Carpenters Local No. 491
Health & Welfare Fund

Board of Trustees Meeting

September 17, 2025

CARPENTERS LOCAL NO. 491
HEALTH AND WELFARE FUND
AGENDA
SEPTEMBER 17, 2025

A. ROLL CALL
1. New Trustee

B. MINUTES OF THE MAY 28, 2025 BOARD MEETING

C. ADMINISTRATIVE REPORTS
1. Statement of Changes In Fund Balance (Apr - Jun, 2025)
2. Statement of Fund Balance (June 30, 2025)
3. Contribution / Claim Schedules (Jan - Jun, 2025)
4. Claim Payment Schedule (Jan - Jun, 2025)
5. Highest Cost Medical Claims (Apr - Jun, 2025)
6. Bills to be Approved and Paid (September 17, 2025)
7. Cash Management Statement

D. UNFINISHED BUSINESS
1. Delinquent Employer Listing
2. Payroll Audits

E. NEW BUSINESS
1. Bolton Partners Financial Update
2. Bolton Investment Report
3. Express Scripts Rebates
4. Appeals
5. Form 1095-B Opt-Out
6. No Surprises Act
7. Miller Lawsuit Update
8. Level Care - ESI Contract Review
9. Phia-Local 491 Subrogation Mass Tort Forms
10. Questions
11. Date of Next Meeting - December 10, 2025

F. VACATION BENEFIT REPORT

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

May 28, 2025

MINUTES

A regular meeting of the Trustees of the Carpenters Local No. 491 Health and Welfare Plan was held at 11:18 a.m. on May 28, 2025, 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
Ray Brugueras	Stephen deLeon
Bill Sproule	Mike Joyce
Robert Tarby	Todd Weitzman was on an excused absence

Also present were Al Kroll Esq., Counsel for the Union; David J. Jensen and Kathy Phillips, Administrative Manager; Ira Marc Miller, CPA; Alton Fryer, of Bolton Partners Investment Consulting Group, Inc.; Pete Tonia; Ryan Devlin, of Bolton Partners, Inc., and Steven I. Batoff, Attorney.

The following matters were discussed with the indicated action taken:

1. The minutes of the meeting of March 5, 2025, were approved as read after a motion was made by Mr. deLeon and seconded by Mr. Brugueras.

2. The Administrative Manager reviewed with the Trustees the Administrative Manager's report for the three months ending March 31, 2025. The Fund balance as of March 31, 2025, was $7,981,123.86. The Administrative Manager reviewed with the Trustees the Fund balance report at market value as of March 31, 2025.

The Administrative Manager then reviewed the claims payments for the March 2025 quarter and compared them to the June 2024, September 2024, and December 2024 quarters. The Administrative Manager reported that there was one life insurance claim for the quarter ending December 31, 2024. The Administrative Manager reviewed the highest claim payments for the quarter. Upon motion duly made by Mr. Joyce and seconded by Mr. Tarby, 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. Brugueras and seconded by Mr. deLeon, 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. Ryan Devlin, of Bolton Partners, Inc., reviewed with the Trustees Bolton Partner's annual report for the Plan. He then reviewed the consultant's projected versus actual results for the three months ended March 31, 2025. In reviewing the annual report, he reviewed the summary of 2024 plan year results, key findings and observations, three-year projection, and inclusions and recommendations. In reviewing the projected versus actual results, he stated that the projected annual income for 2025 is $5,117,601, and the projected annual expenses are $4,377,573. This resulted in a projected annual gain for 2025 to be

$740,027. Mr. Devlin noted that the net assets available for benefits in terms of months were 19 months 2025.

7. Alton Fryer, of Bolton Partners Investment Consulting Group, Inc., then reviewed the quarterly review of the Fund as of March 31, 2025. 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 benchmarks. Mr. Fryer stated that no rebalancing is recommended.

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

8. Mr. Devlin reviewed with the Trustees an email from Matthew Ramsey regarding the overpayment by Ullico. The email explained the overpayment. Ullico paid $94,493.69, but the Plan was owed $26,895.41, resulting in an overpayment by Ullico in the amount of $67,598.28. Upon motion duly made by Mr. deLeon and seconded by Mr. Brugueras, the Trustees unanimously agreed to reimburse Ullico for the overpayment.

9. Dave Jensen then gave a verbal report to the Trustees as to demographics of claims. Mr. Jensen also provided a written report as to demographics of claims.

10. Pete Tonia then reviewed with the Trustees an updated payroll report.

12. The Trustees then reviewed with the Administrative Manager the cash balance report for the vacation benefit for the three months ending March 31, 2025. The cash balance as of March 31, 2025, was $371,279.57.

