154,534,892
SURPLUS (DEFICIT)	**($372,198)**	**($21,473,090)**	**($18,005,227)**	**($2,469,376)**	**($42,319,891)**
TOTAL PARTICIPANTS	19,392	19,469	18,952	18,743	19,139
FUND RESERVE	$77,687,906	$70,103,810	$46,341,810	$38,832,606	

[1]INCLUDES LITIGATION SETTLEMENT FOR 4th QTR:

$195	CIGNA
194	MAXIM INTEGRATED
1,380	NORTHERN TIER ENERGY
810	OFFSHORE GROUP
1,568	UNITED RENTALS
$4,147	

COMBINED FUND
FOURTH QUARTER 2013

MISCELLANEOUS

ACCOUNTING	$549
ACTUARIAL & CONSULTING	$32,034
COMPUFACTS	6,365
IFEBP	1,125
INVESTMENT MANAGEMENT	66,190
LEGAL	117,577
MEETING	174
POSTAGE	20,033
PRINTING	17,564
TELEPHONE	3,640
TOTAL	$265,251

DELINQUENCIES

NONE

COMBINED FUND
FELRA & UFCW HEALTH AND WELFARE FUND
INCLUDING LEGAL, SEVERANCE AND SCHOLARSHIP
FOURTH QUARTER 2013

QUARTERLY RECAPS

INCOME	1Q2013	2Q2013	3Q2013	4Q2013	Total
Health	$37,641,601	$37,259,182	$40,874,670	$40,690,274	$156,465,727
Legal	1,158,975	1,157,210	1,142,299	1,122,708	4,581,192
Severance	156,163	141,875	86,590	118,530	503,158
Scholarship	3,425	6,678	4,122	4,186	18,411
Total Income	$38,960,164	$38,564,945	$42,107,681	$41,935,698	$161,568,488

EXPENSES	1Q2013	2Q2013	3Q2013	4Q2013	Total
Health	$36,363,633	$37,137,713	$35,780,107	$37,039,026	$146,320,479
Legal	1,142,892	1,140,730	1,136,437	1,127,365	4,547,424
Severance	2,119,957	1,766,388	1,635,253	1,676,405	7,198,003
Scholarship	10,008	20,478	30,949	11,542	72,977
Total Expenses	$39,636,490	$40,065,309	$38,582,746	$39,854,338	$158,138,883

Surplus/(Deficit)	1Q2013	2Q2013	3Q2013	4Q2013	Total
Health	$1,277,968	$121,469	$5,094,563	$3,651,248	$10,145,248
Legal	16,083	16,480	5,862	(4,657)	33,768
Severance	(1,963,794)	(1,624,513)	(1,548,663)	(1,557,875)	(6,694,845)
Scholarship	(6,583)	(13,800)	(26,827)	(7,356)	(54,566)
Total Surplus/(Deficit)	($676,326)	($1,500,364)	$3,524,935	$2,081,360	$3,429,605

Fund Reserve	$58,769,650	$49,344,092	$62,686,695	$64,352,344

COMBINED FUND
FELRA & UFCW HEALTH AND WELFARE FUND
INCLUDING LEGAL, SEVERANCE AND SCHOLARSHIP
2012

QUARTERLY RECAPS

INCOME	1Q2012	2Q2012	3Q2012	4Q2012	Total
Health	$37,979,952	$13,981,776	$21,207,835	$36,354,381	$109,523,944
Legal	1,190,952	1,205,489	1,176,946	1,150,859	4,724,246
Severance	153,029	5,333,313	178,360	214,935	5,879,637
Scholarship	3,219	7,729	3,862	6,225	21,035
Total Income	$39,327,152	$20,528,307	$22,567,003	$37,726,400	$120,148,862

EXPENSES	1Q2012	2Q2012	3Q2012	4Q2012	Total
Health	$38,352,150	$36,150,228	$41,208,757	$38,823,757	$154,534,892
Legal	1,158,453	1,164,490	1,147,401	1,119,648	4,589,992
Severance	4,842,692	1,811,458	1,903,295	2,424,987	10,982,432
Scholarship	9,120	17,048	29,640	10,336	66,144
Total Expenses	$44,362,415	$39,143,224	$44,289,093	$42,378,728	$170,173,460

Surplus/(Deficit)	1Q2012	2Q2012	3Q2012	4Q2012	Total
Health	($372,198)	($22,168,452)	($20,000,922)	($2,469,376)	($45,010,948)
Legal	32,499	40,999	29,545	31,211	134,254
Severance	(4,689,663)	3,521,855	(1,724,935)	(2,210,052)	(5,102,795)
Scholarship	(5,901)	(9,319)	(25,778)	(4,111)	(45,109)
Total Surplus/(Deficit)	($5,035,263)	($18,614,917)	($21,722,090)	($4,652,328)	($50,024,598)

Fund Reserve	$95,699,081	$91,473,436	$66,793,346	$56,882,760

CONTRACT INFORMATION
FOURTH QUARTER 2013

COMPANY	PLAN	RATES	EFF. DATE	CONTRACT EXP.
ASSOCIATED ADMINISTRATORS	X	844.00	07-01-13	10-29-13
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
G & G EDDIES	X	861.00	07-01-13	08-01-14
GIANT 27	I	2,887.00	07-01-13	10-31-13
	I	2,620.00	07-01-13	
	X	844.00	07-01-13	
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
GIANT 400	I	2,887.00	07-01-13	10-31-13
	I	2,620.00	07-01-13	
	X	844.00	07-01-13	
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
GIANT 400 PHARMACY	X	844.00	07-01-13	10-31-13
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
GIANT DELAWARE	X	844.00	07-01-13	10-31-13
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
GIANT LEXINGTON PARK 400	X	844.00	07-01-13	10-31-13
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
GIANT VALLEY 400	I	2,887.00	07-01-13	10-31-13
	I	2,620.00	07-01-13	
	X	844.00	07-01-13	
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
SAFEWAY 27	I	2,887.00	07-01-13	10-31-13
	I	2,620.00	07-01-13	
	X	844.00	07-01-13	
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	

