Carpenters Local No. 491
Health & Welfare Fund

Board of Trustees Meeting

December 20, 2023

CARPENTERS LOCAL NO. 491
HEALTH AND WELFARE FUND
AGENDA
DECEMBER 20, 2023

A. ROLL CALL

B. MINUTES OF THE SEPTEMBER 20, 2023 BOARD MEETING

C. ADMINISTRATIVE REPORTS

1. Statement of Changes In Fund Balance (Jul - Sep, 2023)
2. Statement of Fund Balance (September 30, 2023)
3. Contribution / Claim Schedules (Jan - Sep, 2023)
4. Claim Payment Schedule (Jan - Sep, 2023)
5. Highest Cost Medical Claims (Jul - Sep, 2023)
6. Bills to be Approved and Paid (December 20, 2023)
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. ABoC and Custodial Manager Search
4. Express Scripts Report
5. Express Scripts Rebates
6. Express Scripts Advanced Opioid Management
7. Level Care Health Consortium Update
8. Independence Claims Issue Letters
9. Gag Clause Attestation
10. Telehealth Change: MDLive to Teledoc
11. Appeal
12. Summary Annual Report
13. SPD Update
14. DOL Fiduciary Update
15. Cyber Liability Insurance Renewal
16. Questions
17. Date of Next Meeting - March 20, 2024

F. VACATION BENEFIT REPORT

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

September 20, 2023

MINUTES

A regular meeting of the Trustees of the Carpenters Local No. 491 Health and Welfare Plan was held at 11:12 a.m. on September 20, 2023, 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	Stephen deLeon
Bill Sproule	Mike Joyce was absent
Robert Tarby	Todd Weitzman

Also present were Al Kroll, Esq., Counsel for the Union; David J. Jensen, Dawn Welch, and Kathy Phillips, Administrative Manager; Ryan Devlin, 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 June 15, 2023, were approved as read after a motion was made by Mr. Tarby and seconded by Mr. deLeon.
2. The Administrative Manager reviewed with the Trustees the Administrative Manager's report for the six months ending June 30, 2023. The Fund balance as of June 30, 2023, was $7,221,617.66. The Administrative Manager reviewed with the Trustees the Fund balance report at market value as of June 30, 2023.

The Administrative Manager then reviewed the claims payments for the September 2023 quarter and compared them to the December 2022, March 2023, and June 2023 quarters. The Administrative Manager reported that there were no life insurance claims for the quarter ending June 30, 2023. The Administrative Manager reviewed the highest claim payments for the quarter. Upon motion duly made by Mr. Tarby and seconded by Mr. deLeon, 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. 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. Mr. Devlin, of Bolton Partners, Inc., then reviewed with the Trustees the consultant's report for the six months ended June 30, 2023. He reviewed the projected annual income for 2023 and the projected annual expenses for 2023. Mr. Devlin stated that the projected annual operating gain for 2023 would be $1,514,726. He then estimated the months in net assets (in reserves) being 19.5 months.

Mr. Devlin then reviewed the COBRA premium equivalent rates effective October 1, 2023. Upon motion duly made by Ms. Forstner and seconded by Mr. deLeon, the Trustees unanimously agreed to adopt the new COBRA rates effective October 1, 2023, as set forth in Mr. Devlin's September 20, 2023, report.

7. Alton Fryer, of Bolton Partners Investment Consulting Group, Inc., then reviewed the quarterly review of the Fund as of June 30, 2023. 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. Western Asset Core Plus remains on the watchlist.

Mr. Fryer also discussed with the Trustees asset allocation for the Plan. He first reviewed the asset allocation process. He then discussed the asset allocation objectives and modeled portfolios. He then reviewed portfolio statistics and observations.

Mr. Fryer is still on hold as to private real estate.

Mr. Fryer and Mr. Batoff then discussed with the Trustees the "trading issue" with Amalgamated Bank. Mr. Batoff then stated that Amalgamated Bank responded to his demand letter, stating that they disagreed with the interpretation by Bolton Partners Investment Consulting Group as to the calculation of the discrepancy. Nevertheless, the Amalgamated Bank agreed to make payment in full.

Mr. Fryer informed the Trustees that the cost to do a custodial manager search would be $7,500. The Trustees tabled any decision on a custodial manager search until their December 20, 2023, meeting.

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

8. Dawn Welch reported that the PCORI fees were paid.

9. 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.

10. Pete Tonia informed the Trustees that payroll audits will be handled shortly.

11. Dawn Welch then updated the Trustees that the Mental Health Parity and Addiction Equity Act guidance was released.

12. Dawn Welch then reviewed the Express Scripts rebates.

13. Dawn Welch updated the Trustees about a report from Segal regarding the pharmacy benefit audit final report for the period January 1 through December 31, 2019. In this report, Segal recommended that the Plan accept Express Scripts, Inc. results and closed the audit.

14. Dawn Welch then provided to the Trustees a handout from the Wagner Law Group, which set forth a memo recommending that the Plan adopt an amendment to the Express Scripts, Inc. agreement. Upon motion duly made by Mr. Weitzman and seconded by Mr. Tarby, the Trustees unanimously agreed to adopt the amendment.

15. Dawn Welch then reviewed the Express Scripts, Inc. commentary on the American Rescue Plan Act – a Retrospective Commercial Reconciliation Methodology. She also reviewed Express Scripts, Inc. report from January through June 2023.