There being no further business, the meeting was thereupon adjourned at 11:42 a.m. with the next regular meeting scheduled for September 17, 2025, at 9:00 a.m.

Respectfully submitted,

Steven I. Batoff

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, 2025

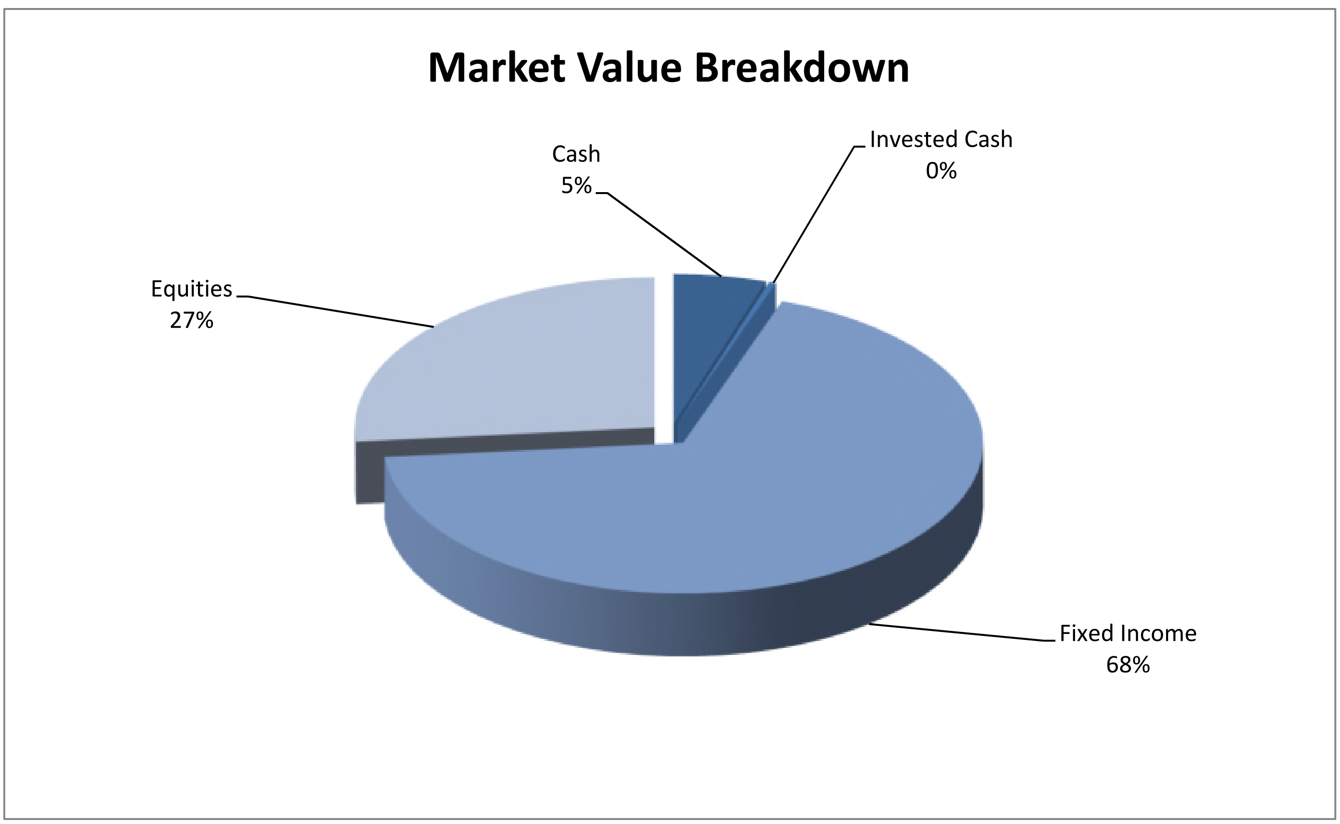
	Current Quarter	Year To Date
Additions		
Employer/Employee Contributions	$ 1,256,696.69	$ 1,989,656.27
Dividends	73,571.19	136,741.27
Interest	347.99	695.27
Rebates / ARPA REFUND	-	-
Gain (Loss) on Sale of Investments	0.03	(81.61)
Securities Litigation Proceeds/Unclaimed Prop.	-	-
Total Additions	1,330,615.90	2,127,011.20
Deductions		
Medical Deductions	174,238.18	366,995.81
P.P.O. Fees	-	-
Dental Premium	3,652.10	7,009.61
Claims - IHA	812,644.64	1,664,069.32
Cobra Reimbursement	-	-
PCORI Fee	-	-
ESI-FWA Fee	-	-
Actuarial Fees	-	5,000.00
Administration - AA LLC	37,655.00	73,862.00
Administration - IHA	37,333.23	91,376.81
HIPPA Compliance Fees	-	-
Computer Expenses	-	-
Conference Expenses	-	-
Reciprocals Paid	24,651.22	51,860.82
Audit Fees	-	-
Investment Manager Fees	530.00	1,092.50
Investment Performance Fees	770.00	2,250.00
Meeting Expense	193.59	565.51
Medical Consultant Fees	-	-
Dues	-	-
Employer Audits	-	625.00
Fidelity Bond	-	444.00
Cyber Liability Insurance	-	2,936.67
Fiduciary Liability Insurance	-	5,313.86
Independent Fiduciary Fee	69.72	137.11
Stop Loss Insurance	137,375.38	181,413.51
Stop Loss Reimbursement	-	-
Pharmacy Consulting	2,346.37	2,346.37
Office Expenses	-	-
Postage	1,424.00	2,643.04
Legal Fees	4,125.30	15,969.85
Printing	75.52	1,808.62
Hospital Reviews	-	-
Hospital Audits	-	-
Trustee Fees	-	-
Consulting Fees	-	-
Bank Service Charges	1,960.24	4,917.99
Transitional Reinsurance Fee	-	-
Settlement	-	-
Total Deductions	1,239,044.49	2,482,638.40
Net Increase (Decrease)	$ 91,571.41	$ (355,627.20)
Fund Balance - December 31, 2024		8,428,322.47
Fund Balance - June 30, 2025		$ 8,072,695.27

