Carpenters Local No. 491
Health & Welfare Fund

Board of Trustees Meeting

September 15, 2021

CARPENTERS LOCAL NO. 491
HEALTH AND WELFARE FUND
AGENDA
SEPTEMBER 15, 2021

A. ROLL CALL
1. New Trustee Appointments

B. MINUTES OF THE JUNE 16, 2021 BOARD MEETING

C. ADMINISTRATIVE REPORTS
1. Statement of Changes In Fund Balance (Apr - Jun, 2021)
2. Statement of Fund Balance (June 30, 2021)
3. Contribution / Claim Schedules (Jan - Jun, 2021)
4. Claim Payment Schedule (Jan - Jun, 2021)
5. Highest Cost Medical Claims (Apr - Jun, 2021)
6. Covid-19 Claims Data
7. Bills to be Approved and Paid (September 15, 2021)
8. Cash Management Statement

D. UNFINISHED BUSINESS
1. Delinquent Employer Listing
2. Positive ID (BuildTask) Update
3. Payroll Audits

E. NEW BUSINESS
1. Bolton Partners Financial Update
2. Bolton Investment Report
3. Member Eligibility Discussion
4. Express Scripts Rebates
5. Consolidated Appropriations Act - Deferred Provisions
6. Purdue Pharma Class Action
7. Balance Billing Disclosure
8. Participation Agreement - Brunswick Woodworking
9. Bank Signature Cards
10. Update Letters
11. Questions
12. Date of Next Meeting - December 17, 2021

F. VACATION BENEFIT REPORT

CARPENTERS LOCAL NO. 491
HEALTH AND WELFARE PLAN
REGULAR MEETING OF THE BOARD OF TRUSTEES

June 16, 2021

MINUTES

A regular meeting of the Trustees of the Carpenters Local No. 491 Health and Welfare Plan was held at 11:48 a.m. on June 16, 2021, at the office of the Administrative Manager, Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152. Present were the following Trustees:

UNION TRUSTEES	EMPLOYER TRUSTEES
Sandy Forstner	
Bill Sproule	Scott Staub
Robert Tarby	Todd Weitzman

Also present were Albert Kroll, Esq., Counsel for the Union; David J. Jensen and Dawn Welch, Administrative Manager; Mark Lynne, of Bolton Partners, Inc.; Ira Marc Miller, CPA; Alton Fryer, of Bolton Partners Investment Consulting Group, Inc.; Pete Tonia; and Steven I. Batoff, Attorney.

The following matters were discussed with the indicated action taken:

1. The minutes of the meeting of March 17, 2021, were approved as read after a motion was made by Mr. Sproule and seconded by Mr. Tarby .
2. The Administrative Manager reviewed with the Trustees the Administrative Manager's report for the three months ending March 31, 2021. The Fund balance as of March 31,

2021, was $6,642,326.38. The Administrative Manager reviewed with the Trustees the Fund balance report at market value as of March 31, 2021.

The Administrative Manager then reviewed the claims payments for the March 2021 quarter and compared them to the June 2020, September 2020, and December 2020 quarters. The Administrative Manager reported that there were no life insurance claims for the quarter ending March 31, 2021. The Administrative Manager reviewed the highest claim payments for the quarter. Upon motion duly made by Mr. Tarby and seconded by Mr. Staub, the Administrative Manager's report was unanimously approved by the Trustees.

3. The Administrative Manager then reviewed with the Trustees the bills to be paid, as listed in an attachment to these minutes. The Trustees, upon motion duly made by Mr. Tarby and seconded by Mr. Sproule, unanimously approved payment of the aforementioned checks.

4. The following Delinquent Contractor Listing was reviewed by the Trustees and the Administrative Manager:

NONE

5. The Administrative Manager reviewed with the Trustees the cash management statement.

6. Mr. Lynne then reviewed with the Trustees a projection for the remainder of 2021, starting with assets as of May 31, 2021. He reviewed the contribution assumptions, the COBRA subsidy assumption, and the assumptions for expenses. He next reviewed the projected results through December 2021 based on the claims for the last four quarters and other expenses for the last four quarters (excluding stock-loss) for the quarter ending March 31, 2021. Mr. Lynne projected the fund assets at December 30, 2021, to be $6,059,208.00. He noted that there would be 14.5 months in reserve.

7. Mr. Lynne, Mr. Batoff, and the Administrative Manager then discussed the America Rescue Plan Act and participant eligibility extension. The Trustees also discussed the June 30, 2021, COBRA subsidy deadline and that approximately 400 members have not applied. The Trustees agree to send COBRA notices via certified mail to members and do a robocall. The Trustees requested that Mr. Lynne, working with Associated Administrators, determine what another quarter would look like if the COBRA subsidy ends June 30, 2021, with no extensions and the Trustees decide to "subsidize" the members who have lost eligibility.

8. Alton Fryer, of Bolton Partners Investment Consulting Group, Inc., then reviewed the quarterly review of the Fund as of March 31, 2021. Mr. Fryer then provided a review of the economy and capital markets. He then reviewed asset allocation; asset reconciliation; long term asset growth; portfolio targets; historical performance; calendar year performance; and 3-year risk/reward summary, 5-year risk/reward summary, and 10-year risk/reward summary. He then reviewed calendar year-to-date returns for various investments and their respective benchmark.

   Mr. Fryer stated that there were no recommended changes to investment managers and reviewed plan notes and the watch list.

   Upon motion duly made by Mr. Tarby and seconded by Mr. Sproule, the Trustees approved Mr. Fryer's report.

9. Mr. Batoff and Mr. Tarby then discussed the status of Buildtask (Positive ID). Mr. Batoff stated that the confessed judgment lawsuit has been filed against Mr. Miller (a former owner of Buildtask) and his wife, who are guarantors for monies owed the Plan by Buildtask.

10. Dawn Welch then gave a verbal report to the Trustees as to demographics of claims. Ms. Welch also provided a written report as to demographics of claims.

