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

Agenda

September 8, 2023
(At approximately 11:00 AM)

I. Call to Order

II. Minutes, Regular Meeting –June 9, 2023

III. Financial Report – Investment Performance Services

IV. Co- Counsel Report

V. Administrative Manager Report

VI. Invoices

VII. Participant Appeal

VIII. Other Fund Business

IX. Next Meeting Date and Location

X. Adjournment

Warehouse Employees Union Local No. 730
Health and 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 20785-6102
Telephone: (800) 730-2241
www.associated-admin.com

DRAFT

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND JUNE 9, 2023 VIA ZOOM

The following Trustees were present:

UNION TRUSTEES
W. Davis – Secretary
R. Brooks
F. Myers

EMPLOYER TRUSTEES
J. Paradis – Chairman
M. Kamara
F. Stegman
M. Goble – Alternate

Also present were:

A. Cochran – Associated Administrators, LLC
C. Davis – Cigna
R. Grant – Associated Administrators, LLC
G. Hayes – Cigna
G. Kreidler – Cigna
J. Kimble – Morgan, Lewis & Bockius, LLP
B. Saindon – Mooney, Green, Saindon, Murphy & Welch, P.C.
R. Sichel – Investment Performance Services, LLC
J. Wuthrich – Cigna

I. CALL TO ORDER

A quorum being present, the meeting was called to order.

II. MINUTES

The Trustees reviewed the minutes of the last regular meeting held March 3, 2023.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED that the minutes of the last regular meeting held on March 3, 2023 are approved as presented.

III. FINANCIAL REPORT

A. Custodian Bank – PNC Bank, NA

Ms. Cochran discussed the PNC Summary of Activity report and said that PNC would like to revise the report to list only the investments that are held in PNC accounts. She said the current PNC report also lists assets held by individual managers and this information is provided by IPS to PNC. Ms. Cochran noted that IPS provides a report that also provides all investment activity. The Trustees approved the proposed revision to the PNC report.

B. Investment Performance Services, LLC ("IPS")

The Trustees welcomed Mr. Rich Sichel of IPS to the meeting.

Mr. Sichel distributed his report titled, "Master Consulting Services Report – March 31, 2023." Mr. Sichel reviewed the financial markets generally. Mr. Sichel reported that the Fund's total market value of assets as of March 31, 2023 was $20,480,465, and its year-to-date return is 1.6%, compared to the 2.0% return for the index.

C. Quarterly Performance Report

Mr. Sichel reported that as of March 31, 2023 the Fund held 34.8% in Investment Grade Fixed Income, 39.6% in Short Duration High Yield, 7.5% in Real Estate – Core, 3.3% in Real Estate – Value Add, and 14.8% in cash equivalents. He noted Wedge Capital held 7,133,058, Chartwell Investment held $8,105,180, ARA Core Property Fund L.P. held $1,526,964, Boyd Watterson held $678,015, and there was $3,037,248 in the cash account.

D. Asset Allocation

Mr. Sichel noted that the cash allocation is within the targeted policy range. However, since the allocation is on the high end of the range and because there are no immediate needs for extra cash, he recommended the Trustees reallocate money from the cash account as follows: 1) $700,000 from the cash account to Chartwell Investment (Short Duration High Yield) and 2) $600,000 from the cash account to Wedge Capital Management (Investment Grade Fixed Income).

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to follow IPS' recommendation to rebalance the assets by allocating funds as follows: 1) $700,000 from the cash account to Chartwell Investment, 2) $600,000 from the cash account to Wedge Capital Management.**

The Trustees thanked Mr. Sichel for his report and he was excused from the meeting.

E. Investment Consulting Agreement Memorandum

The Trustees reviewed a memorandum from IPS wherein IPS proposed a renewal of its contract for a three-year period with an increase in its annual fee to $30,000 effective October 1, 2023.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to renew IPS' contract to provide Master Consulting services for an additional three years for an annual fee of $30,000 effective October 1, 2023.**

IV. COUNSEL REPORT

Ms. Beth Saindon of Mooney, Green, Saindon, Murphy & Welch, P.C. introduced herself to the Trustees. She said that she looks forward to working with the Trustees and the Plan Professionals.

A. Subrogation Report

Ms. Saindon reviewed the status of subrogation matters as of June 9, 2023. She stated that there are no cases requiring Trustee action at this time.

B. Consolidated Appropriations Act ("CAA")

1. Gag Clause

Mr. Kimble reported on the gag clause attestation that must be filed by December 31, 2023. He advised that co-counsel would work with Associated to ensure that the attestation is filed timely.

2. Mental Health Parity and Addiction Equity Act ("MHPAEA")

Mr. Kimble reported on the draft MHPAEA report. His office provided comments to Segal and he is awaiting Segal's response.

3. National Emergency and COVID-19 Coverage

Mr. Kimble reported that the national emergency due to COVID-19 expired May 11, 2023. He stated that during the national emergency the Fund was required to cover diagnostic tests and vaccines without cost sharing for both in and out of network providers. He stated that as a non-grandfathered plan, the Fund would have to continue covering COVID-19 vaccines for in-network providers at 100% without cost sharing. Ms. Cochran distributed a report prior to the meeting, which included the medical and prescription COVID-19 test and vaccine utilization data for the 2022 and 2023 Plan years.

The Trustees discussed the report and requested Ms. Cochran verify the difference in cost between vaccines processed under the medical versus the prescription benefit.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to 1) cover COVID-19 testing with all cost-sharing payments applied, (2) cover vaccines in-network only, with no cost share, and 3) cover vaccines out-of-network with all cost-sharing payments applied.**

V. ADMINISTRATIVE MANAGER'S REPORT

Ms. Cochran presented the Administrative Manager's Report for the first quarter 2023. The report showed contributions of $1,457,516, interest and dividend income of $173,910, COBRA payments of $1,804, self-payments of $2,550, and miscellaneous income of $5,363, producing a total income of $1,641,143 for the quarter. Expenses included $498,200 of benefit expenses and $113,440 of operating expenses, producing a total expense of $611,640. This produced a total surplus of $1,029,503 for the quarter

ended March 31, 2023. Ms. Cochran noted that contributions were made on behalf of 339 Plan participants.