UNAUDITED FINANCIAL REPORT

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
STATEMENT OF FUND BALANCE
AS OF JUNE 30, 2025

	Cost Basis	Market Basis
PNC Bank		
Cash - Operating	$ 434,674.19	$ 434,674.19
Cash - Benefit	(24.95)	$ (24.95)
	434,649.24	434,649.24
Amalgamated Bank of Chicago		
Cash & Cash Equivalents	-	-
Money Market	32,163.15	32,163.15
Fixed Income	6,148,726.08	5,925,428.74
Equities	1,450,236.00	2,305,481.01
	7,631,125.23	8,263,072.90
Other Assets & Payables (Net)	6.52	6.52
Independent Health Deposit	61,000.00	61,000.00
Claims Stale Dated	(54,085.72)	(54,085.72)
	$ 8,072,695.27	$ 8,704,642.94

Market Value of Fund Balance as of December 31, 2024	8,815,476.44
Change in Market Value of Fund as of June 30, 2025	$ (110,833.50)
Decrease in Cash	(355,627.20)
Unrealized Gain on Investments	244,793.70
	$ (110,833.50)



UNAUDITED FINANCIAL REPORT

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CONTRIBUTIONS / CLAIMS SCHEDULES
FOR THE SIX MONTHS ENDED JUNE 30, 2025

Employer Contributions

Hourly rates and their effective dates

Date	Shops	Exhibitors
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
03/01/15	3.40	5.85
07/20/15	3.50	5.85
11/01/20	3.50	6.10
03/01/14	3.50	6.35
05/01/23	3.50	6.45
05/01/24	3.50	6.55

Employer / Employee

Prior Years Analysis

Year	Receipts	Claims	Difference
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	1,415,440.80	3,022,642.31	(1,607,201.51)
2022	3,777,970.93	2,655,341.73	1,122,629.20
2023	4,323,685.84	2,684,211.32	1,639,474.52
2024	4,545,357.65	3,429,876.82	1,115,480.83
2025	1,989,656.27	2,031,065.13	(41,408.86)