11. Mr. Tonia and Mr. Miller then noted that there was no update as to the payroll audits.

12. Ms. Welch then reviewed the Express Scripts rebates.

13. Pete Tonia then gave an update as to Level Care and the consortium. Mr. Tonia reported that the 2020 Level Care financials were audited and found to be satisfactory. He also reported that Level Care had adopted new cybersecurity and errors and omissions policies. He also noted that requests for proposals for a second insurance carrier and for dental and vision benefits were authorized. He discussed as well the possibility of other funds joining the consortium.

14. Dawn Welch then discussed the Consolidated Appropriations Act, which, except for mental health benefits, is not effective until January 1, 2022. She stated that Associated Administrators had completed a self-compliance list in order not to run afoul of the Consolidated Appropriations Act. The Trustees requested that the Administrative Manager have Mr. Batoff review contracts to ensure compliance with the Consolidated Appropriations Act.

15. Dawn Welch discussed with the Trustees the BlueCross/BlueShield class action settlement, which was reviewed by Mr. Batoff. The Trustees, upon motion duly made by Mr. Tarby and seconded by Mr. Staub, unanimously agreed to participate in the settlement.

16. Dawn Welch reported on the PCORI fees.

17. Mr. Batoff then reviewed update letters. Mr. Batoff first reviewed a letter relating to a Department of Labor comprehensive cybersecurity guidance program that detailed

criteria to which plan service providers should adhere. Mr. Batoff stated that the Plan's current Data Security Privacy Policies and Procedures will need to be updated based on the Department of Labor cybersecurity guidance program. Mr. Batoff then reviewed a Department of Labor new additional safe harbor regulations for employee benefit plan administrators to use electronic media. Mr. Batoff discussed the updated safe harbor provisions and electronic record retention requirements. Mr. Batoff next reviewed a letter relating to proxy voting and selection and appointment of investment managers. Mr. Batoff stated that he would send a copy of this update letter to Mr. Fryer for his review and comment.

18. Ira Miller, CPA, discussed with the Trustees his new engagement letter for the Plan. Mr. Miller stated that his firm's fee will be $18,000 for 2021, and $18,000 for 2022. The Trustees, upon motion duly made by Ms. Forstner and seconded by Mr. Weitzman, unanimously agreed to the fee increase, subject to Mr. Batoff's review of Mr. Miller's firm's engagement letter.

19. The Trustees then reviewed with the Administrative Manager the cash balance report for the vacation benefit for the three months ending March 31, 2021. The cash balance as of March 31, 2021, was $10,298.61.

There being no further business, the meeting was thereupon adjourned at 12:42 p.m. with the next regular meeting scheduled for September 15, 2021, at 9:00 a.m.

Respectfully submitted,

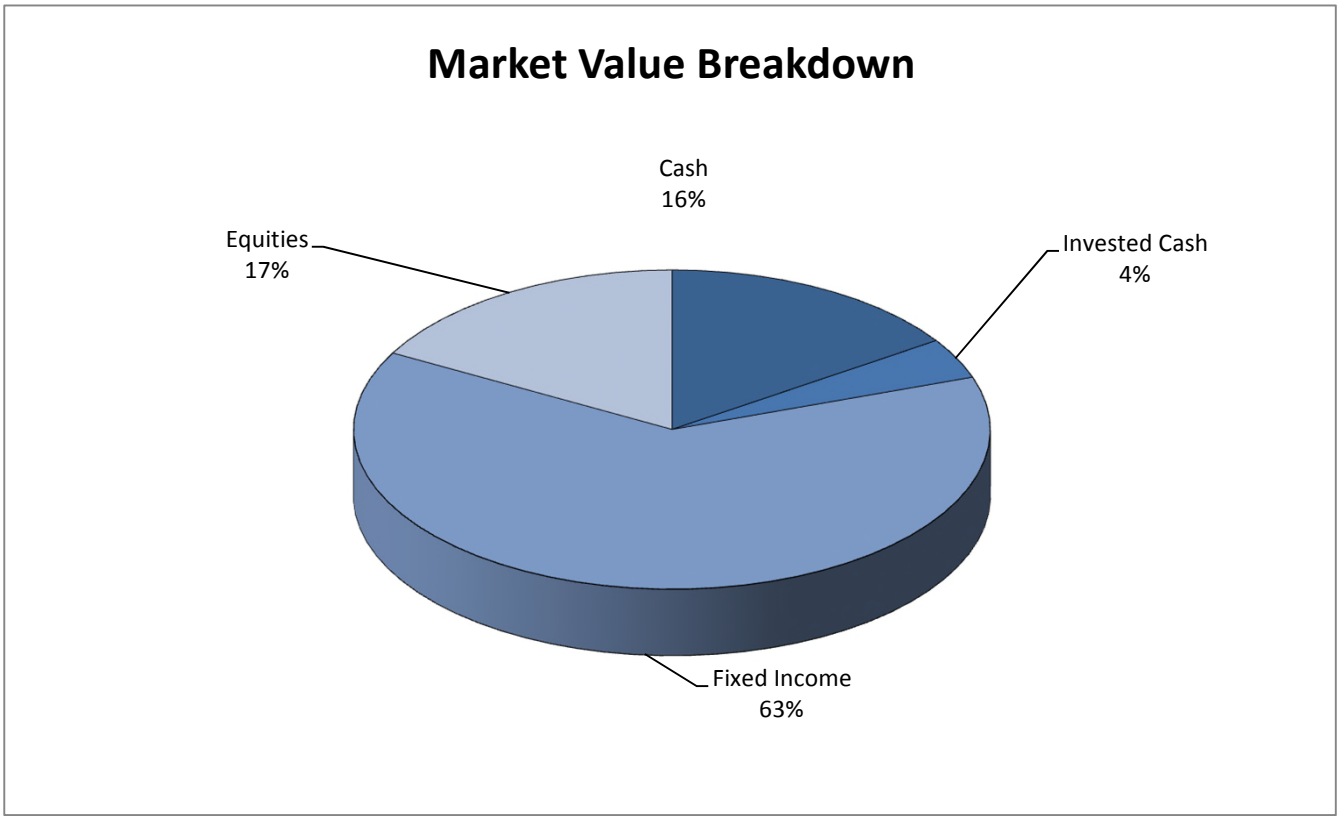
Steven I. Batoff
Secretary of the Meeting