CONTRACT INFORMATION
FOURTH QUARTER 2013

COMPANY	PLAN	RATES	EFF. DATE	CONTRACT EXP.
SAFEWAY 400	I	2,887.00	07-01-13	10-31-13
	I	2,620.00	07-01-13	
	X	844.00	07-01-13	
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
SAFEWAY CULPEPER	I	2,887.00	07-01-13	10-31-13
	I	2,620.00	07-01-13	
	X	844.00	07-01-13	
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
SAFEWAY DELAWARE	X	844.00	07-01-13	10-31-13
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
SAFEWAY DOVER	X	844.00	07-01-13	10-31-13
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
STAFF 27	X	844.00	07-01-13	
	X	470.00	07-01-13	
	X	1,060.00	07-01-13	
	XX	486.00	07-01-13	
	XX	120.00	07-01-13	
STAFF 400	X	844.00	07-01-13	

FELRA & UFCW

RETIREE HEALTH PLAN

FOURTH QUARTER 2013

ADMINISTRATIVE MANAGER'S REPORT

FULL TIME RETIREES
FOURTH QUARTER 2013

INCOME

EMPLOYER CONTRIBUTIONS	$6,064,146
RETIREE COPAYMENTS	$1,536,778
INTEREST AND DIVIDENDS	$22,621
TOTAL INCOME	**$7,623,545**

EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$56,415	$4.82	3,799 RET
DENTAL	$29.39	$335,075		3,800 RET
TOTAL DENTAL		$335,075	$28.62	
DRUG	$.80/1.25/SCRIPT	$2,096,124		30,563 SCRIPTS
DRUG CLAIMS		0		
DRUG FEES	$0.21/CLAIM	3,790		
TOTAL DRUG		$2,099,914	$179.34	
HMO CIGNA		$2,201,765		1,175 RET
HMO KAISER		1,277,365		1,498 RET
HMO WELL CARE CHOICE		122		1 RET
HOSPITAL		326,503		
SURGICAL		120,292		
DIAGNOSTIC		49,289		
MAJOR MEDICAL		331,789		
MEDICAL ADMINISTRATION	$11.85	47,803		1,345 RET
TOTAL MEDICAL		$4,354,928	$371.93	
PSYCHE	$2.59	$17,675	$1.51	2,275 RET
PSYCHE		$9,517	$0.81	
UTILIZATION MANAGEMENT	$2.35	$1,531	$0.13	59 RET
DISEASE MANAGEMENT	$2.06	$575	$0.05	43 RET
P P O CAREFIRST FLEXLINK	$19.61	$2,153	$0.18	37 RET
P P O CAREFIRST NETWORK	$3.88	$58	$0.00	5 RET
P P O AA, LLC		$140	$0.01	
P P O A & G		$8,632	$0.74	
ADMINISTRATION	$5.52	$64,634	$5.52	3,903 RET
TOTAL EXPENSES		**$6,951,247**	**$593.67**	
SURPLUS (DEFICIT)		**$672,298**		

RETIREES 3,903
AVERAGE COST PER RETIREE $593.67

PART TIME RETIREES
FOURTH QUARTER 2013

INCOME

EMPLOYER CONTRIBUTIONS	$918,608
RETIREE COPAYMENTS	$339,800
INTEREST AND DIVIDENDS	$5,002
TOTAL INCOME	**$1,263,410**

EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$12,871	$4.97	867 RET
DENTAL	$29.39	$76,444	$29.53	867 RET
DRUG	$.80/1.25/SCRIPT	$298,920		4,276 SCRIPTS
DRUG CLAIMS		$0		
DRUG FEES	$0.21/CLAIM	539		
DRUG		$299,459	$115.67	
HMO CIGNA		$325,204		242 RET
HMO KAISER		278,438		403 RET
WELL CARE CHOICE		122		1 RET
HOSPITAL		46,178		
SURGICAL		23,441		
DIAGNOSTIC		9,559		
MAJOR MEDICAL		18,817		
MEDICAL ADMINISTRATION	$11.85	9,314		262 RET
TOTAL MEDICAL		$711,073	$274.65	
PSYCHE	$2.59	$3,779	$1.46	486 RET
PSYCHE		$2,461	$0.95	
UTILIZATION MANAGEMENT	$2.35	$252	$0.10	10 RET
DISEASE MANAGEMENT	$2.06	$95	$0.04	10 RET
P.P.O. CAREFIRST FLEXLINK	$19.61	$483	$0.19	8 RET
P.P.O. CAREFIRST NETWORK	$3.88	$12	$0.00	1 RET
P.P.O. AA, LLC		$30	$0.01	
P.P.O. A & G		$1,896	$0.73	
ADMINISTRATION	$5.52	$14,291	$5.52	863 RET
TOTAL EXPENSES		**$1,123,146**	**$433.81**	
SURPLUS (DEFICIT)		**$140,264**		

RETIREES 863
AVERAGE COST PER RETIREE $433.81

2013
RETIREES
QUARTERLY RECAPS

	FIRST 2013	SECOND 2013	THIRD 2013	FOURTH 2013	TOTAL
EMPLOYER CONTRIBUTIONS	$6,567,642	$6,424,403	$7,112,608	$6,982,754	$27,087,407
RETIREE COPAYMENTS	$1,909,265	1,897,443	1,887,312	1,876,578	$7,570,598
INTEREST & DIVIDENDS	20,547	22,773	23,576	27,623	94,519
TOTAL INCOME	$8,497,454	$8,344,619	$9,023,496	$8,886,955	$34,752,524
EXPENSES					
MEDICAL	$6,414,819	$6,043,288	$5,005,317	$5,066,001	$22,529,425
DENTAL	412,431	412,077	412,048	411,519	1,648,075
DRUG	1,688,875	1,926,915	1,620,736	2,399,373	7,635,899
PSYCHE	36,122	25,278	109,101	33,432	203,933
OPTICAL	69,443	69,393	69,399	69,286	277,521
UTILIZATION MANAGEMENT	1,163	2,374	1,943	1,783	7,263
DISEASE MANAGEMENT	615	627	654	670	2,566
P.P.O.	9,863	9,754	9,829	13,404	42,850
ADMINISTRATION	76,245	78,975	78,941	78,925	313,086
TOTAL EXPENSES	$8,709,576	$8,568,681	$7,307,968	$8,074,393	$32,660,618
SURPLUS (DEFICIT)	($212,122)	($224,062)	$1,715,528	$812,562	$2,091,906
TOTAL PARTICIPANTS	4,769	4,769	4,767	4,766	4,768
FUND RESERVE	$8,398,604	$8,490,204	$8,323,494	$8,165,155	

