FELRA & UFCW VEBA FUND

AGENDA

JULY 12, 2017

I. CALL TO ORDER

II. MINUTES (pg. 1 – 10)
- A. REGULAR MEETING – APRIL 12, 2017
- B. APPEALS COMMITTEE MEETING – MAY 25, 2017

III. FINANCIAL REPORT (pg. 11 – 11A)
- A. PNC REPORT
- B. INVESTMENT PERFORMANCE SERVICES (JULY 13, 2017)

IV. CONSULTANTS' REPORTS
- A. SEGAL COMPANY
  1. VENDOR ANALYSIS
  2. OTHER

V. ATTORNEYS' REPORT
- A. REGULAR
- B. DELINQUENCY REPORT
- C. SUBROGATION

VI. ADMINISTRATIVE MANAGER'S REPORT – (1Q17) (pg. 12 – 76)

VII. INVOICES (pg. 77 – 79)

VIII. OTHER FUND BUSINESS (pg. 80 – 96)
- A. GIANT AND SAFEWAY MOA
  1. SAFEWAY OVERPAYMENT
- B. MAINTENANCE OF BENEFITS –REVISED
- C. COURTESY CLERK COVERAGE - SAFEWAY
- D. MISCELLANEOUS CORRESPONDENCE

IX. NEXT MEETING DATE AND LOCATION (NOVEMBER 15, 2017 AT UFCW LOCAL 400)

X. ADJOURNMENT

MINUTES

FELRA & UFCW Health & Welfare Plan

A Plan of the Food Employers Labor Relations Association
and United Food and Commercial Workers
VEBA Fund

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MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE FELRA AND UFCW VEBA FUND APRIL 12, 2017 LINTHICUM, MARYLAND

The following Trustees were present:

Union Trustees	Employer Trustees
M. Federici - Secretary	J. Paradis - Chairman
J. Chorpenning	D. Dosenbach
A. Hanson	W. Meisen

Also present were:

Y. Anwar - UFCW Local 400
M. Bramstaedt - The Segal Company
H. Burton - Morgan, Lewis & Bockius, LLP
L. DuVall - Associated Administrators, LLC
J. Hack – UFCW Local 27
N. Hill - UFCW Local 27
C. Hoffmann - UFCW Local 400
N. Jacobs - UFCW Local 400
W. Jensen - Associated Administrators, LLC
G. Murphy - UFCW Local 27
S. Ridore - Safeway, Inc.
D. Russell - Investment Performance Services
S. Sanchez – Slevin & Hart, P.C.
B. Slevin - Slevin & Hart, P.C.
J. Timm - The Segal Company
L. Walsh – Associated Administrators, LLC

I. CALL TO ORDER

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

A. Proxy

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

B. Trustee Resignation and Appointment

Mr. Jensen reported that he had received correspondence from Stacey Brown dated February 10, 2017 resigning as a Trustee on the Fund. Mr. Jensen further reported that Trustee Boyle had retired and therefore was removed as a Trustee effective March 2, 2017. Alan Hanson was appointed as his replacement effective immediately.

II. MINUTES

The Trustees reviewed the minutes of the last regular meeting held on January 27, 2017 and the Appeals Committee meetings held on January 31, 2017 and March 17, 2017, which were pre-circulated.

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

> **RESOLVED that the minutes of the regular meeting held on January 27, 2017, and the Appeals Committee meetings held on January 31, 2017 and March 17, 2017 are approved as presented.**

III. FINANCIAL REPORT

A. PNC Bank

Mr. Jensen presented the Summary of Activity report for the period January 1, 2017 through March 31, 2017. Such report indicated a beginning market value of $64,366,170, earnings of $1,022,545.11, receipts of $14,160,368.34, and disbursements of $34,915,221.04, producing an ending market value of $44,633,862 as of March 31, 2017.

B. Investment Performance Services ("IPS")

The Trustees welcomed Mr. David Russell of Investment Performance Services to the meeting. He presented the Master Consulting Report for the quarter ending December 31, 2016. Such report indicated a beginning market value for the Fourth Quarter 2016 of $59,690,677, withdrawals of $1,725,378, and investment earnings of $314,779, producing an ending market value of $58,280,078.

Mr. Russell presented the Preliminary Performance update as of February 28, 2017. He noted that the beginning market value as of January 1, 2017 was $56,809,571, net withdrawals were $3,049,570, and investment earnings were $588,918, producing an ending market value as of February 28, 2017 of $60,448,059. The year-to-date performance was 1.9%. Mr. Russell reviewed the performance of the individual managers for all the Fund.

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

IV. CONSULTANT'S REPORT

A. The Segal Company

Mr. Jensen reported that due to the change in meeting date, representatives from Segal were unable to attend. He reported that the Medical Services Request for Proposal (RFP) was still outstanding. The Trustees asked Mr. Jensen to direct Segal to request a Best and Final Offer from CareFirst PPO for review by the Trustees via a conference call between meetings.

V. ATTORNEY'S REPORT

A. Plan XL Giant Employees

Mr. Slevin asked about the eligibility rule changes in the November 2016 MOA between Giant and Locals 27 and 400. The bargaining parties reported that, consistent with the MOA's changes to the eligibility rules under Plan XXX, the eligibility rules under Plan XL should be revised to provide that employees hired after November 16, 2016 will be eligible for coverage if they work an average of 30 or fewer hours per week during the applicable measurement period. After discussion,

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

> **RESOLVED to approve the Plan XL eligibility rule change directed by the bargaining parties relating to Giant employees hired after November 16, 2016.**

B. <u>Express Scripts, Inc. ("ESI") Arbitration</u>

Mr. Slevin reported on the results of the recently concluded PBM audit of ESI.

C. <u>CIPRO Class Action</u>

Mr. Slevin reported on the CIPRO class action.

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

> **RESOLVED not to participate in the CIPRO class action due to the costs involved with such participation and the minimal size of the Fund's potential claim.**

D. <u>ACA Non Discrimination Section 1557</u>

Mr. Slevin reported on Section 1557 of the ACA and the regulations thereunder. Ms. Walsh reported that the Fund office has trained its staff to be able to identify and respond to requests for special accommodations and seek appropriate guidance as needed.

E. <u>Contract Amendments</u>

Mr. Slevin presented a fee amendment to the Fund' agreement with Cheiron. It was executed by the Trustees.

Mr. Slevin presented an amendment to the Fund's agreement with Marco. It was executed by the Trustees.

Mr. Slevin reported that an amendment to the Fund's agreement with ESI was executed by Chairman and Secretary between meetings.

F. <u>Meridian</u>

Mr. Slevin reported on the class action against Meridian and on the Fund's Madoff Victims Fund claim.

G. <u>Subrogation</u>

Mr. Jensen stated that Slevin & Hart has reported on subrogation recoveries of $52,613.73 in the fourth quarter 2016.

VI. ADMINISTRATIVE MANAGER'S REPORT

A. 4Q16 – Combined Fund Recap

Mr. Jensen presented the Administrative Manager's Report for the Fourth Quarter 2016. For the combined VEBA Fund, Active and Retiree Plans, total income was $32,632,566. Expenses totaled $34,668,887, producing a net deficit of $2,036,321 for the Fourth Quarter 2016. Mr. Jensen noted that contributions were made on behalf of 16,422 active Plan participants.

VII. INVOICES

The Trustees reviewed the list of invoices for the Active Plan, Retiree Plan, and Non-ERISA Retiree Assistance Program, dated April 12, 2017. 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 April 12, 2017 for the Active Plan, Retiree Plan and Non-ERISA Retiree Assistance Program are approved for payment.

VIII. OTHER FUND BUSINESS

A. Retiree Assistance Program ("RAP")

Mr. Dosenbach reported that Safeway and the Unions, in their role as bargaining parties, have adopted the same rule as adopted by Giant and the Unions relating to the impact of a retiree's return to employment on the continuation of the stipend available under the RAP program. Specifically, a retiree may continue to receive a stipend under the RAP upon a return to employment except that if the retiree returns to covered employment and again becomes eligible for medical coverage under the Fund as an active participant, the retiree must choose whether to receive such medical coverage or continue to receive the stipend. After discussion,

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

RESOLVED to approve the change directed by the bargaining parties relating to the continuation of a Safeway retiree's RAP stipend upon a return to employment.

Mr. Jensen said the revised RAP booklet would be finalized and sent to the participants, given that the remaining issue was resolved.

B. Safeway Overpayment Credit

Mr. Jensen reported that the overpayment referenced in the Safeway MOA relates to contributions that appear to have been paid in error by Safeway at the Plan XX MOB rate on behalf of the employees participating under Plan XXX or Plan XL. The Fund has not yet received a report from Safeway describing the overpayment or requesting a credit.

C. Dependent Audit

Mr. Slevin reported on the dependent eligibility reinstatement proposal relating to the proposed Secova dependent audit agreement. The Trustees tabled discussion of the dependent audit reinstatement procedures.

D. Maintenance of Benefits ("MOB") Rates

Mr. Jensen reported he had developed draft MOB rates and had forwarded them to Fund counsel for review. He advised that the bargaining parties may need to discuss the allocation of retiree expenses as outlined in the Giant Food MOA. He contacted Cheiron for a revised allocation over certain active plans. Mr. Jensen said he would forward an adjusted draft MOB report once Cheiron has supplied its allocation. The Trustees tabled the MOB rates until a revised report could be reviewed.

E. Miscellaneous Correspondence

1. Reserve Adjustment

Mr. Jensen reported the Safeway and the Giant reserve adjustments are being processed.

2. Contributions and Expenses for Education

Mr. Jensen reported that, as of February 1, 2017, the Fund had received contributions for retiree transition educational activities of $449,345.99, and had incurred retiree education expenses of $309,507.20, resulting in a balance of $139,838.79.

3. New York Public Goods Pool

Mr. Jensen reported that the Fund paid the New York Public Goods Pool $1,932.00 in January 2017.

4. Retiree Drug Subsidy ("RDS")

Mr. Jensen reported that Associated had completed the 2015 application filing by the deadline of March 31, 2017, and the Fund obtained $1,011,602.99 in RDS reimbursements.

F. **Safeway Courtesy Clerk Contributions**

Mr. Jensen reported that Safeway had not remitted contributions on behalf of Courtesy Clerks working an average of 30 hours or more per week. Mr. Dosenbach advised that Safeway will begin to contribute to the Fund on behalf of such courtesy clerks on a prospective basis.

IX. ADOPTION OF COMMITTEE RECOMMENDATIONS

After review of the recommendations made by the Severance, Legal 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 Severance, Legal and Scholarship Committees are adopted.**

X. NEXT MEETING DATE AND LOCATION

The Trustees noted that July 13, 2017 had been selected as their next meeting date to be held at the offices of UFCW Local 400.

XI. ADJOURNMENT

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

Respectfully submitted,

Mark Federici, Secretary

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FELRA & UFCW Health & Welfare Plan

A Plan of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

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APPEALS EMAILED AND RESOLVED BY THE APPEALS SUBCOMMITTEE OF THE FELRA & UFCW VEBA FUND ON MAY 25, 2017

The following committee members made determinations on the appeals:

UNION
Y. Anwar
T. Hipkins

EMPLOYER
W. Meisen

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

APPEALS

The following appeals were reviewed by the Trustees:

L27 MARCH/APRIL 2017

Code	Issue	Decision
Rx17/110-0016	Brand Name	Approved
E17/122-2554	Initial Enrollment	Denied
E17/120-9629	Initial Enrollment	Denied
Rx17/114-8076	Brand Name	Approved
M17/159-2702	Experimental	Approved
M17/172-9128	Experimental	Approved
M17/203-2482	Mental Health Benefit	Denied
M17/149-3891	Hold Harmless	Denied
M17/185-6969	Subrogation	Tabled
M17/154-3269	Pre-Authorization	Denied
M17/215-3008	Routine Services, Non participating Provider	Denied
M17/207-4697	Laboratory Services, Late Appeal	Denied
M17/190-6888	CRNA, Late Appeal	Denied

M17/206-6995	CRNA	Denied
M17/187-6933	CRNA	Denied
E17/125-7567	Dependent Coverage	Approved
E17/118-8113	Dependent Coverage	Approved
RAP17/112-8529	Stipend	Denied

L 400 – MARCH/APRIL 2017

Code	Issue	Decision
E17/111-9289	Initial Enrollment	Denied
E17/117-0872	Kaiser	Denied
E17/124-8968	COBRA	Denied
Rx17/113-0176	Brand Name	Approved
Rx17/130-4985	Brand Name	Approved
Rx17/224-4712"A"	Quantity Limits	Approved
Rx17/224-4712"B"	Brand Name	Approved
M17/150-6731	Experimental	Approved
M17/153-1966	Late Filing	Denied
M17/142-8292	Late Filing, Hold Harmless	Denied
M17/175-8081	Nonparticipating Provider, Late Appeal	Denied
M17/182-4927 "B"	Nonparticipating Provider, Late Appeal	Denied
M17/182-4927 "C"	CRNA	Denied
M17/218-4665	CRNA	Denied
M17/183-6027	Laboratory Services	Denied
M17/148-1627	Third Party Liability	Denied
M17/151-3850	Ambulance Services	Tabled
M17/188-9258	Excluded Services	Denied
M17/155-1936	Work-Related	Denied

Respectfully submitted,

Emily Novak, Appeals Supervisor

FINANCIAL REPORT

FELRA & UFCW VEBA WELFARE FUND
SUMMARY OF ACTIVITY
JANUARY 01 to MAY 31, 2017

Item	Amount
Market Value 01/01/2017	$64,366,170
Earnings	1,490,522.94
Receipts	27,657,568.83
Disbursements	(57,535,040.51)
Market Value 05/31/2017	$35,979,221

PNC BANK, NA

FELRA & UFCW VEBA WELFARE FUND - NON ERISA DDA
SUMMARY OF ACTIVITY
JANUARY 01 to MAY 31, 2017

Item	Amount
Market Value 01/01/2017	1,306,176.43
Earnings	-
Receipts	28,359,061.66
Disbursements	(24,631,799.40)
Market Value 05/31/2017	$5,033,439

PNC BANK, NA

ADMINISTRATIVE MANAGER'S REPORT

FELRA & UFCW

ACTIVE HEALTH PLAN

FIRST QUARTER 2017

ADMINISTRATIVE MANAGER'S REPORT

PLAN I
FULL TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT[1]	$2,867	455	$767,970
SAFEWAY[1]	$2,867	325	0
TOTAL		780	$767,970

AVG. MONTHLY CONTRIBUTIONS[2] $328

PLAN I = TIER I

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN
[2]CONTRIBUTION AMOUNTS ARE NET OF RETIREE STIPEND INCOME.