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE SIX MONTHS ENDED JUNE 30, 2021

	Current Quarter	Year To Date
Additions		
Employer/Employee Contributions	$ 119,259.24	$ 231,134.34
Dividends	50,443.40	89,247.80
Interest	18.37	44.80
Rebates	-	-
Gain (Loss) on Sale of Investments	163,256.91	408,799.91
Securities Litigation Proceeds/Unclaimed Prop.	-	-
Total Additions	332,977.92	729,226.85
Deductions		
Medical Deductions	261,468.07	427,776.28
P.P.O. Fees	-	9,220.92
Dental Premium	4,353.78	8,662.86
Claims - IHA	662,469.52	1,504,799.70
Cobra Reimbursement	1,970.00	1,970.00
PCORI Fee	-	-
ESI-FWA Fee	-	-
Actuarial Fees	10,000.00	10,000.00
Administration - AA LLC	32,500.00	63,750.00
Administration - IHA	46,104.90	93,459.85
HIPPA Compliance Fees	-	-
Computer Expenses	-	-
Conference Expenses	-	-
Reciprocals Paid	326.35	4,021.56
Audit Fees	-	-
Investment Manager Fees	620.00	1,180.00
Investment Performance Fees	700.00	1,450.00
Meeting Expense	-	-
Medical Consultant Fees	-	-
Dues	-	-
Employer Audits	-	437.50
Fidelity Bond	-	500.00
Cyber Liability Insurance	-	-
Fiduciary Liability Insurance	-	6,122.84
Independent Fiduciary Fee	23.02	99.28
Stop Loss Insurance	75,376.80	150,709.52
Stop Loss Reimbursement	-	41.68
Pharmacy Consulting	940.68	2,200.65
Office Expenses	-	-
Postage	2,339.80	2,722.80
Legal Fees	11,283.98	24,396.38
Printing	511.33	1,036.87
Hospital Reviews	-	-
Hospital Audits	-	-
Trustee Fees	-	-
Consulting Fees	-	-
Bank Service Charges	-	19,168.16
Transitional Reinsurance Fee	-	-
Settlement	-	-
Total Deductions	1,110,988.23	2,333,726.85
Net Increase (Decrease)	$ (778,010.31)	$ (1,604,500.00)
Fund Balance - December 31, 2020		7,468,816.07
Fund Balance - June 30, 2021		$ 5,864,316.07

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
STATEMENT OF FUND BALANCE
AS OF JUNE 30, 2021

	Cost Basis	Market Basis
Bank of America		
Cash - Operating	$ 1,066,376.18	$ 1,066,376.18
Cash - Benefit	(62,065.49)	(62,065.49)
	1,004,310.69	1,004,310.69
Amalgamated Bank of Chicago		
Cash & Cash Equivalents	-	-
Money Market	263,970.33	263,970.33
Fixed Income	3,909,393.69	4,075,839.71
Equities	625,588.94	1,097,875.19
	4,798,952.96	5,437,685.23
Other Assets & Payables (Net)	52.42	52.42
Independent Health Deposit	61,000.00	61,000.00
	$ 5,864,316.07	$ 6,503,048.34
Market Value of Fund Balance as of December 31, 2020		8,538,315.51
Change in Market Value of Fund as of June 30, 2021		$ (2,035,267.17)
Decrease in Cash		(1,604,500.00)
Unrealized Loss on Investments		(430,767.17)
		$ (2,035,267.17)



CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CONTRIBUTIONS / CLAIMS SCHEDULES
FOR THE SIX MONTHS ENDED JUNE 30, 2021

Employer Contributions

Hourly rates and their effective dates

Date	Shops	Exhibitors
03/01/06	2.30	3.25
07/17/06	2.40	3.25
03/01/07	2.40	3.55
07/17/07	2.50	3.55
01/17/08	2.60	3.55
03/01/08	2.60	3.80
07/17/08	2.70	3.80
01/17/09	2.80	3.80
03/01/09	2.80	4.15
03/01/10	2.80	4.45
03/01/11	2.80	4.60
07/17/11	3.00	4.60
03/01/12	3.00	5.00
03/01/13	3.00	5.25
03/01/14	3.15	5.60
07/01/14	3.40	5.60
03/01/14	3.40	5.85
07/20/15	3.50	5.85
11/01/20	3.50	6.10

