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

March 17, 2023

I. CALL MEETING TO ORDER

II. AUDITOR REPORT

III. SEI REPORT

IV. APPROVAL OF MINUTES
   a. November 4, 2022
   b. November 22, 2022

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 Special Meeting of the Board of Trustees

Held on November 4, 2022
Via
WebEx

The following Trustees were present:

UNION TRUSTEES
Dan Maldonado
Lori Polesel

EMPLOYER TRUSTEE
Chris Palmer

Also present were:

Alicia Cochran – Associated Administrators, LLC
Rachel Grant – Associated Administrators, LLC
Elizabeth O'Leary, Esq. – Kauff McGuire & Margolis LLP

I. CALL TO ORDER

The meeting was called to order at 10:03 a.m.

II. OPT OUT AND TIERED CONTRIBUTION RATES

Trustee Polesel discussed the Union's current negotiations with Orange County Transit ("OCT"). She stated that, for employees who waive coverage, OCT currently pays the full employer contribution and the employee portion is waived. She noted that the Fund does not provide any benefits for the opt-out employees but currently receives approximately $10,000 per year in employer contributions on their behalf. She discussed the possibility of providing the Plan's non-medical benefits for employees who opt out of coverage. It

was noted that the non-medical benefits include short-term disability, AD&D, life Insurance, and NYS Paid Family Leave (collectively, the "Supplemental Benefits").

After further discussion,

MOTION was made, seconded and unanimously adopted to provide Supplemental Benefits to Orange County Transit employees who opt out of full coverage.

Trustee Polesel requested that Segal calculate a contribution rate sufficient to cover the cost of the Supplemental Benefits and that, upon receipt of that information, consideration be given to offering a lower employer contribution rate for employees who opt out of coverage. Trustee Polesel said that, as is currently the case with OCT opt outs, any employee wishing to opt out must submit proof of other coverage in order to be eligible for the opt out option.

The Trustees requested that Segal also provide information regarding tiered contribution rates. Ms. Cochran said that she would notify Segal of the Trustees' request.

III. PAYROLL AUDIT ISSUE

Trustee Palmer discussed the payroll audit findings for L.P. Transportation (the "Company"). He explained that the Company disagrees with the findings related to the first four weeks of employment for new hires. Ms. Cochran said that she had reviewed the Company's prior audits and contributions and that there were inconsistencies with the Company's commencement date of contribution payments for new hires. It was noted that the Collective Bargaining Agreement does not have specific language regarding a waiting period for contribution payments. It was noted that the Company has submitted payment for the findings to which it does not object.

After discussion, it was agreed that Ms. Cochran would further review the findings from previous payroll audits and discuss the matter with Ms. O'Leary. Ms. Cochran and Ms. O'Leary said they would contact Trustee Palmer once additional information is available.

Ms. O'Leary noted that, once the information is received, and in the event that a decision by the Board of Trustees' is required regarding this audit, Trustee Palmer must recuse himself from any discussion and decision by the Board of Trustees.

IV. NEXT MEETING DATE/ADJOURNMENT

The next regular meeting of the Board of Trustees is scheduled for Tuesday, November 22, 2022 by WebEx. The Trustees confirmed that Matthew Berger, counsel for Local 445 Welfare Fund, is welcome to attend the upcoming meeting. With no further business to come before the Board, the meeting was adjourned at 10:38 a.m.

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Minutes of the Meeting of the Board of Trustees

Held on November 22, 2022
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
Lou Bach – Summit Actuarial Services, LLC
Matthew J. Berger, Esq. – Barnes, Iaccarino & Shepherd, LLP
Alicia Cochran – Associated Administrators, LLC
Rachel Grant – Associated Administrators, LLC
Frank Iannucci – Summit Actuarial Services, 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 11:01 a.m.

II. MERGER STUDY

The Trustees welcomed Messrs. Bach and Iannucci from Summit Actuarial Services, LLC ("Summit"), and Mr. Matt Berger from Barnes, Iaccarino & Shepherd, LLP, counsel to the Teamsters Local 445 Welfare Fund, to the meeting. It was noted that Summit had

previously been jointly engaged by the Local 338 Welfare Fund and the Local 445 Welfare Fund to conduce a merger feasibility study.

Mr. Bach referred the Trustees to Summit's report titled "Merger Feasibility Study." He reviewed the information provided by both Funds, highlighting different features of both Plans, including similarities and differences. He noted that the Local 338 Fund participants work more hours, while the Local 445 Fund has richer benefits and retiree coverage. He also noted that the Local 338 Fund has higher reserves and that the eligibility rules for each Fund are different. Mr. Bach said that a merger will produce efficiencies in plan operating and administrative expenses.

Mr. Urbank noted that the Local 338 Fund has much better reserves than the Local 445 Fund, and he asked whether a merger agreement would include a guarantee that the reserves accumulated by the Local 338 Fund would remain dedicated to the participants of the Local 338 Fund and not be used to subsidize the Local 445 Fund. Mr. Bach responded that the merger could be set up to maintain separate accounts.

Mr. Bach addressed several administrative items which would need to be addressed in the event of a merger, such as the administration of the merged Fund. Mr. Urbank noted that the Local 338 Fund has a Jointly Administered Arrangement ("JAA") with Anthem pursuant to which Associated processes medical claims. Mr. Bach said that Local 445 Fund's medical claims are processed by MVP, but that there may be cost savings if the Local 445 Fund moved to the Anthem/Associated JAA.

Ms. O'Leary asked if the Summit representatives had an opinion on other options if the merger does not occur, such as having the bargaining parties for the Local 338 Fund negotiate Collective Bargaining Agreements pursuant to which contributions would eventually be made to the Local 445 Fund rather to the Local 338 Fund, with the Local 338 Fund terminating and any surplus assets being transferred to the Local 445 Fund. Mr. Bach said that he was unfamiliar with that type of circumstance.

Mr. Iannucci stated that, in his view, the small number of participants in the Local 338 Fund (approximately 115) puts the Local 338 Fund in a dangerous position, noting that its ability to continue to self-insure benefits is at risk. He stated that the ability to increase the number of participants through a merger allows risk to be spread and will benefit all participants.

Trustee Maldonado discussed the administrative fees and the savings available if the Funds were to merge. He referred to the inability that the Local 338 Fund may experience with respect to obtaining stop loss insurance if its participant count falls below 100. After discussion, the Trustees stated that they are in favor of a merger in which the assets of the Funds would be kept separate.

Ms. O'Leary noted that it may be advisable to incorporate the Local 338 Fund's Trust Agreement amendments into an updated Trust Agreement and make some other updates to the Trust Agreement. She also noted that, given that Trustees Maldonado and Polesel are Trustees on both Funds, they will need to be recused. Mr. Berger and Ms. O'Leary stated that they would discuss how to address the recusal matter after the meeting.

After further discussion, Messrs. Bach, Iannucci, Berger and Urbank were excused from the meeting.

Trustee Maldonado asked Ms. Cochran to estimate administrative fees if the Local 338 Fund moved claim processing to MVP and if the Local 445 Fund moved claims processing to Anthem under the JAA. Ms. Cochran said she would look into providing an estimate based on the information available at this time.

The Trustees agreed that the merger discussion should continue. Ms. O'Leary said she would schedule a follow up call with Mr. Berger.

Mr. Urbank re-entered the meeting.

