Industry And Local 338
Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone No. (855) 412-3797 (toll free)
www.associated-admin.com

AGENDA

January 26, 2024

I. CALL MEETING TO ORDER

II. AUDITOR REPORT

III. SEI REPORT

IV. APPROVAL OF MINUTES – October 20, 2023

V. FUND MANAGER'S ADMINISTRATIVE REPORT
   a. Fund Financial Matters
   b. Changes in Employer Contribution Rates
   c. Delinquent Employer Report
   d. Participant Report
   e. Other Fund matters

VI. CONSULTANT REPORT

VII. COUNSEL REPORT

VIII. NEXT MEETING DATE

IX. ADJOURNMENT

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Minutes of the Meeting of the Board of Trustees

Held on October 20, 2023
Via
WebEx

The following Trustees were present:

UNION TRUSTEES
Dan Maldonado
Lori Polesel

EMPLOYER TRUSTEE
Chris Palmer

Also present were:

Pat Blizzard – SEI Institutional Group
Alicia Cochran – Associated Administrators, LLC
Kayla Davis – The Segal Company
Rachel Grant – Associated Administrators, LLC
Elizabeth O'Leary, Esq. – Kauff McGuire & Margolis LLP
John Urbank – The Segal Company

I. CALL TO ORDER

The meeting was called to order at 11:16 a.m.

II. INVESTMENT CONSULTANT REPORT

Mr. Patrick Blizzard of SEI reviewed SEI's report. He led a conversation regarding SEI's Outsourced Chief Investment Officer ("OCIO") model and SEI's services. He provided commentary on market conditions and economic trends, including a detailed report on market performance across different asset classes including inflation and Federal fund rates. Mr. Blizzard reviewed the economic outlook for 2023 and said that SEI has no recommendations at this time.

Mr. Blizzard reported that the Fund's market value of assets was $6,419,569 as of September 30, 2023, and its fiscal year-to-date rate of return is -0.77%, compared to the -0.96% return for the index. Mr. Blizzard reviewed the Fund's asset allocation: 8.80% World Equity Ex-US Fund, 5.90% US Equity Factor Allocation Fund, 5.80% Large Cap Index Fund, 15.90% Core Fixed Income Fund, 41.50% Limited Duration Fund, 3.00% High Yield Bond Fund, 8.10% Real Return Fund, 2.90% Emerging Markets Debt Fund, and 8.10% Multi Asset Real Return Fund. He then reported on the performance of each asset class.

The Trustees thanked Mr. Blizzard for his report.

III. APPROVAL OF MINUTES

The minutes of the meeting held on June 28, 2023 were reviewed.

MOTION was made, seconded and unanimously adopted to approve the minutes of the meeting held on June 28, 2023.

IV. ASSOCIATED ADMINISTRATORS, LLC REPORT

A. Cash Operating Statement

Ms. Cochran reviewed the Cash Operating Statement from July 1, 2022 through June 30, 2023. The report is attached hereto as Exhibit "A."

B. Claims Paid Detail Report

Ms. Cochran reviewed a report detailing medical claims paid by type of benefit from July 1, 2022 through June 30, 2023. The report showed paid claims by the following categories: anesthesia, COVID-19 testing, hospital, laboratory and x-ray, medical, surgery, and in-patient substance abuse. The report also indicated claims paid in network and out-of-network ("OON"). The report is attached hereto as Exhibit "B."

C. Disbursement Report

Ms. Cochran referred to the Authorization for Disbursements reports for April, May, and June 2023. The reports are attached hereto as Exhibit "C."

MOTION was made, seconded and unanimously adopted authorizing the disbursements listed in Exhibit "C."

D. Delinquency Report

Ms. Cochran reviewed the report in detail. The report is attached hereto as Exhibit "D."

E. Withdrawal Liability

Ms. Cochran reviewed the report showing the status of withdrawal liability payments owed to the Pension Fund by the Welfare Fund in connection with the 2013 closing of the former Fund Office. The report is included at the bottom of Exhibit "D."

F. Employer Contribution Rate Report

Ms. Cochran reviewed the report in detail. The report is attached hereto as Exhibit "E."

G. Active Members and COBRA Participants Receiving Benefits

Ms. Cochran referred to the report for the period from January 2023 through December 2023. The report is attached hereto as Exhibit "F."

H. Provider Appeal

Ms. Cochran referred the Trustees to the detailed appeal memo in the meeting booklet. The memo is attached hereto as Exhibit "G." She explained that the provider is appealing the denial of claims for Avastin injections and she stated that, according to the provider, the participant is being treated for Diabetic Macular Edema and the

injection was used many times to treat that diagnosis. Ms. Cochran reported that the claims were denied because Avastin injections have not been FDA approved for the treatment of this diagnosis and are considered experimental/investigational in nature and, therefore, excluded from coverage. Ms. Cochran noted that Healthlink, the Fund's utilization review manager, reviewed the case and found the injections to be medically necessary.

Following discussion,

MOTION was made seconded and unanimously adopted to approve the provider's appeal and to pay future claims deemed medically necessary by Healthlink.

I. Notice of Creditable Coverage

Ms. Cochran reported that the Notice of Creditable Coverage was mailed to participants on September 26, 2023.

J. Women's Health and Cancer Rights Act ("WHCRA") Notice

Ms. Cochran reported that the WHCRA notice was mailed to participants on September 26, 2023.

K. Fiduciary Liability Policy – INTERIM ACTION

Ms. Cochran reported that the Fiduciary Liability policy was renewed on June 10, 2023 for the second policy year. She stated that, via email poll and based upon Segal's recommendation, the Trustees voted to renew coverage with the incumbent carrier, Ullico/Markel, for a two-year period in 2022. She stated that Segal confirmed all Waiver of Recourse fees were received for the period from June 10, 2023 through June 10, 2024.