Employer / Employee

Prior Years Analysis

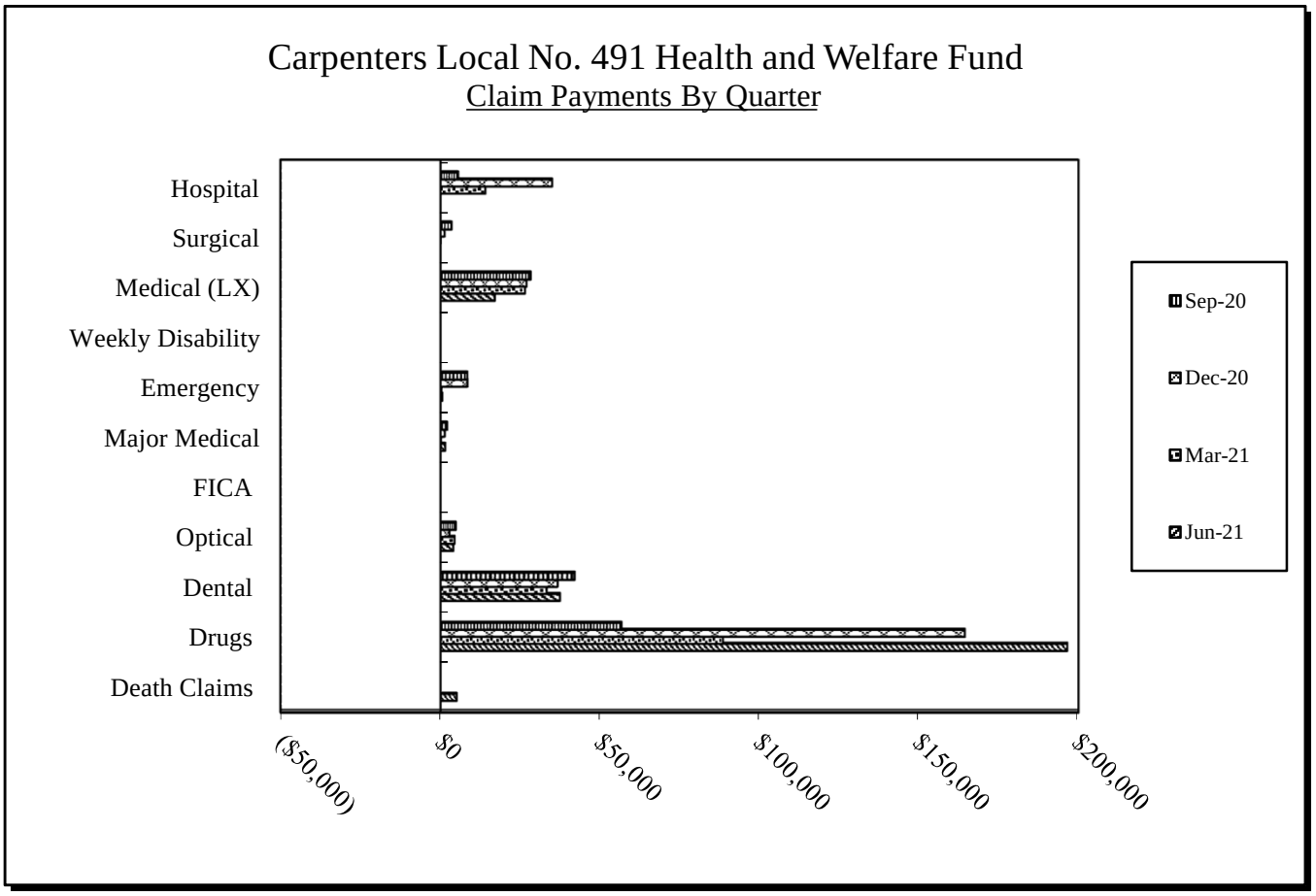
Year	Receipts	Claims	Difference
2011	$ 3,879,294.58	$ 3,234,111.38	$ 645,183.20
2012	3,819,855.24	3,778,361.78	41,493.46
2013	4,049,717.46	3,202,012.09	847,705.37
2014	4,262,555.33	3,252,072.12	1,010,483.21
2015	4,501,646.07	2,728,405.47	1,773,240.60
2016	4,881,298.31	2,918,759.70	1,962,538.61
2017	5,049,927.78	2,915,661.88	2,134,265.90
2018	4,793,825.81	3,650,944.24	1,142,881.57
2019	4,818,837.41	4,379,457.69	439,379.72
2020	1,468,255.49	3,799,144.27	(2,330,888.78)
2021	231,134.34	1,932,575.98	(1,701,441.64)

Current Year Analysis

Month	Receipts	Claims	Difference
January	$ 55,024.17	$ 314,489.34	$ (259,465.17)
February	$ 33,672.28	$ 223,995.90	(190,323.62)
March	$ 23,178.65	$ 470,153.15	(446,974.50)
April	$ 26,522.18	$ 340,702.14	(314,179.96)
May	$ 51,532.25	$ 321,939.21	(270,406.96)
June	$ 41,204.81	$ 261,296.24	(220,091.43)
July			-
August			-
September			-
October			-
November			-
December			-
	$ 231,134.34	$ 1,932,575.98	$ (1,701,441.64)
Average Per Month	$ 38,522.39	$ 322,096.00	$ (141,786.80)

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CLAIM PAYMENT SCHEDULE
FOR THE SIX MONTHS ENDED JUNE 30, 2021

Claim Payments	Sep-20 Quarter	Dec-20 Quarter	Mar-21 Quarter	Jun-21 Quarter
Hospital	$ 5,500.13	$ 34,852.67	$ 13,960.80	$ 0.01
Surgical	3,402.51	1,258.98	23.37	-
Medical (LX)	28,098.73	26,800.44	26,363.01	16,902.59
Weekly Disability	-	-	-	-
Emergency	8,305.22	8,394.76	218.27	518.53
Major Medical	2,008.35	1,272.22	105.76	1,399.57
FICA	(46.53)	-	-	-
	47,268.41	72,579.07	40,671.21	18,820.70
Optical	4,707.91	2,773.84	4,355.16	3,953.04
Dental	41,844.35	36,555.19	33,096.89	37,258.49
Drugs	56,462.17	163,909.08	88,184.95	196,435.84
	103,014.43	203,238.11	125,637.00	237,647.37
Death Claims	-	-	-	5,000.00
	$ 150,282.84	$ 275,817.18	$ 166,308.21	$ 261,468.07
IHA Claims	649,626.57	677,105.24	842,330.18	662,469.52
	$ 799,909.41	$ 952,922.42	$ 1,008,638.39	$ 923,937.59



Claims Summary by Type

Independence
Independence Administrators

Current Period : Incurred 04/2021 to 06/2021 Paid 04/2021 to 06/2021

Claim Type	Count of Claims	Claimants	Billed	Non Allow	Eligible	Discount	Member Liability	Net Payment	Days / Units	% Discount
Inpatient Facility	10	9	$300,496	$9,819	$290,677	$112,981	$15,197	$152,681	52	38.9%
Outpatient Facility	135	71	$282,608	$12,158	$270,450	$118,261	$16,989	$135,200	372	43.7%
Professional	1,331	347	$631,953	$50,934	$581,019	$366,904	$31,433	$182,682	2,687	63.1%
Total Medical	**1,476**	**354**	**$1,215,057**	**$72,910**	**$1,142,146**	**$598,146**	**$63,619**	**$470,563**	**N/A**	**52.4%**
In Network	1,362	333	$1,169,370	$45,430	$1,123,940	$588,971	$62,933	$462,217	**N/A**	**52.4%**
Pharmacy	0	0	$0	N/A	$0	N/A	$0	$0	N/A	N/A
Overall Total	**1,476**	**354**	**$1,215,057**	**$72,910**	**$1,142,146**	**$598,146**	**$63,619**	**$470,563**	**N/A**	**N/A**
Large Claimants	0	0	$0	$0	$0	$0	$0	$0	**N/A**	**N/A**

The following rules are applied to the "Claims Summary by Type" tab:
- "Paid In Network Indicator" parameter will not be applied to this tab.
- The high-cost claimant threshold value is used only on the “Large Claimants" row on this tab.