III. INVESTMENT CONSULTANT REPORT

The Trustees welcomed Mr. Patrick Blizzard of SEI to the meeting. He referred the Trustees to SEI's report. He provided commentary on the market, noting the market volatility and across-the-board negative returns in the third quarter of 2022.

Mr. Blizzard reported that the Fund's market value of assets was $6,382,857 as of September 30, 2022, and its fiscal year-to-date rate of return is -3.69%, compared to the -3.50% return for the index. Mr. Blizzard reviewed the Fund's asset allocation: 7.7% World Equity Ex-US Fund, 5.4% US Equity Factor Allocation Fund, 5.3% Large Cap Index Fund, 37.2% Core Fixed Income Fund, 18.0% Limited Duration Fund, 2.0% High Yield Bond Fund, 19.3% Ultra Short Duration Fund, 3.2% Opportunistic Income Fund, and 1.9% Emerging Markets Debt Fund. He then reported on the performance of each asset class.

Mr. Blizzard discussed the current Portfolio and presented an alternative Portfolio A. Mr. Blizzard stated that SEI recommended Portfolio A which consists of the following changes: (a) increasing U.S. High Yield Income from 2.0% to 3.0%, (b) increasing Emerging Markets Debt from 2.0% to 3.0%, (c) eliminating Diversified Short Term Fixed Income (currently 3.0%) and Short Term Corporate Fixed Income (currently 18.0%), (d) increasing Limited Duration Fixed Income from 17.0% to 41.0%, (e) decreasing Core Fixed Income from 37.0% to 16.0%, and (f) adding Multi-Strategy Real Assets (8.0%) and TIPS (8.0%). Mr. Blizzard explained that these changes would provide protection during periods with higher interest rates and he reviewed expected return distributions. He noted that the change to Portfolio A would not have a fee impact. He said that, if approved, the changes would be effective December 15, 2022.

After discussion,

MOTION was made, seconded and unanimously adopted to approve SEI's recommendation of Portfolio A as outlined in SEI's report.

The Trustees thanked Mr. Blizzard for his report.

IV. APPROVAL OF MINUTES

The minutes of the meeting held on July 22, 2022 were reviewed.

MOTION was made, seconded and unanimously adopted to approve the minutes of the meeting held on July 22, 2022.

V. ASSOCIATED ADMINISTRATORS, LLC REPORT

A. Cash Operating Statement

Ms. Cochran reviewed the Cash Operating Statement from July 1, 2021 through June 30, 2022. 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, 2021 through June 31, 2022. The report showed paid claims by the following categories: anesthesia, COVID-19 testing, COVID-19 treatment, hospital, laboratory and x-ray, medical, surgery, COVID-19 vaccines, and COVID-19 office visits. 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 2022. 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."

Considering the possible merger, Ms. O'Leary suggested that Ms. Cochran ask the Local 338 Pension Fund's actuary to calculate the present value of the Welfare Fund's remaining payments required to satisfy the assessment of withdrawal liability in the event that the Trustees would like to consider making a lump sum payment rather than continuing the current monthly payment schedule.

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 2022 through December 2022. The report is attached hereto as Exhibit "F."

H. Administrative Manager's Report

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

I. Notice of Creditable Coverage

Ms. Cochran reported that the Notice of Creditable Coverage was mailed to participants on October 12, 2022.

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

Ms. Cochran reported that the WHCRA notice was mailed to participants on October 12, 2022.

K. 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, 2022 through October 4, 2023.

MOTION was made, seconded and unanimously adopted to ratify the Trustees' interim action approving the Cyber Liability Policy.

L. Mondelez Credit Request

Ms. Cochran reported that Mondelez requested a credit of $14,504.00 for July 2022 contributions paid in error. She stated that Associated has confirmed that the contributions were paid in error and that the employer does not have an outstanding liability to the Fund.

MOTION was made, seconded and unanimously adopted to approve the credit request of $14,504.00 for Mondelez.

M. Stop Loss Reimbursement

Ms. Cochran reported that the Fund submitted a stop loss claim to HCC Life Insurance Company, resulting in a reimbursement of $327,681.11 to the Fund for the policy period from April 1, 2021 through March 31, 2022.

N. Precast Concrete Payroll Audit

Ms. Cochran reported receipt of payment for the 2019-2021 payroll audit findings in the amount of $1,587.89.

O. Coordination of Benefits ("COB") Form Mailing

Ms. Cochran reported that the second request for responses to the Fund's COB questionnaire was sent to employers on August 8, 2022 and that 10 additional forms were received since the July 2, 2022 Board meeting. She stated that the forms indicate that 37 participants do not have any other health coverage and 2 participants and 4 dependents have other health coverage.

P. Consolidated Appropriations Act

1. Prescription Drug and Health Care Spending Report

Ms. Cochran said that, effective December 27, 2022, health plans and payors are required to report, on an annual basis, medical and prescription spending to the federal government. She said that Express Scripts confirmed that it will prepare and submit the prescription data report. Ms. Cochran said that Associated is working with Basys for the special programming needed to produce and report the medical data. She noted that a prorated fee might be assessed to the Fund for the programming.

2. Machine Readable Files ("MRF")

Ms. Cochran reported that, effective July 1, 2022, plans were required to publish negotiated rates for all items and services, historical payments and billed charges. She explained that the Trustees adopted Anthem's OON solution at the July 22, 2022 meeting in order for Anthem to produce the OON file. She stated that, despite adopting the OON solution, there are certain claims that cannot be processed on the JAA platform and, therefore, Anthem is not able to produce a full OON MRF. Ms. Cochran reported that she discussed with Mr. Urbank and Ms. O'Leary having a third-party vendor produce the OON file. Mr. Urbank said that

Segal would recommend Green Light and noted the Fund should receive preferred pricing.

After further discussion, Ms. O'Leary and Mr. Urbank requested additional information regarding the specific type of OON claims that Anthem is unable to process on the JAA platform. Ms. Cochran said that she would arrange a conference call with Ms. O'Leary, Mr. Urbank and Mr. Joe Bruzzo of Anthem.

3. Price Comparison Tool

Ms. Cochran reported that the Price Comparison Tool is required to be available to participants effective January 1, 2023. She explained that, as with the MRF, because not all claims are processed on the JAA platform, the Fund must engage a third-party vendor to produce the data. Ms. Cochran said that she would provide more information after the conference call with Mr. Bruzzo and the other Plan professionals.

Q. Express Scripts ("ESI") Commercial Subrogation

Ms. Cochran reported that the Fund is currently enrolled in the Medicaid and/or Medicare Subrogation program. She stated that ESI is offering a commercial subrogation program, which handles the process of managing recovery requests for commercial payors who paid out of order or should not have paid at all. The program is available effective February 1, 2023 and has a fee of $3.00 per identified subrogation claim.

Mr. Urbank recommended the Trustees adopt the program.

MOTION was made, seconded and unanimously adopted to approve the Express Scripts Commercial Subrogation program with a fee of $3.00 per identified claim effective February 1, 2023.

VI. CONSULTANT'S REPORT

A. Fiscal Year 2023 Projection

Mr. Urbank noted that, as previously reported, total income is projected to fall short of the projected total expenses each year for fiscal years ending ("FYE") June 30, 2022, 2023 and 2024, resulting in projected operating deficits of $675,600, $891,900 and $1,070,900 in the respective years and net assets declining to $5,439,594 as of June 30, 2024 for a reserve of 19.0 months if the projections reach fruition.

