



For Your Benefit

Bakers Union & FELRA Health and Welfare Fund

December 2013 Vol. 9 No. 2

Important Notice – Changes To Your Health Plan Benefits Effective January 1, 2014. Changes To Plan 1 And Plan 2 Full Time Coverage



The following Summary of Material Modification applies to all eligible Full-Time Participants (Plans 1 and 2):



The Trustees of the Bakers Union and FELRA Health & Welfare Fund (the “Fund”) announce the following changes to your health plan **effective January 1, 2014**. We are committed to keeping you informed and making you aware of benefit changes to the Fund, most of which are a result of the passage of the Patient Protection and Affordable Care Act (the “Affordable Care Act”).

I. Annual Maximums Eliminated

The Plan 1 \$1,000,000 annual maximum and the Plan 2 \$100,000 annual maximum are eliminated. There will be no annual maximum for medical and prescription drug benefits provided by the Fund.

- You will need to complete an enrollment form to enroll in medical and prescription drug coverage through Plans 1 or 2, and authorize your employer to make a weekly payroll deduction. Please see page 3 of this newsletter.

II. Dependent Eligibility Expanded

The Fund will no longer exclude eligible children under age 26 who have access to their own employment-based health coverage from dependent health coverage

provided through Plans 1 or 2. If your eligible child has been excluded from Fund health coverage for this reason, contact the Bakers Union and FELRA Health and Welfare Fund at (866)-662-2537 for instructions on how to enroll your child for coverage effective January 1, 2014.

- NOTE: You must enroll your newly-eligible children by December 15, 2013 for coverage to begin on January 1, 2014.**

- As a reminder, the following children under age 26 are eligible for coverage under the Fund: your biological or legally-adopted child (including a child legally placed for adoption); a stepchild; a child for whom you have been appointed legal guardian (provided the child is claimed by you as a dependent on your federal income tax return); and a child for whom you have been designated as the responsible party under a Qualified Medical Child Support Order (QMCSO).

III. Preventive Care Benefits Improved

The Fund will cover preventive care visits without cost to you for



This Issue—

Changes To Your Health Plan Benefits Effective January 1, 2014. Changes To Plan 1 And Plan 2 Full Time Coverage..... 1

Authorization for Payroll Deduction.....3

Call CIGNA Shared Administration When Lab Work Is Needed..... 4

Minute Clinics Can Help With Minor Health Concerns 5

WHCRA Notice.....5

Revised Notice of Privacy Practices..... 6

Do You Need Medical Treatment? 10

Call CareAllies Before Going To The Hospital..... 10

Summary Annual Report..... 11

The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

in-network services. Full-Time Participants and their Eligible Dependents will be eligible for certain types of free screenings and tests. Covered preventive services will include services with an “A” or “B” recommendation from the U.S. Preventive Services Task Force (USPSTF), vaccines recommended by the Centers for Disease Control and Prevention (CDC), and services outlined in the Bright Futures guidelines developed by the American Academy of Pediatrics.

- Examples of preventive services that will be provided free of charge include screening for colorectal cancer (including polyp removal during a preventive colonoscopy), cervical cancer, osteoporosis, cholesterol abnormalities, high blood pressure, diabetes, sexually transmitted diseases, depression, obesity and tobacco use.
- In addition, aspirin will be covered, but *only* when prescribed by a physician. Other pediatric services will also be provided for children (e.g., well-child care until age 21) and newborns.

IV. Additional Preventive Services for Women

The Bakers Union and FELRA Health and Welfare Fund will also provide coverage for certain Preventive Services for women as required by the Affordable Care Act (ACA). Coverage will be provided on an in-network basis only, with no cost-sharing (for example, no deductibles, coinsurance, or copayments), for the services recommended in the Health Resources and Services Administration (HRSA) guidelines, including the American Academy of Pediatrics *Bright Futures* guidelines and HRSA guidelines relating to services for women.

For example, covered Preventive Services for women include, but are not limited to, well-woman visits, contraceptive methods and counseling for all FDA-approved methods (including, but not limited to, barrier methods, hormonal methods, implanted devices, and sterilization), human papillomavirus (HPV) testing, counseling for sexually transmitted infections, screening and counseling for HIV, screening and counseling for interpersonal and domestic violence, screening for gestational diabetes, and breast-feeding support, supplies and counseling (including equipment rental and/or purchase). In addition, the Fund will cover screenings for women whose family history are associated with an increased risk of mutations in the BRCA 1 and BRCA 2 genes, to include both genetic counseling and BRCA testing, if recommended by a health care provider.

A copy of the full scope of the Fund's Preventive Services coverage for adults and children is available by calling the Bakers Union and FELRA Health and Welfare Fund at (866)-662-2537.