Individual High Claimant Report - Medical Only

Current Period: Paid - 04/2021 to 06/2021 | Compared to: Paid - 04/2021 to 06/2021

Key Metrics

Threshold: $25,000

High Cost Claimants: 8

High Cost Claimant Total Payment: $336,215

ID	Status	Term Date	Prior Period HCC	Age	Gender	Relationship	Inpatient Net Payment	Outpatient Net Payment	Professional Net Payment	Total Medical Net Payment	Condition	Inpatient Admits
1	Active	N/A	Yes	43	Male	Subscriber	$67,513	$0	$863	$68,377	Fractures	1
2	Active	N/A	Yes	69	Female	Spouse	$0	$55,743	$2,759	$58,502	Maintenance Chemotherapy; Radiotherapy [45.]	0
3	Active	N/A	Yes	45	Male	Subscriber	$41,163	$0	$1,570	$42,733	Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	2
4	Termed	202106	Yes	56	Male	Subscriber	$25,641	$13,015	$2,241	$40,897	Diseases Of The Heart	1
5	Termed	202106	Yes	58	Male	Subscriber	$0	$36,846	$3,353	$40,199	Secondary Malignancies [42.]	0
6	Active	N/A	Yes	30	Male	Subscriber	$29,574	$130	$74	$29,778	Epilepsy; Convulsions [83.]	1
7	Active	N/A	Yes	51	Male	Subscriber	$0	$20,637	$8,451	$29,088	Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	0
8	Active	N/A	Yes	55	Female	Spouse	$23,961	$368	$2,311	$26,641	Spondylosis; Intervertebral Disc Disorders; Other Back Problems [205.]	1

Note: This report should not be used for stop loss purposes

Client: LEVEL CARE HEALTH| Request Id: 144590 | File Name: HCC 491 apr jun_Individual High Claimant Report_144590.xlsx| Created:Tuesday, 9/7/2021 7:44:53 PM

Summary by Service Type - Outpatient and Professional Claims

Service Types are Limited to: Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Office Physician Visit, Other Physician Visit, Emergency Room With Observation Bed, and Observation Bed

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	11	15	$8,153.29	$543.55	$1.58
Emergency Room With Observation Bed	3	3	$3,709.19	$1,236.40	$0.72
Office Physician Visit	13	17	$1,028.80	$60.52	$0.20
Other Physician Visit	8	10	$1,848.80	$184.88	$0.36
Pathology (Laboratory)	87	126	$13,097.04	$103.94	$2.53
Telemedicine	5	6	$539.98	$90.00	$0.10
Urgent Care	49	51	$6,952.73	$136.33	$1.34

Independence
Independence Administrators

LEVEL CARE HEALTH - 0000006144

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE PLAN - 007329

Claims Incurred between 3/1/2021 and 8/31/2021 and Paid between 3/1/2021 and 8/31/2021

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	0	0	$0.00	$0.00	$0.00
1-5	10	22	$5,740.87	$260.95	$36.57
6-18	11	17	$3,248.05	$191.06	$4.90
19-25	27	51	$6,568.10	$128.79	$9.69
26-39	27	41	$7,868.08	$191.90	$10.44
40-64	73	136	$39,287.83	$288.88	$16.75
65+	9	15	$2,462.36	$164.16	$4.49
Unknown	0	0	$0.00	$0.00	$0.00
REL TO INS	**CLAIMANT COUNT**	**CLAIM COUNT**	**NET PAY**	**COST PER CLAIM**	**COST PMPM**
Employee	89	163	$46,995.07	$288.31	$16.34
Spouse	25	44	$4,347.72	$98.81	$4.57
Dependent	42	75	$13,832.50	$184.43	$10.28
GENDER	**CLAIMANT COUNT**	**CLAIM COUNT**	**NET PAY**	**COST PER CLAIM**	**COST PMPM**
Female	54	100	$15,120.00	$151.20	$7.42
Male	102	182	$50,055.29	$275.03	$15.97
Undisclosed	0	0	$0.00	$0.00	$0.00
ST CD	**CLAIMANT COUNT**	**CLAIM COUNT**	**NET PAY**	**COST PER CLAIM**	**COST PMPM**
DC	3	7	$364.96	$52.14	$1.12
MD	137	252	$62,013.76	$246.09	$14.86
NY	2	4	$499.08	$124.77	$31.19
PA	1	1	$0.00	$0.00	$0.00
VA	13	18	$2,297.49	$127.64	$5.60