Mr. Urbank stated that, based on the Cash Operating Statement for the FYE June 30, 2022, the preliminary operating result is a decrease of $1.4 million, of which $800,000 is the estimated net investment loss for the year. Mr. Urbank commented that Segal does not project investment gains or losses and that, without the investment loss, the Fund's net decrease would be $660,000, which is in line with Segal's projection of $675,000.

B. Affordable Care Act ("ACA") Annual Limits

Mr. Urbank reported the Out-of-Pocket ("OOP") maximum under the Affordable Care Act is increasing on January 1, 2023 from $8,700 to $9,100 per individual, and from $17,400 to $18,200 per family.

Mr. Urbank noted that the Trustees had in the past increased the Welfare Fund's annual OOP maximum to the maximum allowable under the law. Thereupon,

MOTION was made, seconded and unanimously adopted to increase the annual OOP limits to $9,100 per individual and $18,200 per family and apply $2,100 medical and $7,000 prescriptions for individuals and $5,000 medical and $13,200 prescriptions for family, effective January 1, 2023.

C. COVID-19 Public Health Emergency

Mr. Urbank reported that the federal government extended the COVID-19 public health emergency through January 11, 2023. This is the eleventh extension of the emergency, which was initially declared on January 31, 2020 (retroactive to January 27, 2020).

Mr. Urbank explained that the public emergency declaration is important to health plan sponsors because it determines the period of time during which group health plans and insurers must pay for COVID-19 tests and related services without charging cost-sharing amounts. In addition, he noted that non-grandfathered plans must cover vaccines in network as a preventive benefit, but that they must also cover them on an OON basis during the public emergency.

VII. COUNSEL'S REPORT: SUMMARY PLAN DESCRIPTION

Ms. O'Leary reported that she recently provided Associated with her suggested edits to the draft SPD and that, following Associated's review, the draft should be ready for review and adoption by the Trustees.

VIII. SUPLLEMENTAL BENEFITS AND TIERED CONTRIBUTION RATES

Per the request of the Trustees at the November 4, 2022 special meeting, Mr. Urbank reviewed the cost of the life insurance, short-term disability, AD&D and family paid leave benefits (collectively, the "Supplemental Benefits").

Ms. Polesel discussed the Orange County Transit ("OCT") negotiations and the Trustees' decision at the November 4, 2022 special meeting to offer Supplemental Benefits to employees waiving coverage. Ms. Polesel noted that currently OCT pays the full employer contribution and the employee's portion of the contribution is waived. Ms. Polesel proposed reducing the employer's obligation for employees waiving coverage from $4.81

per hour to $2.50 per hour. She said that this change would be effective with the ratification of the new contract.

After discussion,

MOTION was made, seconded and unanimously adopted to approve Supplemental Benefits for Orange County Transit employees who waive coverage effective with the ratification of the new CBA.

After further discussion,

MOTION was made, seconded and unanimously adopted to approve reducing the employer's obligation from $4.18 per hour to $2.50 per hour.

Mr. Urbank stated that permitting opportunities for employees to opt out of coverage is harmful to the Fund, and he reiterated the point made earlier in the meeting regarding the Fund's inability to obtain stop loss insurance if the participant count falls below 100. He emphasized that having fewer members will not help the Fund. The Trustees responded to these concerns by noting that the lack of flexibility in the Plan design is a deterrent to having Employers agree to become Contributing Employers and that adding more options, including opt-out provisions and different levels of coverage, may ultimately benefit the Fund by attracting more employers to become Contributing Employers. After discussion, the Trustees decided to table further discussions regarding expanding the option to waive coverage.

With respected to tiered contribution rates, Mr. Urbank stated that the current COBRA rates are calculated based on an individual with two dependents. He explained that, in order to develop tiered contribution rates, Segal would need census data with coverage codes (individual, parent/child, individual/spouse and

family). Ms. Cochran said that she would send the updated census data to Mr. Urbank.

IX. NEXT MEETING DATE/ADJOURNMENT

The next regular meeting of the Board of Trustees is scheduled for Friday, March 17, 2023 by Webex. With no further business to come before the Board, the meeting was adjourned at 1:33 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 – Administrative Manager's Report

INDUSTRY & LOCAL 338 WELFARE FUND
JULY 1, 2021 THROUGH JUNE 30, 2022
CASH OPERATING STATEMENT

	APRIL	MAY	JUNE	APRIL - JUNE	YEAR TO DATE
Remittances					
Employer Contributions *	164,109.24	150,455.16	167,562.24	482,126.64	1,875,955.90
COBRA	0.00	0.00	0.00	0.00	20,456.76
Payroll Audit	0.00	0.00	0.00	0.00	560.00
Payroll Audit Interest	0.00	0.00	0.00	0.00	51.81
Interest- Delinquent Employer	12.79	82.22	614.12	709.13	1,240.39
Dividend Income	12,712.96	8,954.30	19,342.09	41,009.35	143,510.23
SEI Investments Realized G/L	(1,974.08)	0.00	0.00	(1,974.08)	310,705.45
SEI Investments Unrealized G/L	(255,632.78)	21,959.62	(220,357.29)	(454,030.45)	(1,114,662.51)
SEI Fund Rebate	0.00	2,171.71	0.00	2,171.71	9,167.75
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	68,330.42
Prescription Rebate	0.00	27,410.00	0.00	27,410.00	146,238.42
IRS Interest	0.00	0.00	0.00	0.00	26.79
Total Income	**(80,771.87)**	**211,033.01**	**(32,838.84)**	**97,422.30**	**1,461,581.41**
Benefit Expenses *					
Benefits Paid	0.00	0.00	1,784.20	1,784.20	74,618.95
Anthem- Medical	120,084.49	94,022.46	51,170.74	265,277.69	1,893,221.70
Anthem- Retention	4,907.70	5,073.64	5,126.86	15,108.20	59,484.14
Anthem- NY Taxes	700.44	680.66	789.91	2,171.01	8,646.09
Medco Claims	35,989.56	38,273.64	43,346.02	117,609.22	399,803.28
Admin. Fee	686.00	1,394.48	454.86	2,535.34	10,613.41
ASO Dental Claims	748.00	6,321.00	1,028.00	8,097.00	30,400.60
Admin. Fee	279.50	270.90	283.80	834.20	3,216.40
NVA Optical Claims	242.00	232.00	165.00	639.00	3,845.99
Admin. Fee	28.00	35.49	31.88	95.37	489.77
Amalgamated: Life Insurance	458.25	444.15	465.30	1,367.70	5,273.42
Paid Family Leave	4,590.30	4,449.06	4,660.92	13,700.28	48,661.98
Disability	884.65	857.43	898.26	2,640.34	10,180.30
Teamster Center Services	266.50	266.50	258.30	791.30	2,975.35
Stop Loss Insurance	21,127.68	20,482.56	20,482.56	62,092.80	159,371.96
Total Benefit Expenses	**190,993.07**	**172,803.97**	**130,946.61**	**494,743.65**	**2,710,803.34**
Administrative Expenses *					
AA, LLC- Admin. Fees	6,728.00	6,728.00	6,728.00	20,184.00	78,684.00
Legal Fees	3,200.00	0.00	0.00	3,200.00	14,040.00
Consulting Fees	12,500.00	0.00	0.00	12,500.00	50,000.00
SEI Invest./Custody Fees	0.00	7,518.27	0.00	7,518.27	31,681.11
Fiduciary Liability Insurance	0.00	0.00	0.00	0.00	3,092.40
Year End Audit	0.00	0.00	0.00	0.00	36,000.00
Payroll Audits	133.08	307.31	2,163.50	2,603.89	9,695.23
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	41.59	13.64	2,609.89	2,665.12	3,006.50
Postage	74.38	65.72	151.68	291.78	567.09
Office Supplies & Expenses	0.00	0.00	0.00	0.00	0.00
Bank Charges	115.00	175.00	160.00	450.00	870.00
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	412.50
Withdrawal Liability	1,479.58	1,479.58	1,479.58	4,438.74	17,754.96
NY Labor Health Care Dues	500.00	0.00	0.00	500.00	500.00
PCORI Fee	0.00	0.00	752.78	752.78	752.78
Transitional Reinsurance Fee	0.00	0.00	0.00	0.00	0.00
Cyber Liability	0.00	0.00	0.00	0.00	419.40
Miscellaneous	0.00	0.00	0.00	0.00	0.00
Total Admin. Expenses	**24,771.63**	**16,287.52**	**14,045.43**	**55,104.58**	**249,145.89**
TOTAL EXPENSES	**215,764.70**	**189,091.49**	**144,992.04**	**549,848.23**	**2,959,949.23**
INCREASE/(DECREASE)	**(296,536.57)**	**21,941.52**	**(177,830.88)**	**(452,425.93)**	**(1,498,367.82)**