V. Out-of-Network Emergency Services Covered Same as In-Network

In general, the Fund does not provide out-of-network coverage. However, in case of medical emergencies outside of the CIGNA PPO network area, charges for use of the emergency room will be paid the same as would be paid if a CIGNA PPO network emergency room were used.

VI. New Claims and Appeals Procedures

The Bakers Union and FELRA Health and Welfare Fund (Plans 1 and 2) will comply with the claims and appeals procedures that apply to non-grandfathered health plans under the Affordable Care Act (ACA), including the ACA's requirement that for certain claims, after the Fund's internal appeals processes are exhausted, the participant can ask for an external review by an independent external review organization, known as an Independent Review Organization (IRO). The decision of the IRO will be binding on the Fund. A copy of the Fund's full claims and appeals process is available by calling the Bakers Union and FELRA Health and Welfare Fund at (866)-662-2537.

VII. Participation in Approved Clinical Trials

A. Benefit Description

Charges incurred due to participation in either a Phase I, II, III, or IV Approved Clinical Trial conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease, provided the charges are those that are:

- (a) Ancillary to participation in the Approved Clinical Trial and would otherwise be covered under this Fund if the individual were not participating in the Approved Clinical Trial; and
- (b) Not attributable to any device, item, service, or drug that is being studied as part of the Approved Clinical Trial or is directly supplied, provided, or dispensed by the provider of the Approved Clinical Trial.

You and your eligible dependents are eligible for payment of charges for participation in an Approved Clinical Trial if:

- (a) You satisfy the protocol prescribed by the Approved Clinical Trial provider; and
- (b) Either: (1) The individual's network participating provider determines that participation in the Approved Clinical Trial would be medically appropriate; or (2) the individual provides the Fund with medical and scientific information establishing that participation in the Approved Clinical Trial would be medically appropriate.



**Important Notice – Change To Your Health Plan Benefits
Effective January 1, 2014
Changes To Plan 1 and Plan 2 Coverage**

The Trustees of the Bakers Union and FELRA Health & Welfare Fund (“the Fund”) announce the following changes to your health plan. Effective January 1, 2014, Full-Time employees will be required to contribute \$42.54 per month in order to continue to receive the current level of benefits under the Bakers Union and FELRA Health and Welfare Fund.

If you wish to continue to receive benefits under the Fund please complete the Authorization for Payroll Deduction form below to authorize payroll deductions and return it to the Fund office by December 31, 2013.



BAKERS UNION AND FELRA HEALTH AND WELFARE FUND

**AUTHORIZATION FOR PAYROLL DEDUCTION
FOR FUND COVERAGE - FULL TIME PARTICIPANTS**

Date: _____

Employee’s Name: _____ Social Security Number: _____

I understand that as an employee covered by a collective bargaining agreement with Local 118 or Local 68, I can continue to receive benefits for myself and dependents (if applicable) by authorizing payroll deductions. I understand that the Administrative Manager must receive my authorization by **December 31, 2013**. I authorize my employer to deduct the co-payment amount selected below from my earnings.

Health and Welfare Coverage - \$42.54 per month.

I do not choose coverage at this time and do not authorize payroll deductions.

Signature _____ Date _____

Complete and return this form by December 31, 2013 to:
Bakers Union and FELRA Health and Welfare Fund
Eligibility Department
911 Ridgebrook Road
Sparks, MD 21152-9451

Please keep a copy of this form for your records.

continued from page 2

- An Approved Clinical Trial means a Phase I, II, III, or IV clinical trial conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease. The Approved Clinical Trial's study or investigation must be (a) approved or funded by one or more of: (1) the National Institutes of Health (NIH), (2) the Centers for Disease Control and Prevention (CDC), (3) the Agency for Health Care Research and Quality (AHCRO), (4) the Centers for Medicare and Medicaid Services (CMS), (5) a cooperative group or center of the NIH, CDC, AHCRO, CMS, the Department of Defense (DOD), or the Department of Veterans Affairs (VA); (6) a qualified non-governmental research entity identified by NIH guidelines for grants; or (7) the VA, DOD, or Department of Energy (DOE) if the study has been reviewed and approved through a system of peer review that the Secretary of HHS determines is comparable to the system used by NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review; (b) a study or trial conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or (c) a drug trial that is exempt from investigational new drug application requirements.

B. Limitations and Exclusions

No benefits will be paid for:

- Expenses incurred due to participation in an Approved Clinical Trial that are: (1) investigational items, devices, services, or drugs being studied as part of the Approved Clinical Trial; (2) items, devices, services, and drugs that are provided solely for data collection and analysis purposes and not for direct clinical management of the patient; or (3) items, devices, services, or drugs inconsistent with widely accepted and established standards of care for a patient's particular diagnosis.
- Expenses at an out-of-network provider if a network provider will accept the patient in an Approved Clinical Trial.