TOP 25 Providers for COVID-19 Claims

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
DIMENSIONS HEALTH CORPORATION - UNIVERSITY OF MARYLAND CAPITAL REGION MEDICAL CENTER	2	2	$19,518.51	$9,759.26	$3.77
ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL	1	1	$3,724.21	$3,724.21	$0.72
LABORATORY CORPORATION OF AMERICA HOLDINGS	32	37	$3,544.91	$95.81	$0.69
HOWARD COUNTY GENERAL HOSPITAL, INC, - HOWARD COUNTY GENERAL HOSPITAL	1	1	$3,189.11	$3,189.11	$0.62
ACUTIS DIAGNOSTICS INC - ACUTIS DIAGNOSTICS	3	7	$2,631.99	$376.00	$0.51
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	3	3	$2,328.40	$776.13	$0.45
MNR INDUSTRIES, LLC - EXPRESSCARE OF BEL AIR	12	13	$2,092.68	$160.98	$0.40
THE JOHNS HOPKINS HOSPITAL	3	3	$1,947.35	$649.12	$0.38
DRS ERGENT CARE, LLC	6	10	$1,549.72	$154.97	$0.30
CHILDREN'S HOSPITAL	1	1	$1,224.74	$1,224.74	$0.24
ATLANTIC GENERAL HOSPITAL CORP - ATLANTIC GENERAL HOSPITAL CORP	1	1	$1,013.59	$1,013.59	$0.20
WHC EMERG PHYS	2	2	$924.20	$462.10	$0.18
NARDINE ASSAAD, MD, LLC - TOWSON PEDIATRICS	2	5	$834.61	$166.92	$0.16
LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC. - DOCTORS COMMUNITY HOSPITAL	1	1	$829.53	$829.53	$0.16
GREATER REGIONAL MEDICAL CENTER	1	1	$745.06	$745.06	$0.14
THE CHAMBERSBURG HOSPITAL - CHAMBERSBURG HOSPITAL EMERGENCY DEPARTMENT	1	2	$738.95	$369.48	$0.14
MINUTECLINIC LLC	9	14	$732.16	$52.30	$0.14
DIMENSIONS HEALTHCARE ASSOCIATES INC - UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH MEDICAL GROUP	1	1	$727.19	$727.19	$0.14
STATCARE GROUP LLC - CHOICEONE URGENT CARE OF	3	3	$648.06	$216.02	$0.13
UPPER CHESAPEAKE EMERGENCY MEDICINE PHYSICIANS,	2	2	$626.57	$313.28	$0.12
PATIENT FIRST MARYLAND MEDICAL GROUP, PLLC - PATIENT	8	9	$534.59	$59.40	$0.10
MEDICAL DIAGNOSTIC LABORATORIES,LLC	4	5	$500.00	$100.00	$0.10
QUEST DIAGNOSTICS INCORPORATED MD	6	6	$484.26	$80.71	$0.09
HOSPITALIST MEDICINE PHYSICIANS OF MARYLAND PC	1	3	$465.84	$155.28	$0.09
ADVENTIST HEALTHCARE, INC. - ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER	1	1	$460.99	$460.99	$0.09

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 15, 2021

	Payee/Purpose	Period	Check #	Amount
1.	Batoff Associates, P.A. Legal Fees	5/21	3590	5,625.60
2.	Bolton Partners, Inc. Investment Performance Fees	2/21 - 4/21	3591	700.00
3.	Bolton Partners, Inc. Actuarial & Consulting Fees	4/21	3592	5,000.00
4.	CIGNA Dental, Inc. Dental Premium	5/21	3593	1,487.02
5.	Washington Area Carpenters' Fund Reciprocal Hours	4/21	3594	100.65
6.	Union Labor Life Insurance Co. Stop Loss Premium	6/21	3595	25,169.68
7.	CIGNA Dental, Inc. Dental Premium	6/21	3596	1,451.26
8.	Chason, Rosner, Leary & Marshall, LLC Legal Fees - Build Task	4/21	3597	220.63
9.	Schmitz & Sons, Inc. Postage - QSR 'S		3598	547.50
10.	Associated Administrators, LLC Administration Fee	7/21 - 9/21	3599	32,500.00
11.	Washington Area Carpenters' Fund Reciprocal Hours	5/21	3600	657.93
12.	Associated Administrators, LLC Meeting Expense	6/21	3601	191.82
13.	Schmitz & Sons, Inc. Printing - ARPA Cobra Extension Notice		3602	354.00
14.	Schmitz Press, Inc. Printing - Cobra General Notice		3603	755.34
15.	Union Labor Life Insurance Co. Stop Loss Premium	7/21	3604	10,446.96
16.	Batoff Associates, P.A. Legal Fees	6/21	3605	862.50

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 15, 2021

Payee/Purpose	Period	Check #	Amount
17. CIGNA Dental, Inc.			
Dental Premium	7/21	3606	1,451.26
18. Chason, Rosner, Leary & Marshall, LLC			
Legal Fees - Build Task	5/21	3607	163.90
19. United States Treasury			
PCORI Fee - 2021		3608	2,471.14
20. Batoff Associates, P.A.			
Legal Fees	7/21	3609	3,312.00
21. Level Care Health Consortium			
Independence Administration	7/21 - 9/21	3610	900.00
22. Schmitz & Sons, Inc.			
Printing - QSR'S		3611	126.34
23. Union Labor Life Insurance Co.			
Life Insurance Premium	8/21	3612	11,857.52
24. Washington Area Carpenters' Fund			
Reciprocal Hours	2/21	3613	58.50
			$ 106,411.55

Carpenters Local 491 Benefit Funds
Cash Management

		Medical
Yearly Deductions		$ 4,468,060
Loans per Year		
Total Yearly Deductions		
10% of Expenses		$ 446,806
Current Cash Balance	As of 7/31/21	$ 665,448
5% Floor		$ 223,403
Replenish		Not now
15% Ceiling		$ 670,209
Send to Amalgamated		**Not now**
Transfer Made:	Sep-10-21	$ -

CARPENTERS DELINQUENCY LIST
AS OF
SEPTEMBER 10, 2021

1) If Local has "X" in a block, please indicate "Worked" or "No Men"
2) Please fax updates to Ramona at 410-683-7794

	See Instructions Above			
EMP #	**Balt.**	**Wash.**	**COMPANY NAME**	**WORK MONTHS DELINQ.**

