NAME: **SS#:**
REGARDING:

Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund

EMPLOYER:	Adams Burch	**LOCAL:**	730
PLAN:	E	**STATUS:**	Full Time

ISSUE: Medical – Laboratory Services #M22/127-4802

FUND RULE:
"**IMPORTANT NOTICE:**

CHANGES TO COVERED OUTPATIENT LABORATORY SERVICES

EFFECTIVE JANUARY 1, 2022

Due to the continuing increase in health care costs, the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund ('Fund') will only cover outpatient laboratory services when performed by Quest Diagnostics® ('Quest') and/or Laboratory Corporation of America Holdings® ('LabCorp') effective January 1, 2022. If you receive outpatient laboratory services with a lab other than Quest or LabCorp after January 1, 2022, the services will not be covered under the Fund and you will be responsible for 100% of the cost."
(Quoted from the letter mailed to the participant on November 15, 2021)

SUMMARY:

Date(s) of Service:	July 6, 2022
Claim(s) Received:	July 21, 2022
Claim(s) Denied:	July 27, 2022
Appeal Received:	December 27, 2022

The **participant's spouse** is appealing for payment of a claim for laboratory services rendered on July 6, 2022 that was denied. The participant's spouse states that she has "a PPO Plan with a triple option, so the services should be covered," and that she does not want to be responsible for this bill.

Effective January 1, 2022, the Fund will only cover outpatient laboratory services when performed by a Quest Diagnostics and/or LabCorp facility. Fund records indicate that a letter was mailed to the participant on November 15, 2021, advising of this change.

Georgetown Pain Management subsequently submitted a claim for an outpatient urine drug screening rendered on July 6, 2022. The claim was denied because the testing was not rendered by a Quest Diagnostics or LabCorp facility.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

DEC 2 7 2022

AA, LLC

Warehouse Employees Union Local No. 730

911 Ridgebrook Road

Sparks, Maryland 21152

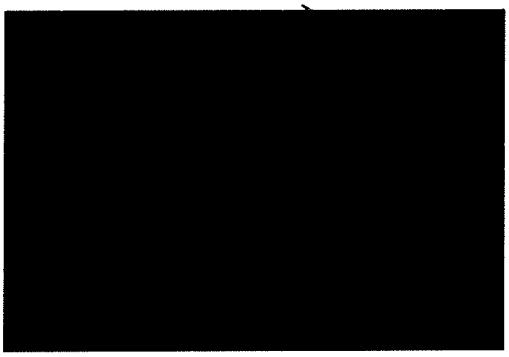
ATTN: Board of Trustees

I am formally requesting an appeal for the denied payment on my medical claim date of service 07-06-2022. I have a PPO Plan with a triple option, so the services should be covered. Please pay my provider. I do not want to be responsible for this bill.

Georgetown Pain Management for the services:

Urine Test: CPT 80307 $75.00

CPT G0482 $750.00



P514401400D

Associated Administrators, LLC.
911 Ridgebrook Road
Sparks, MD 21152-9451

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

202208043306

Return Service Requested

ALL FOR AADC 207
591 0.3820 AB 0.488

[redacted]

WAREHOUSE EMPLOYEES H&W
If you have any questions, please call (800) 730-2241

ENV 591 1 OF 1 F

Statement Date: 08/03/22

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
[redacted]											
Provider: PAIN MANAGEMENT GEORGETOWN											
07/06/22-07/06/22	80307	75.00	75.00	A1	0.00	0.00		0	0.00	0.00	75.00
07/06/22-07/06/22	G0482	750.00	750.00	A1	0.00	0.00		0	0.00	0.00	750.00
	TOTALS	825.00	825.00		0.00	0.00			0.00	0.00	825.00

Total Plan Pays:	0.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	0.00

[redacted]

Payment To	Amount	Check Number
[redacted]		
GEORGETOWN PAIN MANAGEMENT	0.00	NC

Claim #	Code	Description
[redacted]	A1	EFFECTIVE 1/1/2022, PLAN REQUIRES THAT LABORATORY SERVICES MUST BEOBTAINED AT QUEST DIAGNOSTIC PATIENT SERVICE CENTERS OR LABCORPFACILITIES PER SMM DATED 11/2021.

P514401400D

[redacted]

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

ENV 591 1 OF 1 B

WAREHOUSE EMPLOYEES H&W

If you have any questions, please call (800) 730-2241

Statement Date: 08/03/22

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
[redacted]											

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Messages** section on the front of this Explanation of Benefits or "EOB"), you have the right to appeal this decision within 180 days of your receipt of the EOB. You may submit written comments, documents and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address and telephone number. The Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD or mail your appeal to "**Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator**". You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Si usted necesita ayuda en español para entender este documento, puede solicitarla gratis llamando al número de servicio al cliente que aparece en su tarjeta de indentificación o en el resúmen descriptivo del plan.

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	[redacted]								

Deductible Plan Pays