

SUMMARY ANNUAL REPORT FOR SAFEWAY, INC. WELFARE BENEFITS PLAN FOR EMPLOYEES

This is a summary of the annual report of the Safeway, Inc. Welfare Benefits Plan for Employees (Employer Identification Number 94-3019135, Plan Number 501), for the plan year June 1, 2019 through May 31, 2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Safeway Inc. 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 Continental American Insurance Company, HMSA, Kaiser Foundation Health Plan Inc, Kaiser Foundation Health Plan of Hawaii, Lincoln Life Assurance Company of Boston, Standard Insurance Company, Vision Service Plan, Kaiser Foundation Health Plan of Colorado and Kaiser Foundation Health Plan of the Northwest to pay certain health, PPO contract, prescription drug, HMO contract, temporary disability, long-term disability, life insurance and vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending May 31, 2020 were \$28,928,612.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending May 31, 2020, the premiums paid under such "experience-rated" contracts were \$8,150,872 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$8,840,244.

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, Safeway, Inc. at 250 E. Parkcenter Blvd, Boise, ID 83726 and phone number, 208-395-4864. The charge to cover copying costs will be \$13.75 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 06/30/2022)