VI. INVOICES

Ms. Cochran presented a list of invoices dated June 9, 2023 for the Trustees' review. It was noted that there were no additions, deletions, or changes to the list.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED that the invoices on the list dated June 9, 2023 are approved for payment as presented.

VII. PROVIDER REPORT – CIGNA

The Trustees welcomed Mr. Graham Hayes, Ms. Greta Kreidler, Ms. Caroline Davis, and Ms. Jada Wuthrich from Cigna to the meeting.

A. PPO Savings Report

Mr. Hayes reviewed the CIGNA PPO savings report for the period January 1, 2022 through December 31, 2022 and January 1, 2023 through March 31, 2023. The PPO network savings, meaning the billed amount less the network allowed amount, equaled $267,269 for the period January 1, 2023 through March 31, 2023. This represents an overall PPO savings of 49.4%. Mr. Hayes reviewed the out-of-network savings results for the period January 1, 2023 through March 31, 2023 noting a savings of 76.1%.

B. Pharmacy Report

Ms. Wuthrich reviewed the pharmacy utilization for the period January 1, 2022 through December 31, 2022. She reviewed the key indicator summary, top

therapeutic classes by plan spend, and top drugs by plan spend and by volume. She then discussed the Formulary Changes beginning July 1, 2020 that will continue to reflect Cigna's low net drug cost approach and proven utilization management strategies.

C. Patient Assurance Program

Ms. Wuthrich presented information regarding Cigna's Patient Assurance Program. The program is designed to set a predictable co-pay for eligible prescription drugs. She said there is no fee to enroll in this program.

D. Cigna 90 Now Exclusive

Ms. Wuthrich presented information regarding the Cigna 90 Now Exclusive Program. She said this program offers savings through the use of a narrower network of pharmacies for 90-day refills for maintenance medications and by requiring prescriptions be filled via home delivery or participating retail pharmacies. Ms. Wuthrich advised that this program requires members to use a Walgreens or CVS pharmacy.

E. Member Engagement

Ms. Davis reviewed the member engagement report which included emergency room and urgent care utilization for the 2022 Plan year. She reviewed the lab utilization for Quest Diagnostics and LabCorp for the 2021 and 2022 Plan years. The Trustees discussed the exclusive providers for outpatient laboratory services being limited to LabCorp and Quest Diagnostics and requested additional information related to the 2022 total charges for all other in-network services. Ms. Cochran stated she would report the findings to the Trustees once received.

VIII. OTHER FUND BUSINESS

A. Dental Health Centers and Associates, LLC ("DHC")

The Trustees reviewed the Dental Health Centers and Associates 2022 report. The report indicated the total yearly premium paid for dental coverage was $125,688.40. The dollar value of dentistry performed at the average "usual and customary" fees in 2022 was $162,430.00. Ms. Cochran said the report indicates that for each $1.00 in premiums paid, the members are receiving $1.29 of dental services based on "usual and customary" values.

B. Cyber Liability Policy – INTERIM ACTION

Ms. Cochran reported that between meetings the Trustees voted to renew the Cyber Liability policy for the period May 20, 2023 through May 20, 2024 with Markel, through the broker NFP Property & Casualty Service, Inc. ("NFP"). She said that the annual premium decreased by $720.00.

Ms. Cochran also reported that between meetings the Trustees terminated NFP and retained Segal Select as the new broker. Ms. Cochran requested authority to engage Segal Select as broker on all Fund insurance policies.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to terminate NFP and engage Segal Select as the broker, effective immediately, for all insurance policies.**

C. Fiduciary Liability Policy

Ms. Cochran reported that the Fiduciary Liability policy expires July 26, 2023 and that she will distribute proposals for the Trustees' consideration after she receives them.

D. Fidelity Bond Policy

Ms. Cochran reported the Fiduciary Bond policy expires July 11, 2023 and that she will distribute proposals for the Trustees' consideration after she receives them.

E. Giant Warehouse Payroll Audit

Ms. Cochran reported that the Giant Warehouse payroll audit for the period January 1, 2019 through December 31, 2021 was completed and no discrepancies were found.

F. Giant Recycling Payroll Audit

Ms. Cochran reported that the Giant Recycling payroll audit for the period January 1, 2019 through December 31, 2021 was completed and that it was determined that Giant owed $231.04. She advised that Giant paid the audit deficiency.

G. Autism/Speech Therapy

Ms. Cochran requested clarification from the Trustees regarding the speech therapy benefit for dependent children diagnosed with autism. The Summary of Benefits and Coverage ("SBC") states that preauthorization is required for additional speech therapy visits after a dependent reaches 26 speech therapy visits in a calendar year. She noted that the minutes of the meeting wherein the Trustees added the speech therapy benefit was not clear as to whether pre-authorization is required for visits beyond 26 in a calendar year, or whether the benefit is limited to 26 visits in a calendar year. She said the Fund is pending claims for one dependent who reached 26 visits until the issue is clarified. Ms. Cochran advised that Care Allies reviews all preauthorizations for medical necessity.

After discussion, the Trustees agreed to require preauthorization after a dependent reaches 26 visits. The Trustees agreed to pay the seven pended claims and have Associated contact the member to notify them that preauthorization is required for any additional speech therapy visits for the remaining Plan year.

H. Cigna Pharmacy Request for Proposal ("RFP")

Ms. Cochran reported that Segal provided rates regarding an RFP for the Pharmacy Benefit Manager ("PBM"). She said Segal provided two proposals: 1) a negotiation with Cigna and comparison to the Segal book of business for $15,000 - $20,000 and 2) a full PBM RFP for a fee of $50,000. The Trustees directed Ms. Cochran to reach out to Segal for pricing for a full RFP for both the medical and pharmacy benefits.

I. No Surprises Act and Transparency Rule

Ms. Cochran reported that the contract regarding the Price Comparison Tool with Greenlight was executed and that Associated is currently updating software in order to support the data files.

Ms. Cochran stated that Associated submitted the medical portion of the Prescription Drug and Health Care Spending Report to CMS on May 26, 2023. She said that Cigna confirmed submitting the prescription portion prior to the deadline.