PLAN I
FULL TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL BENEFIT 24	$4.95	$6,414		432 PART
OPTICAL BENEFIT 12	$6.95	7,380		354 PART
TOTAL OPTICAL		$13,794	$5.89	
DENTAL INDIVIDUAL	$29.20	$28,879		330 PART
DENTAL FAMILY	$57.88	79,064		455 PART
DENTAL 27	$142.33	426		1 PART
TOTAL DENTAL		$108,369	$46.31	
DRUG	$.80/SCRIPT	$520,802	$222.56	6,934 SCRIPTS
HMO KAISER	$1,457.33	$11,716		3 PART
HOSPITAL		12,797		
SURGICAL		26,065		
DIAGNOSTIC		14,350		
MAJOR MEDICAL		1,953,954		
MEDICAL ADMINISTRATION	$12.96	30,547		786 PART
TOTAL MEDICAL		$2,049,429	$875.82	
BEHAVIORAL HEALTH	$2.59	$6,086	$2.60	783 PART
BEHAVIORAL HEALTH		$33,754	$14.42	
E.A.P.	$.67	$1,574	$0.67	783 PART
UTILIZATION MANAGEMENT	$2.35	$5,546	$2.37	782 PART
DISEASE MANAGEMENT	$2.06	$8,175	$3.49	795 PART
P.P.O. CAREFIRST FLEXLINK	$19.61	$10,170	$4.35	171 PART
P.P.O. CAREFIRST NETWORK	$3.88	$7,182	$3.07	617 PART
P.P.O. AA, LLC		$0	$0.00	
P.P.O. A & G, HRGI		$1,002	$0.43	
LIFE-AD&D	$.175/.018/1000	$7,450	$3.18	799 PART
A & S		$268,892	$114.91	
SUB TOTAL		$3,042,225	$1,300.07	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$30,904	$13.21	813 PART
MISCELLANEOUS		$33,413	$14.28	
SUB TOTAL		$64,317	$27.49	
TOTAL		**$3,106,542**	**$1,327.56**	

PLAN I
FULL TIME
2017

QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTR - ACTIVE	$737,098				$737,098
MISC. INCOME-DENTAL	239				239
-LOA	0				0
-COBRA	2,550				2,550
-HMO COPAY	11,046				11,046
TOTAL	$750,933	$0	$0	$0	$750,933
EXPENSES					
MEDICAL	$2,049,429				$2,049,429
A & S	268,892				268,892
DENTAL	108,369				108,369
DRUG	520,802				520,802
BEHAVIORAL HEALTH	39,840				39,840
OPTICAL	13,794				13,794
LIFE & AD & D	7,450				7,450
UTILIZATION MANAGEMENT	5,546				5,546
DISEASE MANAGEMENT	8,175				8,175
E.A.P.	1,574				1,574
P.P.O.	18,354				18,354
OPERATING EXPENSE	64,317				64,317
TOTAL EXPENSE	$3,106,542	$0	$0	$0	$3,106,542
SURPLUS (DEFICIT)	**($2,355,609)**	**$0**	**$0**	**$0**	**($2,355,609)**
AVERAGE INCOME	$321				$321
AVERAGE EXPENSE	$1,328				$1,328
SURPLUS (DEFICIT)	($1,007)	$0	$0	$0	($1,007)
TOTAL PARTICIPANTS	780				780

PLAN I
FULL TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTR - ACTIVE	$737,098				$737,098
EMPLOYER CONTR - RETIREE	30,872				30,872
MISC. INCOME-DENTAL	239				239
-RETIREE	938,404				938,404
-LOA	0				0
-COBRA	2,550				2,550
-HMO COPAY	11,046				11,046
TOTAL	$1,720,209	$0	$0	$0	$1,720,209
EXPENSES					
MEDICAL	$2,049,429				$2,049,429
RETIREE	2,915,447				2,915,447
A & S	268,892				268,892
DENTAL	108,369				108,369
DRUG	520,802				520,802
BEHAVIORAL HEALTH	39,840				39,840
OPTICAL	13,794				13,794
LIFE & AD & D	7,450				7,450
UTILIZATION MANAGEMENT	5,546				5,546
DISEASE MANAGEMENT	8,175				8,175
E.A.P.	1,574				1,574
P.P.O.	18,354				18,354
OPERATING EXPENSE	64,317				64,317
TOTAL EXPENSE	$6,021,989	$0	$0	$0	$6,021,989
SURPLUS (DEFICIT)	**($4,301,780)**	**$0**	**$0**	**$0**	**($4,301,780)**
AVERAGE INCOME	$735				$735
AVERAGE EXPENSE	$2,573				$2,573
SURPLUS (DEFICIT)	($1,838)	$0	$0	$0	($1,838)
TOTAL PARTICIPANTS	780				780

PLAN I
FULL TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTR - ACTIVE	$2,739,990	$2,710,749	$2,654,434	$2,564,544	$10,669,717
EMPLOYER CONTR - RETIREE	2,967,037	2,948,729	2,912,045	2,794,221	11,622,032
MISC. INCOME-DENTAL	239	239	239	239	956
-RETIREE	940,844	935,716	943,490	945,111	3,765,161
-LOA	0	0	0	0	0
-COBRA	1,878	0	3,310	1,698	6,886
-HMO COPAY	24,742	19,046	15,034	16,698	75,520
TOTAL	$6,674,730	$6,614,479	$6,528,552	$6,322,511	$26,140,272
EXPENSES					
MEDICAL	$1,481,268	$2,078,949	$1,919,660	$2,252,109	$7,731,986
RETIREE	4,891,069	4,373,130	3,070,507	4,097,019	16,431,725
A & S	211,284	249,303	220,942	256,919	938,448
DENTAL	116,407	115,331	113,183	110,893	455,814
DRUG	709,786	879,608	743,847	912,033	3,245,274
BEHAVIORAL HEALTH	47,208	32,284	48,777	22,308	150,577
OPTICAL	14,824	14,651	14,408	14,111	57,994
LIFE & AD & D	7,911	7,856	7,766	7,604	31,137
UTILIZATION MANAGEMENT	6,153	6,554	6,591	6,002	25,300
DISEASE MANAGEMENT	9,984	9,914	9,810	9,510	39,218
E.A.P.	1,681	1,662	1,634	1,608	6,585
P.P.O.	19,278	19,421	18,883	18,060	75,642
OPERATING EXPENSE	88,746	53,012	45,186	64,351	251,295
TOTAL EXPENSE	$7,605,599	$7,841,675	$6,221,194	$7,772,527	$29,440,995
SURPLUS (DEFICIT)	**($930,869)**	**($1,227,196)**	**$307,358**	**($1,450,016)**	**($3,300,723)**
AVERAGE INCOME	$2,633	$2,644	$2,664	$2,671	$2,653
AVERAGE EXPENSE	$3,000	$3,134	$2,538	$3,284	$2,989
SURPLUS (DEFICIT)	($367)	($490)	$126	($613)	($336)
TOTAL PARTICIPANTS	845	834	817	789	821

PLAN I
PART TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT[1]	$2,871	102	$988,684
SAFEWAY[1]	$2,871	25	0
TOTAL		127	$988,684

AVG. MONTHLY CONTRIBUTIONS[2] $2,595

PLAN I = TIER I

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN
[2]CONTRIBUTION AMOUNTS ARE NET OF RETIREE STIPEND INCOME.

PLAN I
PART TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL BENEFIT 24	$4.95	$1,058		71 PART
OPTICAL BENEFIT 12	$6.95	1,153		55 PART
TOTAL OPTICAL		$2,211	$5.80	
DENTAL INDIVIDUAL	$29.20	$5,781		66 PART
DENTAL FAMILY	$57.88	10,535		61 PART
TOTAL DENTAL		$16.316	$42.82	
DRUG	$.80/SCRIPT	$70,433	$184.86	1,000 SCRIPTS
HMO KAISER	$1,391.67	$4,175		1 PART
HOSPITAL		6,766		
SURGICAL		6,553		
DIAGNOSTIC		3,566		
MAJOR MEDICAL		156,019		
MEDICAL ADMINISTRATION	$12.96	4,860		125 PART
TOTAL MEDICAL		$181,939	$477.53	
BEHAVIORAL HEALTH	$2.59	$976	$2.56	126 PART
BEHAVIORAL HEALTH		$6,976	$18.31	
E.A.P.	$.67	$252	$0.66	126 PART
UTILIZATION MANAGEMENT	$2.35	$886	$2.33	126 PART
DISEASE MANAGEMENT	$2.06	$1,225	$3.22	128 PART
P.P.O. CAREFIRST FLEXLINK	$19.61	$1,735	$4.55	29 PART
P.P.O. CAREFIRST NETWORK	$3.88	$1,133	$2.97	97 PART
P.P.O. AA, LLC		$0	$0.00	
P.P.O. A & G, HRGI		$163	$0.43	
LIFE-AD&D	$.175/.018/1000	$510	$1.34	128 PART
A & S		$6,893	$18.09	
SUB TOTAL		**$291,648**	$765.47	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$4,908	$12.88	129 PART
MISCELLANEOUS		$5,440	$14.28	
SUB TOTAL		$10,348	$27.16	
TOTAL		**$301,996**	**$792.63**	

PLAN I
PART TIME
2017

QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTR - ACTIVE	$460,917				$460,917
MISC. INCOME-DENTAL	0				0
-LOA	0				0
-COBRA	0				0
-HMO COPAY	3,831				3,831
TOTAL	$464,748	$0	$0	$0	$464,748
EXPENSES					
MEDICAL	$181,939				$181,939
A & S	6,893				6,893
DENTAL	16,316				16,316
DRUG	70,433				70,433
BEHAVIORAL HEALTH	7,952				7,952
OPTICAL	2,211				2,211
LIFE & AD & D	510				510
UTILIZATION MANAGEMENT	886				886
DISEASE MANAGEMENT	1,225				1,225
E.A.P.	252				252
P.P.O.	3,031				3,031
OPERATING EXPENSE	10,348				10,348
TOTAL EXPENSE	$301,996	$0	$0	$0	$301,996
SURPLUS (DEFICIT)	**$162,752**	**$0**	**$0**	**$0**	**$162,752**
AVERAGE INCOME	$1,220				$1,220
AVERAGE EXPENSE	$793				$793
SURPLUS (DEFICIT)	$427	$0	$0	$0	$427
TOTAL PARTICIPANTS	127				127

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN I
PART TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTR - ACTIVE	$460,917				$460,917
EMPLOYER CONTR - RETIREE	527,767				527,767
MISC. INCOME-DENTAL	0				0
-RETIREE	199,542				199,542
-LOA	0				0
-COBRA	0				0
-HMO COPAY	3,831				3,831
TOTAL	$1,192,057	$0	$0	$0	$1,192,057
EXPENSES					
MEDICAL	$181,939				$181,939
RETIREE	507,427				507,427
A & S	6,893				6,893
DENTAL	16,316				16,316
DRUG	70,433				70,433
BEHAVIORAL HEALTH	7,952				7,952
OPTICAL	2,211				2,211
LIFE & AD & D	510				510
UTILIZATION MANAGEMENT	886				886
DISEASE MANAGEMENT	1,225				1,225
E.A.P.	252				252
P.P.O.	3,031				3,031
OPERATING EXPENSE	10,348				10,348
TOTAL EXPENSE	$809,423	$0	$0	$0	$809,423
SURPLUS (DEFICIT)	**$382,634**	**$0**	**$0**	**$0**	**$382,634**
AVERAGE INCOME	$3,129				$3,129
AVERAGE EXPENSE	$2,124				$2,124
SURPLUS (DEFICIT)	$1,005	$0	$0	$0	$1,005
TOTAL PARTICIPANTS	127				127

PLAN I
PART TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTR - ACTIVE	$456,579	$440,311	$429,465	$419,706	$1,746,061
EMPLOYER CONTR - RETIREE	426,831	405,056	399,237	386,455	1,617,579
MISC. INCOME-DENTAL	0	0	0	0	0
-RETIREE	197,893	197,591	199,102	201,483	796,069
-LOA	0	0	0	0	0
-COBRA	0	0	0	0	0
-HMO COPAY	1,766	1,764	2,150	1,916	7,596
TOTAL	$1,083,069	$1,044,722	$1,029,954	$1,009,560	$4,167,305
EXPENSES					
MEDICAL	$293,980	$187,771	$326,310	$226,194	$1,034,255
RETIREE	816,906	740,499	553,151	637,741	2,748,297
A & S	9,404	8,173	13,930	6,688	38,195
DENTAL	18,806	17,907	17,241	16,923	70,877
DRUG	222,815	232,178	79,943	168,176	703,112
BEHAVIORAL HEALTH	4,717	9,923	3,422	4,429	22,491
OPTICAL	2,584	2,378	2,307	2,276	9,545
LIFE & AD & D	579	552	534	526	2,191
UTILIZATION MANAGEMENT	1,179	958	924	907	3,968
DISEASE MANAGEMENT	1,669	1,603	1,517	1,453	6,242
E.A.P.	283	271	264	259	1,077
P.P.O.	3,357	3,268	3,116	3,086	12,827
OPERATING EXPENSE	14,633	8,660	7,254	10,408	40,955
TOTAL EXPENSE	$1,390,912	$1,214,141	$1,009,913	$1,079,066	$4,694,032
SURPLUS (DEFICIT)	**($307,843)**	**($169,419)**	**$20,041**	**($69,506)**	**($526,727)**
AVERAGE INCOME	$2,560	$2,561	$2,601	$2,609	$2,583
AVERAGE EXPENSE	$3,288	$2,976	$2,550	$2,788	$2,901
SURPLUS (DEFICIT)	($728)	($415)	$51	($179)	($318)
TOTAL PARTICIPANTS	141	136	132	129	135

PLAN X
FULL TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$830	66	$0
GIANT[1]	$830	2,797	2,332,300
LOCAL 400 STAFF TEMPS	$830	0	0
SAFEWAY[1]	$830	1,850	0
SAFEWAY DELAWARE[1]	$830	73	0
TOTAL		4,786	$2,332,300

AVG. MONTHLY CONTRIBUTIONS $162

PLAN X = TIER II

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN

PLAN X
FULL TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$69,994	$4.87	4,713 PART
DENTAL FAMILY	$60.98	$453,570		2,479 PART
DENTAL INDIVIDUAL	$29.63	198,462		2,233 PART
TOTAL DENTAL		$652,032	$45.41	
DRUG	$.80/SCRIPT	$857,270	$59.71	29,716 SCRIPTS
HMO KAISER	$927.84	$293,639		105 PART
MEDICAL INDIVIDUAL		2,804,426		
MEDICAL FAMILY		4,212,990		
MEDICAL ADMINISTRATION	$12.96	179,328		4,612 PART
TOTAL MEDICAL		$7,490,383	$521.69	
BEHAVIORAL HEALTH	$2.59	$35,706	$2.49	4,595 PART
BEHAVIORAL HEALTH		$319,675	$22.26	
E.A.P.	$0.67	$9,236	$0.64	4,595 PART
UTILIZATION MANAGEMENT	$2.35	$32,379	$2.26	4,593 PART
DISEASE MANAGEMENT	$2.06	$49,323	$3.44	4,606 PART
P.P.O. CAREFIRST FLEXLINK	$19.61	$60,950	$4.25	1,027 PART
P.P.O. CAREFIRST NETWORK	$3.88	$41,605	$2.90	3,574 PART
P.P.O. AA, LLC		$0	$0.00	
P.P.O. A & G, HRGI		$6,086	$0.42	
LIFE-AD&D	$.175/.018/1000	$19,888	$1.39	4,727 PART
A & S		$928,635	$64.68	
SUB TOTAL		**$10,573,162**	$736.41	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$185,474	$12.92	4,879 PART
MISCELLANEOUS		$205,018	$14.28	
SUB TOTAL		$390,492	$27.20	

