



## **SUMMARY ANNUAL REPORT FOR ALBERTSON'S COMPANIES, INC. HEALTH AND WELFARE PLAN**

This is a summary of the annual report of the Albertson's Companies, Inc. Health And Welfare Plan, (Employer Identification Number 82-0184434, Plan Number 501), for the plan year June 1, 2021 through December 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Albertson's LLC has committed itself to pay certain medical, prescription drug and dental claims incurred under the terms of the plan.

### **Insurance Information**

The plan has insurance contracts with Aetna Life Insurance Co., Continental American Insurance Company, Kaiser Foundation Health Plan Inc, Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of the Northwest, Vision Service Plan, Kaiser Foundation Health Plan of Washington, HMSA, Kaiser Foundation Health Plan of Hawaii and Hartford Life and Accident to pay certain dental, health, HMO contract, vision, PPO contract, prescription drug, life insurance, long-term disability and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2021 were \$25,768,665.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by insurance carriers are included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, Albertson's LLC at P.O. BOX 6890 250 E. Parkcenter Blvd, Boise, ID 83726 and phone number, 208-395-6200. The charge to cover copying costs will be \$21.75 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: P.O. BOX 6890 250 E. Parkcenter Blvd, Boise, ID 83726, 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: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email **DOL\_PRA\_PUBLIC@dol.gov** and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)