J. 2022 Annual Audit

Ms. Cochran reported that Novak Francella performed fieldwork for the audit in the Administrative Manager's office the week of May 1, 2023. Due to the timing of the fieldwork, draft financials are not yet available. She said while Novak expected to file the Form 990 and Form 5500 by the due date, they requested authority to file for extensions, if necessary.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to grant Novak Francella authority to file an extension for the Form 990 and Form 5500, if necessary.

K. Patient Centered Outcomes Research Institute (PCORI)

Ms. Cochran said the PCORI fee, imposed by the Affordable Care Act for self-insured group plans, must be filed and paid by July 31, 2023. The fee is $3.00 multiplied by the average number of lives covered under the plan for the 2022 Plan year. Ms. Cochran said the Board selected the snapshot method for the prior filings to determine the average number of lives covered under the Plan. The Trustees directed the Administrative Manager to engage Novak Francella to file Form 720, which is the tax form to be filed along with the fee payment.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to approve the snapshot method for the Plan year ended December 31, 2022 and to engage Novak Francella to file Form 720 at no additional fee**.

IX. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected September 8, 2023 as their next regular meeting date immediately following the companion Pension Fund meeting via Zoom.

X. ADJOURNMENT

There being no further business to come before the Trustees, the meeting was adjourned.

Respectfully submitted,

William Davis

Secretary

WAREHOUSE LOCAL 730 - HEALTH & WELFARE FUND
SUMMARY OF ACTIVITY
JANUARY 01, 2023 to JUNE 30, 2023

	Cash Reserve	Wedge Capital	Chartwell	TOTAL
Beginning Market Value	$2,284,238	$6,651,296	$7,648,054	$16,583,587
Receipts	$3,363,634	$0	$215	$3,363,849
Disbursements	$1,524,955	$0	$0	$1,524,955
Inter-Account Transfers	$1,904,458	$900,000	$1,000,000	$4,458
Earnings	$59,836	$131,465	$241,354	$432,655
Ending Market Value	**$2,278,294**	**$7,682,761**	**$8,889,622**	**$18,850,677**

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
HEALTH AND WELFARE TRUST FUND
SUMMARY SUBROGATION REPORT
September 8, 2023

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF SEPTEMBER 8, 2023

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT[1]	STATUS OF COLLECTION EFFORTS
ACTIVE						
Mohamed Mansaray 8123 Mission Hill Road Jessup, MD 20794 (301) 917-4984	Turner Sothoron McGowan & Cecil LLC 319 Main Street Suite 300 Laurel, MD 20707 (301) 483-9960	10/7/22	Active	Eligible	$24,213.81 (Medical) $6,253.46 (A&S)	• Participant fractured his elbow in a slip and fall outside of a gas station. • Participant's medical treatment is ongoing. He received A&S benefits for the period 10/22/22 through 3/28/23. • Counsel spoke with Participant's counsel in August 2023 and the case is still pending. Counsel does not need Trustee action with respect to this matter at this time.

[1] Associated Administrators confirmed the lien amounts contained herein on August 29, 2023.

WAREHOUSE EMPLOYEES UNION
LOCAL NO. 730
HEALTH & WELFARE TRUST FUND

SECOND QUARTER 2023

ADMINISTRATIVE MANAGER'S REPORT

SECOND QUARTER 2023
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
ADAMS BURCH	$ 10.09	18,628.68	45	$ 187,963
EIGHT O'CLOCK COFFEE	$ 8.50	28,052.25	58	$ 238,444
GIANT RECYCLING	$ 8.50	11,435.90	23	$ 97,205
GIANT WAREHOUSE	$ 8.50	126,531.69	221	$ 1,075,519
WASHINGTON FOOD	$ 6.00	1,240.00	3	$ 7,440
COBRA			2	$ 3,667
SELF PAY			1	$ 2,550
TOTAL INCOME		**185,888.52**	**353**	**$ 1,612,788**

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 4,607	$ 0.025	
CIGNA HEALTH CARE	$ 29.09	$ 28,945	$ 0.156	
DENTAL	$ 31.58	$ 31,327	$ 0.169	
DISABILITY		$ 10,800	$ 0.058	
DRUG		$ 197,074	$ 1.060	
HEARING GVS/FULLY INSURED	$ 0.29	$ 295	$ 0.002	
LIFE/AD&D-ING	$ 0.21	$ 10,471	$ 0.056	$0.193 LIFE / $0.016 AD&D
MEDICAL		$ 266,039	$ 1.431	
OPTICAL GVS/FULLY INSURED	$ 5.90	$ 5,942	$ 0.032	
STOP LOSS	$ 27.49	$ 27,572	$ 0.148	
SUB TOTAL		$ 583,072	$ 3.137	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 25.97	$ 27,424	$ 0.148	
ADMINISTRATION HIPAA	$ 0.21	$ 222	$ 0.001	
MISCELLANEOUS		$ 76,574	$ 0.412	
SUB TOTAL		$ 104,220	$ 0.561	

TOTAL EXPENSES	**$ 687,292**	**$ 3.70**

SURPLUS (DEFICIT)	**$ 925,496**

AVG. HOURLY INCOME	**$ 8.68**
AVG. HOURLY EXPENSE	**$ 3.70**
SURPLUS (DEFICIT)	**$ 4.98**

SECOND QUARTER 2023
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	**AMOUNT**	
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$	4,106
AUDITOR	$	15,000
CHARTWELL INVESTMENT MANAGER FEES	$	10,127
CONFERENCE	$	175
CONSULTING	$	2,345
CYBER LIABILITY INSURANCE	$	545
GREEN LIGHT TECHNOLOGY SERVICES	$	1,500
INVESTMENT PERFORMANCE SERVICES	$	6,250
LEGAL	$	24,241
MEETING	$	364
OFFICE SUPPLIES	$	12
PNC FEES	$	4,628
POSTAGE	$	113
PRINTING	$	678
PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND FEE	$	2,061
WEDGE CAPITAL INVESTMENT MANAGER FEES	$	4,429

TOTAL	**$**	**76,574**

2023
QUARTERLY RECAPS

INCOME	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
CONTRIBUTIONS	$ 1,457,516	$ 1,606,571	$ -	$ -	$ 3,064,087
COBRA	$ 1,804	$ 3,667	$ -	$ -	$ 5,471
SELF PAY	$ 2,550	$ 2,550	$ -	$ -	$ 5,100
INTEREST & DIVIDENDS	$ 173,910	$ 207,294	$ -	$ -	$ 381,204
MISCELLANEOUS INCOME	$ 5,363	$ -	$ -	$ -	$ 5,363
TOTAL INCOME	**$ 1,641,143**	**$ 1,820,082**	**$ -**	**$ -**	**$ 3,461,225**
BENEFIT EXPENSES					
CIGNA OONSP	$ 11,746	$ 4,607	$ -	$ -	$ 16,353
CIGNA	$ 29,730	$ 28,945	$ -	$ -	$ 58,675
DENTAL	$ 31,391	$ 31,327	$ -	$ -	$ 62,718
DISABILITY	$ 13,286	$ 10,800	$ -	$ -	$ 24,086
DRUG	$ 126,911	$ 197,074	$ -	$ -	$ 323,985
HEARING GVS/FULLY INSURED	$ 293	$ 295	$ -	$ -	$ 588
LIFE/AD&D	$ 10,680	$ 10,471	$ -	$ -	$ 21,151
MEDICAL	$ 240,090	$ 266,039	$ -	$ -	$ 506,129
OPTICAL	$ 6,225	$ 5,942	$ -	$ -	$ 12,167
STOP LOSS	$ 27,848	$ 27,572	$ -	$ -	$ 55,420
SUBTOTAL	$ 498,200	$ 583,072	$ -	$ -	$ 1,081,272
OPERATING EXPENSES					
ADMINISTRATION	$ 26,678	$ 27,646	$ -	$ -	$ 54,324
MISCELLANEOUS	$ 86,762	$ 76,574	$ -	$ -	$ 163,336
SUBTOTAL	$ 113,440	$ 104,220	$ -	$ -	$ 217,660
TOTAL EXPENSE	**$ 611,640**	**$ 687,292**	**$ -**	**$ -**	**$ 1,298,932**
SURPLUS (DEFICIT)	**$ 1,029,503**	**$ 1,132,790**	**$ -**	**$ -**	**$ 2,162,293**
					AVERAGE
AVG HOURLY INCOME	$ 9.76	$ 9.79	$ -	$ -	$ 9.78
AVG HOURLY EXPENSE	$ 3.65	$ 3.70	$ -	$ -	$ 3.68
SURPLUS (DEFICIT)	$ 6.11	$ 6.09	$ -	$ -	$ 6.10
TOTAL PARTICIPANTS	339	353	0	0	346
FUND RESERVE	$ 20,480,465	$ 21,517,088			

2022
QUARTERLY RECAPS

INCOME	FIRST 2022	SECOND 2022	THIRD 2022	FOURTH 2022	TOTAL
CONTRIBUTIONS	$ 1,621,011	$ 1,604,653	$ 1,717,626	$ 1,701,171	$ 6,644,461
COBRA	$ 6,710	$ 4,872	$ 5,805	$ 8,601	$ 25,988
SELF PAY	$ 4,133	$ 3,071	$ 1,823	$ 1,120	$ 10,147
INTEREST & DIVIDENDS	$ 130,676	$ 141,450	$ 144,319	$ 176,074	$ 592,519
MISCELLANEOUS INCOME	$ 4,873	$ 388	$ 105	$ -	$ 5,366
TOTAL INCOME	**$ 1,767,403**	**$ 1,754,434**	**$ 1,869,678**	**$ 1,886,966**	**$ 7,278,481**
BENEFIT EXPENSES					
CIGNA OONSP	$ 15,693	$ 8,289	$ 22,507	$ 13,833	$ 60,322
CIGNA	$ 31,054	$ 32,258	$ 29,177	$ 29,702	$ 122,191
DENTAL	$ 31,580	$ 32,148	$ 30,727	$ 31,233	$ 125,688
DISABILITY	$ 7,201	$ 9,900	$ 6,000	$ 23,057	$ 46,158
DRUG	$ 33,044	$ 126,770	$ 144,603	$ 64,467	$ 368,884
HEARING GVS/FULLY INSURED	$ 303	$ 300	$ 294	$ 293	$ 1,190
LIFE/AD&D	$ 10,555	$ 10,501	$ 10,387	$ 10,461	$ 41,904
MEDICAL	$ 507,763	$ 282,092	$ 361,233	$ 387,313	$ 1,538,401
OPTICAL	$ 6,319	$ 6,053	$ 5,906	$ 5,977	$ 24,255
STOP LOSS	$ 25,804	$ 25,504	$ 24,705	$ 25,303	$ 101,316
SUBTOTAL	$ 669,316	$ 533,815	$ 635,539	$ 591,639	$ 2,430,309
OPERATING EXPENSES					
ADMINISTRATION	$ 25,978	$ 25,978	$ 26,389	$ 26,183	$ 104,528
MISCELLANEOUS	$ 81,686	$ 94,855	$ 102,323	$ 77,450	$ 356,314
SUBTOTAL	$ 107,664	$ 120,833	$ 128,712	$ 103,633	$ 460,842
TOTAL EXPENSE	**$ 776,980**	**$ 654,648**	**$ 764,251**	**$ 695,272**	**$ 2,891,151**
SURPLUS (DEFICIT)	**$ 990,423**	**$ 1,099,786**	**$ 1,105,427**	**$ 1,191,694**	**$ 4,387,330**
					AVERAGE
AVG HOURLY INCOME	$ 9.88	$ 9.72	$ 9.40	$ 9.60	$ 9.65
AVG HOURLY EXPENSE	$ 4.34	$ 3.63	$ 3.84	$ 3.54	$ 3.84
SURPLUS (DEFICIT)	$ 5.54	$ 6.09	$ 5.56	$ 6.06	$ 5.81
TOTAL PARTICIPANTS	338	336	344	339	339
FUND RESERVE	$ 16,712,387	$ 17,370,568	$ 18,090,725	$ 19,186,085	