L. Cyber Liability Policy – INTERIM ACTION

Ms. Cochran reported that the Trustees, via electronic poll, approved the renewal of the Cyber Liability Policy with Travelers based on Segal's recommendation. The policy period is October 4, 2023 through October 4, 2024.

M. L.P. Transportation, Inc. Payroll Audit

Ms. Cochran noted that the Trustees previously denied the employer's request to waive a portion of the interest owed related to disputed payroll audit findings. She reported that interest in the amount of $952.76 has since been paid and the audit is now resolved.

N. Patient- Centered Outcomes Research Institute ("PCORI") Fee

Ms. Cochran reviewed the PCORI fee imposed by the Affordable Care Act for self-insured group plans. She stated that the Trustees approved using the snapshot method and engaging Schultheis & Panettieri, LLP ("S&P") to prepare the Form 720. She reviewed the calculation of the PCORI fee ($2.79 multiplied by the average number of lives covered under the Plan for that Plan year) and stated that the total PCORI fee owed was $783.99. Ms. Cochran reported that the Form 720 was mailed on July 21, 2023.

O. Annual Creditable Coverage Disclosure to the Centers for Medicare & Medicaid Services ("CMS")

Ms. Cochran reported that the Creditable Coverage Disclosure to CMS for 2023 was electronically filed on time and CMS accepted the filing.

P. International Foundation of Employee Benefit Plans ("IFEBP")

Ms. Cochran reported receipt of the Fund's 2024 IFEBP membership renewal invoice in the amount of $1,195.00.

MOTION was made, seconded and unanimously adopted to approve the Fund's 2024 IFEBP renewal fee of $1,195.00.

Q. Subrogation Report

Ms. Cochran reported that, according to Anthem, there were no open cases to report.

R. Consolidated Appropriations Act ("CAA") – Gag Clause

Ms. Cochran reported on the Consolidated Appropriation Act's Gag Clause Attestation requirement pursuant to which the Fund must submit an annual attestation to CMS attesting that the Plan's contracts with certain of its service providers do not contain "gag clauses" as defined under the law. She explained that the regulation allows plans to delegate the annual submission responsibility to another entity, such as a Third-Party Administrator, which, in this case, would be Associated. Ms. Cochran confirmed that an Associated employee can electronically sign and submit the attestation on behalf of the Fund.

Following discussion,

MOTION was made seconded and unanimously adopted to approve to delegate the Gag Clause submission responsibility to Associated.

V. CONSULTANT'S REPORT

A. Affordable Care Act ("ACA") Annual Limits and 2024 Summary of Benefit Coverage

Mr. Urbank reported that the Out-of-Pocket Maximum ("OOPM") under the Affordable Care Act is again increasing on January 1, 2024 from $9,100 to $9,450 per individual, and from $18,200 to $18,900 per family. He noted that the Trustees had in the past increased the Welfare Fund's annual OOPM to the maximum allowable under the law.

Following discussion,

MOTION was made, seconded and unanimously adopted to increase the annual OOPM to $9,450 per individual and $18,900 per family applying $1,850 to medical and $7,600 to prescriptions for individuals and $3,700 to medical and $15,200 to prescriptions for family, effective January 1, 2024.

Ms. Davis noted that the 2024 Summary of Benefits and Coverage ("SBC") has been updated with this information and will be available for timely distribution.

B. Financial Experience and Budget Projections Report

Mr. Urbank reported that the FEBP Report for the fiscal year ended June 30, 2023 is currently being finalized. Mr. Urbank stated that he will distribute the report upon its completion in the next week or two and he offered to review the Report directly with any of the Trustees should there be any questions.

VI. OTHER MATTERS

Trustee Maldonado raised the issue of merging with the Teamsters Local 445 Welfare Fund. He stated that the Local 445 Fund remains interested in merging and he referred to the potential savings of $200,000 per year in administrative fees. He noted that this Fund's low participant count warrants serious consideration of a merger. Ms. O'Leary noted that Associated's decision that it could not administer the Local 445 Fund had made the merger less attractive. Trustee Maldonado stated that the Local 445 Fund is now being administered by Basil Castrovinci Associates, Inc., and that it has changed its claims administrator from MVP to Aetna. Trustee Palmer stated that his reservations about a merger are related to his interest in ensuring that the Fund's reserves are solely available for the benefit of this Fund's participants.

Ms. O'Leary stated that the Westchester Local 860, CSEA audit is not yet resolved and that further updates will be provided when available.

VII. NEXT MEETING DATE/ADJOURNMENT

It was agreed that the next regular meeting of the Board of Trustees was scheduled for January 26, 2024 at 12:00 p.m. in Rock Tavern, New York. With no further business to come before the Board, the meeting was adjourned at 12:21 p.m.