This notice is intended to serve as a Summary of Material Modifications for the Bakers Union and FELRA Health and Welfare Fund, as required by the Employee Retirement Income Security Act of 1974 (ERISA). It describes changes to information presented in your Summary Plan Description (SPD) booklet, Plan communications, and any previous SMMs. Please keep it with your SPD and other benefits materials for future reference.

If you have any questions regarding this notice, please contact the Bakers Union and FELRA Health and Welfare Fund at (866)-662-2537.



Call CIGNA Shared Administration When Lab Work Is Needed

Your Plan of benefits requires that you **must** use a laboratory in the CIGNA shared administration network.

Your Responsibility

It is your responsibility to check before you make your appointment for lab services that the laboratory you are going to is in the CIGNA shared administration network.

You can do this by:

1. Calling CIGNA at 800-768-4695, or
2. Logging online to the CIGNA provider directory at www.cignasharedadministration.com. Select "Provider Directory" shown on the horizontal bar located at the top of your screen. Next, choose the "Facility

and Ancillary Directory." After questions #1 and #2, choose "Laboratory Services" under specialty, and click on "Continue Search." You will be directed to a listing of various labs located near the zip code you entered.

Be sure your doctor knows this up front before having laboratory work done. If your doctor, nurse or surgeon performs lab work in the office, explain that your lab work **must** be sent to a lab that is in the CIGNA shared administration network in order for the claim to be covered.

Remember, labs can be in the CIGNA network one month and not be in the network the next month. So it is very important for you to confirm your lab's status prior to any testing.

Minute Clinics Can Help With Minor Health Concerns

As a CIGNA HealthCare member, you have the opportunity to receive treatment for common ailments and injuries by going to a MinuteClinic health care center. CIGNA HealthCare provides convenience care clinics throughout the country where you can receive high quality, affordable health care services. In our Mid-Atlantic area, these centers are called MinuteClinics and are conveniently located in select retail grocery stores and drug stores, as well as certain corporate office buildings and college campuses.

To Find A Participating MinuteClinic Near You:

- Log on to www.cignasharedadministration.com
- Select "Medical PPO Provider Directory" and then the category called "CIGNA Facility and Ancillary Directory"
- Enter a zip code of the area you wish to go to and click on "Continue Search." Scroll down the screen and select "Specialty." After you click on "Convenient Care Centers," you will be able to view all the various MinuteClinics in your area.

Advantages

- No waiting for an appointment. When you need care, you walk in, and appointments usually take about 15 minutes.
- Open seven days a week, including evening hours.
- Receive high-quality medical care in a facility overseen by doctors and staffed by certified nurse practitioners and physician assistants.
- The Fund covers the cost for eligible services and treats MinuteCare visits the same as primary care physician office visits, with appropriate co-payments and deductibles being applied.

REMINDER: If you are given a prescription, do not get it filled at a MinuteClinic since it is NOT in the pharmacy network. To receive coverage for your prescription, you must use a pharmacy that is in-network (Giant/Super G, Safeway, Acme, Pathmark, ShopRite or Rite Aid pharmacy).

WHCRA Allows Reconstructive Surgery Following Mastectomy

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.



**Bakers Union and FELRA
Health and Welfare Fund**

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

4301 Garden City Drive, Suite 201
Landover, MD 20785-6102
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

**Revised Notice of Privacy Practices
Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Date of Notice: November 2013

HIPAA Privacy Officer

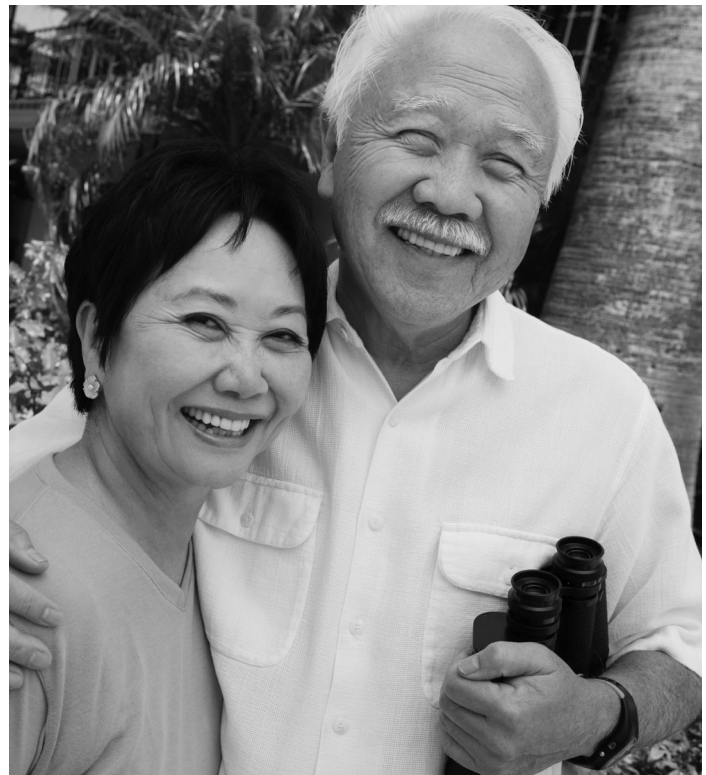
Bakers Union and FELRA Health and Welfare Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451