SECOND QUARTER 2023
CONTRACT INFORMATION

COMPANY	PLAN	CURRENT RATES	CURRENT RATE EFF. DATE	NEXT RATE CHANGE DATE	CBA EXPIRATION
ADAMS BURCH	E	$10.09	07-01-22	TBD	06-30-23
EIGHT O'CLOCK COFFEE	E	$8.50	02-01-21	TBD	07-17-27
GIANT RECYCLING	E	$8.50	06-01-22	TBD	06-20-26
GIANT WAREHOUSE	E	$8.50	06-01-22	TBD	05-15-27
WASHINGTON FOOD	E	$6.00	11-01-21	TBD	10-31-24

HEALTH AND WELFARE
DELINQUENCY REPORT
As of June 30, 2023

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2022		$ 2,891,151.00
	Jan - Jun 2023		$ 1,298,932.00
	Total		$ 4,190,083.00
	Per Month		$ 232,782.39
Fund Reserve			
	Jun-23		$ 21,517,088.00
	Months of Reserve 6/30/2023		**92.4**
	Months of Reserve 3/31/2023		87.7

Projected Hourly Contribution - Future Expenses
Based on Most Recent 12 Month Data
(June 2023 - May 2024)

Class E	$	3.88

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES

September 8, 2023

Associated Administrators, LLC

7/3/2023	Custom Standard Slide-in Desk Sign Plate	$ 12.62

Blank Rome LLP

6/12/2023	Fee for professional services rendered through May 31, 2023 M. DeLancey, Rate: $710.00 per hour	$ 2,485.00

Chartwell Investment Partners

8/7/2023	Fee for investment services rendered through June 30, 2023	$ 10,396.83

Investment Performance Services, LLC

6/5/2023	Fee for professional services rendered through June 30, 2023	$ 6,250.00

Morgan, Lewis & Bockius, LLP

8/10/2023	Fee for professional services rendered through July 31, 2023 J. Kimble, Rate: $710.00 per hour	$ 4,833.00
7/14/2023	Fee for professional services rendered through June 30, 2023 J. Kimble, Rate: $710.00 per hour	$ 5,101.00
6/8/2023	Fee for professional services rendered through May 31, 2023 J. Kimble, Rate: $710.00 per hour	$ 7,814.50

Novak Francella, LLC

6/19/2023	Fee for Annual Audit services performed for plan year ended December 31, 2022	$ 6,400.00

Segal Consulting

8/7/2023	Fee for actuarial and consulting services through June 30, 2023 related to the Mental Health Parity and Addiction Equity Act	$ 2,933.75
7/25/2023	Fee for Fiduciary Liability Insurance Policy through July 26, 2024	$ 8,423.00
7/13/2023	Fee for Fidelity Bond Insurance Policy through July 11, 2026	$ 672.00
6/13/2023	Fee for Cyber Liability Insurance Policy through May 20, 2024	$ 545.65

Ullico

7/31/2023	Stop Loss Insurance Policy Premiums for June 2023 through July 2023	$ 18,418.30

Wedge Capital Management

7/18/2023	Fee for professional services rendered through June 30, 2023	$ 4,774.24

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 #M23/106-5181

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."
(Quoted from the Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, December 2022, Page 46)

SUMMARY:		**Dependent Son #1**	**Dependent Son #2**
	Date(s) of Service:	February 10, 2022	April 4, 2022, April 8, 2022, and September 8, 2022
	Claim(s) Received:	March 15, 2022	April 21, 2022 through October 24, 2022
	Claim(s) Denied:	June 28, 2023	June 28, 2023
	Appeal Received:	July 31, 2023	

The **participant** is appealing for payment of claims for laboratory services provided to his dependent sons that were denied.

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 benefit change.

Dependent Son #1
Fund records indicate that Sushma Bhasin, MD submitted a claim for an office visit and outpatient Strep test rendered on February 10, 2022. The charges for the Strep test were originally allowed and applied to the participant's annual deductible. Upon an internal review, it was determined that the charges for the Strep test should have been denied because the testing was not rendered by a Quest Diagnostics or LabCorp facility. The claim was reprocessed and a revised Explanation of Benefits ("EOB") was issued on June 28, 2023, advising that the testing was denied.

Dependent Son #2

Fund records indicate that Sushma Bhasin, MD submitted a claim for an office visit and outpatient Strep and Flu tests rendered on April 4, 2022. Sushma Bhasin, MD also submitted claims for office visits and outpatient Strep tests rendered on April 8, 2022, and September 8, 2022. The charges for the Strep and Flu tests were originally allowed and applied to the participant's annual deductible. Upon an internal review, it was determined that the charges for the Strep and Flu tests should have been denied because the testing was not rendered by a Quest Diagnostics or LabCorp facility. The claims were reprocessed and a revised Explanation of Benefits ("EOB") was issued on June 28, 2023, advising that the tests were denied.

Appeal

The participant states in his appeal that rapid Strep/Flu tests should be allowed in the provider's office so that a course of treatment can be made faster. The participant further states that he has a Health Savings Account, but the reprocessed claims are now too old for him to submit for reimbursement.

Note: LabCorp also submitted charges for Strep tests on these same dates of service. Those charges were allowed and applied to the participant's annual deductible.

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

To whom it may concern,

I received an EOB, dated 06/23/2023 in the mail. The dates of service on this EOB, for both and , were 04/04/22, 02/10/222, 04/08/22, and 9/8/22. These ranged from 9 to 16 months old. I do not understand how things from 16 months ago are still going through the process of insurance. Our family has an HSA account, due to our high deductible. These dates of service are so old, that I cannot submit them to the HSA.

I previously got EOB's for these dates of service, with the same provider. The bills were paid months ago. I spoke with Associated Administrators, and they claim that they had to resubmit, due to lab tests that were not covered. A SMM dated 11/2021 states that all lab work must be though Quest or Labcorp. Tests collected at these visits were sent to Labcorp. The provider did do rapid tests for flu and/or strept at these visits.

I want to formally ask for a reconsideration of the ruling to not cover any labwork not done with Quest or Labcorp. Rapid tests for ailments such as Covid, Flu, Strept, etc. are vital for providers to heal patients quicker. These tests can be done at the provider, and can give a clear idea of what course of action to take. Waiting on labwork from labs means more time away from normal activities, and some treatments need to be started soon after first symptoms appear.

I wish to appeal these on the grounds that 16 months is way too long to go back. I understand that there is always going to be out-of-pocket costs at doctor visits. The amount that we do pay needs to be applied to our yearly deductible.