Exhibits

A – Cash Operating Statement

B – Claims Paid Detail Report

C – Authorization for Disbursements

D – Delinquency Report and Withdrawal Liability Report

E – Employer Contribution Report

F – Active Members and COBRA Participants Receiving Benefits

G – Participant Appeal

INDUSTRY & LOCAL 338 WELFARE FUND
JULY 1, 2022 THROUGH JUNE 30, 2023
CASH OPERATING STATEMENT

	April	May	June	4th Qtr Apr-Jun	YEAR TO DATE
Remittances					
Employer Contributions *	152,296.00	153,430.40	170,224.60	475,951.00	1,941,836.70
COBRA	1,032.39	0.00	0.00	1,032.39	3,601.38
Payroll Audit	30,526.40	6,752.00	0.00	37,278.40	38,730.40
Payroll Audit Interest	2,123.21	0.00	0.00	2,123.21	2,259.10
Interest- Delinquent Employer	18.51	385.09	161.61	565.21	2,471.50
Dividend Income	18,494.46	13,493.52	28,758.32	60,746.30	261,802.55
SEI Investments Realized G/L	0.00	(2,153.73)	0.00	(2,153.73)	(184,399.02)
SEI Investments Unrealized G/L	26,104.62	(84,833.55)	81,361.42	22,632.49	192,764.55
SEI Fund Rebate	0.00	1,853.22	0.00	1,853.22	7,493.63
NY Labor Health Care Rebate	0.00	0.00	0.00	0.00	0.00
NY Taxes Refund	0.00	0.00	0.00	0.00	0.00
Stop Loss Reimbursement	0.00	0.00	0.00	0.00	327,681.11
Prescription Rebate	0.00	30,436.00	0.00	30,436.00	169,233.16
IRS Interest	0.00	0.00	0.00	0.00	0.00
Class Action Proceeds	0.00	0.00	0.00	0.00	802.93
Total Income	**230,595.59**	**119,362.95**	**280,505.95**	**630,464.49**	**2,764,277.99**
Benefit Expenses *					
Benefits Paid	487.64	375.00	2,000.00	2,862.64	273,187.25
Anthem- Medical	84,138.88	216,215.22	41,477.39	341,831.49	1,327,669.79
Anthem- Retention	4,807.54	4,672.30	5,461.53	14,941.37	61,473.39
Anthem- NY Taxes	1,028.56	800.61	795.13	2,624.30	9,844.84
Medco Claims	14,070.08	30,496.66	28,252.06	72,818.80	421,858.34
Admin. Fee	9,671.84	1,115.77	2,453.10	13,240.71	22,861.52
ASO Dental Claims	2,576.00	4,775.00	4,393.00	11,744.00	40,299.00
Admin. Fee	277.35	268.75	251.55	797.65	3,289.50
NVA Optical Claims	373.00	173.00	169.00	715.00	3,711.00
Admin. Fee	50.06	29.06	16.66	95.78	501.44
Amalgamated: Life Insurance	451.20	440.63	412.43	1,304.26	5,382.68
Paid Family Leave	4,261.12	4,161.25	3,894.93	12,317.30	52,407.41
Disability	871.04	850.63	796.19	2,517.86	10,391.26
Teamster Center Services	277.35	277.35	268.75	823.45	3,243.35
Stop Loss Insurance	20,296.86	19,667.50	18,408.78	58,373.14	245,296.66
Total Benefit Expenses	**143,638.52**	**284,318.73**	**109,050.50**	**537,007.75**	**2,481,417.43**
Administrative Expenses *					
AA, LLC- Admin. Fees	6,963.00	6,963.00	6,963.00	20,889.00	81,441.00
Legal Fees	5,840.00	0.00	0.00	5,840.00	25,720.00
Consulting Fees	12,500.00	0.00	0.00	12,500.00	50,000.00
SEI Invest./Custody Fees	0.00	6,366.96	0.00	6,366.96	25,955.10
Fiduciary Liability Insurance	0.00	0.00	0.00	0.00	3,196.98
Actuary Fees	0.00	2,350.00	0.00	2,350.00	7,050.00
Year End Audit	0.00	0.00	0.00	0.00	36,000.00
Payroll Audits	187.20	31.20	0.00	218.40	10,363.20
Fidelity Bond Insurance	0.00	0.00	0.00	0.00	1,669.92
Convention & Seminars	0.00	0.00	0.00	0.00	0.00
Printing & Stationery	121.39	0.00	200.02	321.41	551.39
Postage	73.55	0.00	67.20	140.75	278.12
Office Supplies & Expenses	36.99	0.00	0.00	36.99	36.99
Bank Charges	171.92	149.89	189.10	510.91	2,385.91
Travel Expenses	0.00	0.00	0.00	0.00	0.00
Meeting Expenses	0.00	0.00	0.00	0.00	0.00
Dues & Membership	0.00	0.00	0.00	0.00	429.40
Withdrawal Liability	1,479.58	1,479.58	1,479.58	4,438.74	17,754.96
NY Labor Health Care Dues	0.00	0.00	500.00	500.00	500.00
PCORI Fee	0.00	0.00	783.99	783.99	783.99
Transitional Reinsurance Fee	0.00	0.00	0.00	0.00	0.00
Cyber Liability	0.00	0.00	0.00	0.00	584.00
Miscellaneous	0.00	0.00	0.00	0.00	0.00
Total Admin. Expenses	**27,373.63**	**17,340.63**	**10,182.89**	**54,897.15**	**264,700.96**
TOTAL EXPENSES	**171,012.15**	**301,659.36**	**119,233.39**	**591,904.90**	**2,746,118.39**
INCREASE/(DECREASE)	**59,583.44**	**(182,296.41)**	**161,272.56**	**38,559.59**	**18,159.60**

FUND RESERVE AS OF 6/30/23: $6,798,902.07

* Cash to Accrual

INDUSTRY AND LOCAL 338 WELFARE FUND

4TH QUARTER 2022 (APRIL, MAY, JUNE)

	Anthem Network		
Benefit	**Out-of-Network**	**In-Network**	**Grand Total**
ANESTHESIA	$0.00	$18,289.86	**$18,289.86**
COVID-19 TESTING	$356.58	$4,448.75	**$4,805.33**
HOSPITAL	$0.00	$157,179.32	**$157,179.32**
LABORATORY & X-RAY	$0.00	$64,670.64	**$64,670.64**
MEDICAL	$5,684.66	$120,356.53	**$126,041.19**
SURGERY	$0.00	$44,048.62	**$44,048.62**
IN-PATIENT SUBSTANCE ABUSE	$0.00	$16,297.75	**$16,297.75**
	$6,041.24	**$425,291.47**	**$431,332.71**