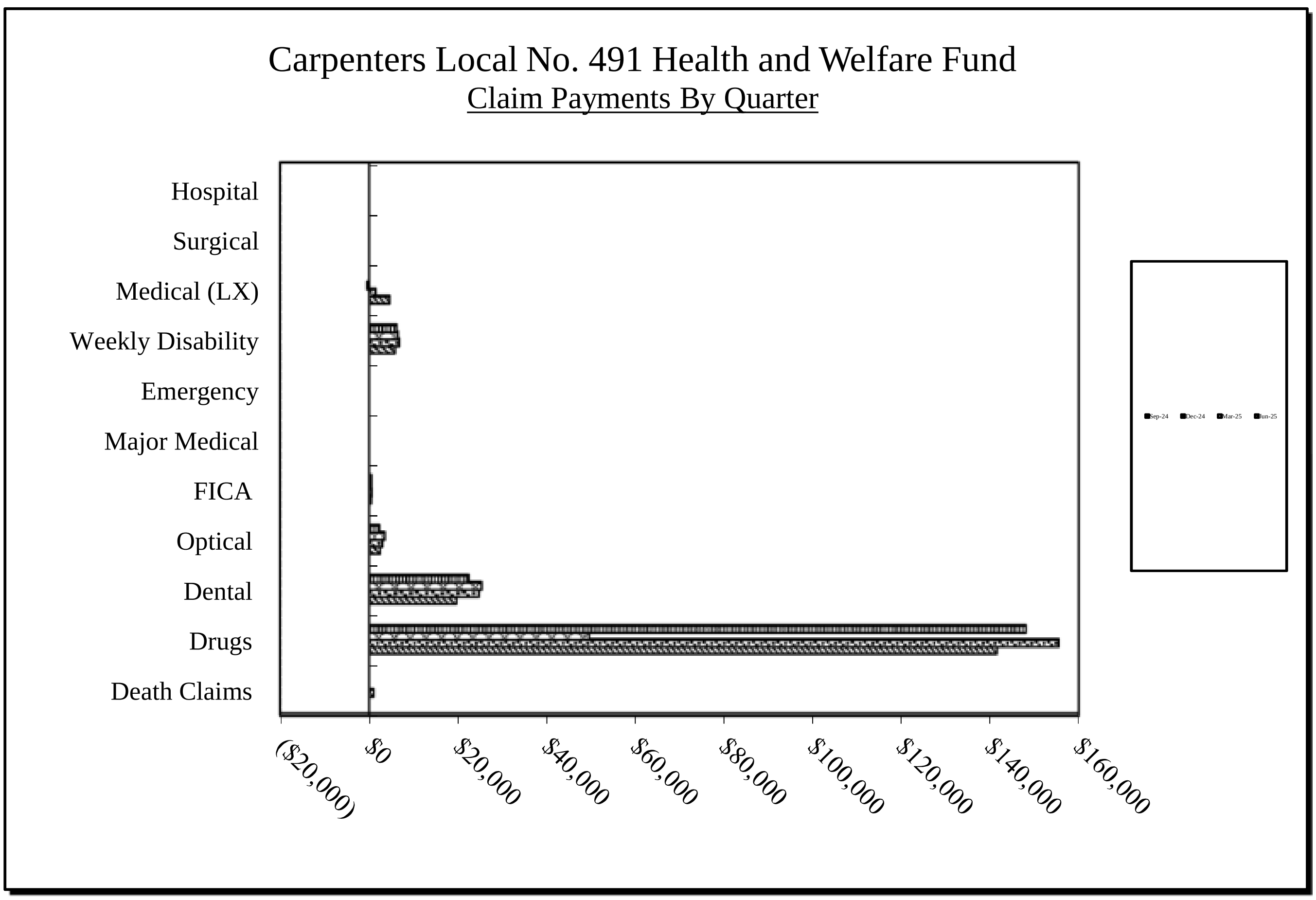
Current Year Analysis

Month	Receipts	Claims	Difference
January	$ 178,119.05	$ 377,818.46	$ (199,699.41)
February	$ 298,656.64	$ 348,070.92	(49,414.28)
March	$ 256,183.89	$ 318,292.93	(62,109.04)
April	$ 400,426.41	$ 439,583.78	(39,157.37)
May	$ 373,450.27	$ 358,422.48	15,027.79
June	$ 482,820.01	$ 188,876.56	293,943.45
July	$ -	$ -	-
August	$ -	$ -	-
September	$ -	$ -	-
October	$ -	$ -	-
November	$ -	$ -	-
December	$ -	$ -	-
	$ 1,989,656.27	$ 2,031,065.13	$ (41,408.86)
Average Per Month	$ 165,804.69	$ 169,255.43	$ (3,450.74)