16. Pete Tonia and Dawn Welch reviewed a letter to Mr. Tonia from Independence Administrators dated August 1, 2023, related to the transition to Teladoc from MD Live effective January 1, 2024. Mr. Tonia reported that the key advantage in this transition is

the cost-efficient pricing. Independence reported that Level Care's current preferred administrative pricing will be retained at $0.55 PCPM. Additionally, visit costs for all services will be reduced, allowing the Level Care funds to save on claims costs.

17. Mr. Batoff discussed with the Trustees the importance of a record retention policy. Mr. Batoff stated that the Trustees have a retention policy. Mr. Batoff noted further that the U.S. Department of Labor, while not requiring a record retention policy, the Trustees as fiduciaries should have such a policy.

18. The Trustees set forth the following dates for 2024 Trustee meetings, as follows: March 20, June 19, September 18, and December 18.

19. The Administrative Manager then discussed with the Trustees the renewal of the Associated Administrators, LLC contract with the Plan. Mr. Batoff stated that his firm reviewed the contract and recommended certain changes that Associated Administrators, LLC agreed to make. Upon motion duly made by Mr. Tarby, seconded by Mr. Weitzman, the Trustees unanimously agreed to approve the contract retroactive to April 1, 2023.

20. Dawn Welch then reviewed with the Trustees the new regulatory requirements regarding no "gag" clauses.

21. The Trustees then reviewed with the Administrative Manager the cash balance report for the vacation benefit for the six months ending June 30, 2023. The cash balance as of June 30, 2023, was $95,373.36.

There being no further business, the meeting was thereupon adjourned at noon with the next regular meeting scheduled for September 20, 2023, at 9:00 a.m.

Respectfully submitted,

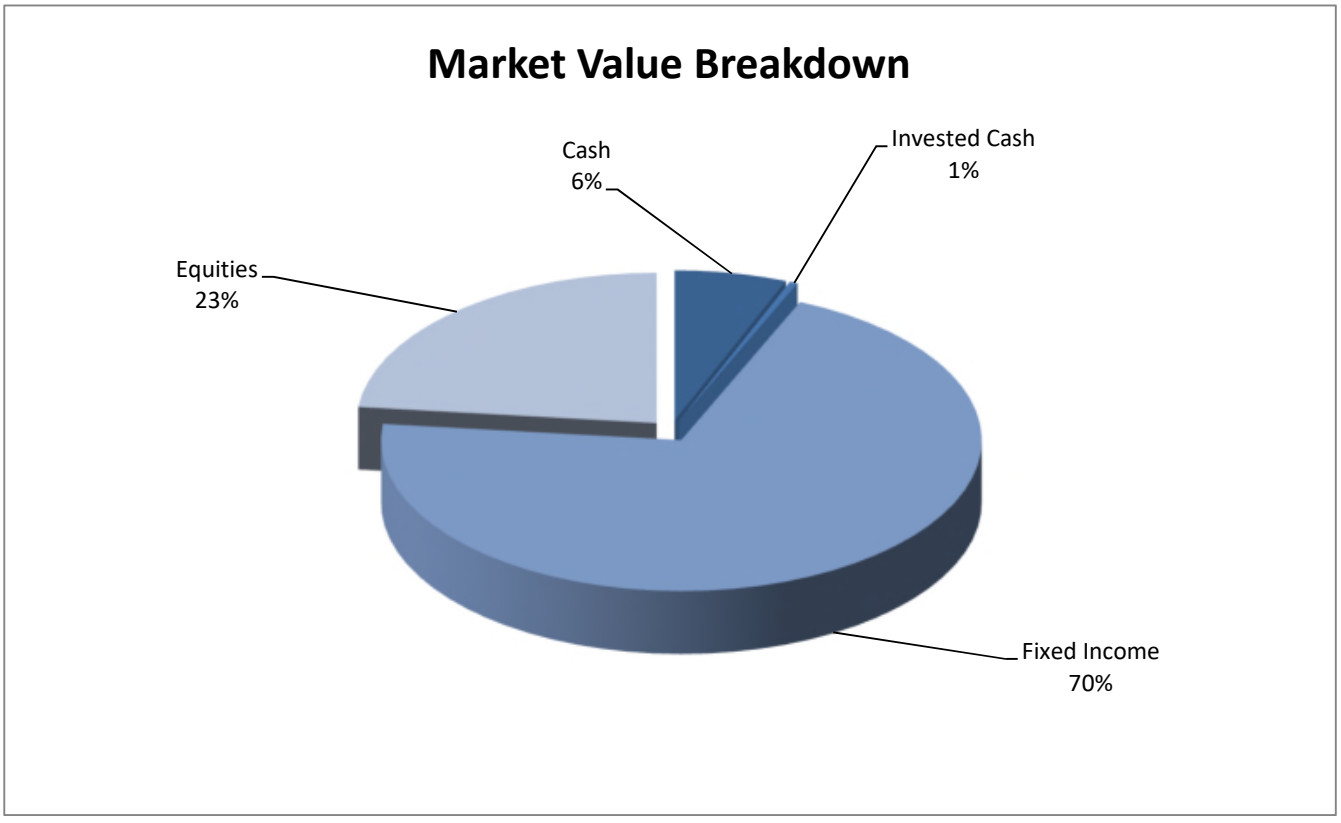
Steven I. Batoff
Secretary of the Meeting

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2023

	Current Quarter	Year To Date
Additions		
Employer/Employee Contributions	$ 873,734.47	$ 2,853,660.24
Dividends	48,150.47	125,335.25
Interest	1,299.59	14,013.70
Rebates / ARPA REFUND	-	-
Gain (Loss) on Sale of Investments	-	61.74
Securities Litigation Proceeds/Unclaimed Prop.	-	591.36
Total Additions	923,184.53	2,993,662.29
Deductions		
Medical Deductions	126,575.66	315,391.07
P.P.O. Fees	-	-
Dental Premium	3,267.40	9,874.58
Claims - IHA	561,392.12	1,663,230.99
Cobra Reimbursement	-	-
PCORI Fee	2,601.00	2,601.00
ESI-FWA Fee	-	-
Actuarial Fees	5,000.00	24,000.00
Administration - AA LLC	33,475.00	100,425.00
Administration - IHA	29,278.95	88,516.30
HIPPA Compliance Fees	-	-
Computer Expenses	-	-
Conference Expenses	-	-
Reciprocals Paid	27,344.81	79,640.46
Audit Fees	-	-
Investment Manager Fees	530.00	1,770.00
Investment Performance Fees	720.00	2,140.00
Meeting Expense	193.76	595.96
Medical Consultant Fees	-	-
Dues	-	-
Employer Audits	-	-
Fidelity Bond	-	-
Cyber Liability Insurance	-	-
Fiduciary Liability Insurance	-	6,726.55
Independent Fiduciary Fee	57.89	177.30
Stop Loss Insurance	65,599.16	217,296.38
Stop Loss Reimbursement	-	-
Pharmacy Consulting	-	589.33
Office Expenses	-	12.26
Postage	1,196.27	3,260.34
Legal Fees	2,734.85	14,259.80
Printing	511.00	1,236.83
Hospital Reviews	-	-
Hospital Audits	-	-
Trustee Fees	-	-
Consulting Fees	-	-
Bank Service Charges	1,758.08	5,904.78
Transitional Reinsurance Fee	-	-
Settlement	-	-
Total Deductions	862,235.95	2,537,648.93
Net Increase (Decrease)	$ 60,948.58	$ 456,013.36
Fund Balance - December 31, 2022		6,826,552.88
Fund Balance - September 30, 2023		$ 7,282,566.24

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
STATEMENT OF FUND BALANCE
AS OF SEPTEMBER 30, 2023

	Cost Basis	Market Basis
PNC Bank		
Cash - Operating	$ 409,952.25	$ 409,952.25
Cash - Benefit	718.57	$ 718.57
	410,670.82	410,670.82
Amalgamated Bank of Chicago		
Cash & Cash Equivalents	-	-
Money Market	29,200.22	29,200.22
Fixed Income	5,503,075.24	4,767,461.07
Equities	1,332,699.16	1,580,319.68
	6,864,974.62	6,376,980.97
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)
	$ 7,282,566.24	$ 6,794,572.59
Market Value of Fund Balance as of December 31, 2022		6,404,364.91
Change in Market Value of Fund as of September 30, 2023		$ 390,207.68
Increase in Cash		456,013.36
Unrealized Loss on Investments		(65,805.68)
		$ 390,207.68



CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CONTRIBUTIONS / CLAIMS SCHEDULES
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2023

Employer Contributions

Hourly rates and their effective dates

Date	Shops	Exhibitors
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
03/01/15	3.40	5.85
07/20/15	3.50	5.85
03/01/14	3.50	6.10
05/01/21	3.50	6.35
05/01/23	3.50	6.45

Employer / Employee

Prior Years Analysis

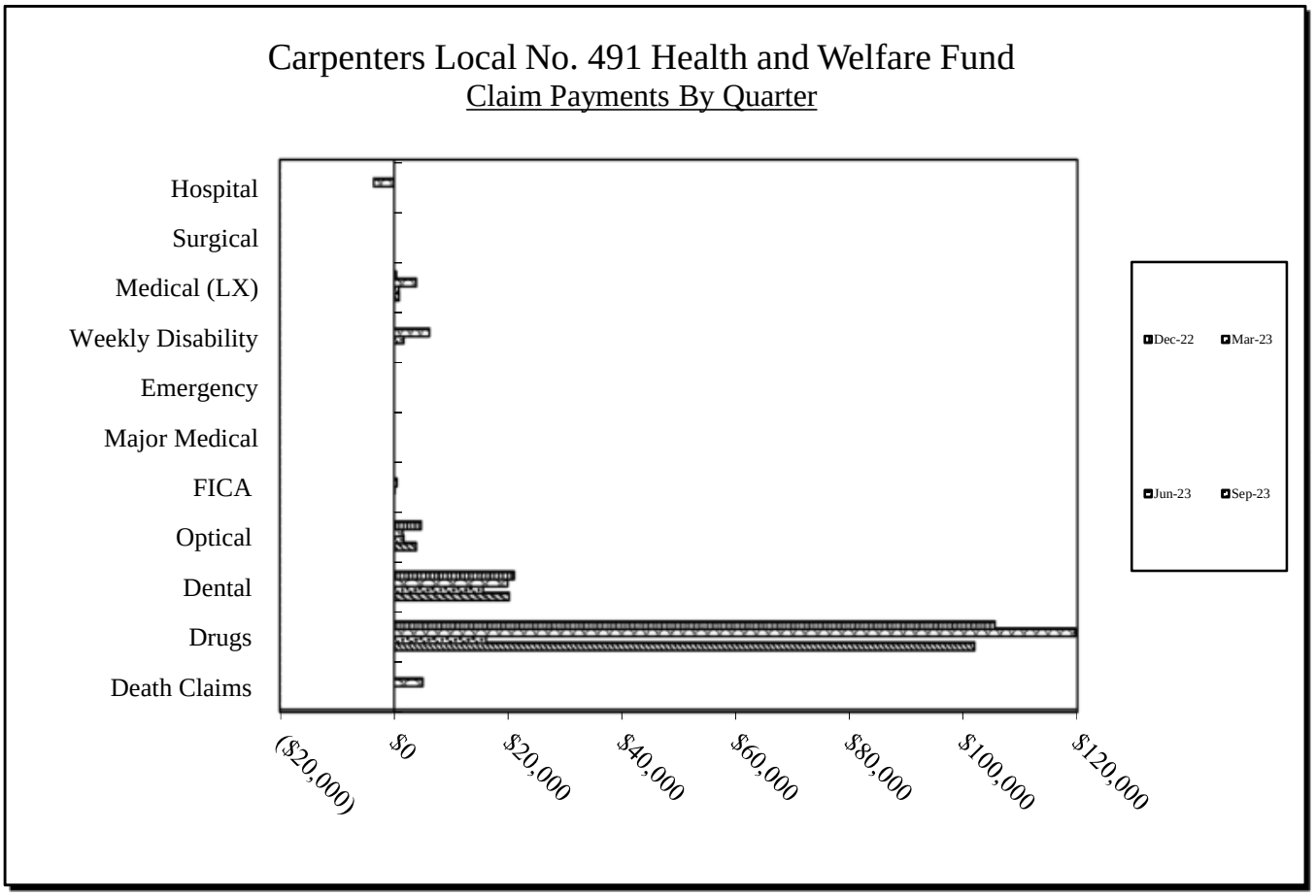
Year	Receipts	Claims	Difference
2013	$ 4,049,717.46	$ 3,202,012.09	$ 847,705.37
2014	4,262,555.33	3,252,072.12	1,010,483.21
2015	4,501,646.07	2,728,405.47	1,773,240.60
2016	4,881,298.31	2,918,759.70	1,962,538.61
2017	5,049,927.78	2,915,661.88	2,134,265.90
2018	4,793,825.81	3,650,944.24	1,142,881.57
2019	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	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	2,853,660.24	1,852,046.40	1,001,613.84

Current Year Analysis

Month	Receipts	Claims	Difference
January	$ 249,205.41	$ 244,106.75	$ 5,098.66
February	$ 259,571.78	$ 149,841.80	109,729.98
March	$ 227,692.27	$ 219,747.57	7,944.70
April	$ 445,818.60	$ 300,154.42	145,664.18
May	$ 352,363.12	$ 170,586.58	181,776.54
June	$ 445,274.59	$ 206,217.16	239,057.43
July	$ 434,980.53	$ 187,360.50	247,620.03
August	$ 224,942.83	$ 223,039.03	1,903.80
September	$ 213,811.11	$ 277,568.25	(63,757.14)
October			-
November			-
December			-
	$ 2,853,660.24	$ 1,978,622.06	$ 875,038.18
Average Per Month	$ 317,073.36	$ 219,846.90	$ 72,919.85

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CLAIM PAYMENT SCHEDULE
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2023

Claim Payments	**Dec-22 Quarter**	**Mar-23 Quarter**	**Jun-23 Quarter**	**Sep-23 Quarter**
Hospital	$ -	$ (3,566.30)	$ -	$ -
Surgical	-	-	-	-
Medical (LX)	393.20	3,868.44	812.62	860.21
Weekly Disability	-	6,171.44	1,671.44	-
Emergency	-	-	-	-
Major Medical	-	-	-	-
FICA	-	472.11	127.87	-
	393.20	6,945.69	2,611.93	860.21
Optical	4,717.64	1,475.90	1,677.56	3,856.55
Dental	20,995.20	19,853.75	15,548.18	20,128.78
Drugs	105,331.80	119,640.75	16,061.65	101,730.12
	131,044.64	140,970.40	33,287.39	125,715.45
Death Claims	-	5,000.00	-	-
	$ 131,437.84	$ 152,916.09	$ 35,899.32	$ 126,575.66
IHA Claims	447,359.39	460,780.03	641,058.84	561,392.12
	$ 578,797.23	$ 613,696.12	$ 676,958.16	$ 687,967.78



High Cost Members

Population: Carpenters Local No. 491 Health and Welfare Plan

Reporting Period: Claims Paid July 1, 2023 to September 30, 2023

Threshold: $50,000 Amount: Paid Total Members: 2

SN	Rel Class	Gender	Age	Eligibility As of 09/30/23	Highest Paid Diagnosis	Medical Paid Amount	Pharmacy Paid Amount	Total Paid Amount
1	Employee	Male	63	Active	Cancer	$46,657.83	$37,214.32	$83,872.15
2	Employee	Male	64	Active	Cancer	$60,008.01	$0.00	$60,008.01
Total						$106,665.84	$37,214.32	$143,880.16

High Cost Members

Population: Carpenters Local No. 491 Health and Welfare Plan

Reporting Period: Incurred January 2023 to November 2023, Paid January 2023 to November 2023

Threshold: $50,000 Amount: Paid Total Members: 7

SN	Rel Class	Gender	Age	Eligibility As of 11/30/23	Highest Paid Diagnosis	Medical Paid Amount	Pharmacy Paid Amount	Total Paid Amount
1	Employee	Male	63	Active	Cancer	$307,325.06	$58,833.49	$366,158.55
2	Employee	Male	57	Active	Congenital/ Chromosomal	$104,417.11	$0.00	$104,417.11
3	Employee	Male	63	Active	Cancer	$91,520.99	$30.44	$91,551.43
4	Employee	Female	36	Active	Pregnancy Related	$81,026.68	$140.35	$81,167.03
5	Employee	Male	64	Active	Cancer	$59,019.72	$176.94	$59,196.66
6	Spouse	Female	61	Active	Hematological Disorders	$53,955.48	$1,807.60	$55,763.08
7	Employee	Male	57	Active	Infections	$883.68	$50,110.52	$50,994.20
Total						$698,148.72	$111,099.34	$809,248.06

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
December 20, 2023

	Payee/Purpose	Period	Check #	Amount
1.	Void			
			1210	-
2.	Batoff Associates, P.A.			
	Legal Fees	8/23	1211	426.00
3.	CIGNA Dental, Inc.			
	Dental Premium	9/23	1212	1,119.10
4.	Union Labor Life Insurance Company			
	Stop Loss Premium	9/23	1213	21,849.25
5.	Bolton Partners, Inc.			
	Investment Performance Fees	5/23 - 7/23	1214	720.00
6.	Bolton Partners, Inc.			
	Actuarial & Consulting Fees	7/23 - 9/23	1215	5,000.00
7.	Carpenters' Philadelphia Welfare Fund			
	Reciprocal Hours	4/23	1216	754.65
8.	Washington Area Carpenters' Fund			
	Reciprocal Hours	7/23	1217	4,166.71
9.	The Wagner Law Group			
	Fiduciary Fee	7/23	1218	17.31
10.	Schmitz Press, Inc.			
	Postage - QSR's	9/23	1219	627.48
11.	Associated Administrators, LLC			
	Postage - 1095B - $254.39 - Printing - 1095B - $159.31	1/23	1220	413.70
12.	Associated Administrators, LLC			
	Admin Fees $37,492.00 - Postage-$68.67-Printing-$306.51	4/23 - 10/23	1221	37,867.18
13.	CIGNA Dental, Inc.			
	Dental Premium	10/23	1222	1,119.10
14.	Ira Marc Miller & Company, P.A.			
	Progress Billing - Audit	12/22	1223	9,000.00
15.	Level Care Consortium			
	Administration	7/23 - 9/23	1224	1,590.00
16.	The Wagner Law Group			
	Fiduciary Fee	8/23	1225	17.37
17.	Carpenters' Philadelphia Welfare Fund			
	Reciprocal Hours	8/23	1226	361.20
18.	Washington Area Carpenters' Fund			
	Reciprocal Hours	8/23	1227	3,908.72
19.	Union Labor Life Insurance Company			

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
December 20, 2023

Payee/Purpose	Period	Check #	Amount
Stop Loss Premium	10/23	1228	24,162.70
20. Batoff Associates, P.A.			
Legal Fees	9/23	1229	3,692.30
21. Associated Administrators, LLC			
Meeting Exp.$193.76-Postage - Printing $370.32-NCC	10/23	1230	564.08
22. Batoff Associates, P.A.			
Legal Fees	10/23	1231	2,378.95
23. CIGNA Dental, Inc.			
Dental Premium	11/23	1232	1,119.10
24. International Foundation			
Dues	1/24 - 12/24	1233	597.50
25. Ira Marc Miller & Company, P.A.			
Final Billing - Audit	12/22	1234	9,000.00
26. Level Care Health Consortium			
Administration	10/23 - 12/23	1235	1,586.25
27. Schmitz Press, Inc.			
Postage - QSR's	9/23	1236	72.89
28. Segal Consulting			
Pharmacy Consulting	10/21 - 12/21	1237	114.25
29. Union Labor Life Insurance Company			
Stop Loss Premium	11/23	1238	24,059.88
30. The Wagner Law Group			
Fiduciary Fee	9/23	1239	21.31
31. New Jersey Carpenters' Health Fund			
Reciprocal Hours - L. Miller	3/14	1240	403.20
32. Carpenters' Philadelphia Fund			
Reciprocal Hours	9/23	1241	409.58
33. Washington Area Carpenters' Fund			
Reciprocal Hours	9/23	1242	11,866.55
			$ 169,006.31

Carpenters Local 491 Benefit Funds
Cash Management

			Medical
Yearly Deductions		$	3,293,685
Loans per Year			
Total Yearly Deductions			
10% of Expenses		$	329,368
Current Cash Balance	As of 10/31/23	$	491,541
5% Floor		$	164,684
Replenish			Not now
15% Ceiling		$	494,053
Send to Amalgamated			**Not now**
Transfer Made:	Dec-7-23	$	-

CARPENTERS DELINQUENCY LIST
AS OF
DECEMBER 18, 2023

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.

Express Scripts
Executive Summary Third Quarter 2023 (January-September)

Key Performance Notes for Carpenters Local 491 Health & Welfare Plan's total population:

- Total Pharmacy Plan Cost increased 26.6% from $251,389 to $318,304
- Total Pharmacy Plan Cost PMPM (trend) decreased 2.5% from $54.64 to $53.25
- Generic Fill Rate increased from 91.7% to 92.6%
- Specialty Medications accounted for 13.3% of total pharmacy costs
- Total member cost share was 11.9%
- The top 2 indications for this time period were HIV & CHEMICAL DEPENDENCE. They represented 31.7% of total spend