3RD QUARTER 2022 (JANUARY, FEBRUARY, MARCH)

	Anthem Network		
Benefit	**Out-of-Network**	**In-Network**	**Grand Total**
ANESTHESIA	$0.00	$10,132.10	**$10,132.10**
COVID-19 TESTING	$0.00	$4,025.35	**$4,025.35**
HOSPITAL	$0.00	$249,441.20	**$249,441.20**
LABORATORY & X-RAY	$0.00	$42,116.84	**$42,116.84**
MEDICAL	$1,615.06	$55,621.39	**$57,236.45**
SURGERY	$0.00	$15,918.57	**$15,918.57**
COVID-19 VACCINE	$0.00	$15.00	**$15.00**
	$1,615.06	**$377,270.45**	**$378,885.51**

2ND QUARTER 2022 (OCTOBER, NOVEMBER, DECEMBER)

	Anthem Network		
Benefit	**Out-of-Network**	**In-Network**	**Grand Total**
ANESTHESIA	$0.00	$13,923.55	$13,923.55
COVID-19 TESTING	$0.00	$8,896.62	$8,896.62
HOSPITAL	$0.00	$159,689.34	$159,689.34
LABORATORY & X-RAY	$0.00	$44,767.75	$44,767.75
MEDICAL	$2,882.00	$83,991.78	$86,873.78
SURGERY	$65,000.00	$30,900.53	$95,900.53
COVID-19 VACCINE	$0.00	$80.00	$80.00
	$67,882.00	**$342,249.57**	**$410,131.57**

1ST QUARTER 2022 (JULY, AUGUST, SEPTEMBER)

	Anthem Network		
Benefit	**Out-of-Network**	**In-Network**	**Grand Total**
ANESTHESIA	$0.00	$13,045.66	$13,045.66
COVID-19 TESTING	$0.00	$5,938.07	$5,938.07
COVID-19 TREATMENT	$0.00	$3,652.07	$3,652.07
HOSPITAL	$0.00	$243,333.06	$243,333.06
LABORATORY & X-RAY	$0.00	$49,239.39	$49,239.39
MEDICAL	$2,611.40	$71,568.38	$74,179.78
SURGERY	$84,000.00	$20,523.61	$104,523.61
COVID-19 VACCINE	$0.00	$40.00	$40.00
	$86,611.40	**$407,340.24**	**$493,951.64**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
APRIL 30, 2023

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 3/23-4/23	477.53
	ANTHEM EMPIRE- MEDICAL CLAIMS 3/23-4/23	89,974.98
	MEDCO RX CLAIMS 3/23-4/23	23,741.92
	ASO DENTAL CLAIMS 4/23	277.35
	TOTAL PAYMENTS	**114,471.78**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
MAY 31, 2023

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 4/23-5/23	486.06
	ANTHEM EMPIRE- MEDICAL CLAIMS 4/23-5/23	221,688.13
	MEDCO RX CLAIMS 5/23	31,612.43
	ASO DENTAL CLAIMS 4/23-5/23	5,531.00
	TOTAL PAYMENTS	**259,317.62**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
JUNE 30, 2023

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	ANTHEM EMPIRE- MEDICAL CLAIMS 5/23-6/23	68,977.99
	MEDCO RX CLAIMS 6/23	30,705.16
	ASO DENTAL CLAIMS 5/23-6/23	6,213.00
	TOTAL PAYMENTS	**105,896.15**

Local 338 Delinquency Log

Delinquencies as of 06/30/23

Employer	Month(s) Delinquent
Orange County Transit (Valley & Wallkill)	5/23 *

Late Fees

Employer	Welfare	Total Balance Owed	Month(s) Owed
First Student (Roundout)	$11.20	$11.20	11/19, 8/21
Orange County Transit (Valley & Wallkill)	$366.11	$366.11	5/23-7/23

Status of Withdrawal Liability Payments as of 6/30/23

Employer	Start Date	Amount of W/L Pymt Mthly	Total # of Pymts Required	Pymts Made to Date	Past Due?	Employer ID#	Date of withdrawal
Local 338 Welfare Fund	3/1/2014	$1,479.58	240	112	No	36	6/30/2013

* Orange County Transit Paid May Contributions on 7/21/23

Local 338 Welfare Fund Employer Contribution Rates

Employer	Employer #	*Wel Count	Contract Effective Date	Contract Expiration Date	Current Weekly Welfare Rate	Current CBA on file	Which Union?
First Student (Kingston)	**59**	**7**	9/1/2016 9/1/2017 1/1/2018 9/1/2018 1/1/2019 1/1/2020 **1/1/2021**	8/31/2021	 290.00 300.00 280.00 284.80 293.20 **294.80**	No	445
First Student (Rondout)	**65**	**3**	9/1/2022 9/1/2022 **1/1/2023** 1/1/2024 1/1/2025	8/31/2025	 332.00 **360.00** 376.00 396.00	Yes	445
L.P. Transportation	**43**	**27**	8/16/2022 **8/16/2022** 8/16/2023 8/16/2024	8/15/2025	 **332.00** 376.00 396.00	Yes	445
Mondelez International was Kraft Foods Global Inc.	**49**	**67**	9/1/2019 9/1/2019 9/1/2020 9/1/2021 **9/1/2022** 9/1/2023	8/31/2024	 294.80 296.00 296.00 **296.00** 296.00	Yes	445