FUND RESERVE AS OF 6/30/22: $6,745,250.46

* Cash to Accrual

INDUSTRY AND LOCAL 338 WELFARE FUND

4th QUARTER (APRIL, MAY, JUNE)

	Anthem Network		
Benefit	**No**	**Yes**	**Grand Total**
ANESTHESIA	$1,520.46	$10,314.80	$11,835.26
COVID-19 TESTING	$2,498.69	$3,823.04	$6,321.73
COVID-19 TREATMENT		$3,925.77	$3,925.77
HOSPITAL	$38,215.72	$84,178.51	$122,394.23
LABORATORY & X-RAY	$22,669.32	$23,261.77	$45,931.09
MEDICAL	$29,680.70	$36,201.10	$65,881.80
SURGERY	$5,968.55	$14,158.27	$20,126.82
COVID-19 VACCINE	$40.00	$120.00	$160.00
COVID-19 OFFICE VISIT		$89.05	$89.05
	$100,593.44	**$176,072.31**	**$276,665.75**

3rd QUARTER (JANUARY, FEBRUARY, MARCH)

	Anthem Network		
Benefit	**No**	**Yes**	**Grand Total**
ANESTHESIA		$11,596.35	$11,596.35
COVID-19 TESTING		$16,394.57	$16,394.57
COVID-19 TREATMENT		-$60,416.27	-$60,416.27
HOSPITAL		$686,801.92	$686,801.92
LABORATORY & X-RAY	$8,820.00	$43,820.40	$52,640.40
MEDICAL	$61,420.75	$74,716.16	$136,136.91
SURGERY		$19,345.35	$19,345.35
COVID-19 VACCINE		$611.76	$611.76
IN-PATIENT SUBSTANCE ABUSE		$278.41	$278.41
	$70,240.75	**$793,148.65**	**$863,389.40**

2nd QUARTER (OCTOBER, NOVEMBER, DECEMBER)

	Anthem Network		
Benefit	**No**	**Yes**	**Grand Total**
ANESTHESIA		$13,488.21	$13,488.21
COVID-19 TESTING		$10,544.90	$10,544.90
COVID-19 TREATMENT		$63,467.70	$63,467.70
HOSPITAL		$400,076.74	$400,076.74
LABORATORY & X-RAY		$38,638.44	$38,638.44
MEDICAL	$1,400.00	$58,870.13	$60,270.13
SURGERY		$13,655.52	$13,655.52
COVID-19 VACCINE		$531.76	$531.76
IN-PATIENT SUBSTANCE ABUSE		$0.00	$0.00
	$1,400.00	**$599,273.40**	**$600,673.40**

1ST QUARTER 2021 (JULY, AUGUST, SEPTEMBER)

	Anthem Network		
Benefit	**No**	**Yes**	**Grand Total**
ANESTHESIA		$6,477.29	$6,477.29
COVID-19 TESTING		$5,254.37	$5,254.37
COVID-19 TREATMENT		$196.06	$196.06
HOSPITAL		$168,970.65	$168,970.65
LABORATORY & X-RAY		$45,013.67	$45,013.67
MEDICAL	$1,194.00	$57,126.46	$58,320.46
SURGERY		$15,311.07	$15,311.07
COVID-19 VACCINE		$554.73	$554.73
	$1,194.00	**$298,904.30**	**$300,098.30**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
APRIL 30, 2022

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 3/22-4/22	409.94
	ANTHEM EMPIRE- MEDICAL CLAIMS 4/22	124,992.19
	MEDCO RX CLAIMS 4/22	36,675.56
	ASO DENTAL CLAIMS 3/22-4/22	2,285.00
	TOTAL PAYMENTS	**164,362.69**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
MAY 31, 2022

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 4/22-5/22	394.00
	ANTHEM EMPIRE- MEDICAL CLAIMS 5/22	94,474.91
	MEDCO RX CLAIMS 5/22	31,192.80
	TOTAL PAYMENTS	**126,061.71**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
JUNE 30, 2022

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 5/22-6/22	140.49
	ANTHEM EMPIRE- MEDICAL CLAIMS 5/22-6/22	63,089.80
	MEDCO RX CLAIMS 5/22-6/22	52,276.20
	ASO DENTAL CLAIMS 5/22-6/22	7,349.00
	TOTAL PAYMENTS	**122,855.49**

Local 338 Delinquency Log

Delinquencies as of 6/30/22

Employer	Month(s) Delinquent
Mondelez Global	5/22 *
Orange County Transit (Valley & Wallkill)	5/22 **

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)	$285.41	$285.41	6/22-8/22

Status of Withdrawal Liability Payments as of 6/30/22

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	100	No	36	6/30/2013

* Mondelez Global Paid May Contributions on 8/1/22

** Orange County Transit Paid May Contributions on 7/5/22

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**	**8**	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**	**26**	8/16/2019 8/16/2019 8/16/2020 **8/16/2021**	8/15/2022	 280.00 280.00 **296.00**	No	445

* Participant Count as of 10/28/22

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?
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
Orange County Transit (includes Wallkill and Valley Central)	**70**	**16**	9/1/2019 3/23/2020 **1/1/2022**	8/31/2022	 294.80 **296.00**	No	445
Paraco Gas Corp.	**54**	**7**	2/1/2021 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**	**4**	1/1/2016 7/1/2016 1/1/2017 **1/1/2018**	*12/31/2017*	 266.40 290.40 **290.40**	No	445

* Participant Count as of 10/28/22

INDUSTRY AND LOCAL 338 WELFARE FUND
NUMBER OF ACTIVE MEMBERS
RECEIVING BENEFITS
JANUARY 2022 - DECEMBER 2022

MONTH	WELFARE	COBRA
January-22	128	1
February-22	133	1
March-22	132	1
April-22	133	1
May-22	131	1
June-22	131	1
July-22		
August-22		
September-22		
October-22		
November-22		
December-22		