UNAUDITED FINANCIAL REPORT

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CLAIM PAYMENT SCHEDULE
FOR THE SIX MONTHS ENDED JUNE 30, 2025

Claim Payments	**Sep-24 Quarter**	**Dec-24 Quarter**	**Mar-25 Quarter**	**Jun-25 Quarter**
Hospital	$ -	$ -	$ -	$ -
Surgical	-	-	-	-
Medical (LX)	(19.25)	(502.38)	1,444.24	4,584.47
Weekly Disability	6,171.48	6,428.62	6,728.64	5,785.78
Emergency	-	-	-	-
Major Medical	-	-	-	-
FICA	472.12	491.79	514.72	442.62
	6,624.35	6,418.03	8,687.60	10,812.87
Optical	2,272.76	3,479.46	2,942.36	2,445.20
Dental	22,372.04	25,257.01	24,675.86	19,637.92
Drugs	147,963.60	49,432.14	155,451.82	141,342.19
	172,608.40	78,168.61	183,070.04	163,425.31
Death Claims	-	-	999.99	-
	$ 179,232.75	$ 84,586.64	$ 192,757.63	$ 174,238.18
IHA Claims	910,478.76	643,119.05	851,424.68	812,644.64
	$ 1,089,711.51	$ 727,705.69	$ 1,044,182.31	$ 986,882.82



CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 17, 2025

	Payee/Purpose	Period	Check #	Amount
1.	Associated Administrators, LLC			
	Postage - 1095B Forms	12/24	1400	778.21
2.	Batoff Associates, P.A.			
	Legal Fees	4/25	1401	525.00
3.	CIGNA Dental Health, Inc.			
	Dental Premium	5/25	1402	1,244.90
4.	One80 Intermediaries, LLC			
	Stop Loss Premium	4/25	1403	23,243.63
5.	The Wagner Law Group			
	Fiduciary Fee	3/25	1404	26.28
6.	Carpenters Philadelphia Welfare Fund			
	Reciprocal Hours	3/25	1405	311.13
7.	Washington Area Carpenters' Fund			
	Reciprocal Hours	3/25	1406	7,074.05
8.	Associated Administrators, LLC			
	Meeting Expense - $193.59 - Printing Envelopes - $75.52	5/25	1407	269.11
9.	Void			
			1408	-
10.	CIGNA Dental Health, Inc.			
	Dental Premium	6/25	1409	1,351.10
11.	Bolton Partners, , Inc.			
	Investment Performance Fee	1/25 - 4/25	1410	770.00
12.	ONE80 Intermediaries, LLC			
	Stop Loss Premium	6/25	1411	23,613.31
13.	The Wagner Law Group			
	Fiduciary Fee	4/25	1412	21.79
14.	Level Care Health Consortium			
	Administration	4/25 - 6/25	1413	1,728.75
15.	Union Labor Life Insurance Co.			
	Overpayment Stop Loss - Claim for M. Yeager		1414	67,598.28
16.	Segal Consulting			
	Pharmacy Consulting	12/23 - 12/24	1415	2,346.37

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 17, 2025

	Payee/Purpose	Period	Check #	Amount
17.	Carpenters Philadelphia Welfare Fund			
	Reciprocal Hours	4/25	1416	527.28
18.	Washington Area Carpenters' Fund			
	Reciprocal Hours	4/25	1417	10,863.23
19.	Void			
			1418	-
20.	Batoff Associates, P.A.			
	Legal Fees - Replaces Check #1408	5/25	1419	1,725.30
21.	Associated Administrators, LLC			
	Administration Fee	7/25 - 9/25	1420	37,655.00
22.	Associated Administrators, LLC			
	Reimbursement - Bank Fees		1421	23.30
23.	Batoff Associates, P.A.			
	Legal Fees	6/25	1422	2,664.60
24.	CIGNA Dental Health, Inc.			
	Dental Premium	7/25	1423	843.70
25.	One80 Intermediaries, LLC			
	Stop Loss Premium	7/25	1424	20,378.61
26.	Segal Consulting			
	Pharmacy Consulting	1/25 -3/25	1425	409.29
27.	The Wagner Law Group			
	Fiduciary Fee	6/25	1426	22.06
28.	Unitd States Treasury			
	PCORI Fee - 2025		1427	4,823.30
29.	Batoff Associates , P.A.			
	Legal Fees	7/25	1428	2,325.00
30.	Associated Administrators, LLC			
	Postage - Training School	6/25	1429	20.64
31.	One80 Intermediaries, LLC			
	Stop Loss Premium	7/25	1430	20,840.71
32.	CIGNA Dental Health, Inc.			
	Dental Premium	8/25	1431	1,147.55
33.	The Wagner Law Group			

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 17, 2025

Payee/Purpose	Period	Check #	Amount
Fiduciary Fee	6/25	1432	27.66
34. Carpenters Philadelphia Welfare Fund			
Reciprocal Hours	3/25 - 6/25	1433	1,725.93
35. Washington Area Carpenters' Fund			
Reciprocal Hours	5/25 - 6/25	1434	18,811.70
			$ 255,736.77