* Participant Count as of 9/15/23

Local 338 Welfare Fund Employer Contribution Rates

Employer	Employer #	*Wel Count	Contract Effective Date	Contract Expiration Date	Current Weekly Welfare Rate	Current CBA on file	Which Union?
Orange County Transit	**70**	**12**	9/1/2022	8/31/2027		Yes	445
(includes Wallkill and Valley Central)			3/1/2023		325.60		
			1/1/2024		358.00		
			1/1/2025		384.80		
			1/1/2026		384.80		
			1/1/2027		396.00		
Paraco Gas Corp.	**54**	**7**	2/1/2021	1/31/2025		Yes	445
			2/1/2021		312.00		
			2/1/2022		332.00		
			2/1/2023		**360.00**		
			2/1/2024		376.00		
PreCast Concrete	**55**	**3**	1/1/2016	12/31/2017		No	445
			7/1/2016		266.40		
Currently in negotiations			1/1/2017		290.40		
			1/1/2018		**290.40**		
Westchester Local 860	**21**	**1**	10/1/2021	9/30/2025		Yes	445
			10/1/2021		312.00		
			10/1/2022		**332.00**		
			10/1/2023		360.00		
			10/1/2024		376.00		

* Participant Count as of 9/15/23

INDUSTRY AND LOCAL 338 WELFARE FUND
NUMBER OF ACTIVE MEMBERS
RECEIVING BENEFITS
JANUARY 2023 - DECEMBER 2023

MONTH	WELFARE	COBRA
January-23	124	0
February-23	122	0
March-23	121	0
April-23	122	1
May-23	128	0
June-23	123	0
July-23		
August-23		
September-23		
October-23		
November-23		
December-23		

NAME: **SS#:**

Industry and Local 338 Welfare Fund

LOCAL: 338
STATUS: Full Time

ISSUE: Hospital/Medical – Experimental/Investigational #M23/100-0911

FUND RULE:
"**Exclusions**
In addition to services listed under 'What's Not Covered' in the prior sections, your PPO does not cover the following:

Experimental/Investigational Treatments

- Technology, treatments, procedures, drugs, biological products or medical devices that in Empire's judgment are:
  - experimental or investigative,
  - obsolete or ineffective, and
  - any hospitalization in connection with experimental or investigative treatments.

- "Experimental" or "investigative" means that for the particular diagnosis or treatment of the covered person's condition, the treatment is:
  - not of proven benefit,
  - not generally recognized by the medical community (as reflected in published medical literature).

Government approval of a specific technology or treatment does not necessarily prove that it is appropriate or effective for a particular diagnosis or treatment of a covered person's condition. Empire may require that any or all of the following criteria be met to determine whether a technology, treatment, procedure, biological product, medical device or drug is experimental, investigative, obsolete or ineffective:

- There is final market approval by the U.S. Food and Drug Administration (FDA) for the patient's particular diagnosis or condition, except for certain drugs prescribed for the treatment of cancer. Once the FDA approves use of a medical device, drug or biological product for a particular diagnosis or condition, use for another diagnosis or condition may require that additional criteria be met.
- Published peer review medical literature must conclude that the technology has a definite positive effect on health outcomes.
- Published evidence must show that over time the treatment improves health outcomes (i.e., the beneficial effects outweigh any harmful effects).
- Published proof must show that the treatment at the least improves health outcomes or that it can be used in appropriate medical situations where the established treatment cannot be used. Published proof must show that the treatment improves health outcomes in standard medical practice, not just in an experimental laboratory setting."

(Industry and Local 338 Welfare Fund SPD, Pages 79-80)

SUMMARY:

Date(s) of Service:	February 24, 2023 and March 31, 2023
Claim(s) Received:	March 6, 2023 through April 7, 2023
Claim(s) Denied:	March 14, 2023 through April 19, 2023
Appeal Received:	May 25, 2023

The **provider,** Alterman, Modi & Wolter Eye Centers, is appealing for payment of claims for Avastin injections that were denied. The provider states in summary that the participant is being treated for Diabetic Macular Edema and that they have used Avastin many times to treat this same diagnosis.

Records indicate that Alterman, Modi & Wolter Eye Centers submitted claims for Avastin injections rendered on February 24, 2023 and March 31, 2023 with the diagnosis "Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema." The claims were denied because Avastin has not been FDA-approved for the treatment of this diagnosis, therefore, is considered experimental/investigational in nature and excluded from coverage.

Date of Service: February 24, 2023
CPT J9035-LT – provider billed $300.00 and Anthem allowed $70.75
CPT 67028-LT – provider billed $500.00 and Anthem allowed $94.57

Date of Service: March 31, 2023
CPT J9035-LT – provider billed $300.00 and Anthem allowed $70.75
CPT 67028-LT – provider billed $500.00 and Anthem allowed $94.57