TOTAL		**$10,963,654**	**$763.61**

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO FELRA AND UFCW VEBA FUND

PLAN X
FULL TIME
2017

QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$2,332,300				$2,332,300
MISC. INCOME-LOA	0				0
-COBRA	21,711				21,711
-HMO COPAY	168,570				168,570
TOTAL INCOME	$2,522,581	$0	$0	$0	$2,522,581
EXPENSES					
MEDICAL	$7,490,383				$7,490,383
A & S	928,635				928,635
DENTAL	652,032				652,032
DRUG	857,270				857,270
BEHAVIORAL HEALTH	355,381				355,381
OPTICAL	69,994				69,994
LIFE & AD & D	19,888				19,888
UTILIZATION MANAGEMENT	32,379				32,379
DISEASE MANAGEMENT	49,323				49,323
E.A.P.	9,236				9,236
P.P.O.	108,641				108,641
OPERATING EXPENSE	390,492				390,492
TOTAL EXPENSE	$10,963,654	$0	$0	$0	$10,963,654
SURPLUS (DEFICIT)	($8,441,073)	$0	$0	$0	($8,441,073)
AVERAGE INCOME	$176				$176
AVERAGE EXPENSE	$764				$764
SURPLUS (DEFICIT)	($588)	$0	$0	$0	($588)
TOTAL PARTICIPANTS	4,786				4,786

PLAN X
FULL TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$2,332,300				$2,332,300
MISC. INCOME-LOA	0				0
-COBRA	21,711				21,711
-HMO COPAY	168,570				168,570
TOTAL INCOME	$2,522,581	$0	$0	$0	$2,522,581
EXPENSES					
MEDICAL	$7,490,383				$7,490,383
A & S	928,635				928,635
DENTAL	652,032				652,032
DRUG	857,270				857,270
BEHAVIORAL HEALTH	355,381				355,381
OPTICAL	69,994				69,994
LIFE & AD & D	19,888				19,888
UTILIZATION MANAGEMENT	32,379				32,379
DISEASE MANAGEMENT	49,323				49,323
E.A.P.	9,236				9,236
P.P.O.	108,641				108,641
OPERATING EXPENSE	390,492				390,492
TOTAL EXPENSE	$10,963,654	$0	$0	$0	$10,963,654
SURPLUS (DEFICIT)	**($8,441,073)**	**$0**	**$0**	**$0**	**($8,441,073)**
AVERAGE INCOME	$176				$176
AVERAGE EXPENSE	$764				$764
SURPLUS (DEFICIT)	($588)	$0	$0	$0	($588)
TOTAL PARTICIPANTS	4,786				4,786

PLAN X
FULL TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$12,283,230	$12,181,910	$12,086,460	$11,940,380	$48,491,980
MISC. INCOME-LOA	0	0	0	0	0
-COBRA	27,704	30,548	25,059	18,455	101,766
-HMO COPAY	174,048	163,207	145,182	150,837	633,274
TOTAL INCOME	$12,484,982	$12,375,665	$12,256,701	$12,109,672	$49,227,020
EXPENSES					
MEDICAL	$6,003,837	$6,112,263	$6,257,758	$6,845,797	$25,219,655
A & S	863,722	910,486	926,825	946,219	3,647,252
DENTAL	659,775	662,081	660,179	654,429	2,636,464
DRUG	2,743,329	3,398,306	2,789,546	3,225,584	12,156,765
BEHAVIORAL HEALTH	234,215	306,949	269,012	245,891	1,056,067
OPTICAL	70,508	71,003	70,973	70,275	282,759
LIFE & AD & D	19,930	20,121	20,176	20,041	80,268
UTILIZATION MANAGEMENT	32,836	32,704	33,255	32,641	131,436
DISEASE MANAGEMENT	55,710	57,771	56,317	56,055	225,853
E.A.P.	9,225	9,305	9,285	9,267	37,082
P.P.O.	103,405	105,980	105,127	104,458	418,970
OPERATING EXPENSE	504,565	308,392	264,804	386,184	1,463,945
TOTAL EXPENSE	$11,301,057	$11,995,361	$11,463,257	$12,596,841	$47,356,516
SURPLUS (DEFICIT)	**$1,183,925**	**$380,304**	**$793,444**	**($487,169)**	**$1,870,504**
AVERAGE INCOME	$849	$843	$842	$842	$844
AVERAGE EXPENSE	$769	$817	$787	$876	$812
SURPLUS (DEFICIT)	$80	$26	$55	($34)	$32
TOTAL PARTICIPANTS	4,899	4,892	4,854	4,795	4,860

PLAN X
PART TIME
FIRST QUARTER 2017

CONTRIBUTIONS
INDIVIDUAL

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$479	1	$0
GIANT[1]	$479	2,562	1,212,379
SAFEWAY[1]	$479	1,094	0
SAFEWAY DELAWARE[1]	$479	56	0
TOTAL		3,713	$1,212,379

AVG. MONTHLY CONTRIBUTIONS $109

PLAN X = TIER II

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN

PLAN X
PART TIME
FIRST QUARTER 2017

BENEFIT EXPENSES
INDIVIDUAL

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$50,589	$4.54	3,407 PART
DENTAL	$29.63	$302,789	$27.18	3,406 PART
DRUG	$.80/SCRIPT	$303,538	$27.25	13,337 SCRIPTS
HMO KAISER	$668.28	$49,479		25 PART
MEDICAL		3,413,253		
MEDICAL ADMINISTRATION	$12.96	131,609		3,385 PART
TOTAL MEDICAL		$3,594,341	$322.68	
BEHAVIORAL HEALTH	$2.59	$26,345	$2.37	3,391 PART
BEHAVIORAL HEALTH		$102,130	$9.17	
E.A.P.	$0.67	$6,816	$0.61	3,391 PART
UTILIZATION MANAGEMENT	$2.35	$24,419	$2.19	3,393 PART
DISEASE MANAGEMENT	$2.06	$18,565	$1.67	3,432 PART
P.P.O CAREFIRST FLEXLINK	$19.61	$38,946	$3.50	656 PART
P.P.O CAREFIRST NETWORK	$3.88	$32,134	$2.88	2,761 PART
P.P.O. AA, LLC		$0	$0.00	
P.P.O A & G, HRGI		$4,863	$0.44	
LIFE-AD&D	$.175/.018/1000	$9,689	$0.87	3,510 PART
A & S		$271,735	$24.39	
SUB TOTAL		**$4,786,899**	$429.74	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$146,816	$13.18	3,860 PART
MISCELLANEOUS		$159,054	$14.28	
SUB TOTAL		$305,870	$27.46	
TOTAL		**$5,092,769**	**$457.20**	

PLAN X
PART TIME
2017

INDIVIDUAL
QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$1,212,379				$1,212,379
MISC. INCOME-LOA	0				0
-COBRA	11,019				11,019
-HMO COPAY	26,060				26,060
TOTAL INCOME	$1,249,458	$0	$0	$0	$1,249,458
EXPENSES					
MEDICAL	$3,594,341				$3,594,341
A & S	271,735				271,735
DENTAL	302,789				302,789
DRUG	303,538				303,538
BEHAVIORAL HEALTH	128,475				128,475
OPTICAL	50,589				50,589
LIFE & AD & D	9,689				9,689
UTILIZATION MANAGEMENT	24,419				24,419
DISEASE MANAGEMENT	18,565				18,565
E.A.P.	6,816				6,816
P.P.O.	75,943				75,943
OPERATING EXPENSES	305,870				305,870
TOTAL EXPENSE	$5,092,769	$0	$0	$0	$5,092,769
SURPLUS (DEFICIT)	($3,843,311)	$0	$0	$0	($3,843,311)
AVERAGE INCOME	$112				$112
AVERAGE EXPENSE	$457				$457
SURPLUS (DEFICIT)	($345)	$0	$0	$0	($345)
TOTAL PARTICIPANTS	3,713				3,713

PLAN X
PART TIME
FIRST QUARTER 2017

INDIVIDUAL
QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$1,212,379				$1,212,379
MISC. INCOME-LOA	0				0
-COBRA	11,019				11,019
-HMO COPAY	26,060				26,060
TOTAL INCOME	$1,249,458	$0	$0	$0	$1,249,458
EXPENSES					
MEDICAL	$3,594,341				$3,594,341
A & S	271,735				271,735
DENTAL	302,789				302,789
DRUG	303,538				303,538
BEHAVIORAL HEALTH	128,475				128,475
OPTICAL	50,589				50,589
LIFE & AD & D	9,689				9,689
UTILIZATION MANAGEMENT	24,419				24,419
DISEASE MANAGEMENT	18,565				18,565
E.A.P.	6,816				6,816
P.P.O.	75,943				75,943
OPERATING EXPENSES	305,870				305,870
TOTAL EXPENSE	$5,092,769	$0	$0	$0	$5,092,769
SURPLUS (DEFICIT)	($3,843,311)	$0	$0	$0	($3,843,311)
AVERAGE INCOME	$112				$112
AVERAGE EXPENSE	$457				$457
SURPLUS (DEFICIT)	($345)	$0	$0	$0	($345)
TOTAL PARTICIPANTS	3,713				3,713

PLAN X
PART TIME
2016

INDIVIDUAL
QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$5,771,950	$5,721,658	$5,476,886	$5,504,189	$22,474,683
MISC. INCOME-LOA	0	0	0	0	0
-COBRA	21,013	22,954	16,075	12,389	72,431
-HMO COPAY	31,138	29,194	27,921	27,252	115,505
TOTAL INCOME	$5,824,101	$5,773,806	$5,520,882	$5,543,830	$22,662,619
EXPENSES					
MEDICAL	$3,541,912	$3,044,367	$3,671,273	$2,846,396	$13,103,948
A & S	226,678	227,860	235,273	216,490	906,301
DENTAL	327,056	318,463	314,464	309,693	1,269,676
DRUG	1,409,949	1,463,914	1,311,043	1,469,707	5,654,613
BEHAVIORAL HEALTH	112,198	172,288	68,468	71,194	424,148
OPTICAL	54,742	53,247	52,564	51,748	212,301
LIFE & AD & D	10,380	10,062	9,934	9,818	40,194
UTILIZATION MANAGEMENT	25,954	25,731	25,812	24,816	102,313
DISEASE MANAGEMENT	22,815	21,046	21,887	21,632	87,380
E.A.P.	7,360	7,164	7,078	6,979	28,581
P.P.O.	78,931	77,813	75,595	73,662	306,001
OPERATING EXPENSES	419,530	251,288	212,437	305,743	1,188,998
TOTAL EXPENSE	$6,237,505	$5,673,243	$6,005,828	$5,407,878	$23,324,454
SURPLUS (DEFICIT)	**($413,404)**	**$100,563**	**($484,946)**	**$135,952**	**($661,835)**
AVERAGE INCOME	$483	$483	$483	$482	$483
AVERAGE EXPENSE	$518	$475	$525	$471	$497
SURPLUS (DEFICIT)	($35)	$8	($42)	$11	($14)
TOTAL PARTICIPANTS	4,017	3,983	3,811	3,831	3,911

PLAN X
PART TIME
FIRST QUARTER 2017

CONTRIBUTIONS
DEPENDENT

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$1,096	0	$0
GIANT[1]	$1,096	755	843,920
SAFEWAY[1]	$1,096	239	0
SAFEWAY DELAWARE[1]	$1,096	11	0
TOTAL		1,005	$843,920

AVG. MONTHLY CONTRIBUTIONS $280

PLAN X = TIER II

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN

PLAN X
PART TIME
FIRST QUARTER 2017

BENEFIT EXPENSES
DEPENDENT

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$15,023	$4.98	1,012 PART
DENTAL	$60.98	$185,196	$61.42	1,012 PART
DRUG	$.80/SCRIPT	$316,635	$105.02	9,260 SCRIPTS
HMO KAISER	$1,164.88	$177,062		51 PART
MEDICAL		1,838,886		
MEDICAL ADMINISTRATION	$12.96	37,078		954 PART
TOTAL MEDICAL		$2,053,026	$680.94	
BEHAVIORAL HEALTH	$2.59	$7,469	$2.48	961 PART
BEHAVIORAL HEALTH		$63,873	$21.19	
E.A.P.	$.67	$1,933	$0.64	961 PART
UTILIZATION MANAGEMENT	$2.35	$7,081	$2.35	958 PART
DISEASE MANAGEMENT	$2.06	$14,812	$4.91	974 PART
P.P.O. CAREFIRST FLEXLINK	$19.61	$13,260	$4.40	223 PART
P.P.O. CAREFIRST NETWORK	$3.88	$8,598	$2.85	739 PART
P.P.O. AA, LLC		$0	$0.00	
P.P.O. A & G, HRGI		$1,282	$0.43	
LIFE-AD&D	$.175/.018/1000	$2,669	$0.89	967 PART
A & S		$89,860	$29.80	
SUB TOTAL		**$2,780,717**	$922.30	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$38,633	$12.81	1,017 PART
MISCELLANEOUS		$43,052	$14.28	
SUB TOTAL		$81,685	$27.09	
TOTAL		**$2,862,402**	**$949.39**	

PLAN X
PART TIME
2017

DEPENDENT
QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$843,920				$843,920
MISC. INCOME -LOA	0				0
-COBRA	3,315				3,315
-HMO COPAY	68,558				68,558
-DEP. COPAY	0				0
TOTAL INCOME	$915,793	$0	$0	$0	$915,793
EXPENSES					
MEDICAL	$2,053,026				$2,053,026
A & S	89,860				89,860
DENTAL	185,196				185,196
DRUG	316,635				316,635
BEHAVIORAL HEALTH	71,342				71,342
OPTICAL	15,023				15,023
LIFE & AD & D	2,669				2,669
UTILIZATION MANAGEMENT	7,081				7,081
DISEASE MANAGEMENT	14,812				14,812
E.A.P.	1,933				1,933
P.P.O.	23,140				23,140
OPERATING EXPENSE	81,685				81,685
TOTAL EXPENSE	$2,862,402	$0	$0	$0	$2,862,402
SURPLUS (DEFICIT)	**($1,946,609)**	**$0**	**$0**	**$0**	**($1,946,609)**
AVERAGE INCOME	$304				$304
AVERAGE EXPENSE	$949				$949
SURPLUS (DEFICIT)	($645)	$0	$0	$0	($645)
TOTAL PARTICIPANTS	1,005				1,005

PLAN X
PART TIME
FIRST QUARTER 2017

DEPENDENT
QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$843,920				$843,920
MISC. INCOME -LOA	0				0
-COBRA	3,315				3,315
-HMO COPAY	68,558				68,558
-DEP. COPAY	0				0
TOTAL INCOME	$915,793	$0	$0	$0	$915,793
EXPENSES					
MEDICAL	$2,053,026				$2,053,026
A & S	89,860				89,860
DENTAL	185,196				185,196
DRUG	316,635				316,635
BEHAVIORAL HEALTH	71,342				71,342
OPTICAL	15,023				15,023
LIFE & AD & D	2,669				2,669
UTILIZATION MANAGEMENT	7,081				7,081
DISEASE MANAGEMENT	14,812				14,812
E.A.P.	1,933				1,933
P.P.O.	23,140				23,140
OPERATING EXPENSE	81,685				81,685
TOTAL EXPENSE	$2,862,402	$0	$0	$0	$2,862,402
SURPLUS (DEFICIT)	**($1,946,609)**	**$0**	**$0**	**$0**	**($1,946,609)**
AVERAGE INCOME	$304				$304
AVERAGE EXPENSE	$949				$949
SURPLUS (DEFICIT)	($645)	$0	$0	$0	($645)
TOTAL PARTICIPANTS	1,005				1,005

PLAN X
PART TIME
2016

DEPENDENT
QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$3,324,168	$3,239,776	$3,616,800	$3,317,592	$13,498,336
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	10,541	7,633	6,629	7,734	32,537
-HMO COPAY	73,576	64,404	62,937	59,472	260,389
-DEP. COPAY	0	0	0	0	0
TOTAL INCOME	$3,408.285	$3.311,813	$3,686,366	$3,384,798	$13,791,262
EXPENSES					
MEDICAL	$2,240,997	$1,873,258	$1,980,918	$2,107,965	$8,203,138
A & S	86,320	66,624	77,777	42,515	273,236
DENTAL	191,294	193,734	192,209	191,477	768,714
DRUG	814,816	1,001,810	856,396	1,048,742	3,721,764
BEHAVIORAL HEALTH	44,901	94,660	70,590	162,598	372,749
OPTICAL	15,499	15,741	15,608	15,543	62,391
LIFE & AD & D	2,766	2,861	2,814	2,816	11,257
UTILIZATION MANAGEMENT	7,305	7,578	7,510	7,382	29,775
DISEASE MANAGEMENT	17,045	16,987	17,324	17,094	68,450
E.A.P.	1,965	1,998	1,981	1,995	7,939
P.P.O.	22,020	23,019	22,470	22,752	90,261
OPERATING EXPENSE	104,340	62,826	54,996	84,135	306,297
TOTAL EXPENSE	$3,549,268	$3,361,096	$3,300,593	$3,705,014	$13,915,971
SURPLUS (DEFICIT)	**($140,983)**	**($49,283)**	**$385,773**	**($320,216)**	**($124,709)**
AVERAGE INCOME	$1,124	$1,120	$1,117	$1,117	$1,120
AVERAGE EXPENSE	$1,170	$1,136	$1,000	$1,223	$1,132
SURPLUS (DEFICIT)	($46)	($16)	$117	($106)	($12)
TOTAL PARTICIPANTS	1,011	986	1,100	1,010	1,027

PLAN XX
FULL TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$267	18	$0
GIANT[1]	$267	292	72,357
SAFEWAY[1]	$267	300	0
SAFEWAY DELAWARE[1]	$267	7	0
TOTAL		617	$72,357

AVG. MONTHLY CONTRIBUTIONS $39

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN

PLAN XX
FULL TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$6,064	$3.28	408 PART
DENTAL FAMILY	$35.95	$13,302		123 PART
DENTAL INDIVIDUAL	$17.46	14,910		285 PART
TOTAL DENTAL		$28,212	$15.24	
DRUG	$.80/SCRIPT	$143,275	$77.40	1,222 SCRIPTS
HMO KAISER	$582.05	$1,746		1 PART
MEDICAL INDIVIDUAL		116,687		
MEDICAL FAMILY		147,875		
MEDICAL ADMINISTRATION	$12.96	16,187		416 PART
TOTAL MEDICAL		$282,495	$152.62	
BEHAVIORAL HEALTH	$2.59	$3,152	$1.70	406 PART
BEHAVIORAL HEALTH		$15,667	$8.46	
UTILIZATION MANAGEMENT	$2.35	$2,946	$1.59	409 PART
DISEASE MANAGEMENT	$2.06	$3,512	$1.90	404 PART
P P O CAREFIRST FLEXLINK	$19.61	$4,409	$2.38	74 PART
P P O CAREFIRST NETWORK	$3.88	$3,799	$2.05	326 PART
LIFE-AD&D	$.175/.018/1000	$1,160	$0.63	401 PART
A & S		$16,170	$8.74	
SUB TOTAL		**$510,861**	$275.99	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$24,112	$13.03	635 PART
MISCELLANEOUS		$26,431	$14.28	
SUB TOTAL		$50,543	$27.31	
TOTAL		**$561,404**	**$303.30**	

PLAN XX
FULL TIME
2017

QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$72,357				$72,357
MISC. INCOME -LOA	0				0
-COBRA	913				913
TOTAL INCOME	$73,270	$0	$0	$0	$73,270
EXPENSES					
MEDICAL	$282,495				$282,495
A & S	16,170				16,170
DENTAL	28,212				28,212
DRUG	143,275				143,275
BEHAVIORAL HEALTH	18,819				18,819
OPTICAL	6,064				6,064
LIFE & AD & D	1,160				1,160
UTILIZATION MANAGEMENT	2,946				2,946
DISEASE MANAGEMENT	3,512				3,512
P.P.O.	8,208				8,208
OPERATING EXPENSE	50,543				50,543
TOTAL EXPENSE	$561,404	$0	$0	$0	$561,404
SURPLUS (DEFICIT)	**($488,134)**	**$0**	**$0**	**$0**	**($488,134)**
AVERAGE INCOME	$40				$40
AVERAGE EXPENSE	$303				$303
SURPLUS (DEFICIT)	($263)	$0	$0	$0	($263)
TOTAL PARTICIPANTS	617				617

PLAN XX
FULL TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$72,357				$72,357
MISC. INCOME -LOA	0				0
-COBRA	913				913
TOTAL INCOME	$73,270	$0	$0	$0	$73,270
EXPENSES					
MEDICAL	$282,495				$282,495
A & S	16,170				16,170
DENTAL	28,212				28,212
DRUG	143,275				143,275
BEHAVIORAL HEALTH	18,819				18,819
OPTICAL	6,064				6,064
LIFE & AD & D	1,160				1,160
UTILIZATION MANAGEMENT	2,946				2,946
DISEASE MANAGEMENT	3,512				3,512
P.P.O.	8,208				8,208
OPERATING EXPENSE	50,543				50,543
TOTAL EXPENSE	$561,404	$0	$0	$0	$561,404
SURPLUS (DEFICIT)	**($488,134)**	**$0**	**$0**	**$0**	**($488,134)**
AVERAGE INCOME	$40				$40
AVERAGE EXPENSE	$303				$303
SURPLUS (DEFICIT)	($263)	$0	$0	$0	($263)
TOTAL PARTICIPANTS	617				617

PLAN XX
FULL TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$504,897	$521,451	$518,514	$507,300	$2,052,162
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	3	0	326	1,825	2,154
TOTAL INCOME	$504,900	$521,451	$518,840	$509,125	$2,054,316
EXPENSES					
MEDICAL	$290,121	$226,193	$365,927	$297,302	$1,179,543
A & S	18,852	40,551	26,309	21,783	107,495
DENTAL	29,971	30,044	29,700	27,855	117,570
DRUG	74,653	81,114	104,252	172,170	432,189
BEHAVIORAL HEALTH	36,110	100,056	71,268	86,302	293,736
OPTICAL	6,554	6,573	6,376	5,911	25,414
LIFE & AD & D	1,242	1,302	1,257	1,194	4,995
UTILIZATION MANAGEMENT	2,978	3,071	2,970	2,820	11,839
DISEASE MANAGEMENT	3,848	4,199	4,192	4,153	16,392
P.P.O.	8,728	9,088	8,829	8,233	34,878
OPERATING EXPENSE	66,308	39,928	34,919	51,133	192,288
TOTAL EXPENSE	$539,365	$542,119	$655,999	$678,856	$2,416,339
SURPLUS (DEFICIT)	($34,465)	($20,668)	($137,159)	($169,731)	($362,023)
AVERAGE INCOME	$267	$267	$267	$268	$267
AVERAGE EXPENSE	$285	$277	$338	$357	$314
SURPLUS (DEFICIT)	($18)	($10)	($71)	($89)	($47)
TOTAL PARTICIPANTS	630	652	647	633	641

PLAN XX
PART TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$105.00	3	$0
GIANT[1]	$105.00	1,526	152,880
GIANT[2,3]	$213.39	12	5,441
GIANT[4]	$321.78	2	1,511
SAFEWAY[1]	$105.00	1,901	0
SAFEWAY DELAWARE[1]	$105.00	74	0
TOTAL		3,518	$159,832

AVG. MONTHLY CONTRIBUTIONS $15

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN
[2]INCLUDES CONTRIBUTIONS FOR 10/2016-12/2016
[3]PARTICIPANTS WITH ONE DEPENDENT CHILD
[4]PARTICIPANTS WITH TWO DEPENDENT CHILDREN

PLAN XX
PART TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$16,092	$1.52	1,084 PART
DENTAL FAMILY	$35.95	$1,761		16 PART
DENTAL INDIVIDUAL	$17.46	55,907		1,067 PART
DENTAL		$57,668	$5.46	
DRUG	$.80/SCRIPT	($40,853)	($3.87)	2,294 SCRIPTS
HMO KAISER	$286.30	$6,012		7 PART
MEDICAL		675,090		
MEDICAL ADMINISTRATION	$12.96	42,781		1,100 PART
TOTAL MEDICAL		$723,883	$68.59	
BEHAVIORAL HEALTH	$2.59	$8,411	$0.80	1,082 PART
BEHAVIORAL HEALTH		$24,165	$2.29	
UTILIZATION MANAGEMENT	$2.35	$7,720	$0.73	1,086 PART
DISEASE MANAGEMENT	$2.06	$6,105	$0.58	1,110 PART
P P O CAREFIRST FLEXLINK	$19.61	$12,149	$1.15	205 PART
P P O CAREFIRST NETWORK	$3.88	$10,173	$0.96	874 PART
LIFE-AD&D	$.175/.018/1000	$1,570	$0.15	1,084 PART
A & S		$17,130	$1.62	
SUB TOTAL		**$844,213**	$79.98	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$135,823	$12.87	3,567 PART
MISCELLANEOUS		$150,701	$14.28	
SUB TOTAL		$286,524	$27.15	
TOTAL		**$1,130,737**	**$107.13**	

PLAN XX
PART TIME
2017

QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$159,832				$159,832
MISC. INCOME -LOA	0				0
-COBRA	3,550				3,550
TOTAL INCOME	$163,382	$0	$0	$0	$163,382
EXPENSES					
MEDICAL	$723,883				$723,883
A & S	17,130				17,130
DENTAL	57,668				57,668
DRUG	(40,853)				(40,853)
BEHAVIORAL HEALTH	32,576				32,576
OPTICAL	16,092				16,092
LIFE & AD & D	1,570				1,570
UTILIZATION MANAGEMENT	7,720				7,720
DISEASE MANAGEMENT	6,105				6,105
P.P.O.	22,322				22,322
OPERATING EXPENSE	286,524				286,524
TOTAL EXPENSE	$1.130,737	$0	$0	$0	$1,130,737
SURPLUS (DEFICIT)	($967,355)	$0	$0	$0	($967,355)
AVERAGE INCOME	$15				$15
AVERAGE EXPENSE	$107				$107
SURPLUS (DEFICIT)	($92)	$0	$0	$0	($92)
TOTAL PARTICIPANTS	3,518				3,518

PLAN XX
PART TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$159,832				$159,832
MISC. INCOME -LOA	0				0
-COBRA	3,550				3,550
TOTAL INCOME	$163,382	$0	$0	$0	$163,382
EXPENSES					
MEDICAL	$723,883				$723,883
A & S	17,130				17,130
DENTAL	57,668				57,668
DRUG	(40,853)				(40,853)
BEHAVIORAL HEALTH	32,576				32,576
OPTICAL	16,092				16,092
LIFE & AD & D	1,570				1,570
UTILIZATION MANAGEMENT	7,720				7,720
DISEASE MANAGEMENT	6,105				6,105
P.P.O.	22,322				22,322
OPERATING EXPENSE	286,524				286,524
TOTAL EXPENSE	$1,130,737	$0	$0	$0	$1,130,737
SURPLUS (DEFICIT)	($967,355)	$0	$0	$0	($967,355)
AVERAGE INCOME	$15				$15
AVERAGE EXPENSE	$107				$107
SURPLUS (DEFICIT)	($92)	$0	$0	$0	($92)
TOTAL PARTICIPANTS	3,518				3,518

PLAN XX
PART TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$1,300,110	$1,249,395	$1,208,550	$1,134,073	$4,892,128
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	5,111	3,913	4,173	4,031	17,228
TOTAL INCOME	$1,305,221	$1,253,308	$1,212,723	$1,138,104	$4,909,356
EXPENSES					
MEDICAL	$811,095	$810,965	$608,856	$494,122	$2,725,038
A & S	29,864	22,009	18,822	20,398	91,093
DENTAL	76,079	73,106	67,195	59,479	275,859
DRUG	275,540	238,772	211,594	165,179	891,085
BEHAVIORAL HEALTH	23,390	110,557	23,608	25,376	182,931
OPTICAL	21,531	20,636	18,938	16,736	77,841
LIFE & AD & D	2,242	2,150	1,925	1,705	8,022
UTILIZATION MANAGEMENT	11,014	10,217	8,962	8,016	38,209
DISEASE MANAGEMENT	9,554	9,519	8,764	7,882	35,719
P.P.O.	31,775	30,283	27,795	24,529	114,382
OPERATING EXPENSE	430,629	253,831	211,275	295,555	1,191,290
TOTAL EXPENSE	$1,722,713	$1,582,045	$1,207,734	$1,118,977	$5,631,469
SURPLUS (DEFICIT)	**($417,492)**	**($328,737)**	**$4,989**	**$19,127**	**($722,113)**
AVERAGE INCOME	$105	$105	$105	$106	$105
AVERAGE EXPENSE	$139	$133	$105	$104	$120
SURPLUS (DEFICIT)	($34)	($28)	$0	$2	($15)
TOTAL PARTICIPANTS	4,126	3,966	3,836	3,573	3,875

PLAN XXX
FULL TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$262.00	51	$0
GIANT[1]	$262.00	126	34,584
LOCAL 400 STAFF TEMPS	$262.00	0	0
SAFEWAY[1]	$262.00	0	0
SAFEWAY DELAWARE[1]	$262.00	0	0
TOTAL		177	$34,584

AVG. MONTHLY CONTRIBUTIONS $65

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN

PLAN XXX
FULL TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$2,060	$3.88	139 PART
DENTAL FAMILY	$35.95	$5,321		49 PART
DENTAL INDIVIDUAL	$17.46	4,784		91 PART
TOTAL DENTAL		$10,105	$19.03	
DRUG	$.80/SCRIPT	$7,321	$13.79	606 SCRIPTS
MEDICAL INDIVIDUAL		$168,435		
MEDICAL FAMILY		36,608		
MEDICAL ADMINISTRATION	$12.96	6,402		165 PART
TOTAL MEDICAL		$211,445	$398.20	
BEHAVIORAL HEALTH	$2.59	$1,220	$2.30	157 PART
BEHAVIORAL HEALTH		$347	$0.65	
UTILIZATION MANAGEMENT	$2.35	$1,176	$2.21	158 PART
DISEASE MANAGEMENT	$2.06	$1,200	$2.26	137 PART
P P O CAREFIRST FLEXLINK	$19.61	$2,774	$5.22	47 PART
P P O CAREFIRST NETWORK	$3.88	$1,187	$2.24	102 PART
LIFE-AD&D	$.175/.018/1000	$404	$0.76	139 PART
A & S		$9,250	$17.42	
SUB TOTAL		**$248,489**	$467.96	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$5,844	$11.01	152 PART
MISCELLANEOUS		$7,582	$14.28	
SUB TOTAL		$13,426	$25.29	
TOTAL		**$261,915**	**$493.25**	

PLAN XXX FULL TIME 2017

QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$34,584				$34,584
MISC. INCOME -LOA	0				0
-COBRA	460				460
TOTAL INCOME	$35,044	$0	$0	$0	$35,044
EXPENSES					
MEDICAL	$211,445				$211,445
A & S	9,250				9,250
DENTAL	10,105				10,105
DRUG	7,321				7,321
BEHAVIORAL HEALTH	1,567				1,567
OPTICAL	2,060				2,060
LIFE & AD & D	404				404
UTILIZATION MANAGEMENT	1,176				1,176
DISEASE MANAGEMENT	1,200				1,200
P.P.O.	3,961				3,961
OPERATING EXPENSE	13,426				13,426
TOTAL EXPENSE	$261,915	$0	$0	$0	$261,915
SURPLUS (DEFICIT)	**($226,871)**	**$0**	**$0**	**$0**	**($226,871)**
AVERAGE INCOME	$66				$66
AVERAGE EXPENSE	$493				$493
SURPLUS (DEFICIT)	($427)	$0	$0	$0	($427)
TOTAL PARTICIPANTS	177				177

PLAN XXX
FULL TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$34,584				$34,584
MISC. INCOME -LOA	0				0
-COBRA	460				460
TOTAL INCOME	$35,044	$0	$0	$0	$35,044
EXPENSES					
MEDICAL	$211,445				$211,445
A & S	9,250				9,250
DENTAL	10,105				10,105
DRUG	7,321				7,321
BEHAVIORAL HEALTH	1,567				1,567
OPTICAL	2,060				2,060
LIFE & AD & D	404				404
UTILIZATION MANAGEMENT	1,176				1,176
DISEASE MANAGEMENT	1,200				1,200
P.P.O.	3,961				3,961
OPERATING EXPENSE	13,426				13,426
TOTAL EXPENSE	$261,915	$0	$0	$0	$261,915
SURPLUS (DEFICIT)	**($226,871)**	**$0**	**$0**	**$0**	**($226,871)**
AVERAGE INCOME	$66				$66
AVERAGE EXPENSE	$493				$493
SURPLUS (DEFICIT)	($427)	$0	$0	$0	($427)
TOTAL PARTICIPANTS	177				177

PLAN XXX
FULL TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$64,190	$86,984	$98,250	$119,472	$368,896
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	0	0	0	0	0
TOTAL INCOME	$64,190	$86,984	$98,250	$119,472	$368,896
EXPENSES					
MEDICAL	$138,003	$83,203	$161,526	$136,963	$519,695
A & S	5,142	0	3,373	2,620	11,135
DENTAL	3,573	5,093	7,002	7,761	23,429
DRUG	42,089	56,942	41,156	28,985	169,172
BEHAVIORAL HEALTH	430	712	1,168	1,749	4,059
OPTICAL	678	1,020	1,421	1,594	4,713
LIFE & AD & D	145	216	289	323	973
UTILIZATION MANAGEMENT	327	555	687	903	2,472
DISEASE MANAGEMENT	561	664	950	1,088	3,263
P.P.O.	1,459	2,044	2,518	2,970	8,991
OPERATING EXPENSE	7,903	5,888	6,169	11,193	31,153
TOTAL EXPENSE	$200,310	$156,337	$226,259	$196,149	$779,055
SURPLUS (DEFICIT)	($136,120)	($69,353)	($128,009)	($76,677)	($410,159)
AVERAGE INCOME	$261	$264	$264	$262	$263
AVERAGE EXPENSE	$814	$474	$608	$430	$582
SURPLUS (DEFICIT)	($553)	($210)	($344)	($168)	($319)
TOTAL PARTICIPANTS	82	110	124	152	117

PLAN XXX
PART TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$103.00	0	$0
GIANT[1]	$103.00	753	88,374
GIANT[2,3]	$209.80	8	4,486
GIANT[2,4]	$316.60	2	1,762
GIANT[5]	$423.40	1	1,064
LOCAL 27 STAFF TEMPS	$103.00	0	0
LOCAL 400 STAFF TEMPS	$103.00	0	0
SAFEWAY[1]	$103.00	0	0
SAFEWAY DELAWARE[1]	$103.00	0	0
TOTAL		764	$95,686

AVG. MONTHLY CONTRIBUTIONS $42

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN
[2]INCLUDES CONTRIBUTIONS FOR 10/2016-12/2016
[3]PARTICIPANTS WITH ONE DEPENDENT CHILD
[4]PARTICIPANTS WITH TWO DEPENDENT CHILDREN
[5]PARTICIPANTS WITH THREE OR MORE DEPENDENT CHILDREN

PLAN XXX
PART TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$1,793	$0.78	121 PART
DENTAL FAMILY	$35.95	$720		7 PART
DENTAL INDIVIDUAL	$17.46	5,988		114 PART
DENTAL		$6,708	$2.93	
DRUG	$.80/SCRIPT	$44,498	$19.41	792 SCRIPTS
MEDICAL		$173,468		
MEDICAL ADMINISTRATION	$12.96	17,795		458 PART
TOTAL MEDICAL		$191,263	$83.45	
BEHAVIORAL HEALTH	$2.59	$3,282	$1.43	422 PART
BEHAVIORAL HEALTH		$712	$0.31	
UTILIZATION MANAGEMENT	$2.35	$3,011	$1.31	427 PART
DISEASE MANAGEMENT	$2.06	$2,083	$0.91	357 PART
P P O CAREFIRST FLEXLINK	$19.61	$5,891	$2.57	99 PART
P P O CAREFIRST NETWORK	$3.88	$3,263	$1.42	280 PART
LIFE-AD&D	$.175/.018/1000	$449	$0.20	311 PART
A & S		$1,079	$0.47	
SUB TOTAL		**$264,032**	$115.19	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$24,909	$10.87	620 PART
MISCELLANEOUS		$32,728	$14.28	
SUB TOTAL		$57,637	$25.15	
TOTAL		**$321,669**	**$140.34**	

PLAN XXX
PART TIME
2017

QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$95,686				$95,686
MISC. INCOME -LOA	0				0
-COBRA	247				247
TOTAL INCOME	$95,933	$0	$0	$0	$95,933
EXPENSES					
MEDICAL	$191,263				$191,263
A & S	1,079				1,079
DENTAL	6,708				6,708
DRUG	44,498				44,498
BEHAVIORAL HEALTH	3,994				3,994
OPTICAL	1,793				1,793
LIFE & AD & D	449				449
UTILIZATION MANAGEMENT	3,011				3,011
DISEASE MANAGEMENT	2,083				2,083
P.P.O.	9,154				9,154
OPERATING EXPENSE	57,637				57,637
TOTAL EXPENSE	$321,669	$0	$0	$0	$321,669
SURPLUS (DEFICIT)	**($225,736)**	**$0**	**$0**	**$0**	**($225,736)**
AVERAGE INCOME	$42				$42
AVERAGE EXPENSE	$140				$140
SURPLUS (DEFICIT)	($98)	$0	$0	$0	($98)
TOTAL PARTICIPANTS	764				764

PLAN XXX
PART TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$95,686				$95,686
MISC. INCOME -LOA	0				0
-COBRA	247				247
TOTAL INCOME	$95,933	$0	$0	$0	$95,933
EXPENSES					
MEDICAL	$191,263				$191,263
A & S	1,079				1,079
DENTAL	6,708				6,708
DRUG	44,498				44,498
BEHAVIORAL HEALTH	3,994				3,994
OPTICAL	1,793				1,793
LIFE & AD & D	449				449
UTILIZATION MANAGEMENT	3,011				3,011
DISEASE MANAGEMENT	2,083				2,083
P.P.O.	9,154				9,154
OPERATING EXPENSE	57,637				57,637
TOTAL EXPENSE	$321,669	$0	$0	$0	$321,669
SURPLUS (DEFICIT)	**($225,736)**	**$0**	**$0**	**$0**	**($225,736)**
AVERAGE INCOME	$42				$42
AVERAGE EXPENSE	$140				$140
SURPLUS (DEFICIT)	($98)	$0	$0	$0	($98)
TOTAL PARTICIPANTS	764				764

PLAN XXX
PART TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$161,916	$134,003	$192,816	$195,628	$684,363
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	0	344	247	165	756
TOTAL INCOME	**$161,916**	**$134,347**	**$193,063**	**$195,793**	**$685,119**
EXPENSES					
MEDICAL	$29,435	$52,967	$106,483	$144,384	$333,269
A & S	0	0	517	0	517
DENTAL	366	509	1,438	3,289	5,602
DRUG	27,847	43,684	86,585	102,566	260,682
BEHAVIORAL HEALTH	8,856	2,139	2,058	4,092	17,145
OPTICAL	105	129	376	896	1,506
LIFE & AD & D	100	195	277	327	899
UTILIZATION MANAGEMENT	1,099	1,455	1,729	2,149	6,432
DISEASE MANAGEMENT	541	1,083	1,353	1,669	4,646
P.P.O.	3,724	4,761	5,867	7,092	21,444
OPERATING EXPENSE	36,917	31,800	27,020	51,033	146,770
TOTAL EXPENSE	**$108,990**	**$138,722**	**$233,703**	**$317,497**	**$798,912**
SURPLUS (DEFICIT)	**$52,926**	**($4,375)**	**($40,640)**	**($121,704)**	**($113,793)**
AVERAGE INCOME	$103	$103	$103	$104	$103
AVERAGE EXPENSE	$69	$107	$125	$169	$118
SURPLUS (DEFICIT)	$34	($4)	($22)	($65)	($15)
TOTAL PARTICIPANTS	**524**	**433**	**623**	**625**	**551**

PLAN XL
PART TIME
FIRST QUARTER 2017

CONTRIBUTIONS

COMPANY	RATE	PARTICIPANTS	CONTRIBUTIONS
ASSOCIATED ADMINISTRATORS[1]	$18.40	2	$0
GIANT[1]	$18.40	857	55,918
LOCAL 27 STAFF TEMPS	$18.40	0	0
LOCAL 400 STAFF TEMPS	$18.40	0	0
SAFEWAY	$18.40	0	0
SAFEWAY DELAWARE	$18.40	0	0
TOTAL		859	$55,918

AVG. MONTHLY CONTRIBUTIONS $22

[1]CONTRIBUTIONS REDUCED TO REFLECT DRAWDOWN

PLAN XL
PART TIME
FIRST QUARTER 2017

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$719	$0.28	48 PART
DENTAL	$17.46	$2,532	$0.98	48 PART
LIFE-AD&D	$.175/.018/1000	$175	$0.07	121 PART
A & S		$0	$0.00	
SUB TOTAL		**$3,426**	$1.33	

OPERATING EXPENSES

ADMINISTRATION	$12.65	$33,725	$13.09	886 PART
MISCELLANEOUS		$36,797	$14.28	
SUB TOTAL		$70,522	$27.37	
TOTAL		**$73,948**	**$28.70**	

PLAN XL
PART TIME
2017
QUARTERLY RECAPS - ACTIVE

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$55,918				$55,918
MISC. INCOME -LOA	0				0
-COBRA	0				0
TOTAL INCOME	$55,918	$0	$0	$0	$55,918
EXPENSES					
A & S	$0				0
DENTAL	2,532				2,532
OPTICAL	719				719
LIFE & AD & D	175				175
OPERATING EXPENSE	70,522				70,522
TOTAL EXPENSE	$73,948	$0	$0	$0	$73,948
SURPLUS (DEFICIT)	($18,030)	$0	$0	$0	($18,030)
AVERAGE INCOME	$22				$22
AVERAGE EXPENSE	$29				$29
SURPLUS (DEFICIT)	($7)	$0	$0	$0	($7)
TOTAL PARTICIPANTS	859				859

PLAN XL
PART TIME
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$55,918				$55,918
MISC. INCOME -LOA	0				0
-COBRA	0				0
TOTAL INCOME	**$55,918**	**$0**	**$0**	**$0**	**$55,918**
EXPENSES					
A & S	$0				$0
DENTAL	2,532				2,532
OPTICAL	719				719
LIFE & AD & D	175				175
OPERATING EXPENSE	70,522				70,522
TOTAL EXPENSE	**$73,948**	**$0**	**$0**	**$0**	**$73,948**
SURPLUS (DEFICIT)	**($18,030)**	**$0**	**$0**	**$0**	**($18,030)**
AVERAGE INCOME	$22				$22
AVERAGE EXPENSE	$29				$29
SURPLUS (DEFICIT)	($7)	$0	$0	$0	($7)
TOTAL PARTICIPANTS	**859**				**859**

PLAN XL
PART TIME
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$23,014	$39,266	$31,793	$48,890	$142,963
MISC. INCOME -LOA	0	0	0	0	0
-COBRA	0	0	0	0	0
TOTAL INCOME	$23,014	$39,266	$31,793	$48,890	$142,963
EXPENSES					
A & S	$0	$0	$0	$0	$0
DENTAL	175	210	576	1,309	2,270
OPTICAL	50	60	163	371	644
LIFE & AD & D	19	68	115	161	363
OPERATING EXPENSE	53,045	35,023	36,171	59,034	183,273
TOTAL EXPENSE	$53,289	$35,361	$37,025	$60,875	$186,550
SURPLUS (DEFICIT)	**($30,275)**	**$3,905**	**($5,232)**	**($11,985)**	**($43,587)**
AVERAGE INCOME	$17	$18	$18	$18	$18
AVERAGE EXPENSE	$38	$17	$21	$23	$25
SURPLUS (DEFICIT)	($21)	$1	($3)	($5)	($7)
TOTAL PARTICIPANTS	463	711	576	885	659

ACTIVE PLANS
2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTR - ACTIVE	$6,004,991	$0	$0	$0	$6,004,991
EMPLOYEE CONTRIBUTIONS	322,069	0	0	0	322,069
INTEREST & DIVIDENDS - ACTIVE	337,792	0	0	0	337,792
MISCELLANEOUS[1]	2,179,866	0	0	0	2,179,866
TOTAL INCOME	$8,844,718	$0	$0	$0	$8,844,718
EXPENSES					
MEDICAL	$16,778,204	$0	$0	$0	$16,778,204
A & S	1,609,644	0	0	0	1,609,644
DENTAL	1,369,927	0	0	0	1,369,927
DRUG	2,222,919	0	0	0	2,222,919
BEHAVIORAL HEALTH	659,946	0	0	0	659,946
OPTICAL	178,339	0	0	0	178,339
LIFE & AD & D	43,964	0	0	0	43,964
UTILIZATION REVIEW	85,164	0	0	0	85,164
DISEASE MANAGEMENT	105,000	0	0	0	105,000
E.A.P.	19,811	0	0	0	19,811
P.P.O.	272,754	0	0	0	272,754
OPERATING EXPENSE	1,331,364	0	0	0	1,331,364
TOTAL EXPENSE	$24,677,036	$0	$0	$0	$24,677,036
SURPLUS (DEFICIT)	($15,832,318)	$0	$0	$0	($15,832,318)
TOTAL PARTICIPANTS	16,346	0	0	0	16,346
FUND RESERVE	$38,631,615				

[1]LITIGATION SETTLEMENTS 1ST QTR:

$2,177,866	Express Scripts
241	Fed Nat Mgt
787	Terex
236	Wachovia
$2,179,130	

FELRA & UFCW

RETIREE HEALTH PLAN

FIRST QUARTER 2017

ADMINISTRATIVE MANAGER'S REPORT

FULL TIME RETIREES
FIRST QUARTER 2017

INCOME

EMPLOYER CONTRIBUTIONS	$30,872
RETIREE COPAYMENTS	$938,404
INTEREST AND DIVIDENDS	$62,685
TOTAL INCOME	**$1,031,961**

EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$43,575	$4.78	2,934 RET
DENTAL	$29.39	$258,720		2,934 RET
TOTAL DENTAL		$258,720	$28.39	
DRUG	$.80/1.25/SCRIPT	$132,879		20,400 SCRIPTS
DRUG CLAIMS		0		
DRUG FEES	$0.21/CLAIM	3,899		
TOTAL DRUG		$136,778	$15.01	
HMO CIGNA		$0		
HMO KAISER[1]	$239.15	1,493,569		1,537 RET
HMO WELL CARE CHOICE	$40.60	122		1 RET
HOSPITAL		369,219		
SURGICAL		255,529		
DIAGNOSTIC		78,715		
MAJOR MEDICAL		155,068		
MEDICAL ADMINISTRATION	$12.96	54,276		1,396 RET
TOTAL MEDICAL		$2,406,498	$264.04	
BEHAVIORAL HEALTH	$2.59	$10,792	$1.18	1,389 RET
BEHAVIORAL HEALTH		($30)	($0.00)	
UTILIZATION MANAGEMENT	$2.35	$42	$0.00	6 RET
DISEASE MANAGEMENT	$2.06	$97	$0.01	1 RET
P.P.O CAREFIRST FLEXLINK	$19.61	$0	$0.00	
P.P.O CAREFIRST NETWORK	$3.88	$58	$0.01	5 RET
P.P.O. AA, LLC		$0	$0.00	
P.P.O A & G, HRGI		$3,870	$0.42	
ADMINISTRATION	$6.04	$55,047	$6.04	3,038 RET
TOTAL EXPENSES		**$2,915,447**	**$319.89**	
SURPLUS (DEFICIT)		**($1,883,486)**		

RETIREES 3,038
AVERAGE COST PER RETIREE $319.89

[1]RATE CHANGE EFFECTIVE JANUARY 2017

PART TIME RETIREES
FIRST QUARTER 2017

INCOME

EMPLOYER CONTRIBUTIONS	$527,767
RETIREE COPAYMENTS	$199,542
INTEREST AND DIVIDENDS	$13,329
TOTAL INCOME	**$740,638**

EXPENSES

BENEFIT	RATE	EXPENSE	AVG. COST	COMMENT
OPTICAL	$4.95	$9,643	$4.98	649 RET
DENTAL	$29.39	$57,251	$29.54	649 RET
DRUG	$.80/1.25/SCRIPT	($32,814)		2,838 SCRIPTS
DRUG CLAIMS		$0		
DRUG FEES	$0.21/CLAIM	430		
DRUG		($32,384)	($16.71)	
HMO CIGNA		($138)		
HMO KAISER[1]	$239.15	312,835		403 RET
WELL CARE CHOICE	$40.60	0		
HOSPITAL		45,885		
SURGICAL		45,096		
DIAGNOSTIC		13,335		
MAJOR MEDICAL		30,917		
MEDICAL ADMINISTRATION	$12.96	10,211		263 RET
TOTAL MEDICAL		$458,141	$236.40	
BEHAVIORAL HEALTH	$2.59	$2,038	$1.05	262 RET
BEHAVIORAL HEALTH		$158	$0.08	
UTILIZATION MANAGEMENT	$2.35	$11	$0.01	2 RET
DISEASE MANAGEMENT	$2.06	$16	$0.01	0 RET
P.P.O CAREFIRST FLEXLINK	$19.61	$0	$0.00	0 RET
P.P.O CAREFIRST NETWORK	$3.88	$16	$0.01	1 RET
P.P.O. AA, LLC		$0	$0.00	
P.P.O A & G, HRGI		$825	$0.43	
ADMINISTRATION	$6.04	$11,712	$6.04	646 RET
TOTAL EXPENSES		**$507,427**	**$261.83**	
SURPLUS (DEFICIT)		**$233,211**		

RETIREES 646
AVERAGE COST PER RETIREE $261.83

[1]RATE CHANGE EFFECTIVE JANUARY 2017

FIRST QUARTER 2017
STIPEND
INCOME & EXPENSES

INCOME

GIANT	$1,678,541
SAFEWAY	$94,683
TOTAL INCOME	**$1,773,224**

BENEFIT EXPENSES

CATEGORY	AMOUNT
STIPEND BENEFITS	$1,761,150
SUBTOTAL	$1,761,150

OPERATING EXPENSES

CATEGORY	AMOUNT
ADMINISTRATION	$11,905
PNC FEES	83
POSTAGE	86
SUBTOTAL	$12,074
TOTAL EXPENSES	**$1,773,224**

SURPLUS (DEFICIT)	**$0**

PARTICIPANTS 1,587

2017
RETIREES
QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTRIBUTIONS	$558,639				$558,639
RETIREE COPAYMENTS	1,137,946				1,137,946
STIPEND INCOME	1,773,224				1,773,224
INTEREST & DIVIDENDS	76,014				76,014
TOTAL INCOME	$3,545,823	$0	$0	$0	$3,545,823

EXPENSES					
MEDICAL	$2,864,639				$2,864,639
DENTAL	315,971				315,971
DRUG[1]	104,394				104,394
BEHAVIORAL HEALTH	12,958				12,958
OPTICAL	53,218				53,218
UTILIZATION MANAGEMENT	53				53
DISEASE MANAGEMENT	113				113
P.P.O.	4,769				4,769
ADMINISTRATION	66,759				66,759
STIPEND	1,773,224				1,773,224
TOTAL EXPENSES	$5,196,098	$0	$0	$0	$5,196,098
SURPLUS (DEFICIT)	($1,650,275)	$0	$0	$0	($1,650,275)
TOTAL PARTICIPANTS	3,684				3,684
FUND RESERVE	$6,002,247				

[1]INCLUDES ESI REBATE FOR 10/1/2014-12/31/2016 - $1,863,922

2016
RETIREES
QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTRIBUTIONS	$3,393,868	$3,353,785	$3,311,282	$3,180,676	$13,239,611
RETIREE COPAYMENTS	1,138,737	1,133,307	1,142,592	1,146,594	4,561,230
STIPEND INCOME	1,871,764	1,836,882	1,768,752	1,735,207	7,212,605
INTEREST & DIVIDENDS	89,870	87,262	75,031	90,644	342,807
TOTAL INCOME	$6,494,239	$6,411,236	$6,297,657	$6,153,121	$25,356,253

EXPENSES					
MEDICAL	$3,718,945	$2,692,686	$2,599,173	$2,600,734	$11,611,538
DENTAL	316,001	317,030	316,941	317,323	1,267,295
DRUG	1,520,591	1,966,080	570,683	1,681,607	5,738,961
BEHAVIORAL HEALTH	30,688	13,278	15,002	12,927	71,895
OPTICAL	53,217	53,388	53,377	53,450	213,432
UTILIZATION MANAGEMENT	390	1,113	328	502	2,333
DISEASE MANAGEMENT	639	157	134	140	1,070
P.P.O.	2,856	3,070	1,156	1,057	8,139
ADMINISTRATION	64,648	66,827	66,864	67,020	265,359
STIPEND	1,871,764	1,836,882	1,768,752	1,735,207	7,212,605
TOTAL EXPENSES	$7,579,739	$6,950,511	$5,392,410	$6,469,967	$26,392,627
SURPLUS (DEFICIT)	($1,085,500)	($539,275)	$905,247	($316,846)	($1,036,374)
TOTAL PARTICIPANTS	3,677	3,688	3,690	3,699	3,689
FUND RESERVE	$8,075,810	$7,778,362	$7,298,192	$6,598,157	

COMBINED FUND
FIRST QUARTER 2017

QUARTERLY RECAPS

	FIRST 2017	SECOND 2017	THIRD 2017	FOURTH 2017	TOTAL
EMPLOYER CONTR - ACTIVE	$6,004,991	$0	$0	$0	$6,004,991
EMPLOYER CONTR - RETIREE	558,639	0	0	0	558,639
EMPLOYEE CONTRIBUTIONS	1,460,015	0	0	0	1,460,015
INTEREST & DIVIDENDS - ACTIVE	337,792	0	0	0	337,792
INTEREST & DIVIDENDS - RETIREE	76,014	0	0	0	76,014
STIPEND	1,773,224	0	0	0	1,773,224
MISCELLANEOUS[1]	2,179,130	0	0	0	2,179,130
TOTAL INCOME	**$12,389,805**	**$0**	**$0**	**$0**	**$12,389,805**
EXPENSES					
MEDICAL	$16,778,204	$0	$0	$0	$16,778,204
RETIREES	3,422,874	0	0	0	3,422,874
STIPEND	1,773,224	0	0	0	1,773,224
A & S	1,609,644	0	0	0	1,609,644
DENTAL	1,369,927	0	0	0	1,369,927
DRUG[2]	2,222,919	0	0	0	2,222,919
BEHAVIORAL HEALTH	659,946	0	0	0	659,946
OPTICAL	178,339	0	0	0	178,339
LIFE & AD & D	43,964	0	0	0	43,964
UTILIZATION REVIEW	85,164	0	0	0	85,164
DISEASE MANAGEMENT	105,000	0	0	0	105,000
E.A.P.	19,811	0	0	0	19,811
P.P.O.	272,754	0	0	0	272,754
OPERATING EXPENSE	1,331,364	0	0	0	1,331,364
TOTAL EXPENSE	**$29,873,134**	**$0**	**$0**	**$0**	**$29,873,134**
SURPLUS (DEFICIT)	**($17,483,329)**	**$0**	**$0**	**$0**	**($17,483,329)**
TOTAL PARTICIPANTS	**16,346**	**0**	**0**	**0**	**16,346**
FUND RESERVE	$44,633,862				

[1]LITIGATION SETTLEMENTS 1ST QTR:

$2,177,866	Express Scripts
241	Fed Nat Mgt
787	Terex
236	Wachovia
$2,179,130	

[2]INCLUDES ESI REBATE FOR 10/1/2014-12/31/2016 - $5,226,568

COMBINED FUND
2016

QUARTERLY RECAPS

	FIRST 2016	SECOND 2016	THIRD 2016	FOURTH 2016	TOTAL
EMPLOYER CONTR - ACTIVE	$26,630,044	$26,325,503	$26,313,968	$25,751,774	$105,021,289
EMPLOYER CONTR - RETIREE	3,393,868	3,353,785	3,311,282	3,180,676	13,239,611
EMPLOYEE CONTRIBUTIONS	1,510,496	1,476,553	1,451,874	1,449,305	5,888,228
INTEREST & DIVIDENDS - ACTIVE	409,096	395,211	335,910	402,300	1,542,517
INTEREST & DIVIDENDS - RETIREE	89,870	87,262	75,031	90,644	342,807
STIPEND	1,871,764	1,836,882	1,768,752	1,735,207	7,212,605
MISCELLANEOUS[1]	2,761	1,567	8	22,660	26,996
TOTAL INCOME	$33,907,899	$33,476,763	$33,256,825	$32,632,566	$133,274,053
EXPENSES					
MEDICAL	$14,830,648	$14,469,936	$15,398,711	$15,351,232	$60,050,527
RETIREES	5,707,975	5,113,629	3,623,658	4,734,760	19,180,022
STIPEND	1,871,764	1,836,882	1,768,752	1,735,207	7,212,605
A & S	1,451,266	1,525,006	1,523,768	1,513,632	6,013,672
DENTAL	1,423,502	1,416,478	1,403,187	1,383,108	5,626,275
DRUG	6,320,824	7,396,328	6,224,362	7,293,142	27,234,656
BEHAVIORAL HEALTH	512,025	829,568	558,371	623,939	2,523,903
OPTICAL	187,075	185,438	183,134	179,461	735,108
LIFE & AD & D	45,314	45,383	45,087	44,515	180,299
UTILIZATION REVIEW	88,845	88,823	88,440	85,636	351,744
DISEASE MANAGEMENT	121,727	122,786	122,114	120,536	487,163
E.A.P.	20,514	20,400	20,242	20,108	81,264
P.P.O.	272,677	275,677	270,200	264,842	1,083,396
OPERATING EXPENSE	1,726,616	1,050,648	900,231	1,318,769	4,996,264
TOTAL EXPENSE	$34,580,772	$34,376,982	$32,130,257	$34,668,887	$135,756,898
SURPLUS (DEFICIT)	**($672,873)**	**($900,219)**	**$1,126,568**	**($2,036,321)**	**($2,482,845)**
TOTAL PARTICIPANTS	16,738	16,703	16,520	16,422	16,596
FUND RESERVE	$52,852,855	$64,810,884	$55,341,467	$55,118,478	

[1]LITIGATION SETTLEMENTS 4TH QTR:

$142	Lehman Brothers
22,518	Countrywide
$22,660	

COMBINED FUND
FIRST QUARTER 2017

MISCELLANEOUS

ACTUARIAL & CONSULTING	$58,558
BONDING AND INS	1,281
CONFERENCE	1,277
EDUCATION FEES FOR RETIREE ASSISTANCE	11,448
INVESTMENT MANAGEMENT	40,100
LEGAL	138,305
MEETING	3,326
OFFICE SUPPLIES	1
POSTAGE	17,447
PRINTING	11,442
TELEPHONE	2,138
TRANSITIONAL REINSURANCE FEE	414,893

TOTAL **$700,216**

DELINQUENCIES

NONE

COMBINED FUND
FELRA & UFCW VEBA FUND
INCLUDING LEGAL, SEVERANCE AND SCHOLARSHIP
FIRST QUARTER 2017

QUARTERLY RECAPS

INCOME	1Q2017	2Q2017	3Q2017	4Q2017	Total
Health	$12,389,805				$12,389,805
Legal	951,103				951,103
Severance	3,379,799				3,379,799
Scholarship	1,922				1,922
Total Income	$16,722,629	$0	$0	$0	$16,722,629