LOCAL 491 AUDIT UPDATE 9/8/2021

EMPLOYER NAME	INITIAL AUDIT DATE(S)	AUDITOR	TOTAL DUE	COMMENTS 1	COMMENTS 2	AUDIT YEAR
ARATA EXPOSITION SERVICES	IN OFFICE	A HOYT			IN HOUSE AUDIT IN PROGRESS, WAITING ON ADDITIONAL INFORMATION. LAST INFORMATION REQUEST 7/28/21	2015-2019
BREDE EXPOSITIONS SERVICES	8/4/2020	R RANDLE		INFORMATION RECEIVED 8/4/2020	IN HOUSE AUDIT IN PROGRESS, COMPANY IS CLOSING DOWN, WE WILL AUDIT THROUGH THE END OF 2020 TO MAKE SURE EVERYTHING IS ACCOUNTED FOR. REACHED OUT 9/2/2021 WAITING ON 2020 RECORDS	2015-2019
CZARNOWSKI DISPLAY SERVICE	6/3/2020	A HOYT		INITIAL INFORMATION RECEIVED 6/3/2020	IN HOUSE AUDIT IN PROGRESS, WAITING ON ADDITIONAL INFORMATION REQUESTED 7/20/21	2015-2019
FREEMAN EXPOSITIONS INC	12/1/2020	A HOYT			AUDIT IN PROGRESS, ADDITIONAL RECORDS NEEDED. REQUIRING SIGNED NDA	2015-2019
GES EXPOSITION SERVICES	9/15/2021	J DOBBS		SCHEDULED	COMPANY AGREED TO ON SITE AUDIT 9/15/2021	2018-2020
NTH DEGREE	8/30/2021			RECEIVED INFORMATION 8/30/2021	TO BE ASSIGNED	
NEXXTSHOW EXPOSITION SERVICES, LLC	11/30/2020	R RANDLE		REACHED OUT 9/2/2021 TO OBTAIN MISSING W2'S AND PAYROLL INFOMRATION	IN HOUSE AUDIT IN PROGRESS, FINISHED 2019 PAYROLL, AND WAITING ON ADDITONAL INFORMATION	2016-2019
RENAISSANCE MANAGEMENT, INC.	5/28/2021	T MORAN		IN PROGREESS		2015-2019
SHEPARD CONVENTION SERV, INC.				SCHEDULING		2016-2019

Meeting Agenda

September 15, 2021

- Projection – Remainder of 2021
    - Starts with assets as of August 31, 2021
    - Contribution assumptions:
        - Built in comparable contributions to Q1 2021 and Q1 2022 amounts ($115,500 per quarter)
        - Added in 75,000 hours at $6.10 for September-December
    - COBRA subsidy assumption: 193 members applied for reimbursement for four months
    - Assumptions for expenses:
        - Eligible active participants dropped as of July:
            - Prior to July: 568 (including 422 through Trustee extension)
            - After July: 253 (including 193 through Federal COBRA)
        - Projected claims reflect lower numbers of eligible participants but with added factor for selection against the Plan
        - Other expenses consistent with most recent year with stop-loss premiums adjusted for lower enrollment
    - No assumption for investment results (gain or loss)

Carpenters Local No. 491 Health and Welfare Plan

Projected Results through December 2021

Assets as of 2/28/21	$	7,846,226
Assets as of 5/31/21	$	6,728,025
Assets as of 8/31/21	$	6,115,976
Claims Last Four Quarters		
Q3 2020	$	799,909
Q4 2020		952,922
Q1 2021		1,008,638
Q2 2021		923,938
Other Expenses Last Four Q (excludes stop-loss)		
Q3 2020		122,181
Q4 2020		117,329
Q1 2021		138,768
Q2 2021		111,673
Stop-Loss per quarter	$	75,377
Contributions Q1 2021	$	111,875
Contributions Q2 2021	$	119,259

Projection 9/1/21 - 12/31/21

Contributions	$	611,589
COBRA Subsidy		357,613
Claims		817,801
Expenses + Stop-Loss		211,234
Gain/(Loss)	$	(59,833)
Fund Assets @ 12/30/21	$	6,668,192
Months in Reserve		17.9

Bolton HEALTH

Express Scripts Inc.
1 Express Way Saint Louis 63121-1824 MO

118088 G00000004644 CHECK NO.
800-332-5455 7463928

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	061621	06.16.21	Q121 UBC PREPAYMENTS	4890.00	0.00	4890.00
				4890.00	0.00	4890.00

RECEIVED
JUN 28 2021
A, LLC

EPSFNCKU02 (09/04

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412

Express Scripts
St Louis MO 63121

CHECK NO.
7463928

DATE	AMOUNT
06.17.21	$ ********4,890.00

PAY FOUR THOUSAND EIGHT HUNDRED NINETY DOLLARS ONLY

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
C/O MARK LYNNE
911 RIDGEBROOK RD
SPARKS MD US 21152

Benjamin F Chestnut
AUTHORIZED SIGNATURE

⑈07463928⑈ ⑆041203895⑆ 411647206?⑈

Express Scripts Inc.
1 Express Way   Saint Louis   63121-1824   MO

118088 R00007004483 800-332-5455

CHECK NO. 7465264

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	R00007004483	06.29.21	REBATE 03-01-2021-03-31-2021_	9823.50	0.00	9823.50
				9823.50	0.00	9823.50

RECEIVED
JUL 13 2021
AA, LLC

EPSFNCKU02 (09/04)

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Express Scripts
St Louis MO 63121

PNC Bank, N.A. 070

30-389
412

CHECK NO. 7465264

DATE 07.01.21

AMOUNT $ ********9,823.50

PAY NINE THOUSAND EIGHT HUNDRED TWENTY THREE DOLLARS AND 50 CENTS ONLY

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
ATTN: MARK LYNNE
911 RIDGEBROOK ROAD
SPARKS   MD   US   21152

AUTHORIZED SIGNATURE

⑈07465264⑈ ⑆041203895⑆ 4116472067⑈

Express Scripts Inc.
1 Express Way Saint Louis 63121-1824 MO

118088 R00007004483 CHECK NO.
800-332-5455 7466824

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	R00007004483	07.22.21	REBATE 04-01-2021-04-30-2021_	18244.50	0.00	18244.50
				18244.50	0.00	18244.50

RECEIVED
AUG 04 2021
AA, LLC

EPSFNCKU02 (09/04

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Express Scripts
St Louis MO 63121

