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

UNAUDITED STATEMENT

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: