UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

Financial Statements

For the Years Ended December 31, 2017 and 2016

With Independent Auditors' Report

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AUDIT TAX ADVISORY

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund
For the Years Ended December 31, 2017 and 2016

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
United Food and Commercial Workers Unions
and Participating Employers Health and Welfare Fund

Report on the Financial Statements

We have audited the accompanying financial statements of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2017 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund as of December 31, 2017, and the changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter – December 31, 2016 Financial Statements

The financial statements of United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund for the year ended December 31, 2016 were audited by Bond Beebe, PC, who joined WithumSmith+Brown, PC effective September 1, 2017, and they expressed an unmodified opinion on the statements in their report dated October 16, 2017. No auditing procedures have been performed with respect to the December 31, 2016 financial statements since that date.

WithumSmith+Brown, PC

Bethesda, MD
October 15, 2018

	2017	2016
ASSETS		
Cash and cash equivalents	$ 5,000,029	$ 3,262,745
Investments - at fair value		
U.S. government and agency securities	606,932	500,739
Corporate bonds	1,202,915	1,247,630
Total investments	1,809,847	1,748,369
Receivables		
Employers' contributions	2,254,549	2,937,508
Prescription rebates	317,461	186,715
Accrued interest	17,854	15,057
Other	1,724	493,797
Total receivables	2,591,588	3,633,077
Prepaid expenses	16,609	19,033
TOTAL ASSETS	9,418,073	8,663,224
LIABILITIES		
Accounts payable and accrued expenses	213,335	489,521
Employer deposits	130,307	-
TOTAL LIABILITIES	343,642	489,521
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,074,431	$ 8,173,703

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2017 and 2016

	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Contributions		
Employers	$ 47,583,086	$ 48,092,638
Participants	532,678	833,916
Total contributions	48,115,764	48,926,554
Investment income		
Net appreciation (depreciation) in fair value of investments	(3,900)	30,510
Interest and dividends	86,819	90,744
Investment expenses	(5,899)	(9,023)
Net investment income	77,020	112,231
Other income	22,500	22,500
TOTAL ADDITIONS	48,215,284	49,061,285
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits	42,998,180	44,508,241
Claims administration fees	2,517,579	2,589,021
Administrative expenses		
Contract administrator fees	685,928	723,403
Affordable Care Act fees	20,148	246,964
Legal fees	796,873	369,698
Conference and meeting expenses	11,955	24,048
Audit fees	47,150	47,700
Actuary fees	9,700	22,150
Postage, printing and supplies	70,704	81,325
Bonding and insurance	32,889	31,347
Telephone	1,574	1,922
Consulting fees	94,810	114,723
Miscellaneous	27,066	17,349
Total administrative expenses	1,798,797	1,680,629
TOTAL DEDUCTIONS	47,314,556	48,777,891
NET INCREASE	900,728	283,394
NET ASSETS AVAILABLE FOR BENEFITS		
AT THE BEGINNING OF THE YEAR	8,173,703	7,890,309
AT THE END OF THE YEAR	$ 9,074,431	$ 8,173,703

The Notes to the Financial Statements are an integral part of these financial statements.

1. PLAN DESCRIPTION

General
The United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (the Plan) is a multiemployer health benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective September 1, 2012, the Board of Trustees of the Plan approved separation of the health and welfare plan for active participants and the health and welfare plan for retirees by establishment of two separate programs under the Trust. The active program is called the UFCW Unions and Participating Employers Active Health and Welfare Plan and the retiree program is called the UFCW Unions and Participating Employers Retiree Health and Welfare Plan. The assets, liabilities, income and expenses of these two programs are separately accounted for and all activity of these two programs have been combined in the Plan's financial statements.

Benefits
The Plan covers employees working in jobs covered by the collective bargaining agreements between certain employers and United Food and Commercial Workers Local Unions 400 and 27, and employees of participating employers for which contributions are required to be made to the Plan. The Plan provides benefits such as medical, hospitalization, surgical, mental health/substance abuse, life and accidental death and dismemberment insurance, accident and sickness, prescription drug, dental and optical benefits. Benefit levels vary, and are determined by the amount of the contributions as agreed to in the collective bargaining agreements and participation agreements. Under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), participants and their dependents may continue their eligibility for benefits under the Plan for a certain period after the occurrence of a qualifying event.

Eligible retirees may elect health and welfare coverage, including prescription drug coverage, subject to Plan rules and co-payments, if applicable.

Participants should refer to the Summary Plan Description for more complete information.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See the note on fair value measurements for valuation methodologies in detail. Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held during the year.