INDUSTRY AND LOCAL 338

WELFARE FUND

FOURTH QUARTER 2021-22

ADMINISTRATIVE MANAGER'S REPORT

INDUSTRY & LOCAL 338 WELFARE FUND
APRIL 2022
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	RATE	PARTICIPANTS	CONTRIBUTIONS
ORANGE COUNTY TRANSIT (VALLEY & WALLKILL)	$ 296.00	17	$ 20,157
FIRST STUDENT (KINGSTON)	$ 294.80	8	$ 11,792
FIRST STUDENT (RONDOUT)	$ 294.80	3	$ 4,422
MONDELEZ INTERNATIONAL	$ 296.00	67	$ 76,664
LP TRANSPORTATION	$ 296.00	28	$ 39,664
PRECAST CONCRETE	$ 290.40	3	$ 3,485
PARACO GAS	$ 332.00	7	$ 7,925
SUB TOTAL		**133**	**$ 164,109**

TOTAL CONTRIBUTIONS	**$ 164,109**

* Cash to Accrual

INDUSTRY & LOCAL 338 WELFARE FUND
MAY 2022
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	RATE	PARTICIPANTS	CONTRIBUTIONS
ORANGE COUNTY TRANSIT (VALLEY & WALLKILL)	$ 296.00	16	$ 15,984
FIRST STUDENT (KINGSTON)	$ 294.80	8	$ 9,433
FIRST STUDENT (RONDOUT)	$ 294.80	3	$ 3,538
MONDELEZ INTERNATIONAL	$ 296.00	66	$ 77,552
LP TRANSPORTATION	$ 296.00	27	$ 30,784
PRECAST CONCRETE	$ 290.40	3	$ 4,356
PARACO GAS	$ 332.00	8	$ 8,808
SUB TOTAL		**131**	**$ 150,455**

TOTAL CONTRIBUTIONS	**$ 150,455**

* Cash to Accrual

INDUSTRY & LOCAL 338 WELFARE FUND
JUNE 2022
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	RATE	PARTICIPANTS	CONTRIBUTIONS
ORANGE COUNTY TRANSIT (VALLEY & WALLKILL)	$ 296.00	16	$ 15,984
FIRST STUDENT (KINGSTON)	$ 294.80	8	$ 9,434
FIRST STUDENT (RONDOUT)	$ 294.80	3	$ 3,537
MONDELEZ INTERNATIONAL	$ 296.00	66	$ 94,128
LP TRANSPORTATION	$ 296.00	26	$ 29,600
PRECAST CONCRETE	$ 290.40	3	$ 3,485
PARACO GAS	$ 332.00	9	$ 11,394
SUB TOTAL		**131**	**$ 167,562**

TOTAL CONTRIBUTIONS	**$ 167,562**

* Cash to Accrual

INDUSTRY & LOCAL 338 WELFARE FUND
APRIL 2022
EXPENSES

BENEFIT EXPENSES *

BENEFIT	RATE	EXPENSE	COMMENT
BENEFITS PAID		$ -	
ANTHEM- MEDICAL		$ 120,084	
ANTHEM- RETENTION		$ 4,908	
ANTHEM- NY TAXES		$ 700	
MEDCO CLAIMS		$ 35,990	
MEDCO ADMIN		$ 686	
ASO DENTAL CLAIMS		$ 748	
ASO ADMIN	$ 2.15	$ 280	
NVA OPTICAL CLAIMS		$ 242	
NVA ADMIN		$ 28	
AMALGAMATED LIFE		$ 458	
AMALGAMATED PFL	$ 35.31	$ 4,590	
AMALGAMATED DISABILITY	$ 6.805	$ 885	
TEAMSTER CENTER	$ 2.05	$ 266	
STOP LOSS INSURANCE	$ 161.28	$ 21,128	
SUB TOTAL		**$ 190,993**	

ADMINISTRATIVE EXPENSES *

AA, LLC ADMIN FEES		$ 6,728	
LEGAL FEES		$ 3,200	
CONSULTING FEES		$ 12,500	
SEI INVESTMENT FEES		$ -	
FIDUCIARY LIAB. INSURANCE		$ -	
YEAR END AUDIT		$ -	
PAYROLL AUDITS		$ 133	
FIDELITY BOND INSURANCE		$ -	
CONVENTION & SEMINARS		$ -	
PRINTING & STATIONERY		$ 42	
POSTAGE		$ 74	
OFFICE EXPENSES		$ -	
BANK CHARGES		$ 115	
TRAVEL EXPENSES		$ -	
MEETING EXPENSES		$ -	
DUES & MEMBERSHIP		$ -	
WITHDRAWAL LIABILITY		$ 1,480	
NY LABOR HEALTH CARE		$ 500	
PCORI FEE		$ -	
TRANS. REINSURANCE FEE		$ -	
CYBER LIABILITY		$ -	
MISCELLANEOUS		$ -	
SUB TOTAL		**$ 24,772**	

TOTAL EXPENSES	**$ 215,765**

* Cash to Accrual

UNAUDITED SATEMENT

INDUSTRY & LOCAL 338 WELFARE FUND
MAY 2022
EXPENSES

BENEFIT EXPENSES *

BENEFIT	RATE	EXPENSE	COMMENT
BENEFITS PAID		$ -	
ANTHEM- MEDICAL		$ 94,022	
ANTHEM- RETENTION		$ 5,074	
ANTHEM- NY TAXES		$ 681	
MEDCO CLAIMS		$ 38,274	
MEDCO ADMIN		$ 1,394	
ASO DENTAL CLAIMS		$ 6,321	
ASO ADMIN	$ 2.15	$ 271	
NVA OPTICAL CLAIMS		$ 232	
NVA ADMIN		$ 35	
AMALGAMATED LIFE		$ 444	
AMALGAMATED PFL	$ 35.31	$ 4,449	
AMALGAMATED DISABILITY	$ 6.805	$ 857	
TEAMSTER CENTER	$ 2.05	$ 267	
STOP LOSS INSURANCE	$ 161.28	$ 20,483	
SUB TOTAL		**$ 172,804**	

ADMINISTRATIVE EXPENSES *

AA, LLC ADMIN FEES		$ 6,728	
LEGAL FEES		$ -	
CONSULTING FEES		$ -	
SEI INVESTMENT FEES		$ 7,518	
FIDUCIARY LIAB. INSURANCE		$ -	
YEAR END AUDIT		$ -	
PAYROLL AUDITS		$ 307	
FIDELITY BOND INSURANCE		$ -	
CONVENTION & SEMINARS		$ -	
PRINTING & STATIONERY		$ 14	
POSTAGE		$ 66	
OFFICE EXPENSES		$ -	
BANK CHARGES		$ 175	
TRAVEL EXPENSES		$ -	
MEETING EXPENSES		$ -	
DUES & MEMBERSHIP		$ -	
WITHDRAWAL LIABILITY		$ 1,479	
NY LABOR HEALTH CARE		$ -	
PCORI FEE		$ -	
TRANS. REINSURANCE FEE		$ -	
CYBER LIABILITY		$ -	
MISCELLANEOUS		$ -	
SUB TOTAL		**$ 16,287**	

TOTAL EXPENSES	**$ 189,091**

* Cash to Accrual

UNAUDITED SATEMENT

INDUSTRY & LOCAL 338 WELFARE FUND
JUNE 2022
EXPENSES

BENEFIT EXPENSES *

BENEFIT	RATE	EXPENSE	COMMENT
BENEFITS PAID		$ 1,784	
ANTHEM- MEDICAL		$ 51,171	
ANTHEM- RETENTION		$ 5,127	
ANTHEM- NY TAXES		$ 790	
MEDCO CLAIMS		$ 43,346	
MEDCO ADMIN		$ 455	
ASO DENTAL CLAIMS		$ 1,028	
ASO ADMIN	$ 2.15	$ 284	
NVA OPTICAL CLAIMS		$ 165	
NVA ADMIN		$ 32	
AMALGAMATED LIFE		$ 465	
AMALGAMATED PFL	$ 35.31	$ 4,661	
AMALGAMATED DISABILITY	$ 6.805	$ 898	
TEAMSTER CENTER	$ 2.05	$ 258	
STOP LOSS INSURANCE	$ 161.28	$ 20,482	
SUB TOTAL		**$ 130,946**	