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

INDUSTRY & LOCAL 338 WELFARE FUND
JULY 1, 2023 THROUGH SEPTEMBER 30, 2023
CASH OPERATING STATEMENT

	JULY	AUGUST	SEPTEMBER	JULY - SEPTEMBER	YEAR TO DATE
Remittances					
Employer Contributions *	156,931.60	153,214.80	194,575.26	504,721.66	504,721.66
COBRA	0.00	0.00	0.00	0.00	0.00
Payroll Audit	0.00	0.00	0.00	0.00	0.00
Payroll Audit Interest	952.76	0.00	0.00	952.76	952.76
Interest- Delinquent Employer	0.00	0.00	0.00	0.00	0.00
Dividend Income	13,914.34	15,508.48	15,154.27	44,577.09	44,577.09
SEI Investments Realized G/L	1,737.71	(6,324.56)	(889.84)	(5,476.69)	(5,476.69)
SEI Investments Unrealized G/L	51,349.48	(48,422.35)	(108,047.23)	(105,120.10)	(105,120.10)
SEI Fund Rebate	0.00	0.00	0.00	0.00	0.00
NY Labor Health Care Rebate	0.00	0.00	0.00	0.00	0.00
NY Taxes Refund	0.00	0.00	0.00	0.00	0.00
Stop Loss Reimbursement	0.00	0.00	0.00	0.00	0.00
Prescription Rebate	0.00	29,120.00	0.00	29,120.00	29,120.00
IRS Interest	0.00	0.00	0.00	0.00	0.00
Class Action Proceeds	0.00	0.00	0.00	0.00	0.00
Total Income	**224,885.89**	**143,096.37**	**100,792.46**	**468,774.72**	**468,774.72**
Benefit Expenses *					
Benefits Paid	523.02	8.00	0.00	531.02	531.02
Anthem- Medical	147,328.27	295,638.40	62,881.71	505,848.38	505,848.38
Anthem- Retention	5,014.80	4,889.43	5,892.39	15,796.62	15,796.62
Anthem- NY Taxes	820.23	771.82	791.93	2,383.98	2,383.98
Medco Claims	57,127.88	54,401.01	51,332.87	162,861.76	162,861.76
Admin. Fee	307.34	25,757.10	306.80	26,371.24	26,371.24
ASO Dental Claims	0.00	2,983.00	2,756.00	5,739.00	5,739.00
Admin. Fee	279.50	270.90	270.90	821.30	821.30
NVA Optical Claims	14.56	73.37	42.00	129.93	129.93
Admin. Fee	97.00	519.00	373.00	989.00	989.00
Amalgamated: Life Insurance	4,785.95	444.15	444.15	5,674.25	5,674.25
Paid Family Leave	0.00	4,194.54	4,194.54	8,389.08	8,389.08
Disability	884.65	857.43	857.43	2,599.51	2,599.51
Teamster Center Services	251.55	279.50	270.90	801.95	801.95
Stop Loss Insurance	20,454.20	19,824.84	19,824.84	60,103.88	60,103.88
Total Benefit Expenses	**237,888.95**	**410,912.49**	**150,239.46**	**799,040.90**	**799,040.90**
Administrative Expenses *					
AA, LLC- Admin. Fees	6,963.00	6,963.00	6,963.00	20,889.00	20,889.00
Legal Fees	0.00	0.00	0.00	0.00	0.00
Consulting Fees	12,500.00	0.00	0.00	12,500.00	12,500.00
SEI Invest./Custody Fees	0.00	0.00	0.00	0.00	0.00
Fiduciary Liability Insurance	3,196.98	0.00	0.00	3,196.98	3,196.98
Actuary Fees	0.00	0.00	0.00	0.00	0.00
Year End Audit	0.00	0.00	0.00	0.00	0.00
Payroll Audits	0.00	0.00	0.00	0.00	0.00
Fidelity Bond Insurance	139.16	0.00	0.00	139.16	139.16
Convention & Seminars	0.00	0.00	0.00	0.00	0.00
Printing & Stationery	0.00	0.00	50.30	50.30	50.30
Postage	0.00	0.00	0.00	0.00	0.00
Office Supplies & Expenses	0.00	0.00	0.00	0.00	0.00
Bank Charges	151.52	135.47	122.89	409.88	409.88
Travel Expenses	0.00	0.00	0.00	0.00	0.00
Meeting Expenses	0.00	0.00	0.00	0.00	0.00
Dues & Membership	0.00	0.00	448.11	448.11	448.11
Withdrawal Liability	1,479.58	1,479.58	1,479.58	4,438.74	4,438.74
NY Labor Health Care Dues	0.00	500.00	0.00	500.00	500.00
PCORI Fee	0.00	0.00	0.00	0.00	0.00
Transitional Reinsurance Fee	0.00	0.00	0.00	0.00	0.00
Cyber Liability	0.00	0.00	0.00	0.00	0.00
Miscellaneous	0.00	0.00	0.00	0.00	0.00
Total Admin. Expenses	**24,430.24**	**9,078.05**	**9,063.88**	**42,572.17**	**42,572.17**
TOTAL EXPENSES	**262,319.19**	**419,990.54**	**159,303.34**	**841,613.07**	**841,613.07**
INCREASE/(DECREASE)	**(37,433.30)**	**(276,894.17)**	**(58,510.88)**	**(372,838.35)**	**(372,838.35)**

FUND RESERVE AS OF 9/30/23: $6,440,977.76

* Cash to Accrual

INDUSTRY AND LOCAL 338 WELFARE FUND

1ST QUARTER 2023 (JULY, AUGUST, SEPTEMBER)

	Anthem Network		
Benefit	**Out-of-Network**	**In-Network**	**Grand Total**
ANESTHESIA	$0.00	$10,236.31	$10,236.31
COVID-19 TESTING	$0.00	-$5.00	-$5.00
HOSPITAL	$0.00	$91,922.42	$91,922.42
LABORATORY & X-RAY	$162.32	$49,219.03	$49,381.35
MEDICAL	$2,738.65	$185,416.61	$188,155.26
SURGERY	$0.00	$11,585.40	$11,585.40
COVID-19 TREATMENT	$0.00	$117.54	$117.54
	$2,900.97	**$348,492.31**	**$351,393.28**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
JULY 31, 2023

WELFARE FUND CHECKING

DESCRIPTION	AMOUNT
NVA OPTICAL CLAIMS 6/23-7/23	244.66
ANTHEM EMPIRE- MEDICAL CLAIMS 7/23	124,878.02
MEDCO RX CLAIMS 7/23	51,957.71
ASO DENTAL CLAIMS 6/23-7/23	2,955.50
TOTAL PAYMENTS	**180,035.89**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
AUGUST 31, 2023

WELFARE FUND CHECKING

DESCRIPTION	AMOUNT
NVA OPTICAL CLAIMS 5/23-8/23	199.62
ANTHEM EMPIRE- MEDICAL CLAIMS 7/23-8/23	283,625.74
MEDCO RX CLAIMS 7/23-8/23	85,635.62
ASO DENTAL CLAIMS 8/23	3,253.90
TOTAL PAYMENTS	**372,714.88**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
SEPTEMBER 30, 2023

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 8/23	474.37
	ANTHEM EMPIRE- MEDICAL CLAIMS 9/23	88,781.82
	MEDCO RX CLAIMS 9/23	51,639.67
	ASO DENTAL CLAIMS 9/23	3,026.90
	TOTAL PAYMENTS	**143,922.76**

Local 338 Delinquency Log

Delinquencies as of 9/30/23

Employer	Month(s) Delinquent
Orange County Transit (Valley & Wallkill)	8/23 *

Late Fees

Employer	Welfare	Total Balance Owed	Month(s) Owed
First Student (Roundout)	$11.20	$11.20	11/19, 8/21

Status of Withdrawal Liability Payments as of 9/30/23

Employer	Start Date	Amount of W/L Pymt Mthly	Total # of Pymts Required	Pymts Made to Date	Past Due?	Employer ID#	Date of withdrawal
Local 338 Welfare Fund	3/1/2014	$1,479.58	240	115	No	36	6/30/2013

* Orange County Transit Paid August Contributions on 10/4/23

Local 338 Welfare Fund Employer Contribution Rates

Employer	Employer #	*Wel Count	Contract Effective Date	Contract Expiration Date	Current Weekly Welfare Rate	Current CBA on file	Which Union?
First Student (Kingston)	**59**	**7**	1/1/2019 1/1/2020 1/1/2021 9/1/2021 1/1/2022 **1/1/2023** 1/1/2024	8/31/2024	284.80 293.20 294.80 312.00 332.00 **360.00** 376.00	Yes	445
First Student (Rondout)	**65**	**3**	9/1/2022 **1/1/2023** 1/1/2024 1/1/2025	8/31/2025	332.00 **360.00** 376.00 396.00	Yes	445
First Student (Wallkill and Valley Central)			9/1/2022 **1/1/2023** 1/1/2024 1/1/2025	8/31/2025	332.00 **360.00** 376.00 396.00	Yes	445
L.P. Transportation	**43**	**31**	8/16/2022 **8/16/2023** 8/16/2024	8/15/2025	332.00 **376.00** 396.00	Yes	445
Mondelez International was Kraft Foods Global Inc.	**49**	**68**	9/1/2019 9/1/2020 9/1/2021 9/1/2022 **9/1/2023**	8/31/2024	294.80 296.00 296.00 296.00 **296.00**	Yes	445

* Participant Count as of 11/22/23

Local 338 Welfare Fund Employer Contribution Rates							
Employer	**Employer #**	***Wel Count**	**Contract Effective Date**	**Contract Expiration Date**	**Current Weekly Welfare Rate**	**Current CBA on file**	**Which Union?**
Orange County Transit (includes Wallkill and Valley Central)	**70**	**15**	9/1/2022 **3/1/2023** 1/1/2024 1/1/2025 1/1/2026 1/1/2027	8/31/2027	296.00 **325.60** 358.00 384.80 384.80 396.00	Yes	445
Orange County Transit - Opt Out			**3/1/2023** 1/1/2024 1/1/2025 1/1/2026 1/1/2027		**81.60** 89.50 96.20 96.20 99.00		
Paraco Gas Corp.	**54**	**8**	2/1/2021 2/1/2022 **2/1/2023** 2/1/2024	1/31/2025	312.00 332.00 **360.00** 376.00	Yes	445
PreCast Concrete *Currently in negotiations*	**55**	**3**	7/1/2016 1/1/2017 **1/1/2018**	12/31/2017	266.40 290.40 **290.40**	No	445
Westchester Local 860	**21**	**1**	10/1/2021 **10/1/2022** 10/1/2023 10/1/2024	9/30/2025	312.00 **332.00** 360.00 376.00	Yes	445

* Participant Count as of 11/22/23

INDUSTRY AND LOCAL 338 WELFARE FUND
NUMBER OF ACTIVE MEMBERS
RECEIVING BENEFITS
JANUARY 2023 - DECEMBER 2023

MONTH	WELFARE	COBRA
January-23	124	0
February-23	122	0
March-23	121	0
April-23	122	1
May-23	128	0
June-23	123	0
July-23	124	0
August-23	128	0
September-23	131	0
October-23		
November-23		
December-23		