Claims Payable and Claims Incurred but Not Reported
Claims payable to or for participants, beneficiaries and dependents represent actual and estimated amounts paid or payable after year end for all reported claims for benefits occurring during the respective accounting periods, days lost due to disabilities that began during those periods, and other miscellaneous benefits related to services performed in those respective periods. The Plan's obligation for claims incurred by participants but not reported at year end are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan.

Postretirement Benefit Obligations
The postretirement benefit obligation as of December 31, 2017 and 2016 represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2017 and 2016, reduced by the actuarial present value of contributions expected to be received in the future from or on behalf of current plan participants. Postretirement benefits include future benefits for (1) currently eligible retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit is the portion of the expected postretirement benefit that is attributed to that employee's service in the industry rendered to the valuation date. However, as stated under the terms of the Plan, the Trustees and/or collective bargaining parties reserve the right to amend, modify, or terminate the Plan and the benefits provided thereunder, in whole or in part, at any time.

The actuarial present value of the expected benefit obligations is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Affordable Care Act Fees - Transitional Reinsurance
Section 1341 of the Affordable Care Act established a transitional reinsurance program to stabilize premiums in the individual market inside and outside of the marketplaces. Required contributions to the program were based on a calendar year at $27 per covered life for 2016. The program ended as of December 31, 2016. Accounting standards require that this contribution be accrued as a liability at the beginning of the calendar year along with an offsetting deferred charge. The deferred charge is recognized as expense ratably through the year as coverage occurs. At December 31, 2016, $225,396 was accrued and included in accounts payable and accrued expenses on the statements of net assets available for benefits.

Benefits
Benefits are recognized when paid.

Employers' Contributions Receivable
The Plan reports as employers' contributions receivable contributions due which relate to work periods on or before December 31, but not received by year end. Estimates may be used if remittance reports are not received timely. No allowance for uncollectible accounts has been established, as it is believed that all receivables are collectible.

Contributions from Participants

Participant contributions represent premium copayments received from current retirees. All retirees are required to pay for Medicare Part B when they become eligible for that benefit.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2017 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 15, 2018, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. BENEFIT OBLIGATION

The Plan reports its benefit obligations in conformity with accounting principles generally accepted in the United States of America. Information regarding amounts currently payable to or for participants, beneficiaries, and dependents for service providers and insurance premiums as of December 31, 2017 and 2016 are determined by the Plan's management. Information regarding amounts incurred but not reported and the present value of the Plan's benefit obligations as of December 31, 2017 and 2016, is determined by the Plan's actuaries. Information regarding the present value of the Plan's benefit obligations as of December 31, 2017 and 2016, is shown below:

	2017	2016
Amounts currently payable to or for participants, beneficiaries, and dependents		
Claims payable and claims incurred but not reported	$ 3,412,275	$ 4,200,382
Group insurance and service providers payable	114,295	132,160
	3,526,570	4,332,542
Benefit obligations		
Current retirees	48,700,000	54,900,000
Other participants fully eligible for benefits	24,000,000	33,900,000
Participants not fully eligible for benefits	26,900,000	39,200,000
	99,600,000	128,000,000
Total benefit obligations	$ 103,126,570	$ 132,332,542

Information regarding the changes in benefit obligations for the years ended December 31, 2017 and 2016 is shown below:

	2017	2016
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	$ 4,332,542	$ 5,424,419
Increase (decrease) during year attributable to		
Changes in claims payable and claims incurred but not reported	(788,107)	(1,081,480)
Changes in group insurance and service providers payable	(17,865)	(10,397)
Balance at end of year	3,526,570	4,332,542
Postretirement benefit obligations		
Balance at beginning of year	128,000,000	123,400,000
Increase (decrease) during year attributable to:		
Net benefits paid	(2,900,000)	(2,500,000)
Changes in actuarial assumptions	1,100,000	-
Passage of time	4,500,000	4,300,000
Benefits earned	1,600,000	2,800,000
Plan amendments	(28,400,000)	-
Other changes	(4,300,000)	-
Balance at end of year	99,600,000	128,000,000
Total plan benefit obligations	$ 103,126,570	$ 132,332,542

Some of the more significant actuarial assumptions used to calculate the benefit obligations at December 31, 2017 and 2016 are as follows:

