11-20-21

Board of trusteres,

I Am writing concerning claim# BmYY38, Hicken, cranley Drs PA.
I Was at Sinai Hospital (inservice facility) for surgery to remove melanoma, I had no control where the specimen was sent (pathology) for testing. ON 9-15-21.
I Am requesting the service Be re-looked at, And covered

Thank you for your consideration,

Patient acct# MD60000000079826E
Employee #
Claim # BmYY38

P514401400D

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

202110293309

Return Service Requested

MIXED AADC 210
624 0.3584 MB 0.482
29

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

ENV 624 1 OF 1 F

Statement Date: 10/28/21

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
Claim #: BMQW83				**Patient:**					**Patient Acct. #:**		
Provider: HOSPITAL BALTIMORE SINAI				**Employee:**					**Employee #:**		
09/15/21-09/15/21	21557	6,882.00	5,038.04	A1 A2	1,843.96	0.00	M	80	1,475.17	0.00	368.79
09/15/21-09/15/21	14000 51	807.50	252.50	A1 A2	555.00	0.00	M	80	444.00	0.00	111.00
	TOTALS	7,689.50	5,290.54		2,398.96	0.00			1,919.17	0.00	479.79

Total Plan Pays:	1,919.17
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	1,919.17

Claim #: BMYY38				**Patient:**					**Patient Acct. #:**		
Provider: HICKEN CRANLEY DRS PA				**Employee:**					**Employee #:**		
09/15/21-09/15/21	88342 26	148.00	148.00	A1 A2	0.00	0.00		0	0.00	0.00	148.00
09/15/21-09/15/21	88305 26	148.00	148.00	A1 A2	0.00	0.00		0	0.00	0.00	148.00
	TOTALS	296.00	296.00		0.00	0.00			0.00	0.00	296.00

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

Payment To	Amount	Check Number
SURGICAL ONCOLOGY ASSOC	1,919.17	119077
DRS HICKEN CRANLEY & TAYLOR PA	0.00	NC

Claim #	Code	Description
BMQW83	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	A2	$5038.04 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.
	A2	$252.50 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $2284.00.
BMYY38	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.
		CHARGES ARE DENIED BECAUSE, EFFECTIVE SEPTEMBER 1, 2021, YOUR MEDICAL PLAN REQUIRES THAT ALL LABORATORY SERVICES MUST BE OBTAINED AT LABCORP OR QUEST FACILITIES. SEE JULY 2021 SMM.

P514401400D

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BAKERS UNION & FELRA H&W

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1 OF 1 B

ENV 624

Statement Date: 10/28/21

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

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	7,985.50	5,586.54		2,398.96	0.00		1,919.17	0.00	775.79

Deductible **Plan Pays**