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

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.									

0000035956-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 ill 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.

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 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 iit 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.

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).

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 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

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				**Patient:**					**Patient Acct. #:**		
Provider: SUSHMA BHASIN MD				**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

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: BTPZ31				**Patient:**					**Patient Acct. #:**		
Provider: SUSHMA BHASIN MD				**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 ike 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