Thanks for your time.

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

Return Service Requested

12

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

000681
0202

WAREHOUSE EMPLOYEES H&W

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

Statement Date: 06/28/23

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
Claim #: CJTQ31 **Provider:** SUSHMA BHASIN MD			**Patient:** Employee:						**Patient Acct. #:** Employee #:		
04/04/22-04/04/22	99214	100.00	2.70	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
-					62.30	62.30	M	80	0.00	0.00	62.30
04/04/22-04/04/22	87880	30.00	30.00	A1 A2	0.00	0.00		0	0.00	0.00	30.00
04/04/22-04/04/22	87400	40.00	40.00	A1 A2 A3	0.00	0.00		0	0.00	0.00	40.00
	TOTALS	170.00	72.70		97.30	62.30			35.00	0.00	132.30

Total Plan Pays:	35.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	35.00
Total Benefits Paid:	0.00

Claim #: CJTW95 **Provider:** SUSHMA BHASIN MD			**Patient:** Employee:						**Patient Acct. #:** Employee #:		
02/10/22-02/10/22	99213	90.00	21.33	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
-					33.67	33.67	M	80	0.00	0.00	33.67
02/10/22-02/10/22	87880	30.00	30.00	A1 A2	0.00	0.00		0	0.00	0.00	30.00
	TOTALS	120.00	51.33		68.67	33.67			35.00	0.00	63.67

Total Plan Pays:	35.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	35.00
Total Benefits Paid:	0.00

Claim #: CJVB33 **Provider:** SUSHMA BHASIN MD			**Patient:** Employee:						**Patient Acct. #:** Employee #:		
04/08/22-04/08/22	99213	90.00	21.33	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
-					33.67	33.67	M	80	0.00	0.00	33.67
04/08/22-04/08/22	87880	30.00	30.00	A1 A2	0.00	0.00		0	0.00	0.00	30.00
	TOTALS	120.00	51.33		68.67	33.67			35.00	0.00	63.67

Total Plan Pays:	35.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	35.00
Total Benefits Paid:	0.00

Claim #: CJVC30 **Provider:** SUSHMA BHASIN MD			**Patient:** Employee:						**Patient Acct. #:** Employee #:		
09/08/22-09/08/22	99213	90.00	21.33	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
-					33.67	33.67	M	80	0.00	0.00	33.67
09/08/22-09/08/22	87880	30.00	30.00	A1 A2	0.00	0.00		0	0.00	0.00	30.00
	TOTALS	120.00	51.33		68.67	33.67			35.00	0.00	63.67

Total Plan Pays:	35.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	35.00
Total Benefits Paid:	0.00

Payment To	Amount	Check Number
SUSHMA BHASIN MD	0.00	NC
SUSHMA BHASIN MD	0.00	NC
SUSHMA BHASIN MD	0.00	NC
SUSHMA BHASIN MD	0.00	NC

Claim #	Code	Description

RECEIVED
JUL 31 2023
AA, LLC

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

WAREHOUSE EMPLOYEES H&W

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

Statement Date: 06/28/23

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
JTQ31	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.										
	A2	$426.74 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.										
	A3	$945.48 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.										
	A4	6.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.										
	A5	$2.70 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.										
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.										
	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.										
	A2	$314.32 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.										
	A3	EFFECTIVE 1/1/2022, PLAN REQUIRES THAT LABORATORY SERVICES MUST BEOBTAINED AT QUEST DIAGNOSTIC PATIENT SERVICE CENTERS OR LABCORPFACILITIES PER SMM DATED 11/2021. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $426.74.										
JTW95	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.										
	A2	$937.39 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.										
	A3	$122.55 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.										
	A4	2.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.										
	A5	$21.33 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.										
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.										
	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. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $122.55.										
JVB33	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.										
	A2	$418.65 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.										
	A3	$929.30 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.										
	A4	6.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.										
	A5	$21.33 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.										
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.										
	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. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $418.65.										
JVC30	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.										
	A2	$410.56 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.										
	A3	$921.21 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.										
	A4	6.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.										
	A5	$21.33 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.										
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.										
	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. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $410.56.										

000003682-B

RECEIVED
JUL 31 2023
AA, LLC

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

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

000681
0102

WAREHOUSE EMPLOYEES H&W

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

Statement Date: 06/28/23

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

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	530.00	226.69		303.31	163.31		140.00	0.00	323.31

Deductible **Plan Pays**

RECEIVED
JUL 31 2023
AA, LLC

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

Return Service Requested

15

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

001459
0101

WAREHOUSE EMPLOYEES H&W

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

Statement Date: 03/23/22

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
Claim #: BSLM90 **Provider:** SUSHMA BHASIN MD			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
02/04/22-02/04/22	99393 25	140.00	60.10	A1 A2	79.90	0.00	B	100	79.90	0.00	0.00
	TOTALS	140.00	60.10		79.90	0.00			79.90	0.00	0.00

Total Plan Pays: 79.90
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 79.90

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: BSLM91 **Provider:** SUSHMA BHASIN MD			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
02/07/22-02/07/22	99214	100.00	2.70	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
-					62.30	62.30	M	80	0.00	0.00	62.30
	TOTALS	100.00	2.70		97.30	62.30			35.00	0.00	62.30

Total Plan Pays: 35.00
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 35.00

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: BSLM92 **Provider:** SUSHMA BHASIN MD			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
02/04/22-02/04/22	99394 25	145.00	57.69	A1 A2	87.31	0.00	B	100	87.31	0.00	0.00
02/04/22-02/04/22	90734 33	170.00	13.19	A1 A2	156.81	0.00	B	100	156.81	0.00	0.00
02/04/22-02/04/22	90460 33	30.00	16.01	A1 A2	13.99	0.00	B	100	13.99	0.00	0.00
	TOTALS	345.00	86.89		258.11	0.00			258.11	0.00	0.00

Total Plan Pays: 258.11
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 258.11

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: BSLM93 **Provider:** SUSHMA BHASIN MD			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
02/10/22-02/10/22	99213	90.00	21.33	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
-					33.67	33.67	M	80	0.00	0.00	33.67
02/10/22-02/10/22	87880	30.00	21.91	A1 A2 A3	8.09	8.09	M	80	0.00	0.00	8.09
	TOTALS	120.00	43.24		76.76	41.76			35.00	0.00	41.76

Total Plan Pays: 35.00
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 35.00

Payment To	Amount	Check Number
JSHMA BHASIN MD	79.90	237590
JSHMA BHASIN MD	35.00	237590
JSHMA BHASIN MD	258.11	237590
ISHMA BHASIN MD	35.00	237590

RECEIVED
JUL 31 2023
AA, LLC

Claim #	Code	Description
LM90	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.
	A2	$60.10 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
LM91	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.
	A2	$185.30 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.