- Discount Rate - 3.5% for 2017 and 2016.
- Health cost trend for Medical - For 2017, an initial trend rate of 2.75% for 2019 followed by 5.37% for 2020 grading to 3.50% for 2034 and later. For 2016, 5.75% for the initial year grading to 3.50% for 2032 and later.
- Health cost trend for Drug - For 2017, an initial trend rate of 4.50% for 2019 followed by 8.63% for 2020 grading to 3.50% for 2034 and later. For 2016, 10% for the initial year grading to 3.50% for 2032 and later.
- Rates of mortality for healthy inactive participants - For 2017 and 2016, based on the RP 2000 healthy annuitant mortality table projected 2 years to 12/31/15 with Scale AA and projected on a generational basis thereafter.
- Rates of mortality for active participants - For 2017, based on the RP 2000 healthy annuitant mortality table projected 2 years to 12/31/15 with Scale AA and projected on a generational basis thereafter. For 2016, based on the RP-2000 combined healthy mortality table for males and females.
- Rates of mortality for disabled participants - For 2017 and 2016, based on the RP-2000 disabled annuitant mortality table for ages prior to 65 and the same mortality as healthy inactives for ages 65 and older.
- Rates of retirement: For 2017 and 2016, 5% for ages 55-59, 10% for ages 60-64, 50% for ages 65-66, and 100% for ages 67 and older.

- Plan amendments – Retirees from one former contributing employer are no longer eligible for coverage under the Plan, as discussed in note 10.

The benefit obligations are reported net of the present value of estimated contributions expected to be paid by retirees of $3,000,000 and $37,600,000 as of December 31, 2017 and 2016, respectively.

The medical trend rate has a significant effect on the amounts reported. If the assumed rates increased by one-percentage point in each year, that would increase (decrease) the benefit obligations as of December 31, 2017 and 2016 by $17,400,000 and $25,500,000, respectively.

The Plan made prescription drug benefit payments of $6,470,060 and $5,652,361 during the years ended December 31, 2017 and 2016, respectively. The Plan received $140,701 and $113,628 of Medicare subsidy during the years ended December 31, 2017 and 2016, respectively. Medicare subsidies are netted with benefits that are shown on the statements of changes in net assets available for benefits.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1
Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2
Inputs to the valuation methodology include 1) quoted prices for similar assets or liability in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or the liability.

Level 3
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodology used at December 31, 2017 and 2016.

- Certain U.S government and agency securities are valued based on quoted market prices.
- Certain U.S. government and agency securities and corporate bonds are valued using quoted prices of similar assets, corroborated market data, indices and/or yield curves.
- Cash equivalents are valued at cost, which approximates fair value.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2017, there were no transfers in or out of levels 1, 2 or 3.

As of December 31, 2017 and 2016, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2017			
	Level 1	Level 2	Level 3	Total Fair Value
US government and agency securtiies	$ 147,618	459,314	$ -	$ 606,932
Corporate bonds	-	1,202,915	-	1,202,915
Cash equivalents	-	4,823,712	-	4,823,712
Total assets in fair value hierarchy	$ 147,618	$ 6,485,941	$ -	$ 6,633,559

	2016			
	Level 1	Level 2	Level 3	Total Fair Value
US government and agency securtiies	$ 147,620	$ 353,119	$ -	$ 500,739
Corporate bonds	-	1,247,630	-	1,247,630
Cash equivalents	-	3,237,562	-	3,237,562
Total assets in fair value hierarchy	$ 147,620	$ 4,838,311	$ -	$ 4,985,931

5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

6. TAX STATUS

The Internal Revenue Service (IRS) has recognized the trust that holds the assets of the Plan as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (the Code), as described at Section 501(c)(9), as stated in its latest determination letter in 1994. The IRS stated the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. However, the Plan's Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2017 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

7. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants.

8. CONTRIBUTIONS FROM MAJOR EMPLOYERS

Three employers accounted for approximately 99% and 98% of total contributions for the years ended December 31, 2017 and 2016, respectively. Two employers with common ownership represented 55% and 52%, respectively, of total contributions for those years.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's net assets available for benefits per the 2017 and 2016 financial statements to Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	$ 9,074,431	$ 8,173,703
Amounts currently payable to or for participants, beneficiaries, and dependents at end of year	(3,526,570)	(4,332,542)
Net assets per Form 5500	$ 5,547,861	$ 3,841,161

The following is a reconciliation of benefits paid per the financial statements to Form 5500 for the year ended December 31, 2017:

Benefits paid per the financial statements	$ 42,998,180
Amounts currently payable to or for participants, beneficiaries, and dependents at end of year	3,526,570
Amounts currently payable to or for participants, beneficiaries, and dependents at beginning of year	(4,332,542)
Benefits paid per Form 5500	$ 42,192,208

Benefits paid recorded on the Form 5500 include benefit claims that have been processed and approved for payment prior to December 31, 2017 but not yet paid as of that date, and claims incurred but not reported at the end of the Plan year.