2012
RETIREES
QUARTERLY RECAPS

	FIRST 2012	SECOND 2012[1]	THIRD 2012	FOURTH 2012	TOTAL
EMPLOYER CONTRIBUTIONS		$808,973	$3,911,107	$6,458,478	$11,178,558
RETIREE COPAYMENTS		$673,150	$1,918,356	$1,920,106	$4,511,612
INTEREST & DIVIDENDS		22,213	77,338	31,017	130,568
TOTAL INCOME	$0	$1,504,336	$5,906,801	$8,409,601	$15,820,738
EXPENSES					
MEDICAL		$1,924,266	$5,295,914	$5,769,483	$12,989,663
DENTAL		134,006	402,758	401,560	938,324
DRUG		378,329	2,068,026	2,316,866	4,763,221
PSYCHE		18,102	49,732	64,383	132,217
OPTICAL		23,245	69,810	69,631	162,686
UTILIZATION MANAGEMENT		1,111	2,206	2,762	6,079
DISEASE MANAGEMENT		226	519	288	1,033
P.P.O.		3,803	9,213	6,298	19,314
ADMINISTRATION		25,509	76,630	76,480	178,619
TOTAL EXPENSES	$0	$2,508,597	$7,974,808	$8,707,751	$19,191,156
SURPLUS (DEFICIT)		($1,004,262)	($2,068,007)	($298,150)	($3,370,419)
TOTAL PARTICIPANTS	0	4,786	4,793	4,783	4,787
FUND RESERVE		$8,944,374	$8,389,752	$8,539,557	

[1] INCLUDES INCOME AND EXPENSES FOR JUNE 2012 ONLY

INVOICES

FELRA & UFCW
HEALTH AND WELFARE FUND
INVOICES

APRIL 3, 2014

1.	**Associated Administrators, LLC**			
	12/18/13	Meeting Expenses – Regular Meeting	$	345.15
	01/31/14	Envelopes		3,508.77
2.	**Bank of New York Mellon**			
	02/12/14	Investment Management Fee – 4Q13	$	2,357.21
3.	**Cadence Capital Management**			
	01/09/14	Investment Management Fee – 4Q13	$	580.00
4.	**Cheiron**			
	01/17/13	Retainer Services – 12/13	$	5,125.00
	02/28/14	Retainer Services – 01/14		6,195.00
5.	**Fountain Capital Management, LLC**			
	01/13/14	Investment Management Fee –4Q13	$	3,315.00
6.	**Halperin Battaglia Raicht, LLP**			
	12/12/13	Services rendered and expense s incurred for the period 11/01/13 – 11/30/13 related to A & P Bankruptcy	$	1,599.00
7.	**HCCCC**			
	01/06/14	Participation Fee – 2014	$	3,750.00
8.	**Intech (Janus Capital Group)**			
	12/22/14	Investment Management Fee – Advisory Fee – 11/13	$	796.76
	01/22/14	Investment Management Fee – Advisory Fee – 12/13		779.89
	02/14/14	Investment Management Fee – Advisory Fee – 01/14		784.16

9. **Investment Performance Services**

02/07/14	Investment Consultant Fee – 1Q14	$ 13,888.88

10. **Marco Consulting**

03/31/13	Proxy Voting Service – 1Q13	$ 750.00
06/30/13	Proxy Voting Service – 2Q13	750.00
09/30/13	Proxy Voting Service – 3Q13	750.00
12/13/13	Proxy Voting Service – 4Q13	750.00

11. **Morgan, Lewis & Bockius, LLP**

02/12/14	Professional Services rendered through 10/13	$ 10,855.00
01/29/14	Professional Services rendered through 11/13	2,396.00
02/12/14	Professional Services rendered through 12/13	17,225.00
02/26/14	Professional Services rendered through 01/14	33,015.96
02/16/14	Professional Services rendered through 01/14 related to the ACA	765.00

12. **NWQ**

12/31/13	Investment Management Fee – 4Q13	$ 3,181.87

13. **Salter & Company**

02/26/14	Services rendered in connection with the 12/31/12 annual audit, retiree plan segregation/separation and out of pocket expenses	$ 15,887.70

14. **Segal Consulting**

10/31/13	For consulting services rendered in connection with the work relating to the FELRA and UFCW Health and Welfare Fund ACA compliance for the period 07/01/13 -09/30/13	$ 49,800.00
01/06/14	For consulting services rendered in connection with the work relating to the FELRA and UFCW Health and Welfare Fund ACA compliance for the period 10/01/13 – 10/31/13	$ 99,600.00
01/06/14	For consulting services rendered in connection with the work relating to the FELRA and UFCW Health and Welfare Fund ACA compliance for the period 11/01/13 – 11/30/13	$ 64,800.00

15. **Segall, Bryant & Hamill**

01/23/14	Investment Management Fee – 4Q13 – Acct. B1F9853	$ 3,331.48

	01/12/14	Investment Management Fee – 4Q13 – Acct. B1F9853T		83.28

16. **Segal Select Insurance**

02/06/14	Renewal of Fidelity Bond through Chubb for the period January 1, 2014 – 01/01/15	$	$1,129.00

17. **Slevin & Hart P.C.**

12/23/13	Professional Services rendered – 11/13	$	18,550.90
01/28/14	Subrogation Services rendered – 4Q13		38,020.02
01/28/14	Subrogation Expenses incurred 01/01/13 – 12/31/13		2,533.06
01/30/14	Professional Services rendered – 12/13		32,293.91
02/27/14	Professional Services rendered – 01/14		29,799.56

18. **Westwood**

01/23/14	Investment Management Fee – 4Q13	$	5,586.61

19. **UFCW Local 27**

02/27/14	J. Chorpenning – Reimbursement of Meeting Expenses for 12/18/13 Board of Trustees Meeting.	$	111.87

FELRA & UFCW
HEALTH AND WELFARE FUND – RETIREE PLAN
INVOICES

APRIL 3, 2014

1. **Slevin & Hart P.C.**

01/28/14	Professional Services rendered through 12/13	$ 398.50
02/27/14	Professional Services rendered through 01/14	3,011.50

Food Employers Labor Relations Association
and United Food and Commercial Workers
Health and Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

4301 Garden City Drive, Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

April 3, 2014

To: Board of Trustees
FELRA and UFCW Health and Welfare Fund

From: Bill Jensen

Subj: PPACA/Compliance Invoice for Fourth Quarter 2013

Gentlemen:

Attached is Associated's invoice for PPACA related work for the Fourth Quarter 2013. The total is $803.00. Our contract with the Fund specifies hourly rates to be charged for PPACA related work, at the same rates as is permitted for compliance related work. In addition to the executive summary of charges attached, we have full backup of materials related to our staff's hourly charges available for review if desired. We ask your review and approval of this invoice.