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

WAREHOUSE EMPLOYEES H&W

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

Statement Date: 03/23/22

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
	A3	2.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.									
	A4	$2.70 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
		$553.28 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.									
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $185.30.									
BSLM92	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.									
	A2	$57.69 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.									
	A2	$13.19 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$16.01 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
BSLM93	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.									
	A2	$42.03 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.									
	A3	1.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.									
	A4	$21.33 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.									
	A2	$50.12 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.									
	A3	$21.91 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
		$595.04 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.									
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $42.03.									

0000039569-B

Appeal Rights

f 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 lecision 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 lesignate, 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 ıll 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 nedical 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 nedical 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.

'he 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 ollowing 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 ate 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 ıke 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 ıade. 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).

'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 'laim 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 :lephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

'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 RISA 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 ıit 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 ɔur Summary Plan Description.

ıould 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 dministrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator**". You may also contact the Employee Benefits Security dministration at 1-866-444-EBSA (3272).

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

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	705.00	192.93		512.07	104.06		408.01	0.00	104.06

RECEIVED

Deductible Plan Pays

JUL 31 2023

AA HC

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

Return Service Requested

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

001333
0101

WAREHOUSE EMPLOYEES H&W

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

11

Statement Date: 05/04/22

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
Claim #: BTPZ30											
Provider: SUSHMA BHASIN MD				**Patient:**					**Patient Acct. #:**		
				Employee:					**Employee #:**		
04/08/22-04/08/22	99213	90.00	21.33	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
04/08/22-04/08/22	87880	30.00	21.91	A1 A2 A3	33.67 8.09	33.67 8.09	M M	80 80	0.00 0.00	0.00 0.00	33.67 8.09
	TOTALS	120.00	43.24		76.76	41.76			35.00	0.00	41.76

Total Plan Pays:	35.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	35.00

Claim #: BTPZ31											
Provider: SUSHMA BHASIN MD				**Patient:**					**Patient Acct. #:**		
				Employee:					**Employee #:**		
04/04/22-04/04/22	99214	100.00	2.70	A1 A2 A3 A4	35.00	0.00	B	100	35.00	0.00	0.00
04/04/22-04/04/22	87880	30.00	21.91	A1 A2 A3	62.30 8.09	62.30 8.09	M M	80 80	0.00 0.00	0.00 0.00	62.30 8.09
04/04/22-04/04/22	87400	40.00	39.85	A1 A2 A3	0.15	0.15	M	80	0.00	0.00	0.15
	TOTALS	170.00	64.46		105.54	70.54			35.00	0.00	70.54

Total Plan Pays:	35.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	35.00

Payment To	Amount	Check Number
SUSHMA BHASIN MD	35.00	237843
SUSHMA BHASIN MD	35.00	237843

Claim #	Code	Description
BTPZ30	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.
	A2	$235.69 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.
	A3	3.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.
	A4	$21.33 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	A2	$243.78 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.
	A3	$21.91 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
		$653.52 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $235.69.
TPZ31	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.
	A2	$306.08 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.
	A3	4.00 DAYS APPLIED TO ANNUAL MAXIMUM DAYS OF 90.00.
	A4	$2.70 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	A2	$314.17 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.
	A3	$21.91 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	A2	$39.85 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	A3	$314.32 APPLIED TO $800.00 INDIVIDUAL ANNUAL DEDUCTIBLE.
		$723.91 APPLIED TO $1600.00 FAMILY DEDUCTIBLE.
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $306.08.

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

WAREHOUSE EMPLOYEES H&W

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

Statement Date: 05/04/22

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

Appeal Rights

f 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 ecision 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 esignate, 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 ll future communications to the representative.

f 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 nedical 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 nedical 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.

he 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 ollowing 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 ate 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 ake 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 ade. 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).

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 laim 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 lephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

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 RISA 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 uit 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 our Summary Plan Description.

ould 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 dministrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator**". You may also contact the Employee Benefits Security dministration at 1-866-444-EBSA (3272).

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 dentificación o en el resumen descriptivo del plan.

000000579-B

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	290.00	107.70		182.30	112.30		70.00	0.00	112.30

Deductible **Plan Pays**

RECEIVED
JUL 31 2023
AA, LLC

September 8, 2023

The Board of Trustees:

Warehouse Employees Union Local No. 730 & Contributing Companies' Prepaid Legal Services Fund
Warehouse Employees Union Local No. 730 Pension Trust Fund
Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund

Re: Administrative Services Contract Renewal

Trustees and Fund Counsel:

The administrative services contract between Associated Administrators, LLC ("Associated") and the Warehouse Employees Union Local No. 730 & Contributing Companies' Prepaid Legal Services Fund, Pension Trust Fund, and Health and Welfare Trust Fund ("Funds") expires on December 31, 2023. We hope that the Trustees will consider favorably our request for a three-year agreement at the rates attached in Exhibit A, which represent a 4% increase each year, designed to cover new work and increased costs of doing business.

Services Recap

Brief recap of some of the most significant services provided by Associated over the last three years:

- Implemented MetLife as the new life insurance provider.
- Implemented benefit changes to the Welfare Fund.
- Implemented the COVID-19 changes from 2020 and now in 2023 as the Emergency ends.
- Implemented all provisions of the No Surprises Act and Transparency in Coverage Rule, detailed below, which involved complex and time-sensitive process changes, handling of regulatory filings, soliciting vendor services and developing specialized IT programming tools.
- Developed custom 2022 & 2023 Federal Tax Withholding Forms W-4P and W-4R in line with new IRS rules, and implemented new procedures to process forms, which involved the creation of a new tax processing tool.
- SECURE Act 1.0 in 2020 and SECURE 2.0 in 2023.
- RxDC Prescription Drug Data Collection - Handling of 2020-2023 annual reporting, data gathering, custom IT programming, and collaboration with PBMs and CMS.