10. BENEFIT REIMBURSEMENT ARRANGEMENT

The Plan had one employer that negotiated a collective bargaining agreement establishing a 100% benefit reimbursement arrangement, whereby the employer pays all the health benefit costs of its employees, plus an administrative fee. The benefits paid and reimbursements received for 2017 and 2016 are as follows:

	2017	2016
Benefits paid	$ 20,850,107	$ 21,367,528
Reimbursements received	20,980,414	21,109,658
Net amounts due from (to) employer	$ (130,307)	$ 257,870

Benefits paid and reimbursements received or accrued are recorded as benefits and employer contributions, respectively, on the statements of changes in net assets available for benefits. The net amounts advanced by, or due from, the employer are recorded as employer deposits or other receivables on the statements of net assets available for benefits for 2017 and 2016, respectively.

As a result of collective bargaining between the employer and one of the participating unions: (a) retiree health coverage under the Fund for the former employees of the employer, and their dependents, terminated on June 30, 2017; and (b) active health coverage under the Fund for the employees of the employer, and their dependents, terminated on December 31, 2017 or January 31, 2018, depending on the collective bargaining agreements covering these employees. For the years ended December 31, 2017 and 2016, this employer accounted for approximately 44% and 46%, respectively, of total contributions under the benefit reimbursement arrangement.

SUPPLEMENTARY INFORMATION

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INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Trustees
United Food and Commercial Workers Unions
and Participating Employers Health and Welfare Fund

We have audited the financial statements of United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund as of and for the year ended December 31, 2017, and our report thereon dated October 15, 2018 which expressed an unmodified opinion on those financial statements, appears on pages 1 - 2. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of contributions and benefits for the year ended December 31, 2017 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The accompanying schedules of contributions and benefits for the year ended December 31, 2016 were subjected to the auditing procedures applied in the audit of the financial statements for the year ended December 31, 2016 by Bond Beebe, PC, who joined WithumSmith+Brown, PC effective September 1, 2017, and their report on such information, dated October 16, 2017, stated that it was fairly stated in all material respects in relation to the 2016 financial statements as a whole. No auditing procedures have been performed with respect to the 2016 financial statements since that date.

WithumSmith+Brown, PC

Bethesda, MD
October 15, 2018

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	2017	2016
EMPLOYER CONTRIBUTIONS		
Associated Administrators, LLC	$ 40,836	$ 49,148
Delmarva United Food and Commercial Workers	-	2,977
Kel-Co Federal Credit Union	115,091	109,567
Kroger Food Stores	20,980,414	22,267,515
Metro	6,055,397	5,858,521
Perkins Management Services	30,884	17,500
Retail Brand Alliance	-	2,432
Safeway	59,549	68,197
Shoppers Food Warehouse	20,299,200	19,715,193
United Food and Commercial Workers Local 400	1,715	1,588
	47,583,086	48,092,638
INDIVIDUAL PARTICIPANT CONTRIBUTIONS	532,678	833,916
	$ 48,115,764	$ 48,926,554

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund
Schedules of Benefits
For the Years Ended December 31, 2017 and 2016

	2017	2016
MEDICAL BENEFITS PAID DIRECTLY BY THE PLAN		
Health claims	$ 25,906,912	$ 27,247,896
Accident and sickness	1,371,442	1,473,593
	27,278,354	28,721,489
BENEFITS AND ADMINISTRATIVE FEES PAID TO SERVICE PROVIDERS		
Pharmaceutical		
Informed RX	5,430,423	5,098,812
Optical		
Fidelity	217,792	238,650
Fidelity - Richmond Tidewater	43,170	44,323
Mental Health and Substance Abuse Benefits		
Value Options	422,041	519,184
Other Medical		
Anthem Health Insurance - Kroger	6,285,559	6,305,307
	12,398,985	12,206,276
INSURANCE PREMIUMS		
Dental		
Group Dental Services, Inc.	1,704,267	1,981,522
Health Maintenance Organizations		
Aetna U.S. Healthcare - Richmond Tidewater	345,727	337,572
Kaiser Permanente	1,024,081	1,012,630
Life, AD&D insurance		
Metlife	246,766	248,752
	3,320,841	3,580,476
TOTAL BENEFITS	$ 42,998,180	$ 44,508,241

See Independent Auditors' Report on Supplementary Information.