Please feel free to contact me with questions.

PPACA Charges	FELRA
Specific to FELRA Fund	$803.00
Totals	$803.00

OTHER FUND BUSINESS

Via Electronic Mail and USPS

January 27, 2014

Policy Committee of the FELRA & UFCW Health & Welfare Retiree Trust
c/o Mr. William R. Jensen, President
Associated Administrators, LLC
4301 Garden City Drive, Suite 201
Landover, Maryland 20785

Re: Engagement Letter for 2014

Dear Trustees:

This letter represents our proposed fees for the year 2014, pursuant to Section 2 of the Consulting Agreement between Cheiron and the Food Employers Labor Relations Association & United Food and Commercial Workers Health & Welfare Retiree Trust dated February 7, 2003.

A) Health Retainer – The annual fee for 2014 retainer services for the FELRA & UFCW Health & Welfare Retiree Trust sub-account will increase from $61,500 ($5,125 per month) to $74,340 ($6,195 per month). Our fees represent a 3.25% increase over 2012 fees of $72,000, when the last full valuation was performed. The retainer fee covers the following services:

1. Annual retiree health rate development, presentation and report, including retiree and employer co-pays in aggregate and by retiree category, historical trend analysis, prior year actual versus projected analysis and reconciliation, and maintenance of gain/loss split between retirees and employers.

2. Attend one annual Board of Trustees or Policy Committee meeting to present the information above. The presentation will utilize Cheiron's proprietary ***H-scan*** software.

3. Provide retiree conversion rates to the plan administration.

4. Advance preparation meeting with the working group.

5. Attend up to three additional Trustee/Policy Committee meetings.

6. Ad-hoc communications to the working group on applicable industry developments and information.

7. IBNR calculations.

8. Full FASB ASC 965 post-retirement benefits valuation and report on retiree liability disclosures as of December 31, 2013.

9. Attend one annual Board of Trustees or Policy Committee meeting to present the FASB ASC 965 Report.

10. Respond to the annual confirmation request of the Fund's auditor.

11. Ad-hoc discussions with other Fund professionals that do not require any significant follow-up work or communications.

B) Severance Retainer – The 2013 monthly retainer amount for the FELRA & UFCW Severance sub-account was $37,740 ($3,145 monthly) and will increase to $38,304 ($3,192 monthly) for 2014. The retainer fee covers the following services:

1. Conduct an annual valuation of the current and projected liabilities of the Severance sub-account and prepare a formal written report, including a discussion of the assets and funded status.

2. Attend one annual Board of Trustees meeting for the purpose of presenting the annual valuation report. The presentation will include a historical look-back and future projections using a custom version of Cheiron's proprietary ***X-scan*** interactive modeling tools.

3. Attend at least one additional meeting per year.

4. Provide information required by the Fund's auditor related to FASB ASC 965 for the annual Financial Statements.

5. Respond to the annual confirmation request of the Fund's auditor.

6. Ad-hoc discussions with other Fund professionals that do not require any significant follow-up work or communications.

C) Non-Retainer – With respect to special consulting projects, Cheiron's billing rates during calendar year 2014 will range between $84 and $465 per hour.

We look forward to serving you and the Trustees during 2014. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,
Cheiron

John L. Colberg, FSA, EA
Principal Consulting Actuary

cc: Christopher J. Mietlicki, ASA, MAAA, EA
Gene Kalwarski, FSA, FCA, MAAA, EA
Kevin Woodrich, FSA, MAAA, EA

PREVENTIVE SERVICES BENEFITS
FELRA AND UFCW HEALTH AND WELFARE FUND
AS OF APRIL 1, 2014
DRAFT FOR REVIEW BY FUND COUNSEL

PREVENTIVE SERVICES

Preventive Services Benefit Overview

This Fund provides coverage for certain Preventive Services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). Coverage is provided on an in-network basis only, with no cost-sharing (for example, no deductibles, coinsurance, or copayments), for the following services:

- Services described in the United States Preventive Services Task Force (USPSTF) A and B recommendations,
- Services described in guidelines issued by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), and
- Health Resources and Services Administration (HRSA) guidelines including the American Academy of Pediatrics *Bright Futures* guidelines and HRSA guidelines relating to services for women

In-network preventive services that are identified by the Fund as part of the ACA guidelines will be covered with no cost-sharing. This means that the service will be covered at 100% of the Fund's allowable charge, with no coinsurance, copayment, or deductible.

If preventive services are received from a non-network provider, they will not be eligible for coverage under this Preventive Services benefit.

In some cases, federal guidelines are unclear about which preventive benefits must be covered under the ACA. In that case, the Fund will determine whether a particular benefit is covered under this Preventive Services benefit.

The following services are covered under the Fund's Preventive Services benefit with no cost-sharing.

Covered Preventive Services for Adults

- Abdominal Aortic Aneurysm one-time screening for men ages 65-75 who have ever smoked.
- Alcohol Misuse screening and counseling: Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.
- Blood Pressure screening for all adults age 18 and older. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician visit.

- Cholesterol screening (Lipid Disorders Screening) for men aged 35 and older; men aged 20-35 if they are at increased risk for coronary heart disease; and women aged 20 and older if they are at increased risk for coronary heart disease.
- Colorectal cancer screenings (fecal occult blood testing, sigmoidoscopy, and colonoscopy) for adults age 50 to 75, including bowel preparatory medications as required.
- Depression screening for adults.
- Type 2 Diabetes screening for asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.
- Diet counseling for adults at higher risk for chronic disease.
- Exercise or physical therapy for community-dwelling adults age 65 or older who are at increased risk for falls.
- HIV screening for all adults at higher risk.
- Obesity screening and intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Screening includes measurement of BMI by the clinician with the purpose of assessing and addressing body weight in the clinical setting.
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk.
-
- Syphilis screening for all adults at increased risk of infection.
- Tobacco Use screening for all adults and cessation interventions for tobacco users.
- Vitamin D (by prescription) for community-dwelling adults age 65 and over who are at increased risk for falls.

Covered Preventive Services for Women, Including Pregnant Women

- Well woman office visits for women ages 21 to 64, for the delivery of required preventive services, including preconception and prenatal care.
- Anemia screening on a routine basis for pregnant women.
- Bacteriuria urinary tract or other infection screening for pregnant women. Screening for asymptomatic bacteriuria with urine culture for pregnant women is payable at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
- BRCA counseling about genetic testing for women at higher risk. Women whose family history is associated with an increased risk for deleterious mutations in BRCA 1 or BRCA 2 genes will receive referral for counseling. The Fund will also cover BRCA 1 or 2 genetic tests without cost-sharing, if appropriate as determined by the woman's health care provider.
- Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every 1 to 2 years for women aged 40 and older.
- Breast Cancer Chemoprevention counseling for women at higher risk. The Fund will pay for counseling by physicians with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention, to discuss the risks and benefits of chemoprevention.
- Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment. The Fund may pay for purchase of lactation equipment instead of rental, if deemed appropriate by the plan administrator.
- Cervical Cancer screening for sexually active women who have a cervix. Provided to women ages 21 to 65 with cytology (pap smear) once every three years.
- Human papillomavirus testing for women ages 30 and older with normal Pap smear results, once every three years as part of a well woman visit
- Chlamydia Infection screening for all sexually active non-pregnant young women aged 24 and younger, and for older non-pregnant women who are at increased risk, as part of a well

woman visit. For all pregnant women aged 24 and younger, and for older pregnant women at increased risk, Chlamydia infection screening is covered as part of the prenatal visit.

- FDA-approved contraceptives methods, sterilization procedures, and patient education and counseling for women of reproductive capacity. FDA-approved contraceptive methods, include barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling, as prescribed by a health care provider. The Fund may cover a generic drug without cost sharing and charge cost sharing for an equivalent branded drug. The Fund will accommodate any individual for whom the generic would be medically inappropriate, as determined by the individual's health care provider. Services related to follow-up and management of side effects, counseling for continued adherence, and device removal are also covered without cost sharing.
- Folic Acid supplements for women who are planning or capable of pregnancy, containing 0.4 to 0.8 mg of folic acid. Covered only if the woman obtains a prescription.
- Gonorrhea screening for all sexually active women, including those who are pregnant, if they are at increased risk for infection (i.e., young or have other individual or population risk factors), provided as part of a well woman visit. The Fund will pay for the most cost-effective test methodology only.
- Counseling for sexually transmitted infections, once per year as part of a well woman visit
- Counseling and screening for HIV, once per year as part of a well woman visit
- Hepatitis B screening for pregnant women at their first prenatal visit
- Osteoporosis screening for women. Women age 65 and older and younger women whose risk of fracture is equal to or greater than that of a 65-year old white woman who has no additional risk factors will be eligible for routine screening for osteoporosis. The Fund will pay for the most cost-effective test methodology only.
- Rh Incompatibility screening for all pregnant women during their first visit for pregnancy related care, and follow-up testing for all unsensitized Rh (D) negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D) negative.
- Screening for gestational diabetes in pregnant women between 24 and 28 weeks' gestation and at the first prenatal visit for pregnant women identified to be at risk for diabetes
- Tobacco Use screening and interventions for all women, as part of a well woman visit, and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women or other women at increased risk, as part of a well woman visit
- Screening and counseling for interpersonal and domestic violence, as part of a well woman visit

Covered Preventive Services for Children

- Well baby and well child visits from birth through 21 years as recommended for pediatric preventive health care by "Bright Futures/American Academy of Pediatrics." Visits will including the following age-appropriate screenings and assessments:
  - Developmental screening for children under age 3, and surveillance throughout childhood
  - Behavioral assessments for children of all ages
  - Vision screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.
    - Vision screenings for children age 0 to 3 will be performed as part of the well child visit
  - Hearing screening
  - Height, Weight and Body Mass Index measurements for children

  - Autism screening for children at 9,18 and 30 months
  - Alcohol and Drug Use assessments for adolescents
  - Hematocrit or Hemoglobin screening for children
  - Lead screening for children at risk of exposure
  - Tuberculin testing for children at higher risk of tuberculosis
  - Dyslipidemia screening for children at higher risk of lipid disorders
  - Sexually Transmitted Infection (STI) prevention counseling for adolescents at higher risk
  - Cervical Dysplasia screening for sexually active females
  - Oral Health risk assessment
- Newborn screening tests recommended by the Advisory Committee on Heritable Disorders in Newborns and Children
- Screening for oral fluoride supplementation at currently recommended doses (based on local water supplies) to preschool children older than 6 months of age whose primary water source is deficient in fluoride
- Screening for iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia
- Skin cancer behavioral counseling for children, adolescents and young adults (age 10 – 24)
- Obesity screening for children aged 6 years and older, and counseling or referral to comprehensive, intensive behavioral interventions to promote improvement in weight status
- HIV screening for adolescents at increased risk of infection

Immunizations

Routine adult immunizations are covered for you and your covered eligible dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation.

- Immunization vaccines for adults--doses, recommended ages, and recommended populations must be satisfied:
  - Diphtheria/tetanus/pertussis
  - Measles/mumps/rubella (MMR)
  - Influenza
  - Human papillomavirus (HPV)
  - Pneumococcal (polysaccharide)
  - Zoster
  - Hepatitis A
  - Hepatitis B
  - Meningococcal.

- Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations must be satisfied:
  - Hepatitis B
  - Rotavirus
  - Diphtheria, Tetanus, Pertussis
  - Haemophilus influenzae type b
  - Pneumococcal
  - Inactivated Poliovirus
  - Influenza

- Measles, Mumps, Rubella
- Varicella
- Hepatitis A
- Meningococcal
- Human papillomavirus (HPV)

Preventive Medications

- Aspirin to prevent cardiovascular disease for men age 45 to 79 years and for women age 55 to 79 years
- Oral fluoride supplements for preschool children age 6 months to 5 years whose primary water source is deficient in fluoride.
- Folic acid supplements containing 0.4 to 0.8 mg for women planning or capable of pregnancy
- Iron supplements for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia
- Prophylactic ocular topical medication for all newborns for the prevention of gonorrhea

Over-the-counter preventive medications require a written prescription from your physician.

Office Visit Coverage

Preventive Services are paid for based on the Fund's payment schedules for the individual services. However, there may be limited situations in which an office visit is payable under the Preventive Services benefit. The following conditions apply to payment for in- network office visits under the Preventive Services benefit. Non-network office visits are not covered under the Preventive Services benefit under any condition.

- If a preventive item or service is billed separately from an office visit, then the Fund will impose cost-sharing with respect to the office visit.
- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is the delivery of such preventive item or service, then the Fund will pay 100 percent for the office visit.
- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is not the delivery of such preventive item or service, then the Fund will impose cost-sharing with respect to the office visit.

For example, if a person has a cholesterol screening test during an office visit, and the doctor bills for the office visit and separately for the lab work associated with the cholesterol screening test, the Fund will require a copayment for the office visit but not for the lab work. If a person sees a doctor to discuss recurring abdominal pain and has a blood pressure screening during that visit, the Fund will charge a copayment for the office visit because the blood pressure check was not the primary purpose of the office visit.

Well child annual physical exams recommended in the Bright Futures Recommendations are treated as Preventive Services and paid at 100%. Well woman visits are also treated as Preventive Services and paid at 100%.

Preventive Services Coverage Limitations and Exclusions

- Preventive Services are covered when performed for preventive screening reasons and billed under the appropriate preventive services codes. Service covered for diagnostic reasons are covered under the applicable benefit, not the Preventive Services benefit. A service is covered for diagnostic reasons if the participant or dependent had symptoms requiring further diagnosis or abnormalities found on previous preventive or diagnostic studies that required additional examinations, screenings, tests, treatment, or other services.
- Services covered under the Preventive Services benefit are not also payable under other portions of the Fund.
- The Fund will use reasonable medical management techniques to control costs of the Preventive Services benefit. Specifically, the Fund will only cover the most cost-effective test methodology for all preventive tests and services on this list. The Fund will also establish treatment, setting, frequency, and medical management standards for specific Preventive Services, which must be satisfied in order to obtain payment under the Preventive Services benefit.
- Immunizations are not covered, even if recommended by the CDC, if the recommendation is based on the fact that some other risk factor is present (e.g., on the basis of occupational, lifestyle, or other indications). Travel immunizations, e.g., typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are not covered.
- Examinations, screenings, tests, items or services are not covered when they are investigational or experimental, as determined by the Fund.
- Examinations, screenings, tests, items, or services are not covered when they are provided for the following purposes:
  - When required for education, sports, camp, travel, insurance, marriage, adoption, or other non-medical purposes;
  - When related to judicial or administrative proceedings;
  - When related to medical research or trials; or
  - When required to maintain employment or a license of any kind.
- Services related to male reproductive capacity, such as vasectomies and condoms.

March 19, 2014

NAME: **SS#:**
REGARDING:

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER: Giant
DATE OF HIRE: December 19, 1988
PLAN: X

LOCAL: 400
STATUS: Part Time

ISSUE: Hospital/Medical – Routine Services #M13/602-7373

FUND RULE:
"Exclusions and Limitations
13. Services or supplies not medically necessary for the treatment of sickness or injury (e.g. routine immunizations, screening examinations including x-ray examinations made without film, routine or periodic physical examinations except where previously defined as covered.)"
(Plan X SPD, Page 108, #13)

"Effective January 1, 2013, Gardisil Vaccine is now covered.
The Board of Trustees is pleased to announce that Gardisil, the HPV vaccine for girls, now is covered under the Active Plan and Retiree Plan for dependent daughters..."
(Quoted from the FELRA & UFCW Health and Welfare Fund Plan X Summary of Material Modifications, August 2013, Page 3)

SUMMARY:

Date(s) of Service:	July 11, 2013
Received:	July 24, 2013
Denied:	July 25, 2013
Appeal Received:	October 9, 2013

The **participant's ex-spouse** is appealing for payment of a HPV vaccination, for their 17 year-old son (DOB: 6-25-1996), that was denied. The participant's ex-spouse states, "I now understand that the policy doesn't routinely cover HPV vaccines for adolescent boys, but as the national standard of care, I urge you to reconsider. It is FDA-approved and recommended by the CDC...".

Fund records indicate "Drs. Parker, Fields, and Cohen" submitted a claim for a HPV vaccination with the diagnoses "routine health exam and need for prophylactic vaccination against other viral disease". The claim was denied because it was considered routine in nature and because the HPV vaccination for males is not a benefit of the Plan.

Note: The FDA has approved the use of Gardasil for boys and men ages 9 through 26.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

This appeal was presented at the appeals subcommittee meeting on December 10, 2013. The Union Trustee tabled the appeal. The Employer Trustees denied the appeal. After discussion, the trustees agreed to present the appeal to the Full Board of Trustees at their next meeting.

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER: Giant
DATE OF HIRE: October 9, 1989
PLAN: X

LOCAL: 400
STATUS: Part Time

ISSUE: Hospital/Medical – Ambulance Services #M13/550-4885

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	May 8, 2013
Received:	July 25, 2013
Paid:	August 20, 2013
Appeal Received:	September 9, 2013

The **participant** is appealing for additional payment on a claim for an interfacility ground ambulance transport. The participant states that she treated in the emergency room (INOVA HealthPlex) for atrial fibrillation and it was determined that she needed to be transferred to INOVA Alexandria Hospital. The participant further states that "they wouldn't let [her] husband transport [her] because of [her] atrial fibrillation."

Fund records indicate the participant was treated at INOVA HealthPlex on May 8, 2013 with the diagnoses "Atrial fibrillation and other chest pain". A ground ambulance transfer was requested from INOVA HealthPlex located in Alexandria, Virginia, to INOVA Alexandria Hospital, located in Alexandria, Virginia (approximately 7.9 miles, 14 minutes). The participant was admitted to INOVA Alexandria Hospital on May 8, 2013, treated, and discharged on May 9, 2013. The interfacility transport was paid, up to the limits of the Plan ($25.00). Medical Transport Service does not participate with CareFirst.

After the appeal was received, a letter was mailed to the participant on September 11, 2013, requesting complete medical records regarding the treatment she received on this date. The Fund office received medical records from the participant on September 18, 2013, indicating the interfacility transport was necessary because "specialized care" was needed.

Note: Pending the Trustees' decision, the Fund office can send the transport records to SHPS/Carewise Health for review of medical necessity at an additional cost to the Fund.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	October 7, 1996	**STATUS:**	Full Time
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M13/588-9024

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	June 17, 2013
Received:	June 27, 2013
Paid:	July 31, 2013
Appeal Received:	October 2, 2013

The **provider,** Medical Transport Service, is appealing for additional payment on a claim for an interfacility ground ambulance transport. The provider states they should be reimbursed at 100%.

Fund records indicate the participant was treated at INOVA HealthPlex on June 17, 2013 with the diagnoses "disturbance of skin sensation and chest pain". A ground ambulance transfer was requested from INOVA HealthPlex located in Alexandria, Virginia, to INOVA Alexandria Hospital, located in Alexandria, Virginia (approximately 7.6 miles, 14 minutes). The participant was admitted to INOVA Alexandria Hospital from June 17, 2013 through June 21, 2013 with diagnoses including "cervical disc degeneration, disturbance of skin sensation, CNS demyelination (disease of nervous system), and cervical spinal stenosis". The interfacility transport was paid, up to the limits of the Plan ($25.00). Medical Transport Service later resubmitted their claim on September 12, 2013 which was also paid ($25.00). Medical Transport Service does not participate with CareFirst.

After the appeal was received, the participant's file was reviewed. The Fund office previously received transport records from Medical Transport Service, indicating the interfacility transport was medically necessary because a higher level of care was needed and an inpatient bed was not available at the sending facility. Medical records, previously received from INOVA Alexandria Hospital, indicated the participant was admitted due to "left arm, leg, and facial numbness" which began one week prior. The participant was evaluated, multiple tests were ordered, and a MRI was performed, noting degenerative disc disease at C5-C6. The participant was discharged home on June 21, 2013 with prescriptions for Neurontin (pain reliever) and prednisone (corticosteroid), and was recommended to follow up with his physician in two weeks.

Note: All claims related to this treatment were processed, applied to the participant's annual deductible, and paid up to the limits of the Plan. Pending the Trustees' decision, a refund will be requested from Medical Transport Service for the "duplicate" claim paid. The Fund office can send the transport records to SHPS/Carewise Health for review of medical necessity at an additional cost to the Fund.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	January 2, 1989	**STATUS:**	Part Time
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M13/648-3839

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	August 29, 2013
Received:	September 15, 2013
Paid:	September 24, 2013
Appeal Received:	November 8, 2013

The **participant** is appealing for additional payment on a claim for a ground ambulance transport. The participant states that he was treated at Civista Medical Center due to severe chest pains. After observation, the physician advised that he should be tranferred to Washington Hospital Center for a cardiac catheterization and additional testing. The participant further states that the physician would not allow his spouse to transport him to Washington Hospital Center by car and "insisted that [he] be transported via ambulance." The participant states that he cannot afford to pay the balance on this claim.

Fund records indicate Lifestar Response submitted a claim for an interfacility ground ambulance transport with the diagnoses "chest pain and intermediate coronary syndrome". The participant was transported from Civista Medical Center ("Charles Regional Medical Center") located in LaPlata, Maryland to Washington Hospital Center located in Washington, D.C. (approximately 35.9 miles, 55 minutes). The participant was treated and underwent a cardiac catheterization. Transport records, received with the claim, indicated the participant was transported with "advanced life support" at 1:14am and that the transport was medically necessary because cardiac catheterization services were not available at the sending facility. The claim for the ambulance transport was paid, up to the limits of the Plan ($25.00).

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER: Giant
DATE OF HIRE: October 4, 2003
PLAN: X

LOCAL: 400
STATUS: Part Time

ISSUE: Hospital/Medical – Ambulance Services #M14/136-4816

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	November 2, 2013
Received:	November 14, 2013
Paid:	December 10, 2013
Appeal Received:	January 30, 2014

The **provider,** Medical Transport Service, is appealing for additional payment on a claim for a ground ambulance transport, for the participant's spouse. The provider states, "Please note that the service provided was a 911 emergency transport, therefore, this should be processed at the in-network level to reimburse at 100%."

Fund records indicate Medical Transport Service submitted a claim for an interfacility ground ambulance transport with the diagnosis "foreign body in pharynx". The participant's spouse was transported from INOVA HealthPlex Emergency Care Center located in Alexandria, Virginia to INOVA Alexandria Hospital located in Alexandria, Virginia (approximately 7.4 miles, 11 minutes). The participant's spouse was treated and underwent an endoscopy procedure. The claim for the ambulance transport was paid, up to the limits of the Plan ($25.00).

Transport records, received with the appeal, indicated the participant's spouse was transported "non-immediately" at 3:26am for a higher level of care unavailable at the sending facility. "Patient was sleeping at approximately 11:30pm last night, inhaled deeply and ingested the 'bridge' portion of her dentures and swallowed them. An x-ray shows the dentures in the GI tract in the upper chest."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER: Giant
DATE OF HIRE: March 18, 1985
PLAN: X

LOCAL: 400
STATUS: **COBRA**, October 1, 2013

ISSUE: Hospital/Medical – Ambulance Services #M14/109-7154

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	December 17, 2013
Received:	December 26, 2013
Paid:	December 27, 2013
Appeal Received:	January 13, 2014

The **participant** is appealing for additional payment on a claim for an interfacility ground ambulance transport. The participant states that she was treated in the emergency room (Sentara Northern Virginia Medical Center) for depression and anxiety. It was determined that she needed to be transferred to Prince William County Hospital for psychiatric care. The participant further states that "they wouldn't let [her] husband transport [her] because of [her] anxiety."