Carpenters Local 491 Benefit Funds
Cash Management

			Medical
Yearly Deductions		$	4,666,999
Loans per Year			
Total Yearly Deductions			
10% of Expenses		$	466,700
Current Cash Balance	As of 7/31/25	$	548,988
5% Floor		$	233,350
Replenish			Not now
15% Ceiling		$	700,050
Send to Amalgamated			**Not now**
Transfer Made:	Sep-12-25	$	-

CARPENTERS DELINQUENCY LIST
AS OF
SEPTEMBER 12, 2025

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.**

EASTERN ATLANTIC STATES
CARPENTERS BENEFIT FUNDS

EAS LOCAL 491 AUDIT UPDATE

REQUESTED	EMPLOYER NAME	AUDIT DATE(S)	BENEFIT AMOUNT	LIQUIDATED DAMAGES	AUDIT FEE	TOTAL DUE	LAST PAYMENT	DATE PAID	COMMENTS	HOURS	BALANCE DUE	PAID	DATE COMPLETED	AUDIT YEAR
REQUESTED	BUILDTASK		$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2024
REQUESTED	EXHIBIT WORKS INC.		$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2024
REQUESTED	FREEMAN EXPOSITION INC.		$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2024
REQUESTED	GLP INC		$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-DATE
REQUESTED	LANCASTER MANAGEMENT		$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2024
REQUESTED	SMITH AND STILWELL		$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2024
REQUESTED	SPECTRUM SHOW SERVICES	10/2/2025	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2023-12/31/2024
IN PROGRESS	EMPLOYER NAME	AUDIT DATE(S)	BENEFIT AMOUNT	LIQUIDATED DAMAGES	AUDIT FEE	TOTAL DUE	LAST PAYMENT	DATE PAID	COMMENTS	HOURS	BALANCE DUE	PAID	DATE COMPLETED	AUDIT YEAR
IN PROGRESS	ARATA EXPOSITION INC.	8/12/2024	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2020-12/31/2023
IN PROGRESS	EMPLOYCO	8/12/2024	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2018-12/31/2023
IN PROGRESS	FEDERAL INSTALLATION GROUP	3/31/2025	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2024
IN PROGRESS	FERN EXPOSITION & EVENT SERVICES	11/22/2024	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2023
IN PROGRESS	HARGROVE INC.	6/3/2024	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2018-12/31/2022
IN PROGRESS	SHEPARD EXPOSITION SERVICES	7/22/2024	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		01/01/2021-12/31/2023
IN PROGRESS	VISTA CONVENTION SERVICES	7/23/2025	$0.00	$0.00	$0.00	$0.00	$0.00		REQ 491 REPORT	0	$0.00	$0.00		01/01/2023-12/31/2024
IN PROGRESS	WILLWORK	7/19/2024	$0.00	$0.00	$0.00	$0.00	$0.00			0	$0.00	$0.00		07/01/2019-12/31/2023
COMPLETED	EMPLOYER NAME	AUDIT DATE(S)	BENEFIT AMOUNT	LIQUIDATED DAMAGES	AUDIT FEE	TOTAL DUE	LAST PAYMENT	DATE PAID	COMMENTS	HOURS	BALANCE DUE	PAID	DATE COMPLETED	AUDIT YEAR
COMPLETED	GENERAL EXPOSITIONS SERV	2/12/2024	$212.23	$21.22	$0.00	$233.45	$0.00			9.5	$233.45	$0.00	6/28/2025	01/01/2021-12/31/2023

STATUS	EXPLANATION
REQUESTED	REQUEST LETTER FOR AUDIT SENT TO COMPANY
IN PROGRESS	AUDIT STARTED AND CURRENTLY BEING WORKED ON
COMPLETED	AUDIT COMPLETED. BILLING (IF APPLICABLE) FORWARDED TO LOCAL 491

000831 4503582 01/01

Express Scripts Inc
St. Louis MO 63121

E63130060601

000639

EXPRESS SCRIPTS®

CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Check Explanation

Invoice #:	Date:	Description:	Amount:
RD6A R000007004483	05/30/2025	REBATE 02-01-2025-02-28-2025	26152.40

Please direct any questions to: 1-877-434-2729

EXPRESS SCRIPTS®

Express Scripts Inc
St. Louis MO 63121

Fifth Third Bank
Cincinnati, OH

73-27
421

0001020381

DATE 30 May 2025

PAY
TWENTY SIX THOUSAND ONE HUNDRED FIFTY TWO DOLLARS AND 40 CENTS

AMOUNT
***$26,152.40**

TO THE ORDER OF CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Benjamin F Chestnut