EXPENSES	1Q2017	2Q2017	3Q2017	4Q2017	Total
Health	$29,873,134				$29,873,134
Legal	923,720				923,720
Severance	1,657,779				1,657,779
Scholarship	10,367				10,367
Total Expenses	$32,465,000	$0	$0	$0	$32,465,000

Surplus/(Deficit)	1Q2017	2Q2017	3Q2017	4Q2017	Total
Health	($17,483,329)	$0	$0	$0	($17,483,329)
Legal	27,383	0	0	0	27,383
Severance	1,722,020	0	0	0	1,722,020
Scholarship	(8,445)	0	0	0	(8,445)
Total Surplus/(Deficit)	($15,742,371)	$0	$0	$0	($15,742,371)

Fund Reserve	$49,692,759			

COMBINED FUND
FELRA & UFCW VEBA FUND
INCLUDING LEGAL, SEVERANCE AND SCHOLARSHIP
2016

QUARTERLY RECAPS

INCOME	1Q2016	2Q2016	3Q2016	4Q2016	Total
Health	$33,907,899	$33,476,763	$33,256,825	$32,632,566	$133,274,053
Legal	1,002,005	990,071	966,035	948,650	3,906,761
Severance	21,835	3,020,841	30,262	20,602	3,093,540
Scholarship	2,795	2,411	1,807	2,061	9,074
Total Income	$34,934,534	$37,490,086	$34,254,929	$33,603,879	$140,283,428

EXPENSES	1Q2016	2Q2016	3Q2016	4Q2016	Total
Health	$34,580,772	$34,376,982	$32,130,257	$34,668,887	$135,756,898
Legal	1,025,441	1,001,824	967,056	938,659	3,932,980
Severance	9,421,671	854,211	1,037,854	985,578	12,299,314
Scholarship	10,646	18,286	29,259	12,910	71,101
Total Expenses	$45,038,530	$36,251,303	$34,164,426	$36,606,034	$152,060,293

Surplus/(Deficit)	1Q2016	2Q2016	3Q2016	4Q2016	Total
Health	($672,873)	($900,219)	$1,126,568	($2,036,321)	($2,482,845)
Legal	(23,436)	(11,753)	(1,021)	9,991	(26,219)
Severance	(9,399,836)	2,166,630	(1,007,592)	(964,976)	(9,205,774)
Scholarship	(7,851)	(15,875)	(27,452)	(10,849)	(62,027)
Total Surplus/(Deficit)	($10,103,996)	$1,238,783	$90,503	($3,002,155)	($11,776,865)

Fund Reserve	$56,474,379	$70,175,670	$59,692,007	$58,280,086

CONTRACT INFORMATION
FIRST QUARTER 2017

COMPANY	PLAN	RATES	EFF. DATE	CONTRACT EXP.
ASSOCIATED ADMINISTRATORS	X	830.00	01-01-15	10-29-17
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
GIANT 27	I	2,867.00	01-01-15	10-26-19
	I	2,871.00	01-01-15	
	X	830.00	01-01-15	
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
GIANT 400	I	2,867.00	01-01-15	10-26-19
	I	2,871.00	01-01-15	
	X	830.00	01-01-15	
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
GIANT DELAWARE	X	830.00	01-01-15	10-26-19
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
GIANT LEXINGTON PARK 400	X	830.00	01-01-15	10-26-19
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
GIANT VALLEY 400	I	2,867.00	01-01-15	10-26-19
	I	2,871.00	01-01-15	
	X	830.00	01-01-15	
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	

CONTRACT INFORMATION
FIRST QUARTER 2017

COMPANY	PLAN	RATES	EFF. DATE	CONTRACT EXP.
SAFEWAY 27	I	2,867.00	01-01-15	10-26-19
	I	2,871.00	01-01-15	
	X	830.00	01-01-15	
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
SAFEWAY 400	I	2,867.00	01-01-15	10-26-19
	I	2,871.00	01-01-15	
	X	830.00	01-01-15	
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
SAFEWAY CULPEPER	I	2,867.00	01-01-15	10-26-19
	I	2,871.00	01-01-15	
	X	830.00	01-01-15	
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
SAFEWAY DELAWARE	X	830.00	01-01-15	10-26-19
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
SAFEWAY DOVER	X	830.00	01-01-15	10-26-19
	X	479.00	01-01-15	
	X	1,096.00	01-01-15	
	XX	267.00	01-01-15	
	XX	105.00	01-01-15	
	XXX	262.00	01-01-15	
	XXX	103.00	01-01-15	
	XL	18.40	01-01-15	
STAFF 400	X	830.00	01-01-15	

INVOICES

FELRA & UFCW
VEBA FUND
INVOICES

July 12, 2017

1. **Associated Administrators, LLC**

04/12/17	Meeting Expenses - Regular Meeting	$	104.48

2. **Chartwell Investment Partners**

04/27/17	Investment Management Fee - 1Q17	$	10,580.69

3. **Cheiron**

04/19/17	Non-Retainer Services - 03/17	$	2,997.50
04/20/17	Retainer Services - 03/17		2,100.00
05/19/17	Retainer Services - 04/17		3,600.00
05/19/17	Non-Retainer Services - 04/17		2,161.25
06/19/17	Retainer Services - 05/17		3,600.00

4. **Heritage Rx**

05/01/17	Services rendered - 03/17	$	7,309.65
05/22/17	Services rendered - 04/17		800.00
06/21/17	Services rendered - 05/17		400.00

5. **Investment Performance Services**

06/01/17	For services rendered - 2Q17	$	10,000.00

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

04/18/17	For Professional Services rendered - 02/17	$	14,229.50

7. **Secova**

05/02/16	Contract Fee	$	16,500.00

8. **Segal Marco Advisors**

05/11/17	Proxy Voting Service rendered for the period 01/17 – 03/17	$	187.50

9. **Segal Consulting**

03/27/17	For Actuarial and Consulting Services rendered 03/17 – 05/17	$	16,750.00
06/06/17	For Actuarial and Consulting Services rendered 06/17 – 08/17		16,750.00

10. **Segal Select**

05/11/17	Renewal of Fiduciary Insurance through Chubb for the period 05/29/17 – 05/29/18	$	56,277.00

11. **Segall, Bryant, Hamill**

04/20/17	Investment Management Fee - B2F9853 - for services rendered 01/01/17 – 03/31/17	$	9,409.98
04/20/17	Investment Management Fee - B2F985T - for services rendered 01/01/17 – 03/31/17		15.50

12. **Slevin & Hart P.C.**

04/24/17	Professional Services rendered - 03/17	$	23,407.09
05/17/17	Professional Services rendered - 04/17		24,337.31

FELRA & UFCW
HEALTH AND WELFARE FUND – RETIREE PLAN
INVOICES

July 12, 2017

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

04/24/17	Professional Services rendered – 03/17	$	1,976.50
05/18/17	Professional Services rendered – 04/17		1,487.00

2. **Woodward Insurance Agency, LLC**

04/01/17	Ongoing Customer Service and significant market changes for January, February and March 2017	$	13,284.00

OTHER FUND BUSINESS

Linda Gatewood

From: Bruce Stief (BCS) <BStief@bcs-benefits.com>
Sent: Monday, May 22, 2017 12:31 PM
To: Colleen Murphy
Cc: Linda Gatewood; Bill Jensen
Subject: FW: 8/1 vision renewal - FELRA & UFCW Health and Welfare Fund, 09082000
Attachments: 09082000_AdvVision_NGL_RenewalLetter_8-1-17.pdf; 09082002_AdvVision_NGL_GroupApp_8-1-17.pdf; 09082001_AdvVision_NGL_GroupApp_8-1-17.pdf; 09082002_AdvVision_NGL_BenefitSummary_8-1-17.pdf; 09082001_AdvVision_NGL_BenefitSummary_8-1-17.pdf; Group_Data_Form - Revised 2017.pdf

Hi Colleen,

Advantica has provided FELRA with a two year rate extension for the vision plans. There will be no price increases through July 31, 2019.

They have asked if you can update the attached Group Applications and Data Forms so that they can generate certificates of coverage for the plans.

Would you please complete the forms and return them to me at your convenience. Please let me know you have any questions.

Thanks,
Bruce

BCS BENEFIT COMMUNICATION SERVICES

Bruce Stief
Vice President
7771 W. Oakland Park Blvd
Suite 217
Sunrise, FL 33351
Direct-954-377-0581
Fax -954-267-0401
Mobile- 954-607-2709

From: Wendy Johnston [mailto:wjohnston@advanticabenefits.com]
Sent: Friday, May 19, 2017 4:13 PM
To: Bruce Stief (BCS) <BStief@bcs-benefits.com>
Cc: Jeana Levin <jlevin@advanticabenefits.com>
Subject: 8/1 vision renewal - FELRA & UFCW Health and Welfare Fund, 09082000

Hey Bruce, hope this email finds you well!

Attached is the renewal for FELRA & UFCW Health and Welfare Fund's 8/1 vision renewal. We're pleased to present a rate hold, guaranteed for 24 months.

If you could get the group app and data form completed and returned so we can generate a certificate of coverage, that'd be awesome.

.ave a great weekend!

Wendy Stewart Johnston
Client Service Associate | Advantica | 380 Park Place Blvd., Suite 150 | Clearwater, FL 33759
Dir: 727.674.7027| Fax: 727.712.2200 | wjohnston@advanticabenefits.com | www.advanticabenefits.com

Connect with us:
LinkedIn | Facebook | Twitter

ADVANTICA

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May 19, 2017

Bruce Stief
Benefit Communications Services
7771 W Oakland Park Blvd, Suite 217
Sunrise, FL 33351

Dear Bruce:

The vision benefits for FELRA & UFCW Health and Welfare Fund administered by Advantica are due for renewal on August 1, 2017. Thank you for the opportunity to serve you and this employer group. We are pleased to offer the following proposed contract renewal.

Group ID: 09082001
Renewal Period: August 1, 2017 - July 31, 2019

	Current Rates	Renewal Rates
Employee	$6.95	$6.95
Employee + Family	$6.95	$6.95

Group ID: 09082002
Renewal Period: August 1, 2017 - July 31, 2019

	Current Rates	Renewal Rates
Employee	$4.95	$4.95
Employee + Family	$4.95	$4.95

Please confirm your intent to continue with Advantica by having an authorized representative complete and return the attached group application and data form. The forms have been pre-populated for your convenience. Please have the group validate the information provided, make any corrections, complete any missing information, sign the forms and return them to my attention prior to the renewal effective date.

If you have any questions or if you would like to explore other options that could lower your rates or add more value to your client's benefits, please contact me.

Sincerely,
Jeana Levin
Account Manager

ADVANTICA
Toll Free: 866.354.2020
www.advanticabenefits.com

380 Park Place Boulevard, Ste. 150
Clearwater, FL 33759
Office: 443-574-1126
Fax: 727-712-2200
Email: jlevin@advanticabenefits.com

Vision Benefits Summary

ADVANTICA
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SELECT PLUS 100 PLAN

FELRA & UFCW Health and Welfare Fund
Group ID: 09082002

Effective Date: August 1, 2017

COVERAGE	IN-NETWORK	OUT-OF-NETWORK[1]
EXAMS	$0 copay	$0 copay
Comprehensive Eye Examination *(with dilation)*	Covered in full after copay	Not Covered
Contact Lens Fit & Follow-up	Not Covered	Not Covered
MATERIALS	$0 copay	$0 copay
Eyeglasses[1] *(in lieu of contact lenses)*		
Standard Plastic CR-39 Lenses ▪ Single ▪ Bi-focal ▪ Tri-focal ▪ Lenticular	Covered in full after copay	Not Covered
Standard Frames	$100 retail allowance	Not Covered
Contact Lenses[2] *(in lieu of eyeglass lenses and frames)*		
Elective Contact Lenses	Not Covered	Not Covered
Medically Necessary Contact Lenses[3]	$250 retail allowance	Not Covered
LENS UPGRADES	Available when you use your eyeglass lens benefit	
Polycarbonate Lenses *(members age 19 and under)*	Covered in full (copay does not apply)	Not Covered
Standard Progressive Lenses	Additional $50 copay	Not Covered
Photochromic Lenses	Additional $60 copay	Not Covered

1. A single materials copay applies to standard lenses and frames when purchased together.
2. Only available for conditions of Aphakia, Keratoconus, or severe Anisometropia; preauthorization is required.

BENEFIT FREQUENCY

Eye Exam	Every 24 months
Eyeglass Lenses	Every 24 months
Eyeglass Frames	Every 24 months
Contact Lenses	Every 24 months

ADVANTICA *VALUE* DISCOUNTS

Discounts are available at select participating discount provider locations. Look for the star on our online provider search.

The Advantica *Value* Discounts program is not part of your insured benefit.

Polycarbonate Lenses (members over age 19): $30

Laser Vision Correction: Preferred Pricing through QualSight®

REFER TO YOUR CERTIFICATE OF COVERAGE FOR FULL COVERAGE DETAILS, LIMITATIONS AND EXCLUSIONS. Insurance coverage is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life. Policy Form Series NVIGRPCT 11-13 MD

Vision Benefits Summary

IMPORTANT TO REMEMBER!

Here are some tips to help you get the most out of your Advantica vision benefits:

- Copays apply to all benefits except where noted.
- Where the benefit includes an allowance, you are responsible for charges over that allowance in addition to the applicable copay.
- When you visit an in-network provider, you are responsible for your exam copay at the time of your visit, and your materials copay at the time of your purchase.
- Exam and material frequencies will restart at the beginning of each benefit year. Your benefit year runs from your group's effective date.

CONVENIENT ACCESS TO VISION CARE

To find these and other participating vision care providers, visit us online at www.advanticabenefits.com and click on "Provider Search," or call customer service at (866) 425-2323.

Visionworks® JCPenney Optical® Sears Optical® Pearle Vision®

For Eyes Optical® America's Best® Eyeglass World®

ADVANTICA MEMBER SUPPORT

If you have questions about your benefits or need support, we're here to help.

- **Visit us online at www.advanticabenefits.com.** Access member forms, find a provider, request an ID card, review benefits, check claim status, and more. Go to the members page and click "Member Login."
- **Call (866) 425-2323.** Advantica customer service representatives are available Monday through Friday from 8:00 a.m. until 6:00 p.m. Eastern Time. Beyond regular hours of operation, our automated telephone system is available for support.
- **Email CustomerService@advanticabenefits.com.** Please provide a detailed explanation of your request with your full name, date of birth and subscriber ID number. A member of our team will respond within one business day.

ADVANTICA
See. Smile. Live.

AV-1055-4030

National Guardian Life Insurance Company
Two East Gilman Street, PO Box 1191
Madison WI 53701-1191
Vision
Group Application Instructions

Thank you for choosing National Guardian Vision. Please answer all the questions in the instruction sheet and Group Application below and return completed group applications, enrollment forms, and premium check to:

Advantica Administrative Services, Inc.
12399 Gravois Road, 2nd Floor; St. Louis, MO 63127
Toll Free: 866-354-2020

We prefer member ID numbers to be: ☐ social security numbers ☐ randomly selected numbers

IMPORTANT NOTE:
Unless agreed otherwise, membership cards, welcome letters and coverage summaries are printed and provided in a single package following group approval. The certificate of coverage, group policy, administration manuals and other information will be provided on a customized, group-specific CD-ROM to enable the Employer to distribute as needed via email or printouts to all enrolled employees.