Carpenters Local 491 Health & Welfare Plan (RD6A)			
Description	Jan-Sep 2023	Jan-Sep 2022	Change
Avg Subscribers per Month	357	257	39.0%
Avg Members per Month	664	511	29.9%
Number of Unique Patients	364	328	11.0%
Pct Members Utilizing Benefit	54.8%	64.2%	(9.4)
Total Plan Cost	$318,304	$251,389	26.6%
Total Days	123,291	103,053	19.6%
Total Rxs (Adjusted)	4,698	3,939	19.3%
Plan Cost PMPM	$ 53.25	$ 54.64	(2.5%)
Plan Cost Net PMPM (estimate)	$ 40.41	$ 46.19	(12.5%)
Plan Cost/Day	$ 2.58	$ 2.44	5.8%
Plan Cost per Rx	$ 67.75	$ 63.82	6.2%
Nbr Rxs PMPM	0.79	0.86	(8.2%)
Generic Fill Rate	92.6%	91.7%	1.0
Retail 90 Utilization Rate	14.8%	20.2%	(5.4)
Home Delivery Utilization	29.3%	30.2%	(0.9)
Member Cost % (Based on Plan Cost)	11.9%	11.3%	0.6
Specialty Percent of Plan Cost	13.3%	17.7%	(4.4)
Specialty Plan Cost PMPM	$ 7.00	$ 10.00	(26.7%)
Formulary Compliance Rate	98.7%	99.0%	(0.3)

Rank	Indication	Rxs (Adjusted)	Patients	Estimated Net Cost	Estimated Net Cost per Patient	Estimated Net Cost PMPM
1	HIV	18	3	$55,988	$18,663	$ 9.37
2	CHEMICAL DEPENDENCE	144	15	$44,780	$2,985	$ 7.49
3	ENDOCRINE DISORDERS	9	3	$42,564	$14,188	$ 7.12
4	PAIN/INFLAMMATION	394	99	$14,921	$ 151	$ 2.50
5	ANTICOAGULANT	49	9	$11,245	$1,249	$ 1.88
	Total Top 5	**614**		**$169,498**		**$ 28.35**

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J11030005401

Express Scripts Inc
St. Louis MO 63121

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	10/02/2023	REBATE 06-01-2023-06-30-2023	11537.50

CL3

Express Scripts Inc
St. Louis MO 63121

EXPRESS SCRIPTS

Fifth Third Bank
Cincinnati, OH

73-27
421

1012433

DATE 02 Oct 2023

PAY
Eleven thousand five hundred thirty seven and 50/100 Dollars

AMOUNT
***$11,537.50

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

VOID AFTER 180 DAYS

Benjamin F Chestnut

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK
ON THE BACK. HOLD AT AN ANGLE TO VIEW

⑈01012433⑈ ⑆042100272⑆ 7482186397⑈

000386 8411005 01/01

J25490017401

Express Scripts Inc
St. Louis MO 63121

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	10/27/2023	REBATE 07-01-2023-07-31-2023	9052.50

CL2

Express Scripts Inc
St. Louis MO 63121

EXPRESS SCRIPTS

Fifth Third Bank
Cincinnati, OH

73-27
421

1012494

DATE 27 Oct 2023

AMOUNT
****$9,052.50

VOID AFTER 180 DAYS

PAY
Nine thousand fifty two and 50/100 Dollars

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

Benjamin F Chestnut

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW

⑈01012494⑈ ⑆042100272⑆ 7482186397⑈

000699 8702482 01/01

J42720015001

Express Scripts Inc
St. Louis MO 63121

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	11/30/2023	REBATE 08-01-2023-08-31-2023	14207.50

CL2

EXPRESS SCRIPTS

Express Scripts Inc
St. Louis MO 63121

Fifth Third Bank
Cincinnati, OH

73-27
421

1013269

DATE 30 Nov 2023

PAY *Fourteen thousand two hundred seven and 50/100 Dollars*

AMOUNT
***$14,207.50

TO THE ORDER OF

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

VOID AFTER 180 DAYS

Benjamin F Chestnut

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK
ON THE BACK. HOLD AT AN ANGLE TO VIEW

⑈01013269⑈ ⑆042100272⑆ 20748218639 7⑈

Dawn Welch

From: Christopher Kelley <christopher_kelley@comms.express-scripts.com>
Sent: Thursday, December 14, 2023 2:43 PM
To: Dawn Welch
Subject: Enhancement to Advanced Opioid Management to include OTC NARCAN

Express Scripts

By EVERNORTH

Action required: Click here to opt in to receive the over-the-counter NARCAN® Nasal Spray (2-pack) enhancement by **January 12, 2024,** at no additional PMPM cost. Benefit changes begin February 19, 2024.

Dear Dawn,

As the complex opioid crisis evolves, access to opioid overdose reversal treatment is more critical than ever. Approved by the FDA to be sold over-the-counter (OTC), NARCAN nasal spray is a life-saving, emergency treatment that can reverse an overdose by blocking the effects of opioids.

You are already protecting your members and improving health outcomes with your enrollment in Advanced Opioid Management®, a solution from Express Scripts® by Evernorth.

Beginning February 19, 2024, if you opt in at the link below, your plan's enrollment in Advanced Opioid Management will include **drug coverage for two (2) OTC NARCAN boxes (each with 2 single-dose nasal spray devices) per member per year**. The member out-of-pocket cost will be $0. Plan sponsors will be responsible for the drug cost, but the Advanced Opioid Management program PMPM fee will not change as part of this enhancement.