ADMINISTRATIVE EXPENSES *

AA, LLC ADMIN FEES		$ 6,728	
LEGAL FEES		$ -	
CONSULTING FEES		$ -	
SEI INVESTMENT FEES		$ -	
FIDUCIARY LIAB. INSURANCE		$ -	
YEAR END AUDIT		$ -	
PAYROLL AUDITS		$ 2,163	
FIDELITY BOND INSURANCE		$ -	
CONVENTION & SEMINARS		$ -	
PRINTING & STATIONERY		$ 2,610	
POSTAGE		$ 152	
OFFICE EXPENSES		$ -	
BANK CHARGES		$ 160	
TRAVEL EXPENSES		$ -	
MEETING EXPENSES		$ -	
DUES & MEMBERSHIP		$ -	
WITHDRAWAL LIABILITY		$ 1,480	
NY LABOR HEALTH CARE		$ -	
PCORI FEE		$ 753	
TRANS. REINSURANCE FEE		$ -	
CYBER LIABILITY		$ -	
MISCELLANEOUS		$ -	
SUB TOTAL		**$ 14,046**	

TOTAL EXPENSES	**$ 144,992**

* Cash to Accrual

INDUSTRY & LOCAL 338 WELFARE FUND

2021-22

QUARTERLY RECAP

INCOME	FIRST 2021	SECOND 2021	THIRD 2022	FOURTH 2022	TOTAL
EMPLOYER CONTRIBUTIONS *	$ 447,829	$ 483,668	$ 462,335	$ 482,126	$ 1,875,958
COBRA/RETIREE CONTRIBUTIONS	$ 5,800	$ 2,627	$ 12,030	$ -	$ 20,457
PAYROLL AUDIT & INTEREST	$ 612	$ -	$ -	$ -	$ 612
INTEREST & DIVIDENDS	$ 22,958	$ 57,523	$ 22,549	$ 41,718	$ 144,748
SEI INV REALIZED/UNREALIZED G/L	$ (35,896)	$ 42,462	$ (354,519)	$ (456,004)	$ (803,957)
SEI FUND REBATE	$ 2,377	$ 2,331	$ 2,288	$ 2,172	$ 9,168
NY LABOR HEALTH CARE REBATE	$ -	$ -	$ -	$ -	$ -
NY TAXES REFUND	$ -	$ -	$ -	$ -	$ -
STOP LOSS REIMBURSEMENT	$ -	$ 68,330	$ -	$ -	$ 68,330
PRESCRIPTION REBATE	$ 16,914	$ 39,032	$ 62,882	$ 27,410	$ 146,238
IRS INTEREST	$ -	$ -	$ 27	$ -	$ 27
TOTAL INCOME	**$ 460,594**	**$ 695,973**	**$ 207,592**	**$ 97,422**	**$ 1,461,581**

EXPENSES *	FIRST 2021	SECOND 2021	THIRD 2022	FOURTH 2022	TOTAL
BENEFITS PAID	$ 1,194	$ 1,400	$ 70,241	$ 1,784	$ 74,619
ANTHEM- MEDICAL	$ 300,337	$ 601,237	$ 726,370	$ 265,277	$ 1,893,221
ANTHEM- RETENTION	$ 14,792	$ 14,826	$ 14,757	$ 15,109	$ 59,484
ANTHEM- NY TAXES	$ 2,195	$ 2,102	$ 2,179	$ 2,171	$ 8,647
MEDCO CLAIMS	$ 78,081	$ 82,840	$ 121,272	$ 117,610	$ 399,803
MEDCO ADMIN	$ 2,410	$ 2,374	$ 3,295	$ 2,535	$ 10,614
ASO DENTAL CLAIMS	$ 5,955	$ 6,896	$ 9,453	$ 8,097	$ 30,401
ASO ADMIN	$ 776	$ 802	$ 804	$ 835	$ 3,217
NVA OPTICAL CLAIMS	$ 1,536	$ 497	$ 1,174	$ 639	$ 3,846
NVA ADMIN	$ 169	$ 74	$ 151	$ 95	$ 489
AMALGAMATED LIFE	$ 1,272	$ 1,316	$ 1,318	$ 1,367	$ 5,273
AMALGAMATED PFL	$ 10,700	$ 11,055	$ 13,206	$ 13,700	$ 48,661
AMALGAMATED DISABILITY	$ 2,457	$ 2,538	$ 2,545	$ 2,640	$ 10,180
TEAMSTER CENTER	$ 710	$ 714	$ 760	$ 791	$ 2,975
STOP LOSS INSURANCE	$ 31,609	$ 32,835	$ 32,835	$ 62,093	$ 159,372
ADMINISTRATIVE EXPENSE	$ 61,051	$ 68,606	$ 64,385	$ 55,105	$ 249,147
TOTAL EXPENSE	**$ 515,244**	**$ 830,112**	**$ 1,064,745**	**$ 549,848**	**$ 2,959,949**

SURPLUS (DEFICIT)	**$ (54,650)**	**$ (134,139)**	**$ (857,153)**	**$ (452,426)**	**$ (1,498,368)**

	FIRST 2021	SECOND 2021	THIRD 2022	FOURTH 2022	AVG. TOTAL
TOTAL ACTIVE PARTICIPANTS	362	383	393	395	383

FUND RESERVE AS OF 6/30/22: $6,745,250.46

* Cash to Accrual

UNAUDITED SATEMENT

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

	JULY	AUGUST	SEPTEMBER	JULY - SEPTEMBER	YEAR TO DATE
Remittances					
Employer Contributions *	185,335.20	148,756.08	169,882.16	503,973.44	503,973.44
COBRA	0.00	0.00	0.00	0.00	0.00
Payroll Audit	0.00	0.00	1,452.00	1,452.00	1,452.00
Payroll Audit Interest	0.00	0.00	135.89	135.89	135.89
Interest- Delinquent Employer	0.00	1,199.81	0.00	1,199.81	1,199.81
Dividend Income	4,769.89	11,127.20	11,714.65	27,611.74	27,611.74
SEI Investments Realized G/L	(7,149.75)	0.00	0.00	(7,149.75)	(7,149.75)
SEI Investments Unrealized G/L	158,350.22	(147,852.72)	(288,120.18)	(277,622.68)	(277,622.68)
SEI Fund Rebate	0.00	1,959.88	0.00	1,959.88	1,959.88
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	38,981.89	0.00	38,981.89	38,981.89
IRS Interest	0.00	0.00	0.00	0.00	0.00
Class Action Proceeds	802.93	0.00	0.00	802.93	802.93
Total Income	**342,108.49**	**54,172.14**	**(104,935.48)**	**291,345.15**	**291,345.15**
Benefit Expenses *					
Benefits Paid	0.00	85,688.00	923.40	86,611.40	86,611.40
Anthem- Medical	95,412.30	140,856.78	68,429.96	304,699.04	304,699.04
Anthem- Retention	5,428.44	5,197.82	5,109.12	15,735.38	15,735.38
Anthem- NY Taxes	787.88	792.76	784.56	2,365.20	2,365.20
Medco Claims	20,514.51	41,734.28	28,749.36	90,998.15	90,998.15
Admin. Fee	1,103.24	628.56	1,471.32	3,203.12	3,203.12
ASO Dental Claims	2,314.00	5,574.00	4,247.00	12,135.00	12,135.00
Admin. Fee	283.80	283.80	279.50	847.10	847.10
NVA Optical Claims	486.00	269.00	135.00	890.00	890.00
Admin. Fee	64.97	35.52	22.03	122.52	122.52
Amalgamated: Life Insurance	461.78	465.30	458.25	1,385.33	1,385.33
Paid Family Leave	4,625.61	4,660.92	4,590.30	13,876.83	13,876.83
Disability	891.46	898.26	884.65	2,674.37	2,674.37
Teamster Center Services	270.60	270.60	270.60	811.80	811.80
Stop Loss Insurance	21,288.96	21,288.96	20,966.40	63,544.32	63,544.32
Total Benefit Expenses	**153,933.55**	**308,644.56**	**137,321.45**	**599,899.56**	**599,899.56**
Administrative Expenses *					
AA, LLC- Admin. Fees	6,728.00	6,728.00	6,728.00	20,184.00	20,184.00
Legal Fees	3,560.00	0.00	0.00	3,560.00	3,560.00
Consulting Fees	12,500.00	0.00	0.00	12,500.00	12,500.00
SEI Invest./Custody Fees	0.00	6,775.88	0.00	6,775.88	6,775.88
Fiduciary Liability Insurance	3,196.98	0.00	0.00	3,196.98	3,196.98
Actuary Fees	0.00	0.00	2,350.00	2,350.00	2,350.00
Year End Audit	0.00	0.00	0.00	0.00	0.00
Payroll Audits	903.45	925.90	164.45	1,993.80	1,993.80
Fidelity Bond Insurance	1,669.92	0.00	0.00	1,669.92	1,669.92
Convention & Seminars	0.00	0.00	0.00	0.00	0.00
Printing & Stationery	0.00	0.00	0.00	0.00	0.00
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	190.00	190.00	225.00	605.00	605.00
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	429.40	429.40	429.40
Withdrawal Liability	1,479.58	1,479.58	1,479.58	4,438.74	4,438.74
NY Labor Health Care Dues	0.00	0.00	0.00	0.00	0.00
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	**30,227.93**	**16,099.36**	**11,376.43**	**57,703.72**	**57,703.72**
TOTAL EXPENSES	**184,161.48**	**324,743.92**	**148,697.88**	**657,603.28**	**657,603.28**
INCREASE/(DECREASE)	**157,947.01**	**(270,571.78)**	**(253,633.36)**	**(366,258.13)**	**(366,258.13)**

FUND RESERVE AS OF 9/30/22: $6,460,471.34

* Cash to Accrual

INDUSTRY AND LOCAL 338 WELFARE FUND

1ST QUARTER 2022 (JULY, AUGUST, SEPTEMBER)

	Anthem Network		
Benefit	**No**	**Yes**	**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		$40.00	$40.00
	$86,611.40	**$407,340.24**	**$493,951.64**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
JULY 31, 2022

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 6/22-7/22	437.88
	ANTHEM EMPIRE- MEDICAL CLAIMS 7/22	101,628.62
	MEDCO RX CLAIMS 7/22	21,617.75
	ASO DENTAL CLAIMS 7/22	2,314.00
	TOTAL PAYMENTS	**125,998.25**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
AUGUST 31, 2022

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 7/22-8/22	360.97
	ANTHEM EMPIRE- MEDICAL CLAIMS 8/22	146,847.36
	MEDCO RX CLAIMS 8/22	42,362.84
	TOTAL PAYMENTS	**189,571.17**

INDUSTRY AND LOCAL 338 WELFARE FUND
AUTHORIZATION FOR DISBURSEMENTS
SEPTEMBER 30, 2022

WELFARE FUND CHECKING

CHECK	DESCRIPTION	AMOUNT
	NVA OPTICAL CLAIMS 8/22	194.52
	ANTHEM EMPIRE- MEDICAL CLAIMS 9/22	74,323.64
	MEDCO RX CLAIMS 9/22	30,220.68
	ASO DENTAL CLAIMS 8/22-9/22	9,821.00
	TOTAL PAYMENTS	**114,559.84**

Local 338 Delinquency Log

Delinquencies as of 9/30/22

Employer	Month(s) Delinquent
Orange County Transit (Valley & Wallkill)	8/22 *

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)	$73.46	$73.46	12/22

Status of Withdrawal Liability Payments as of 9/30/22

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	103	No	36	6/30/2013

* Orange County Transit Paid August Contributions on 10/20/22

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**	**28**	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**	**63**	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 3/9/23

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**	**14**	9/1/2019 3/23/2020 **1/1/2022**	8/31/2022	 294.80 **296.00**	No	445
Paraco Gas Corp.	**54**	**7**	2/1/2021 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**	1/1/2016 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 10/1/2021 **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 3/9/23

INDUSTRY AND LOCAL 338 WELFARE FUND
NUMBER OF ACTIVE MEMBERS
RECEIVING BENEFITS
JANUARY 2022 - DECEMBER 2022

MONTH	WELFARE	COBRA
January-22	128	1
February-22	133	1
March-22	132	1
April-22	133	1
May-22	131	1
June-22	131	1
July-22	133	0
August-22	129	0
September-22	130	0
October-22		
November-22		
December-22		

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: $2,100 Individual / $5,000 Family Prescription Drugs In-Network: $7,000 Individual/ $13,200 Family Medical Out-of-Network: $9,100 Individual / $18,200 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.

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 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.
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.
	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.

*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 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.BCBS.com/bluecardworldwide)
- 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 Welfare Fund
Subrogation Report

Open File Detail Report
Run Date: 03/07/2023

Group Name	Subgroup Name	Subscriber Name	Patient Name	Contract Number	File Number	File Open Date	Injury Type	Injury Date	In Suit?	File Balance
G1921LTNYDZ - Empire HealthChoice Assurance, Inc.	JNY056 - INDUSTRY AND LOCAL 338 WELFARE FUND	XXXXXXXX, XXXXXXXX	XXXXXXXX, XXXXXXXX	XXXXXXXXX	128367898	11/29/2022	Slip/Fall	06/11/2022	No	$3,093.32
Grand Totals										**$3,093.32**

Local 445 and LP Transportation
2022 Memorandum of Agreement

1. 3-year agreement with wage increases each year as follows:
    a. $32.23 year 1 (10% plus $.03 for TWIC - $3.03 per hr.)
    b. $35.45 year 2 (10% - $3.22 per hr.)
    c. $39.00 year 3 (10% - $3.55 per hr.)
2. Lump sum retro for hours worked back to August 16, 2022 (contract expiration). Lump sum retro hours will be calculated based on 54 as overtime.
3. Adjust overtime provisions from 54 to 45 hours per week.
4. Article 17 – Guaranteed Hours and work schedules. Section A and B changed to read - if work is available, the employer will provide all drivers a weekly guarantee of 42 hours of work or pay unless the employee takes time off or is off the job due to illness during the week and providing DOT rules governing hours of work permit. Section C – adjust the wording to include the daily vacation day as hours worked. Section E – Adjust the wording to include additional commodities that are not Propane or LNG.
5. Longevity Pay. Employees at 5 years of consecutive service or more will receive an additional $.50 per hour and at 10 years of consecutive service or more will receive an additional $1.00 per hour. Employee must work at least 2080 hours per year to qualify and will be based on hours worked in the previous year.
6. Safety Bonus Pay Program. Drivers without a preventable accident will receive $300.00 each quarter and with 4 accident-free quarters in the year will receive an additional $600.00 – total yearly bonus up to $1,800.00.
7. Increase layover pay to $60.00.
8. Additional week of vacation for drivers starting after February 10th, 2014 after 15 years of employment (All drivers will have 4th week at the 15th year).
9. The floating holiday to be paid out at end of December, if not used.
10. Lock pension contribution at the current rate for 3 years.
11. Increase Welfare Contributions $8.30 per hour in year 1 ($332.00 per week), $9.40 per hour in year 2 ($376.00 per week) and $9.90 per hour in year 3 ($396.00 per week).
12. Delete wage tier schedule (Item 36). New hires will be at 90% of the full hourly rate for the probationary period.