For groups with 50 or more enrolled employees, National Guardian waives the monthly administration fee due to the Employer accepting the CD-ROM and distribution of the certificates of coverage.

Thank you, we look forward to surpassing your expectations.

NATIONAL GUARDIAN LIFE INSURANCE COMPANY
GROUP VISION APPLICATION
Advantica Administrative Services, Inc.
12399 Gravois Road, 2nd Floor; St. Louis, MO 63127
Toll Free: 866-354-2020

Group No. 09082002 SIC No.______________

Legal Name of Group Felra & UFCW Health and Welfare Fund Phone ______________

Physical Address 3290 Pine Orchard Lane Fax ______________

City\State\Zip Ellicot City, MD 21042 **EMAIL ADDRESS** ______________

Billing Address (if different) ______________ Phone ______________

City\State\Zip ______________ Fax ______________

Contact for Administration & Eligibility ______________ **Contact for Billing** ______________

Employees: ______ # Eligible ______ # of Employees with Dependents ______

Group Effective Date: 08/01/17 Initial Term: 24 months

Policyholder Contribution: (for voluntary coverage please enter $0)

Vision: $_______ per month _______ % of premium Payroll Frequency:________

Monthly premium rates:

☑ 2 tier: Employee $4.95 Employee + Family $4.95
☐ 3 tier: Employee _______ Employee + One _______ Employee + Family _______
☐ 4 tier: Employee _______ Employee + Spouse _______ Employee + Child(ren) _______ Employee + Family _______

Eligibility data will be submitted using:
☐ National Guardian enrollment forms
☑ Email or electronic media (Employer must keep signed enrollment forms on file for future reference.)

Plan Selection: We elect to offer the following coverages to our Employees:
☑ Vision Insurance:
☑ Policy Year ☐ Calendar Year
☑ SP100 ☐ SP125 ☐ SP150 ☐ Other_________
Frequency ☐ 12/12/12 ☐ 12/12/24 ☐ 12/24/24 ☑ 24/24/24 ☐ Other_________
Co-Pay: Exam $0 Materials $0

Eligibility:

Permanent, full-time employees working ___________ hours per week are eligible for coverage (Standard: 30 hours).
Employee will be eligible for coverage: ☐ date of hire ☐ following ______ days actively at work
☐ first of the month following ______ days actively at work
An eligible dependent must be less than ________ yrs. old or less than ________ yrs. old if a full-time student.
Part-time employees are eligible for coverage? ☐ Yes ☐ No If yes, part-time employees working ______ hours per week are eligible.
Retirees are eligible for coverage? ☐ Yes ☐ No If yes, retirees ages ____ to ____ are eligible after _______ years of service
Domestic Partner coverage? ☐ Yes ☐ No

Participation: Depending on group size and coverage elected, specific participation requirements may apply. Participation must be met before the insurance can be effective and must be maintained continuously while insurance is in force to prevent cancellation of coverage.

I understand and agree that audits will be made by National Guardian Life Insurance Company now and in the future to verify the number and names of full-time employees of this group. I will furnish with application, and upon any future request, a current census and State Quarterly Unemployment Tax Report, and any other information requested.

See reverse side

Please send Membership Materials and Enrollment Materials to (CHECK ONE):

☐ Group Attn: ______________________ Phone: ______________

☑ Broker or Agent ______________________ Phone: ______________

Under ERISA (Employee Retirement Income Security Act of 1974), it is required that there be a named fiduciary for each employee benefit plan. It is understood that the undersigned Employer is the named fiduciary for each employee benefit plan. I understand and agree if, on the effective date, an employee is not in permanent full-time active work or unable to perform usual and customary duties, coverage will not be effective until the employee returns to an active eligible status. I hereby certify that the information provided herein is true and complete to the best of my knowledge and that I have read and understand this form.

The information contained herein describes the essential provisions of the elected coverage(s) discussed between the above client and an authorized National Guardian Life Insurance Co. representative. By signing this form, both parties agree that these are the essential provisions the client is purchasing. The details of this form may be changed by either party with mutual agreement.

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FORM IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed: ______________________ ______________

Name Title Date

National Guardian Representative ______________________ ______________

Date

Agent (if applicable)	Tax I.D. Number
Firm Name (if applicable) Bruce Stief	National Guardian Life Insurance Company appointment on file ☐ Yes ☐ No
Address	National Guardian Life Insurance Company application attached ☐ Yes ☐ No
City/State/Zip	Phone Fax Email Address

TO BE COMPLETED BY NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Group Set Up Information Client Manager: Jeana Levin Sales Rep: Tim Olsen	Client Management Approval Signature ______________ Date ______________
Notes:	% Commission Broker TPA (if applicable)

NVI/NDN GRP APP 06/12 MD 2010-12

See reverse side

Vision Benefits Summary

ADVANTICA
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SELECT PLUS 100 PLAN

FELRA & UFCW Health and Welfare Fund (BUYUP)
Group ID: 09082001

Effective Date: August 1, 2017

COVERAGE	IN-NETWORK	OUT-OF-NETWORK[1]
EXAMS	$0 copay	$0 copay
Comprehensive Eye Examination *(with dilation)*	Covered in full after copay	Not Covered
Contact Lens Fit & Follow-up	Not Covered	Not Covered
MATERIALS	$0 copay	$0 copay
Eyeglasses[1] *(in lieu of contact lenses)*		
Standard Plastic CR-39 Lenses ▪ Single ▪ Bi-focal ▪ Tri-focal ▪ Lenticular	Covered in full after copay	Not Covered
Standard Frames	$100 retail allowance	Not Covered
Contact Lenses[2] *(in lieu of eyeglass lenses and frames)*		
Elective Contact Lenses	Not Covered	Not Covered
Medically Necessary Contact Lenses[3]	$250 retail allowance	Not Covered
LENS UPGRADES	Available when you use your eyeglass lens benefit	
Polycarbonate Lenses *(members age 19 and under)*	Covered in full (copay does not apply)	Not Covered
Standard Progressive Lenses	Additional $50 copay	Not Covered
Photochromic Lenses	Additional $60 copay	Not Covered

1. A single materials copay applies to standard lenses and frames when purchased together.
2. Only available for conditions of Aphakia, Keratoconus, or severe Anisometropia; preauthorization is required.

BENEFIT FREQUENCY

Eye Exam	Every 12 months
Eyeglass Lenses	Every 12 months
Eyeglass Frames	Every 12 months
Contact Lenses	Every 12 months

ADVANTICA *VALUE* DISCOUNTS

Discounts are available at select participating discount provider locations. Look for the star on our online provider search.

The Advantica *Value* Discounts program is not part of your insured benefit.

Polycarbonate Lenses (members over age 19): $30

Laser Vision Correction: Preferred Pricing through QualSight®

REFER TO YOUR CERTIFICATE OF COVERAGE FOR FULL COVERAGE DETAILS, LIMITATIONS AND EXCLUSIONS. Insurance coverage is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life. Policy Form Series NVIGRPCT 11-13 MD

Vision Benefits Summary

IMPORTANT TO REMEMBER!

Here are some tips to help you get the most out of your Advantica vision benefits:

- Copays apply to all benefits except where noted.
- Where the benefit includes an allowance, you are responsible for charges over that allowance in addition to the applicable copay.
- When you visit an in-network provider, you are responsible for your exam copay at the time of your visit, and your materials copay at the time of your purchase.
- Exam and material frequencies will restart at the beginning of each benefit year. Your benefit year runs from your group's effective date.

CONVENIENT ACCESS TO VISION CARE

To find these and other participating vision care providers, visit us online at www.advanticabenefits.com and click on "Provider Search," or call customer service at (866) 425-2323.

Visionworks® **JCPenney Optical®** **Sears Optical®** **Pearle Vision®**

For Eyes Optical® **America's Best®** **Eyeglass World®**

ADVANTICA MEMBER SUPPORT

If you have questions about your benefits or need support, we're here to help.

- **Visit us online at www.advanticabenefits.com.** Access member forms, find a provider, request an ID card, review benefits, check claim status, and more. Go to the members page and click "Member Login."
- **Call (866) 425-2323.** Advantica customer service representatives are available Monday through Friday from 8:00 a.m. until 6:00 p.m. Eastern Time. Beyond regular hours of operation, our automated telephone system is available for support.
- **Email CustomerService@advanticabenefits.com.** Please provide a detailed explanation of your request with your full name, date of birth and subscriber ID number. A member of our team will respond within one business day.

ADVANTICA
See. Smile. Live.

AV-1055-4030

National Guardian Life Insurance Company
Two East Gilman Street, PO Box 1191
Madison WI 53701-1191
Vision
<u>Group Application Instructions</u>

Thank you for choosing National Guardian Vision. Please answer all the questions in the instruction sheet and Group Application below and return completed group applications, enrollment forms, and premium check to

Advantica Administrative Services, Inc.
12399 Gravois Road, 2nd Floor; St. Louis, MO 63127
Toll Free: 866-354-2020

We prefer member ID numbers to be: ☐ social security numbers ☐ randomly selected numbers

IMPORTANT NOTE:
Unless agreed otherwise, membership cards, welcome letters and coverage summaries are printed and provided in a single package following group approval. The certificate of coverage, group policy, administration manuals and other information will be provided on a customized, group-specific CD-ROM to enable the Employer to distribute as needed via email or printouts to all enrolled employees.

For groups with 50 or more enrolled employees, National Guardian waives the monthly administration fee due to the Employer accepting the CD-ROM and distribution of the certificates of coverage.

Thank you, we look forward to surpassing your expectations.

NATIONAL GUARDIAN LIFE INSURANCE COMPANY
GROUP VISION APPLICATION
Advantica Administrative Services, Inc.
12399 Gravois Road, 2nd Floor; St. Louis, MO 63127
Toll Free: 866-354-2020

Group No. 09082001 SIC No.________

Legal Name of Group Felra & UFCW Health and Welfare Fund (BUYUP) Phone ________

Physical Address 3290 Pine Orchard Lane Fax ________

City\State\Zip Ellicot City, MD 21042 **EMAIL ADDRESS** ________

Billing Address (if different) ________ Phone ________

City\State\Zip ________ Fax ________

Contact for Administration & Eligibility ________ **Contact for Billing** ________

Employees: ____ # Eligible ____ # of Employees with Dependents ____

Group Effective Date: 08/01/17 Initial Term: 24 months

Policyholder Contribution: (for voluntary coverage please enter $0)

Vision: $____ per month ____ % of premium Payroll Frequency:____

Monthly premium rates:

☑ 2 tier: Employee $6.95 Employee + Family $6.95
☐ 3 tier: Employee ____ Employee + One ____ Employee + Family ____
☐ 4 tier: Employee ____ Employee + Spouse ____ Employee + Child(ren) ____ Employee + Family ____

Eligibility data will be submitted using:
☐ National Guardian enrollment forms
☑ Email or electronic media (Employer must keep signed enrollment forms on file for future reference.)

Plan Selection: We elect to offer the following coverages to our Employees:
☑ Vision Insurance:
☑ Policy Year ☐ Calendar Year
☑ SP100 ☐ SP125 ☐ SP150 ☐ Other____
Frequency: ☑ 12/12/12 ☐ 12/12/24 ☐ 12/24/24 ☐ 24/24/24 ☐ Other____
Co-Pay: Exam $0 Materials $0

Eligibility:

Permanent, full-time employees working ____ hours per week are eligible for coverage (Standard: 30 hours).
Employee will be eligible for coverage: ☐ date of hire ☐ following ____ days actively at work
☐ first of the month following ____ days actively at work
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Signed: ______________________ ______________________ ______________

Name Title Date

National Guardian Representative ______________________ ______________

Date

Agent (if applicable)	Tax I.D. Number
Firm Name (if applicable) Bruce Stief	National Guardian Life Insurance Company appointment on file ☐ Yes ☐ No
Address	National Guardian Life Insurance Company application attached ☐ Yes ☐ No
City/State/Zip	Phone Fax Email Address

TO BE COMPLETED BY NATIONAL GUARDIAN LIFE INSURANCE COMPANY	
Group Set Up Information Client Manager: Jeana Levin Sales Rep: Tim Olsen	Client Management Approval Signature ______________ Date ______________
Notes:	% Commission Broker TPA (if applicable)

See reverse side

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Advantica Administrative Services, Inc.

Group Data Form
GROUP ID __________

Legal Name of Group:____

Tax ID #: __________________________

Applies to: ☐ Vision Coverage ☐ Dental Coverage ☐ Both

Employee Coverage Terminates (choose one):
☐ Coverage ends on the last day of the month of employment.
☐ Coverage ends on the day employment terminates.

Dependent children are covered until (choose one):
☐ The date they reach the limiting age.
☐ The end of the month in which they reach the limiting age.
☐ The end of the calendar year in which they reach the limiting age.

Prior coverage: ☐ Yes ☐ No If yes, name of carrier: __________________

GROUP SPONSOR: I VERIFY THAT THE PRECEDING INFORMATION IS CORRECT.

____ ______________________
Signature and Title Date

Linda Gatewood

From: Bill Jensen
Sent: Monday, May 22, 2017 6:33 PM
Poffenbaugh, Terry
.: Linda DuVall; Colleen Murphy; Linda Gatewood; Josh Timm
Subject: Re: FELRA & UFCW VEBA Fund - Managed Behavioral Health: Rates for 2018

Thanks Terry. The next regular meeting for the fund is mid July, and we will bring your request to that meeting.

Bill

On May 22, 2017, at 12:55 PM, Poffenbaugh, Terry <Terry.Poffenbaugh@beaconhealthoptions.com> wrote:

Bill,

Beacon recently completed our internal review of the rates of reimbursement for the FELRA & UFCW VEBA Fund and I am writing to convey our proposition to serve the Fund and its participants under the current rates throughout calendar year 2018. These rates are listed in the attachment.

Beacon Health Options looks forward to the opportunity and privilege to continue our partnership with the Fund in 2018. Please let me know of any questions or need for additional information that there may be as you and your colleagues review this proposal.

Best regards,

Terry Poffenbaugh

Sr. Account Executive

Beacon Health Options

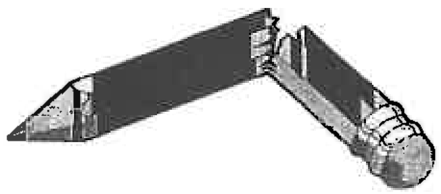
Office: 248-697-0512, Mobile: 734-660-9674, Fax: 877-398-5864

Terry.Poffenbaugh@beaconhealthoptions.com

Beacon Health Options
Proposed Rates for the
FELRA & UFCW VEBA Fund
For Calendar Year 2018

Product	Claims Funding	Proposed Rate for 2018
FELRA MHSA	**ASO**	**$2.59 PEPM**
FELRA EAP	**Fully Insured**	**$0.67 PEPM**

Proposed on May 22, 2017



MEETING NOTES