NAME: **SS#:**
REGARDING:

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

EMPLOYER:	Giant Food Warehouse	**LOCAL:**	730
PLAN:	E	**STATUS:**	Full Time

ISSUE: Medical – Laboratory Services #M26/101-0379

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)

"**OUTPATIENT DIAGNOSTIC LABORATORY X-RAY**

Benefits are provided for outpatient laboratory services if the benefits are performed at a Quest Diagnostics or LabCorp facility. The Fund will not pay benefits for services performed at any other facility. Benefits are paid under major medical, applying to the deductible and out-of-pocket maximum."
(Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, December 2022, Page 46)

SUMMARY:

Date(s) of Service:	November 26, 2025
Claim(s) Received:	January 29, 2026
Claim(s) Denied:	February 4, 2026
Appeal Received:	March 25, 2026

The **participant** is appealing the denial of a claim for laboratory services provided to his dependent son during a visit to his in-network pediatrician. The participant states that he took his son to the pediatrician's office for a vaccine and during the visit, they discovered that he had a fever and proceeded to conduct COVID-19 and strep tests. The participant further states that he was unaware that the tests would not be covered and had he been aware, he would have opted for urgent care or LabCorp instead. The participant states that the office did not inform him that he would incur a charge for these tests.

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.

Children's Pediatricians & Associates submitted a claim for an office visit and outpatient laboratory services rendered on November 26, 2025. The charges for the office visit were paid, up to the limits of the Plan. The charges for the laboratory services were denied because the services were not rendered by a Quest Diagnostics or LabCorp facility or subsidiary.

Note: If approved, the Fund would pay a total of $115.06 and the participant's responsibility would be $28.77. The total is for both labs.

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

Sunday, March 22, 2026

On November 26, 2025, I brought my son to the pediatrician's office for a vaccine. During the visit, they discovered that he had a fever and proceeded to conduct a COVID-19 test and a strep throat test.

I was unaware that the services provided would not be covered by my insurance plan. Had I been aware of this, I would have opted for urgent care or LabCorp instead. The office did not inform me that these services would incur a charge to me. I had assumed that all necessary medical procedures would be covered by my insurance.

Therefore, I kindly request that the discharge order be reconsidered. Thank you for your attention to this matter.

RECEIVED
MAR 25 2026
AA,LLC

Children's National

12211 PLUM ORCHARD DR | SILVER SPRING MD 209047903

PATIENT STATEMENT

For billing questions, please call: 301-754-3060
Office Hours: 8:00am - 4:00pm

Pay Online: www.childrensnational.org/CNPAbill

Statement Number	Due Date	Amount Due	Amc
3001729242	03/26/2026	$413.68	$

Addressee

Page 1 of 1

Please make checks payable and remit t

Children's National
Pediatricians & Associates
PO BOX 748469
Atlanta GA 30374-8469

5376439430017292420000000207599600000041368202603050

Please detach and return top portion with paym

Statement Number	Account Name	Statement Date	Due Date
3001729242		03/05/2026	03/26/2026

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service (11/26/25) *Encounter #: 3004912688 Provider: DEMMEKE, TSEGA MD*			
11/26/2025	IADNA SARSCOV2 and INF A andB and RSV MULT AMP PROBE TQ	$313.00		
11/26/2025	OFFICE O/P EST MOD 30 MIN	$205.00		
11/26/2025	STREP A AMPLIF NA PROBE (MO0067)	$78.00		
02/17/2026	Third Party Payment		-$125.71	
02/17/2026	Contractual Allowance Adjustment		-$56.61	
	Patient Balance			$413.!

MESSAGES

Thank you for allowing us to serve as your Pediatric Medical Home. Please pay the balance on this statement within 21 days to ensure your account remains in good standing. Our records indicate that your insurance company has either paid or denied their portion of the bill and the balance is now showing as your responsibility.

Pay Online: www.childrensnational.org/CNPAbillpay

Total Charges: $596.00
Insurance Payments/Adjustments: .....-$182.32
Patient Payments/Adjustments: $0.00

Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks MD 21152

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

Forwarding Service Requested

**********ALL FOR AADC 207
PB-COL-37-ENV 30141 77
[redacted]

Warehouse Employee H&W Trust

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

Statement Date: 02/04/26

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: DLHX33			Patient: [redacted]					Patient Acct. #: [redacted]			
Provider: PEDIATRICIANS ASSO CHILDRENS			Employee: [redacted]					Employee #: [redacted]			
11/26-11/26/2025	OFFICE CALL	205.00	56.61	A1 A2 A3	35.00	0.00	B	100	35.00	0.00	22.68
					0.00	0.00		80	90.71	0.00	
11/26-11/26/2025	DIAG. LAB&X-RAY	313.00	313.00	A1 A2	0.00	0.00		0	0.00	0.00	313.00
11/26-11/26/2025	DIAG. LAB&X-RAY	78.00	78.00	A1 A2	0.00	0.00	M	0	0.00	0.00	78.00
	TOTALS	596.00	447.61		148.39	0.00			125.71	0.00	413.68

Total Plan Benefit	148.39
Total Plan Pays	125.71
Less COB Adjustment:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	425.71

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: [redacted]			Patient: [redacted]					Patient Acct. #: [redacted]			
Provider: [redacted]			Employee: [redacted]					Employee #: [redacted]			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	TOTALS	[redacted]	[redacted]		[redacted]	[redacted]			[redacted]	[redacted]	[redacted]

Total Plan Benefit	[redacted]
Total Plan Pays	[redacted]
Less COB Adjustment:	[redacted]
Less Provider Payment Adjustment:	[redacted]
Total Benefits Paid:	[redacted]

Claim	Line	Code	Description
DLHX33	001	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.
DLHX33	001	A2	2.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.
DLHX33	001	A3	$56.61 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
DLHX33	002	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
DLHX33	002	A2	EFFECTIVE 1/1/2022, PLAN REQUIRES THAT LABORATORY SERVICES MUST BEOBTAINED AT QUEST DIAGNOSTIC PATIENT SERVICE CENTERS OR LABCORPFACILITIES PER SMM DATED 11/2021.
DLHX33	003	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
DLHX33	003	A2	EFFECTIVE 1/1/2022, PLAN REQUIRES THAT LABORATORY SERVICES MUST BEOBTAINED AT QUEST DIAGNOSTIC PATIENT SERVICE CENTERS OR LABCORPFACILITIES PER SMM DATED 11/2021.
DLHX33	00C	B1	YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $173.72.
[redacted]	[redacted]	[redacted]	[redacted]

Claim	Line	Code	Description
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

	Amount Charged	Not Covered	Amount Allowed	Deductible	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	1,073.00	624.61	448.39	0.00	425.71	0.00	413.68

Appeal Rights

If your claim has been wholly or partially denied (as shown in the Description 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 this 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).

Spanish (Español): Para obtener asistencia en Español, llame al 800-730-2241.

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

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (800) 730-2241
www.associated-admin.com

IMPORTANT NOTICE:

CHANGES TO COVERED OUTPATIENT LABORATORY SERVICES

EFFECTIVE JANUARY 1, 2022

Dear Plan Participant and Dependents:

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The cost of lab services can vary based on where you receive them. When you use Quest or LabCorp, you are provided with quality services with greater savings.

In order to assist you in locating a Quest or LabCorp laboratory near you, enclosed you will find Quest and LabCorp locations by zip code.

You can also log into www.myCigna.com or use the myCigna mobile app to locate a Quest or LabCorp office near you.

Should you have any questions, please contact the Fund Office at (800) 730 – 2241.

Sincerely,

Board of Trustees