NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Safeway	**LOCAL:**	118
DATE OF HIRE:	December 9, 1979	**STATUS:**	Full Time
PLAN:	1		

ISSUE: Hospital/Medical – Nonparticipating Provider #M22/119-9186

FUND RULE:
"**Hospital and Medical Benefits**

Important! You must use a participating [CIGNA] provider in order to be covered. Services performed by non-[CIGNA] providers will not be paid under the Fund, with limited exceptions."
(Bakers Union and FELRA Health and Welfare Fund SPD, July 2016, Page 94)

SUMMARY:

Date(s) of Service:	January 13, 2021
Claim(s) Received:	January 21, 2021
Claim(s) Denied:	February 1, 2021
Appeal Received:	July 18, 2022

The **participant** is appealing for payment of a surgical pathology claim that was denied because the provider does not participate with CIGNA. The participant states that she was unaware of the pathology provider's network status and that they did not inform her of this at the time of the procedure.

Fund records indicate that the participant had an outpatient surgical procedure performed by Dr. Joseph R. Murphy of University of Maryland Community Medical Group (a participating provider) at Civista Medical Center (a participating facility) on January 13, 2021. Advanced Pathology Associates submitted a claim for pathology services rendered on January 13, 2021. The claim was denied because Advanced Pathology Associates does not participate with CIGNA.

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

Claim number: BCLJ67
SS.

Board of Trustees,

I am requesting the Board of Trustees to appeal the decision that was made in determining that the Advanced Pathology group was not Autherized in our insurance net work and that I was unaware of them not being in our insurance Network, and they didnt inform me at the time of the procedure.

Sincerly,

7/14/2022

RECEIVED
JUL 18 2022
AA, LLC

P514401400D

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

202102183306

Return Service Requested

ALL FOR AADC 207
491 0.3584 AB 0.416
8

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

BAKERS UNION & FELRA H&W

If you have any questions, please call (866) 66-BAKER

Statement Date: 02/01/21

1 OF 1 F
ENV 491

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 #: BCLJ67 **Provider:** PATHOLOGY ASSOCIATES ADVANCED			**Patient:** Employee:						**Patient Acct. #:** Employee #:		
01/13/21-01/13/21	88305 26	242.00	242.00	A1 A2	0.00	0.00		0	0.00	0.00	242.00
	TOTALS	242.00	242.00		0.00	0.00			0.00	0.00	242.00

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

Claim #: BCLJ81 **Provider:** MEDICAL CENTER CIVISTA			**Patient:** Employee:						**Patient Acct. #:** Employee #:		
01/10/21-01/10/21	0300	100.00	1.00	A1 A2	99.00	0.00	B	100	99.00	0.00	0.00
	TOTALS	100.00	1.00		99.00	0.00			99.00	0.00	0.00

Total Plan Pays:	99.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	99.00

Claim #: BCPH57 **Provider:** MEDICAL CENTER CIVISTA			**Patient:** Employee:						**Patient Acct. #:** Employee #:		
01/13/21-01/13/21	0250	22.43	0.22	A1 A2	22.21	0.00	B	100	22.21	0.00	0.00
01/13/21-01/13/21	0270	159.54	1.60	A1 A2	157.94	0.00	B	100	157.94	0.00	0.00
01/13/21-01/13/21	0312	177.00	1.77	A1 A2	175.23	0.00	B	100	175.23	0.00	0.00
01/13/21-01/13/21	0360	946.32	9.46	A1 A2	936.86	0.00	B	100	936.86	0.00	0.00
01/13/21-01/13/21	0370	33.36	0.33	A1 A2	33.03	0.00	B	100	33.03	0.00	0.00
01/13/21-01/13/21	0636	17.61	0.18	A1 A2	17.43	0.00	B	100	17.43	0.00	0.00
01/13/21-01/13/21	0636	52.77	0.53	A1 A2	52.24	0.00	B	100	52.24	0.00	0.00
01/13/21-01/13/21	0710	505.42	5.05	A1 A2	500.37	0.00	B	100	500.37	0.00	0.00
	TOTALS	1,914.45	19.14		1,895.31	0.00			1,895.31	0.00	0.00

Total Plan Pays:	1,895.31
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	1,895.31

Payment To	Amount	Check Number
ADVANCED PATHOLOGY ASSOCIATES, LLC	0.00	NC
CIVISTA MEDICAL CENTER	99.00	117043
CIVISTA MEDICAL CENTER	1,895.31	117043

Claim #	Code	Description
BCLJ67	A1	THE PROVIDER IS NOT A PPO NETWORK PARTICIPANT.
	A2	SVCS MUST BE PROVIDED BY A CIGNA PROVIDER TO BE COVERED. PG 75 OF SPD.
BCLJ81	A1	CHARGES HAVE BEEN REDUCED BY THIS AMOUNT IN AGREEMENT WITH THE PROVIDER. YOU ARE NOT REQUIRED TO PAY THIS AMOUNT IN FULL. IF YOU HAVE ALREADY PAID THIS AMOUNT, PLEASE REQUEST REIMBURSEMENT FROM YOUR PROVIDER.
	A2	$1.00 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
BCPH57	A1	CHARGES HAVE BEEN REDUCED BY THIS AMOUNT IN AGREEMENT WITH THE PROVIDER. YOU ARE NOT REQUIRED TO PAY THIS AMOUNT IN FULL. IF YOU HAVE ALREADY PAID THIS AMOUNT, PLEASE REQUEST REIMBURSEMENT FROM YOUR PROVIDER.
	A2	$0.22 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.

P5|4401400D

Explanation of Benefits - This is NOT a Bill
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ENV 491 1 OF 1 B

BAKERS UNION & FELRA H&W

If you have any questions, please call (866) 66-BAKER

Statement Date: 02/01/21

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
						^					
	A2	$1.60 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.				^					
	A2	$1.77 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.				^					
	A2	$9.46 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.				^					
	A2	$0.33 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.				^					
	A2	$0.18 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.				^					
	A2	$0.53 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.				^					
	A2	$5.05 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.				^					

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	2,256.45	262.14		1,994.31	0.00		1,994.31	0.00	242.00

Deductible **Plan Pays**

Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

COPY

July 20, 2022

Name:
Claim #: **BCLJ67**
Date of Service: **01/13/2021**

Dear Ms :

The Fund office has received your recent letter to the Board of Trustees. The appeal is being researched and you will be notified, in writing, of the outcome.

If you should have any questions, you may contact this office.

Sincerely,
Teresa Cook-Simpkins
Teresa Cook-Simpkins, Appeals Department
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152