Fund records indicate the participant was treated at Sentara Northern Virginia Medical Center on December 17, 2013 with the diagnoses "depressive disorder and anxiety state". A ground ambulance transfer was requested from Sentara Northern Virginia Medical Center located in Woodbridge, Virginia, to Prince William County Hospital, located in Manassas, Virginia (approximately 16.4 miles, 27 minutes). The participant was admitted to Prince William County Hospital on December 17, 2013, treated, and discharged on December 18, 2013. The interfacility transport was paid, up to the limits of the Plan ($25.00).

After the appeal was received, a letter was mailed to the participant on January 14, 2014 requesting complete medical records from the sending facility. The Fund office received medical records from the participant on January 22, 2014, indicating the interfacility transport was necessary because "specialized care" was needed.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Giant	**LOCAL:**	400
DATE OF HIRE:	March 14, 1988	**STATUS:**	Part Time
PLAN:	X		

ISSUE: Hospital/Medical – Ambulance Services #M14/128-3237

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan X SPD, Page 101)

SUMMARY:

Date(s) of Service:	July 13, 2013
Received:	January 6, 2014
Paid:	January 14, 2014
Appeal Received:	January 23, 2014

The **provider,** Medical Transport Service, is appealing for additional payment on a claim for a ground ambulance transport. The provider states, "Please note that the service provided was a 911 emergency transport, therefore, this should be processed at the in-network level to reimburse at 100%."

Fund records indicate Medical Transport Service submitted a claim for an interfacility ground ambulance transport with the diagnoses "cognitive deficits due to cerebrovascular disease and dependence on machine for supplemental oxygen". The participant was transported from INOVA Emergency Care Center ("Cornwall") located in Leesburg, Virginia to INOVA Fairfax Hospital located in Fairfax, Virginia (approximately 33.1 miles, 36 minutes). The participant was treated and underwent surgery for a trimalleolar (ankle) fracture. The claim for the ambulance transport was paid, up to the limits of the Plan ($25.00).

Transport records, received with the appeal, indicated the participant was transported "immediately" at 9:20pm and that the transport was medically necessary because surgical services were needed and unavailable at the sending facility.

Note: The participant advised the Fund office on August 14, 2013 that she tripped and fell on July 13, 2013. No third party was involved.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER:	Safeway	**LOCAL:**	27
DATE OF HIRE:	November 11, 2010	**STATUS:**	Part Time
PLAN:	XX		

ISSUE: Hospital/Medical – Ambulance Services #M13/566-3483

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan XX SPD, Page 105)

SUMMARY:

Date(s) of Service:	July 18, 2013
Received:	August 6, 2013
Paid:	August 19, 2013
Appeal Received:	September 17, 2013
Late Warning Issued:	n/a

The **provider,** Baltimore City Fire Department, is appealing for additional payment on a claim for a ground ambulance transport. The provider states "we expect payment at 100% of billed charges at the in-network benefit level." The provider further states, if payment is not received, the participant will be billed for the remaining balance ($588.48).

Transport records, received with the appeal, indicate the participant was transported from her home to Johns Hopkins Bayview Medical Center (.3 miles) on a Thursday night at 3:44am. Records further indicate the participant had a syncopal episode (fainted).

Fund records indicate claims were received from Johns Hopkins Hospital for an inpatient stay from July 18, 2013 through July 20, 2013 with diagnoses; "hematemesis (vomiting of blood), anemia, syncope and collapse, and Mallory-Weiss Syndrome (gastro-esophageal lacerations)."

After the appeal was received, letters were mailed to the participant and Johns Hopkins Bayview Medical Center on September 23, 2013 and October 10, 2013, requesting complete medical records for review. Medical records received on November 25, 2013, indicate the participant was admitted to Johns Hopkins Hospital from July 18, 2013 through July 20, 2013 with diagnoses: gastrointestinal bleed, Mallory Weiss Tear, iron deficiency, anemia, bipolar disorder. Medical records indicate the participant had a hysterectomy two weeks prior and had a syncopal episode at home. Upon arrival at the emergency room, she was "pale, hypotensive and tachycardic." Blood tests and an endoscopy were performed. Medical records further indicate that upon arrival, the participant was "critically ill and required [35 minutes] of critical care services."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐

COMMENTS:

NAME: **SS#:**

FELRA & UFCW Active Health Plan

TABLED APPEAL

EMPLOYER: Associated Administrators
DATE OF HIRE: November 21, 2011
PLAN: XX

LOCAL: 27
STATUS: Full Time

ISSUE: Hospital/Medical – Ambulance Services #M13/639-4663

FUND RULE:
"Ambulance Services
Benefits are provided for emergency ambulance service up to $25.00 per trip. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan XX SPD, Page 105)

SUMMARY:

Date(s) of Service:	August 12, 2013
Received:	September 11, 2013
Paid:	September 12, 2013
Appeal Received:	November 4, 2013
Late Warning Issued:	n/a

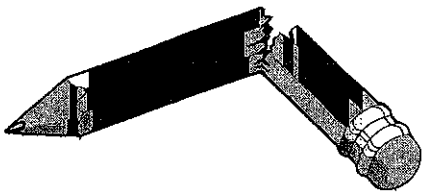
The **participant** is appealing for additional payment on a claim for a ground ambulance transport. The participant states that her physician was concerned that she was having a heart attack and would not allow her to drive herself to the hospital.

Medical records, received with the appeal, indicate the participant was treated by Gloria Fern Moretz, CRNP for a diagnosis of "chest pain". Upon examination, Ms. Moretz called an ambulance to transport the participant from Waters Edge Family Practice, to Upper Chesapeake Medical Center (11 miles) "to rule out a heart attack." Fund records indicate the participant was treated in the emergency room, and discharged home that day.

Note: The claim for the ambulance transport was paid up to the limit of the Plan ($25.00).

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐

COMMENTS:



MEETING NOTES