13. Driver – trainer, when accompanied by a trainee, shall receive an increase from $18.00 per day to $20.00 per day.
14. Drivers must have a current TWIC card within 60 days of employment.
15. Drivers must be prepared for layover at all times. Required medications, dietary needs and medical devices or equipment for a minimum of 1 day must be on hand at all times.
16. Drivers must have working cell phone with number and made available to dispatch for family emergencies, work emergencies and work assignment changes.
17. Drivers must have a personal email available for work assignment communication. Tablets will be available to scan completed paperwork in the near future.
18. Article 18, Section D – change 18 months of employment to after probationary period (61st day of employment).
19. Article 26, Section (B). Change the Peoplenet wording to ELD.
20. Disciplinary actions must be made within 15 days of incident or automatically dismissed – except at times of necessary investigations at which the employee will be notified within 15 days or less.
21. Article 32, Section C delete first sentence.
22. Article 6, last paragraph, change the wording dispatch sheets to drivers' hours.
23. Opt out provision for health insurance pending union trustee approval. The employee would no longer have to pay the weekly charges ($40.00 and $75.00).
24. Add provision to allow employees the additional option to participate in the Union 401K retirement plan. The company could also contribute in the future if desired. Union to provide the plan details.

All other terms and conditions of the CBA remain in full force and effect.

LP Transportation, Inc.

Date: 11/7/22

Teamsters Local 445

BA

Date: 11-7-2022

GREEN LIGHT

Proposal For:

Technology Services

Prepared For:

Industry and Local 338 Welfare Fund

November 29, 2022

Board of Trustees
Industry and Local 338 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152

CONFIDENTIAL - Proposal for Technology Services
Industry and Local 338 Welfare Fund

Dear Board of Trustees,

Thank you for the opportunity to present a proposal for technology services to Industry and Local 338 Welfare Fund.

Green Light, located in Scottsdale, AZ, is a technology-enabled services company with a focus on health care cost management. Our team is comprised of industry experts, bringing together vast experience in developing technology-enabled solutions and delivering healthcare cost management services. As such, Green Light is well-postitioned to assist Industry and Local 338 Welfare Fund with meeting the regulatory requirements related to the Transparency in Coverage Final Rule (TiC), Consolidated Appropriations Act, 2021, (CAA) and the No Surprises Act (NSA). Notably, Green Light was recently involved in an exclusive industry workgroup assembled by the Departments (HHS, Labor, and Treasury) to assist the Centers for Medicare and Medicaid Services (CMS) in performing user acceptability testing of the Federal IDR Portal, prior to its rollout on April 15, 2022.

Green Light has successfully demonstrated that it is a trusted and reliable partner for technology and cost management services. We are tremendously proud of the impacts that we have made in helping the assets of our health plan customers go as far as possible, giving them more resources to positively impact the health and lives of their members and communities. Since our founding in 2011, Green Light has been providing technology and cost management services to Health and Welfare organizations, Third Party Administrators, and other insurance stakeholders throughout the country, creating value for hundreds of health plans and hundreds of thousands of health plan members. Our technology systems are extremely sophisticated and flexible, and are completely configurable to handle any exceptions or customizations based on any need or preference your organization may have.

Please accept this proposal as confirmation of Green Light's desire to provide the following services to Industry and Local 338 Welfare Fund. Green Light hereby agrees to provide Client with the following services, based on the rate structures outlined below:

PROPOSED SERVICES:

A. Out-of-Network (OON) Allowed Amounts Machine-Readable Files
Implementation Fee: $1,000
Monthly Service Fee: $500/month

1. Monthly Generation of OON Machine-Readable Files in JSON file format
    a. Allowed Amount shall be limited to those Providers with 20 or more claims in reporting period
2. Hosting of OON Machine-Readable Files on publically accessible internet-based site hosted by Green Light

B. Price Comparison Tool

Implementation Fee: $1,000

Monthly Service Fee: $500/month

1. Provide internet-based self-service consumer portal for price comparison of:
    a. 500 items and services by January 1, 2023 – as defined in Table 1 of the preamble to the TiC Final Rules

The pricing outlined in this proposal assumes an initial contract term of one (1) year. The required data elements necessary to perform the scope of work outlined above will be provided separately.

We appreciate your interest in Green Light and thank you again for your consideration and the opportunity to submit our proposal. We look forward to the possibility of collaborating with your organization. Should you have any questions regarding this submission or our abilities, please don't hesitate to contact me. I can be reached by phone at (888) 919-5008 or by email at, bvigil@greenlightcm.com.

Sincerely,

BJ Vigil
Vice President, Relationship Management

BV/am

Industry & Local 338 Pension Plan
Local 338 Welfare Plan
Complete Withdrawal in 7/1/2013 - 6/30/2014 Plan Year

Withdrawal Liability	$ 207,522.24
Annual Payment	17,755.00
Quarterly Payment	4,438.75
Monthly Payment	1,479.58
Number of Payments	240
First Payment	3/1/2014

		1/1/2023	2/1/2023	3/1/2023	4/1/2023
Remaining monthly payments =		134	133	132	131
Funding Rate 6/30/2013	7.50%	$ 135,146.99	$ 134,497.62	$ 133,844.21	$ 133,186.75
	7.00%	138,367.05	137,681.42	136,991.81	136,298.20
	6.50%	141,707.82	140,983.79	140,255.86	139,524.00
	6.00%	145,174.76	144,410.06	143,641.56	142,869.23
	5.50%	148,764.77	147,957.10	147,145.75	146,330.70
	5.00%	152,482.95	151,629.88	150,773.27	149,913.11
	4.50%	156,334.61	155,433.57	154,529.16	153,621.38
	4.00%	160,335.17	159,383.30	158,428.28	157,470.08
	3.50%	164,481.30	163,475.73	162,467.24	161,455.81
PBGC 6/30/2013	3.11%	167,821.12	166,771.53	165,719.23	164,664.21
	3.00%	168,779.14	167,716.81	166,651.82	165,584.18
	2.50%	173,246.05	172,123.58	170,998.77	169,871.62
	2.00%	177,878.59	176,692.53	175,504.51	174,314.50
	1.50%	182,695.58	181,442.16	180,187.17	178,930.62
	1.00%	187,681.29	186,356.81	185,031.24	183,704.56
	0.50%	192,880.19	191,480.23	190,079.69	188,678.57
Total All Pmts	0.00%	198,263.72	196,784.14	195,304.56	193,824.98