911 Ridgebrook Road, Sparks, MD 21152-9451 (410) 683-6500
8400 Corporate Drive, Suite 430, Landover, MD 20785-2361 (301) 459-3020

Seamless and Efficient Shift to Remote Work Operations
Perhaps most impactful over the last 3 years was the shift in administrative and operational procedures to allow for remote work, which Associated was able to do without interruption to business operations or impact to participants. This was due to a committed group effort between Executives, IT, HR, Directors and Supervisors to coordinate workflow and job functionality.

Trending Increase in HIPAA Privacy, Security and Cybersecurity Services
After a significant uptick in external data security incidents over the past 3 years, as well as an increase in privacy and security standards across the industry, Associated expanded HIPAA Privacy and Security services and policies. We receive and respond to external breach notices, work with counsel to prepare letters to vendors, and handle HIPAA notifications.

In adhering to the DOL's Cybersecurity Best Practices released in 2021, Associated experienced an increase in time spent responding to cybersecurity inquiries and questionnaires, performing self-assessments, training staff, incorporating phishing tests and strengthening endpoint software.

The No Surprises Act and Transparency in Coverage Final Rule
The NSA and TiC regulations, released by the tri-agencies in 2020, involved a multitude of new regulatory provisions. The requirements hit benefit plans with little preparation time and minimal guidance, which called for time-sensitive compliance planning over the past 3 years, and encompassed all operational departments at Associated. For 6 months leading into and shortly after the regulatory effective date, Associated held weekly meetings with staff from all departments in order to fast-track compliance preparation, prioritize critical procedural changes and identify both internal and external resources and service providers. These regulations required full staff training, including the ability to communicate these changes to participants. Associated coordinated with counsel on the administrative implications, and drafted suggested Plan Amendments aligning with the regulations.

Compliance Monitoring
Associated continues to provide a compliance monitoring program to help each of our client Funds track regulatory reporting requirements, vendor contracts, and required documentation. Associated works hard to control its operating costs, but some are increasing. It is important to note that compliance work is continually expanding and impacts all TPA operations.

Information Technology Developments
Associated's highest cost increases and deliberate reinvestment have been in Information Technology. System enhancements allow us to better serve our clients and participants, and to maintain proper computer security. We utilize industry proven software to monitor network performance and to further block malware and phishing attacks on our ports, machines and applications. Our servers, desktops, and laptops are updated on a regular basis from software vendors to include critical and security updates. We are in the midst of completing our largest software update to date, allowing for state-of-the-art capabilities and increased protection against cyber-intrusions.

Pension Protection Act ("PPA")/ Multiemployer Pension Reform Act of 2014 ("MPRA")
The PPA and MPRA contain requirements for reporting which must be provided for participants, beneficiaries, unions, and contributing employers. The Acts also require coordination with the Plan actuary, auditor and counsel for the actuarial certification and distributions of the Annual Funding Notice and Multiemployer Plan Summary Report. Associated has consistently produced and mailed these notices and

filed with the appropriate reporting entities, including the DOL, EBSA, PBGC, the union and the participating employers.

Employee Benefits
Associated's bargaining unit employees are in a Health and Welfare Fund, with increases averaging 7.6% per year for the past three years. Our most recent health plan increase for non-unit staff was 17%, even after extensive negotiation with our broker. Our unit employees are covered by a Pension Fund, with 9% annual increases for the foreseeable future.

Experienced Executive Management
Associated has assigned to the Funds an Account Executive and an Account Manager with over 30 years of benefits fund administrative experience combined. Supporting the account management team are sixteen employees, which includes staff from our Accounting, Accident and Sickness, Eligibility, Pension, Medical Claims, Communications, Mailroom, Appeals, and IT departments. We are all dedicated to providing superior services.

We realize that as fiduciaries, the Trustees must be confident that the Plan receives services proportionate in quality and quantity to the fees charged. Associated prides itself on providing excellent service to the Plan and its participants, and we do so at a competitive price.

Associated appreciates the opportunity to serve these Funds and welcomes all questions concerning our proposal.

Sincerely,
ACochran
Alicia Cochran
Account Executive
Associated Administrators, LLC

EXHIBIT A

Fund	Current Fee Per Month	01/01/24 Through 12/31/24	01/01/25 Through 12/31/25	01/01/26 Through 12/31/26
Legal Fund	$2.12	$2.20	$2.29	$2.38
Pension Fund	$7.96	$8.28	$8.61	$8.95
Welfare Fund Admin HIPAA	$25.97 $0.21	$27.01 $0.21	$28.09 $0.21	$29.21 $0.21

January 1, 2024 through December 31, 2026 Hourly Rates for new regulatory changes and implementation of new vendors:

$150/Hour – IT/Management

$100/Hour – Supervisor

$50/Hour – Regular Employee

WAREHOUSE EMPLOYEES LOCAL 730 HEALTH AND WELFARE FUND

January 2023 – June 2023
Savings Results

September 8, 2023

PPO and Out of Network Savings Program January 2023 – June 2023

In Network	Charges	Network Allowed	Network Savings	%
Inpatient	$52,198	$30,323	$21,875	41.9%
Outpatient	$196,316	$147,302	$49,014	25.0%
Physician	$938,443	$405,834	$532,609	56.8%
Total	**$1,186,956**	**$583,459**	**$603,498**	**50.8%**

Out of Network Savings Program	Charges	Network Allowed	Network Savings	%
Inpatient	$39,907	$37,912	$1,995	5.0%
Outpatient	$27,044	$2,521	$24,523	90.7%
Physician	$68,026	$12,811	$55,215	81.2%
Total	**$134,977**	**$53,244**	**$81,733**	**60.6%**

Total Year To Date Savings
January 2023 – June 2023

	Savings
PPO Network Savings	$603,498
Out of Network Savings	$81,733
Utilization Management Savings	$27,272
Case Management Savings	$14,242
Outpatient Care Management Savings	$23,583
Total Year To Date Savings	**$750,328**

Thank You