PNC Bank, N.A. PA
412

CHECK NO.
7466824

DATE	AMOUNT
07.26.21	$ *******18,244.50

PAY EIGHTEEN THOUSAND TWO HUNDRED FORTY FOUR DOLLARS AND 50 CENTS ONLY

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
ATTN: MARK LYNNE
911 RIDGEBROOK ROAD
SPARKS MD US 21152

Benjamin F Chestnut
AUTHORIZED SIGNATURE

⑈0746682 4⑈ ⑆041203895⑆ 4116472067⑈

Express Scripts Inc.
1 Express Way Saint Louis 63121-1824 MO

118088 R00007004483 800-332-5455 CHECK NO. 7469183

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	R00007004483	08.25.21	REBATE 05-01-2021-05-31-2021_	9055.50	0.00	9055.50
				9055.50	0.00	9055.50

RECEIVED
SEP 07 2021
AA, LLC

EPSFNCKU02 (09/04)

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Express Scripts
St Louis MO 63121

PNC Bank, N.A. 070
50-389
412

CHECK NO. 7469183

DATE	AMOUNT
08.26.21	$ ********9,055.50

PAY NINE THOUSAND FIFTY FIVE DOLLARS AND 50 CENTS ONLY

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
ATTN: MARK LYNNE
911 RIDGEBROOK ROAD
SPARKS MD US 21152

Benjamin F Chestnut
AUTHORIZED SIGNATURE

⑈07469183⑈ ⑆041203895⑆ 4116472067⑈

Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or receive treatment by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance-billing.

What is "balance-billing" (and what is "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance-billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—such as when you have an emergency or when you schedule a visit at an in-network facility but you are unexpectedly treated by an out-of-network provider.

You are protected from balance-billing for:

Emergency services

If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance-billed for these emergency services. This includes services you may receive after you're in stable condition, unless you give written consent and give up your protections not to be balanced-billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you receive services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance-bill you and may not ask you to give up your protections not to be balance-billed. If you receive other services at these in-network facilities, out-of-network providers can't balance-bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance-billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance-billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:
    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, please contact Participant Services for assistance in contacting the appropriate entity responsible for enforcing the federal surprise billing protection laws.

Visit **HHS.gov** for more information about your rights under federal law.

BRUNSWICK WOODWORKING COMPANY, INC.
AND
CARPENTERS LOCAL 491 HEALTH &WELFARE PLAN
AGREEMENT

WHEREAS, Section 302(c)(5) of the Labor Management Relations Act (LMRA) of 1947, commonly known as the Taft-Hartley Act, requires that contributions to trust agreements for certain benefits be in writing:

WHEREAS, Brunswick Woodworking Company, Inc. (the "Employer") and the Carpenters Local No. 491 Health & Welfare Plan (the "Plan"), collectively (the "Parties"), agree to set forth in writing the terms of the contributions to be made by the Employer on behalf of its eligible employees to the Plan (the "Agreement");

WHEREAS, the Parties want to memorialize their intent to be bound by the terms of the Health & Welfare Plan and Declaration of Trust Agreement as set forth below.

NOWTHEREFORE, in order to comply with and pursuant to the aforementioned requirement it is this 31st day of August, 2021; agreed to as follows:

1. The Employer hereby agrees to make contributions under this Agreement, on behalf of its eligible employees, pursuant to the same terms and conditions as set forth in the Employer's respective Collective Bargaining Agreement and subject to Section 3 of this Agreement. Eligible employees shall be non-union office employees who work at least forty (40) hours per week. Such employees shall be eligible the first of the month following contributions being paid on their behalf.

2. In return for said contributions, the Employer's employees shall be eligible to participate in the Plan, and be entitled to any and all such benefits, and have any and all such rights, pursuant thereto, as long as such employees satisfy the requirements under the Plan.

3. As of the date of this Agreement, eligible employees of the Employer working a forty (40) hour week shall pay a monthly rate of $607, as based on an hourly rate of $3.50. The amount of the contribution shall be determined by the trustees and may be revised from time to time in the trustees' discretion with notice to the Employer.

4. The Employer hereby agrees to be bound by the terms of the aforementioned Health & Welfare Plan and the Declaration of Trust Agreement created pursuant thereto, and hereby included by reference.

BRUNSWICK WOODWORKING COMPANY, INC.

STEVEN HARRIS, PRESIDENT

CARPENTERS LOCAL NO. 491 HEALTH & WELFARE PLAN

Sandy Forstner
Sandy Forstner (Sep 3, 2021 08:02 EDT)

SANDY FORSTNER, TRUSTEE

Robert Tarby
Robert Tarby (Sep 8, 2021 20:46 EDT)

ROBERT TARBY, TRUSTEE

William C Sproule
William C Sproule (Sep 9, 2021 08:16 EDT)

BILL SPROULE, TRUSTEE

Todd Weitzman
Todd Weitzman (Sep 9, 2021 10:30 EDT)

TODD WEITZMAN, TRUSTEE

CARPENTERS LOCAL NO. 491 VACATION BENEFIT
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE SIX MONTHS ENDED JUNE 30, 2021

	April	May	June	Year To Date
Additions				
Employer Contributions	$ 3,629.75	$ 4,012.25	$ 4,685.00	$ 22,012.25
Interest Income	1.28	1.34	1.75	7.46
Total Additions	3,631.03	4,013.59	4,686.75	22,019.71
Deductions				
Audit Fees	-	-	-	-
Benefits Paid	-	-	-	(2,139.44)
Interest Paid	-	-	-	-
Legal Fees	-	-	-	-
Office Expenses	-	-	-	-
Postage	-	-	-	-
Printing	-	-	-	-
Bank Service Charges	-	-	-	-
Total Deductions	-	-	-	(2,139.44)
Net Increase (Decrease)	$ 3,631.03	$ 4,013.59	$ 4,686.75	$ 24,159.15
Fund Balance - December 31, 2020				(1,529.17)
Fund Balance - June 30, 2021				$ 22,629.98

Statement of Fund Balance - Cost Basis	
Cash - Bank of America - Vacation Payment	$ (20,699.67)
Cash - Madison Bank - Ultimate Checking	43,329.65
	$ 22,629.98