Do You Need Medical Treatment? Be Sure To Use A Doctor/Hospital In The CIGNA Shared Administration Network

Before you make an appointment to see a doctor (whether a general practitioner, OB/GYN, pediatrician, etc.), and before scheduling any non-emergency hospital procedure (inpatient or outpatient), **you must be sure the doctor and/or hospital is a CIGNA Shared Administration provider.** If you don't use a CIGNA provider, services will not be covered and you will have to pay the bill. It doesn't matter if you make your appointment months or a couple of days ahead, you still need to check again on the day of the visit to be sure he/she is still in the CIGNA Shared Administration network.

Locating Providers

To locate the most current providers in the CIGNA network, log on to its website www.cignasharedadministration.com. The names of providers are updated regularly. You can also call CIGNA at (800) 768-4695.



Call CareAllies Before Going To The Hospital

CareAllies is a health management company which helps the Fund ensure that you receive quality and cost-effective healthcare through its medical care programs. CareAllies provides a broad portfolio of services such as pre-certification, complex case management, specialty case management, 24-Hour Nurse Line programs, and web tools to help improve your health and well-being.

For ALL hospital admissions, you (or your family member/caregiver or provider) **must** call CareAllies for authorization in order for the Fund to pay benefits. **If you fail to call CareAllies, you may be responsible for paying up to \$1,000 or 20% of the cost**

(whichever is less), in addition to any other deductibles or co-payments.

How do I obtain precertification/authorization for my hospital admission?

- Before your admission, call CareAllies at (800-768-4695) to pre-certify all planned (non-emergency) or elective hospital stays. For an emergency admission, call CareAllies within 48 hours of the admission.
- If CareAllies determines that your admission is medically necessary, you will receive an authorization letter from CareAllies which includes the number of days

approved. Be sure to take a copy of the authorization letter with you when you go to the hospital to be admitted.

- If your medical condition requires an extension of your hospital stay, CareAllies will need to be contacted by your physician or a facility staff member. Therefore, when you become aware of the need to extend your stay, inform your physician that CareAllies will need to be contacted. You (or a family member/caregiver) should also contact CareAllies to confirm authorization for your continued stay.

Bakers Union and FELRA Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
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4301 Garden City Drive, Suite 201
Landover, MD 20785-6102
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
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SUMMARY ANNUAL REPORT FOR BAKERS UNION AND FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION HEALTH AND WELFARE PLAN

This is a summary of the annual report for the BAKERS UNION AND FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION HEALTH AND WELFARE PLAN, (Employer Identification No. 26-0000485, Plan No. 501) for the period January 1, 2012 to December 31, 2012. The Annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the employee retirement income security act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has contracts with Group Dental Service of Maryland, Inc., Vision Service Plan, and ReliaStar Life Insurance Company to pay Dental, Vision, Accidental Death and Dismemberment, Individual Excess Risk, and Life Insurance claims incurred under the terms of the Plan. The total premiums paid for the Plan year beginning January 1, 2012 and ended December 31, 2012 were \$668,728.

Because the contract with Group Dental Service of Maryland, Inc., is a so called "experience-rated" contract, the dental premium cost is affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the Plan year ended December 31, 2012, the premiums paid under such "experience rated" contracts were \$457,359.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the plan, was \$1,138,117 as of December 31, 2012 compared to \$1,146,030 as of January 1, 2012. During the Plan, year the Plan experienced a decrease in its net assets of \$7,913. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the Plan had total income of \$4,793,711. This income included employer contributions of \$4,712,353, employee contributions of \$29,762, earnings from investments of \$12,980, and other income of \$38,616. Plan expenses were \$4,422,370. These expenses included \$379,254 in administrative expenses and \$4,422,370 in benefits paid to Participants and Beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the Plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

Board of Trustees

c/o Bakers Union and FELRA Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
1-866-662-2537

The charge to cover copying costs will be \$7.50 for the full report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan: Board of Trustees, Bakers Union and FELRA Health and Welfare Fund, 911 Ridgebrook Road, Sparks, MD 21152 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

BOARD OF TRUSTEES