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.
This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call Associated Administrators, LLC toll free at (855) 412-3797. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call (855) 412-3797 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Medical In-Network: $250 Individual/ $500 Family Out-of-Network: $2,000 Individual/ $5,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Emergency room care, in-network preventive care and in-network diagnostic tests are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Medical In-Network: $1,850 Individual / $3,700 Family Prescription Drugs In-Network: $7,600 Individual / $15,200 Family Medical Out-of-Network: $6,000 Individual / $15,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, penalties for failure to obtain preauthorization, your cost sharing and costs paid by drug manufacturers for certain non-essential specialty drugs, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. For a list of in-network providers for hospital & medical benefits, visit www.anthem.com or call 1-800-810-Blue. For Prescription drug benefits, visit www.express-scripts.com. For Vision benefits, visit www.e-nva.com.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 copay/visit	40% coinsurance	None
	Specialist visit	$40 copay/visit	40% coinsurance	None
	Preventive care/screening/ immunization	No charge; deductible does not apply	40% coinsurance	Age and frequency limits apply. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance; deductible does not apply	40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	10% coinsurance	40% coinsurance	Failure to obtain preauthorization may result in non-coverage or reduced coverage.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.express-scripts.com.	Generic drugs	Retail: 15% coinsurance ($5 minimum payment); Mail Order: 15% coinsurance ($5 minimum payment) *Brand name drugs are only covered if no generic is available.	Not covered	30-day supply retail and 90-day supply home delivery pharmacy service (mail order program) or 90-day supply filled at a Smart90 retail pharmacy. Contraceptives and certain preventive medications are available at no cost. In accordance with the Affordable Care Act, certain over-the-counter (OTC) drugs are payable at no charge when prescribed by a Physician. *Brand name drugs are only covered if no generic is available.
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs	No charge for specialty drugs on the SaveonSP Specialty Drug List if you enroll in that program. You pay the full copay indicated on that list if you do not enroll in that program.		*The SaveonSP Specialty Drug List is available at www.saveonsp.com/local338. Your cost sharing for these "non-essential" specialty drugs, as well as any amount paid by the drug manufacturer through its copay assistance program, do not count toward your out-of-pocket limit or deductible. Prescriptions for inflammatory conditions and multiple sclerosis products must be filled exclusively through Accredo specialty pharmacy.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	40% coinsurance	Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Physician/surgeon fees	10% coinsurance	40% coinsurance	None
If you need immediate medical attention	Emergency room care	$150 copay/visit; deductible does not apply	$150 copay/visit; deductible does not apply	Copayment waived if admitted within 24 hours.
	Emergency medical transportation	No charge	No charge	In- and Out-of-Network: Limited to $2,000 maximum per trip. Air Ambulance covered subject to medical necessity and subject to No Surprises Act. For more information, contact the Fund Office.
	Urgent care	Office visit: $20 copay/visit ER visit: $150 copay/visit; deductible does not apply	40% coinsurance	There is no special benefit for urgent care. It will be billed as either an office visit or ER visit.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	40% coinsurance	Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Physician/surgeon fees	10% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office visit: $20 copay/visit Outpatient facility: 10% coinsurance	40% coinsurance	Failure to obtain preauthorization for intensive outpatient treatment and partial hospitalization program may result in non-coverage or reduced coverage.
	Inpatient services	10% coinsurance	40% coinsurance	Failure to obtain preauthorization may result in non-coverage or reduced coverage.
If you are pregnant	Office visits	10% coinsurance	40% coinsurance	Cost sharing does not apply for preventive screenings.
	Childbirth/delivery professional services	10% coinsurance	40% coinsurance	Must notify if stay will exceed 48 hours (regular delivery) or 96 hours (c-section). Failure to notify may result in non-coverage or reduced benefits.
	Childbirth/delivery facility services	10% coinsurance	40% coinsurance	

*For more information about limitations and exceptions, see the Summary of Benefits section of the plan document, available from (855) 412-3797.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	40% coinsurance	Limited to 200 visits per calendar year. Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Rehabilitation services	Outpatient: $20 copay/visit Inpatient: 10% coinsurance	40% coinsurance	Limited to 30 visits per calendar year combined in home, office, or outpatient facility. Inpatient limited to 30 days. Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Habilitation services	Outpatient: $20 copay/visit Inpatient: 10% coinsurance	40% coinsurance	Limited to 30 visits per calendar year combined in home, office, or outpatient facility. Inpatient limited to 30 days.
	Skilled nursing care	10% coinsurance	40% coinsurance	Limited to 60 days per calendar year. Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Durable medical equipment	10% coinsurance	40% coinsurance	Failure to obtain preauthorization may result in non-coverage or reduced coverage.
	Hospice services	10% coinsurance	40% coinsurance	Limited to 210 days per lifetime. Failure to obtain preauthorization may result in non-coverage or reduced coverage.
If your child needs dental or eye care	Children's eye exam	No charge if within Schedule of Benefits	Charges over Plan Allowance	Limited to one exam and lenses every 12 months. Frames covered once every 24 months. Optical benefits are separately administered by National Vision Administrators (NVA).
	Children's glasses	No charge	Charges over Plan Allowance	Limited to one exam and lenses every 12 months. Frames covered once every 24 months. Optical benefits are separately administered by National Vision Administrators (NVA).
	Children's dental check-up	Charges over Plan Schedule of Benefits	Charges over Plan Schedule of Benefits	Oral exam & cleaning limited to twice per year. Fluoride treatment up to age 19, maximum two applications per year. Sealant per tooth: permanent posterior teeth to age 15 & max one application per lifetime. Dental benefits are separately administered by Self-Insured Dental Services (ASO/SIDS.).

*For more information about limitations and exceptions, see the Summary of Benefits section of the plan document, available from (855) 412-3797.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Hearing aids
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight loss programs (except as required by the Affordable Care Act)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Dental care (Adult)
- Infertility treatment*
- Non-emergency care when traveling outside the United States (See www.bcbsglobalcore.com)
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Associated Administrators, LLC toll free at (855) 412-3797. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al (855) 412-3797
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa (855) 412-3797
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 (855) 412-3797
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' (855) 412-3797

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

*For more information about limitations and exceptions, see the Summary of Benefits section of the plan document, available from (855) 412-3797.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	**$250**
Specialist copay	**$40**
Hospital (facility) coinsurance	**10%**
Diagnostic tests copay	**10%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$250
Copayments	$0
Coinsurance	$1,200
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,510**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	**$250**
Specialist copay	**$40**
Hospital (facility) coinsurance	**10%**
Diagnostic Tests copay	**10%**

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$250
Copayments	$160
Coinsurance	$650
What isn't covered	
Limits or exclusions	$230
The total Joe would pay is	**$1,290**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	**$250**
Specialist copay	**$40**
Hospital (facility) coinsurance	**10%**
Diagnostic tests copay	**10%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$250
Copayments	$390
Coinsurance	$20
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$660**

The **plan** would be responsible for the other costs of these EXAMPLE covered services.

Industry And Local 338
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911 Ridgebrook Road
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In accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), the Industry and Local 338 Welfare Fund has adopted and implemented policies and procedures that protect your private health information. These policies and procedures were described in a Notice previously distributed to you.

If you would like another copy of the Notice, please contact the Fund office at (855) 412-3797.