VOID VOID VOID VOID VOID

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

MP

⑈0001020381⑈ ⑆042100272⑆ 7482186397⑈

000298 4901116 01/01

Express Scripts Inc
St. Louis MO 63121

E64160013101

000160

EXPRESS SCRIPTS®

CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Check Explanation

Invoice #:	Date:	Description:	Amount:
RD6A R00007004483	06/30/2025	REBATE 03-01-2025-03-31-2025	21458.18

Please direct any questions to: 1-877-434-2729

EXPRESS SCRIPTS®

Express Scripts Inc
St. Louis MO 63121

Fifth Third Bank
Cincinnati, OH

73-27
421

0001020760

DATE 30 Jun 2025

PAY
TWENTY ONE THOUSAND FOUR HUNDRED FIFTY EIGHT DOLLARS AND 18 CENTS

AMOUNT
***$21,458.18**

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Benjamin F Chestnut

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈0001020760⑈ ⑆042100272⑆ 7482186397⑈

000737 5470573 01/01

Express Scripts Inc
St. Louis MO 63121

E65250046101

000496

EXPRESS SCRIPTS

CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Check Explanation

Invoice #:	Date:	Description:	Amount:
RD6A R00007004483	07/31/2025	REBATE 04-01-2025-04-30-2025	30726.96

Please direct any questions to: 1-877-434-2729

EXPRESS SCRIPTS

Express Scripts Inc
St. Louis MO 63121

Fifth Third Bank
Cincinnati, OH

73-27
421

0001020879

DATE 31 Jul 2025

PAY
THIRTY THOUSAND SEVEN HUNDRED TWENTY SIX DOLLARS AND 96 CENTS

AMOUNT
***$30,726.96**

TO THE ORDER OF CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Benjamin J Chestnut

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈0001020879⑈ ⑆042100272⑆ 7482186397⑈

000789 6008780 01/01

Express Scripts Inc
St. Louis MO 63121

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000568

EXPRESS SCRIPTS®

CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Check Explanation

Invoice #:	Date:	Description:	Amount:
RD6A R00007004483	08/29/2025	REBATE 05-01-2025-05-31-2025	17792.54

Please direct any questions to: 1-877-434-2729

EXPRESS SCRIPTS®

Express Scripts Inc
St. Louis MO 63121

Fifth Third Bank
Cincinnati, OH

73-27
421

0001021333

DATE 29 Aug 2025

AMOUNT
***$17,792.54**

PAY
SEVENTEEN THOUSAND SEVEN HUNDRED NINETY TWO DOLLARS AND 54 CENTS

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
ATTN: DAWN WELCH
911 RIDGEBROOK ROAD
SPARKS, MD 21152

Benjamin J Chestnut

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

MP

⑈0001021333⑈ ⑆042100272⑆8 7482186397⑈

NAME: **SS#:**
REGARDING:

Carpenters' Local No. 491 Health and Welfare Plan

LOCAL: 491

ISSUE: Medical – Emergency Services, Late Appeal #M25/100-1677

FUND RULE:
"**Covered Medical Expenses include the following charges:**

- emergency illness and accident expense benefit: the usual, customary, and reasonable charges for facility expenses incurred as a result of an accident provided the expenses are incurred within 72 hours of the accident, for facility expenses incurred as a result of an emergency illness benefits are payable only if the expenses are incurred within 72 hours of the onset of the illness. The Plan does not require pre-authorization for emergency services, further, the Plan will not increase coinsurance or co-payment requirements for out-of-network emergency services, for an illness, emergency care is defined as the sudden onset of a medical condition resulting in: (i) placing the patient's health in danger, (ii) causing other serious medical problems, (iii) causing serious impairment to bodily functions, or (iv) causing serious and permanent damage to any body part, if the patient arrives at the hospital unconscious or in acute pain, this will be considered an emergency, however, visits for colds, flu, childhood diseases and nausea would not be considered emergency care within the intent of the Plan and if a visit is not considered an emergency, it will be paid as a doctor office visit only […]"
(Carpenters' Local No. 491 Health and Welfare Plan SPD, July 2020, Pages 35-36)

"**Appeal of Adverse Benefit Determinations**

The Plan provides two levels of internal appeals. A Claimant has the right to file an appeal to the Plan within 180 days from the date of the initial Adverse Benefit Determination notice and within 30 days of the date of a second Adverse Benefit Determination notice. […]"
(Carpenters' Local No. 491 Health and Welfare Plan SPD, July 2020, Page 72)

SUMMARY:

	Date(s) of Service:	September 22, 2024
	Claim(s) Denied:	October 1, 2024
	Appeal Received:	April 28, 2025 **(29 days late)**