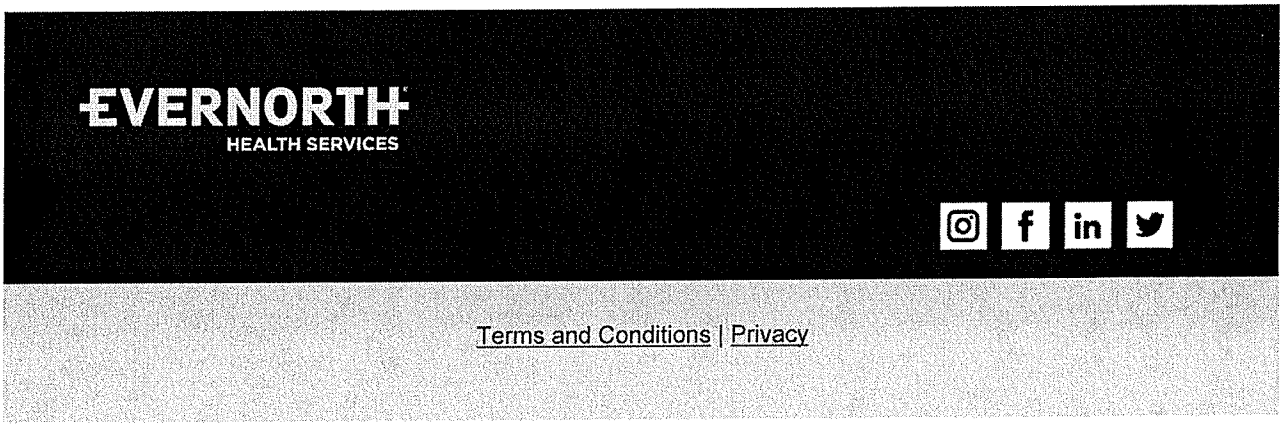
Click here to enroll in OTC NARCAN Nasal Spray coverage

As we continue to fight the opioid crisis together, increased access to this treatment will help save lives. We encourage you to opt in today, but no later than January 12, 2024, to guarantee the February 19, 2024, benefit update. If you have any questions, please let me know. If you decide to opt in after January 12, 2024, please reach out to me directly by replying to this email to review timelines.

Thank you,
Christopher Kelley
Express Scripts by Evernorth

Advanced Opioid Management is now part of the Evernorth MoreThanRx℠ Services *suite of solutions. Click here to learn more.*

CARPENTERS' LOCAL 491 HEALTH & WELFARE PLAN
RD6A



CONNER STRONG & BUCKELEW

INSURANCE | RISK MANAGEMENT | EMPLOYEE BENEFITS

JOSEPH M. DIBELLA
EXECUTIVE PARTNER
National Employee Benefits Practice Leader

P 856-552-4618 **F** 856-206-5388
E jdibella@connerstrong.com

National Headquarters
TRINDEPENDENCED1828 CENTRE
2 Cooper Street | Camden, NJ 08102
Mailing Address
PO Box 99106 | Camden, NJ 08101

connerstrong.com

November 22, 2023

Mr. Pete Tonia
Executive Director
Level Health
1811 Spring Garden Street
Philadelphia, PA 19130

Re: **Level Health | New Agreement Terms**

Dear Pete:

This letter shall memorialize revised proposed terms between Level Health ("Level") and Independence Administrators that we have been working on. With Trustee approval, we will proceed to enact the new terms:

1. Term: January 1, 2025, to December 31, 2029 (unless noted otherwise). The terms in place now shall remain in place, unless modified based on mutual agreement, until December 31, 2024.

2. Blue Card: The maintenance of "out of area" BlueCard fees being absorbed by Independence is to be maintained.

3. Performance Guarantees: All current performance guarantees will remain unchanged with the exception of average speed to answer for participant calls. That shall be changed to 80% of calls answered in 30 seconds.

4. Provider Contracting: Level maintains the ability to directly contract with any provider and Independence will be able to administer arrangements. This is included in the "letter of understanding" that is a part of the current Agreement. Funds in Level may, through plan design, direct participants to certain providers where Level or Funds in Level secure favorable contract and pricing terms. In the event of such arrangements, Independence can administer plan designs that support the approach (i.e., different tiers and copays, etc.) inside the Blue networks. We understand that pricing and unique provider fee arrangements shall need to be handled on the backend, outside BlueCard. Any such custom provider arrangements must happen outside of Independence for which Independence shall not play a role.

5. Staffing: Independence agrees to a dedicated staff for member services and claims. Independence will share with Level the staffing models that have been used to ensure the appropriate balance and staffing levels with Level.

CONNER STRONG & BUCKELEW

6. Account Management: Independence shall collaborate with Level as it relates to assignments of staff and allocated resources. Independence shall ultimately maintain decision rights regarding associate work assignments.

7. Annual Credit: Independence will provide to Level an annual credit of $100,000 per year (2025, 2026, 2027, 2028 and 2029) to cover Level's costs for bona-fide expenses.

8. Trend: Independence will work with Level and Conner Strong & Buckelew to develop trend guarantees for newly enrolled Funds that incorporate the appropriate data, a mutually agreeable third party's estimate of trend, and the services provided to the individual Fund by Independence. The parties will make best efforts to come to terms not later than March 31, 2024. As a discussion point shall include gain share based on results.

9. MH/SA Administration: The following Level Funds shall not be charged the additional $0.95 pcpm for Mental Health/Substance Abuse (MH/SA) administration: NY Empire/NAS, Philadelphia, New Jersey, MARC, and Local 491 Fund. Other Funds electing MH/SA from IBC shall pay the $0.95 pcpm fee. In the event that there is a fund merger where one of the above named funds absorbs another Fund the fee waiver will not apply to the absorbed membership.