The **participant** is appealing for payment of an emergency room facility claim for his spouse that was denied. The participant states, in summary, that his spouse was treated at Patient First on Thursday, September 19, 2024 for chronic diarrhea and extreme weakness that had been present for a few days; Patient First performed many tests, and sent her home with a prescription. The participant further states that on Sunday, his spouse was complaining of extreme pain and felt very weak. The participant states that he called some medical friends since her actual doctors were not available on Sunday, and they suggested taking her to the emergency room immediately. The participant states that he called Patient First, and it was also suggested that she go to the emergency room. After five hours in the hospital, his spouse felt better and was more coherent. Lastly, the participant states that this was an issue of severe dehydration and the possibility of losing consciousness.

Records indicate St. Joseph Medical Center submitted a claim for emergency room facility charges incurred on September 22, 2024 with a primary diagnosis of "Non-infective gastroenteritis and colitis," and secondary diagnoses including "Diarrhea, and Nausea with vomiting." The claim was denied because the visit was not considered emergency treatment within the extent of the Plan based on the diagnoses submitted.

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

NAME: **SS#:**

Carpenters' Local No. 491 Health and Welfare Plan

LOCAL: 491
STATUS: Active

ISSUE: Prescription Benefit – Excluded Drug #Rx25/101-4956

FUND RULE:
"**Prescription Drug Benefit**

Generally, injectable drugs are not covered. The following are covered by the Plan, however, with some requiring prior approval from the Prescription Benefit Manager:

No Prior Approval - Epipen, Imitrex, Insulin.
Prior Approval Required - Interferon, Depo-Provera, Heparin, Botox (for treatment of Cerebral Palsy only)."
(Carpenters' Local No. 491 Health and Welfare Plan SPD, Pages 27-28)

SUMMARY: Appeal Received: August 18, 2025

The **participant** is appealing for coverage of Mounjaro, which is an injectable drug used to improve blood sugar levels in adults with type 2 diabetes mellitus. The participant states that she was prescribed Mounjaro to help with her diabetes, and her doctor feels that this is the best medicine for her health issues. Included with the appeal was a letter of medical necessity from Bhavandeep Bajaj, MD. Dr. Bajaj states that the participant requires Mounjaro for her diagnosis of type 2 diabetes mellitus, and it is vital to her health and well-being.

Mounjaro is excluded from coverage under the Prescription Drug Benefit because it is an injectable drug.

The information received with the appeal was sent to American Health Holding, Inc. ("AHH") for review. AHH advised the Fund Office that Mounjaro **is not medically necessary,** stating, **"For this [XX]-year-old patient with Type 2 Diabetes, Mounjaro (tirzepatide) is not medically indicated as first-line therapy. Current guidelines from the American College of Physicians and American Diabetes Association recommend starting with metformin due to its proven efficacy, favorable weight and lipid effects, lower mortality rates compared to sulfonylureas, fewer hypoglycemic episodes, and significantly lower cost. Mounjaro should only be considered if the patient has failed metformin therapy, has contraindications to metformin has an hemoglobin A1C greater than or equal to 9 percent, requiring combination therapy, or has established cardiovascular disease where a glucagon-like peptide-1 receptor agonist would provide additional benefits."**

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

CARPENTERS LOCAL NO. 491 VACATION BENEFIT
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE SIX MONTHS ENDED JUNE 30, 2025

	April	May	June	Year To Date
Additions				
Employer Contributions	$ 79,251.84	$ 79,901.38	$ 138,621.18	$ 450,163.10
Interest Income	16.76	20.13	24.69	98.41
Total Additions	79,268.60	79,921.51	138,645.87	450,261.51
Deductions				
Audit Fees	-	-	-	-
Benefits Paid	-	-	-	-
Interest Paid	-	-	-	-
Legal Fees	-	-	-	-
Office Expenses	-	-	-	-
Postage	-	-	-	-
Printing	-	-	-	-
Bank Service Charges	-	204.05	202.14	406.19
Total Deductions	-	204.05	202.14	406.19
Net Increase (Decrease)	$ 79,268.60	$ 79,717.46	$ 138,443.73	$ 449,855.32
Fund Balance - December 31, 2024				218,854.04
Fund Balance - June 30, 2025				$ 668,709.36

Statement of Fund Balance - Cost Basis	
Cash - PNC - Vacation Payment	$ 329,051.94
Cash - BayVanguard	697,663.12
Other Liabilities	1,110.15
Accounts Payable - Stale Dated Checks	(359,115.85)
	$ 668,709.36