10. Association: Independence will include a detailed explanation of the BCBSA rules governing Level into the new addendum for the term. Independence will agree to notify Level of any changes as soon as Independence is notified by the BCBSA of any changes to the rules and regulations.

11. Appeals: Independence agrees to provide a dedicated appeals team for Level. Independence also agrees to a custom suite of appeal letters for Level Care. Custom letters shall not be customized by Fund but on a macro basis for Level with the exception of the civil action time frames that differ by Fund. In addition, Independence has agreed to another addition option for Level Care appeals effective January 1, 2024. There is an additional fee of $.10 pcpm for this additional opting to use the custom process. However, the $0.10 pcpm custom fee shall be waived for the term for the Funds in Indiana, Kentucky and Ohio. The optional custom process shall be live January 2024.

12. Costs: On fixed costs, (brackets currently in place by size shall remain unchanged), the following increase to the base fees shall apply:

    - 2025: 5.15%
    - 2026: 2%
    - 2027: 2%
    - 2028: 1%
    - 2029: 0%

    We have attached the new fees for 2025-2029 by bracket that reflect the changes noted above.

13. Stop Loss" There shall be no fee for coordination with any Fund's stop loss provider for producing standard large claims data reporting. Level shall agree to entertain and evaluate stop loss proposals for all Funds that have stop loss coverage.

14. Recoveries: Level shall activate the Return on Recovery ("ROR") program as standard for all new Funds entering Level. On January 2024, all current Funds shall adopt the ROR plans.

15. Other Recoveries: Level shall agree to promote, support, and endorse the Price Protection Plan ("PPP") for all new and existing Funds and make every effort for this to be activated by all Funds.

16. Better Health: Level and Independence shall work towards creating a customized, "Level branded" version of Better Health. To the extent the program can be customized Level would intend to promote and expand Better Health. (This needs to be agreed to but will not be the addendum).

17. Addendum: Independence shall provide a draft addendum reflecting the terms outlined herein not later than December 1, 2023.

Unless named herein, current terms, as amended, are to be maintained.

Sincerely,

CONNER STRONG & BUCKELEW

Joseph M. DiBella

Copy: Mr. Michael Wagner, Level Health
Mr. Peter Abitanto, Conner Strong & Buckelew

1901 Market Street
Philadelphia, PA 19103-1480

Independence

November 22, 2023

Pete Tonia, Executive Director
1811 Spring Garden Street
Philadelphia, PA 19130

Dear Pete,

As we recently shared, we have become aware of two claim adjudication and administrative issues that regrettably negatively impacted Funds participating in Level Care Health ("Level"). There are two specific issues to address, and we of course regret these occurred. The information below outlines the two issues, our proposed resolution and timeline. This is as follows:

Description of Issues / Resolution

We were made aware of these two issues through the North Atlantic State Fund's request for review of certain claims data. We appreciate the diligence of the North Atlantic Fund and their partnership.

Issue #1 – Incorrect Psychotherapy and Telehealth Benefit - Specifically, in May 2023, the North Atlantic Fund requested a review of certain telehealth claims based on their usual diligence and suspicion of an incorrect application of benefits. In reviewing this issue together, we discovered that certain Psychotherapy and Telehealth services incorrectly applied a deductible and coinsurance to member claims instead of a fixed copayment. It was determined that this was an error in the original system configuration and the way we loaded the Fund's benefits. Upon discovery of the issue, we expanded our analysis and found this issue impacted other Level Care Funds as well. This was again an issue caused we originally coded benefits which has since been corrected and tested. The issue impacted 8,168 claims for $401,817.41 in incorrect deductibles and $90,068.80 in incorrect coinsurance.

To remedy the issue, we will have the impacted claims reprocessed. This is necessary since members were overcharged, and as such, their claims need to be reprocessed so that the right amounts of deductible and out of pocket maximums are applied to their accounts. We already enacted this process for the North Atlantic Fund. Once enacted, members will get a personal letter advising them of an incorrect payment(s) made relative to their account and that they will receive new explanation of benefits ("EOBs") and refunds from their providers who collected more than was appropriate. With Level's approval we can enact the adjustments on December 11th. For any claim that is not able to be reprocessed, we will ensure that the members are made whole. Attached is a list of impacted claim amounts by Fund.

1901 Market Street
Philadelphia, PA 19103-1480

Independence

Issue #2 – Multiple Copayments Not Applying - A second issue was uncovered in August 2023. Specifically, the North Atlantic Fund requested a review of certain claims that also appeared to not be appropriately processing member copayments. Upon a review of the data, we discovered that when multiple services were performed on the same day by two or more separate providers, only one member copayment was being applied. The benefit should have applied a copayment per service. Per our process, upon discovery of the issue, we expanded our analysis across all of Level and determined the issue impacted other Funds in Level as well.

It was determined that this scenario was tied to a limitation in the underlying technology that our system had in place for this benefit. In light of this issue, we have accelerated a systems upgrade that will enable us to apply the appropriate benefit and the multiple copayments. Until the system upgrade is installed, these claims are systematically held and then processed individually to ensure proper adjudication. The system enhancement will be functional and live in February 2024. This second issue impacted 42,581 Level claims for a total dollar value of $1,658,210. Since this issue impacts the Funds directly, we have agreed to refund each Fund their share of this amount as an administrative exception. The attached chart illustrates the amount of refund payable to each Fund.

Resolution

In both instances, the issues have been corrected and claims are now paying in accordance with each Fund's Plans. Due to the nature of these, we are reviewing the initial set up and configuration for each Fund to ensure we identify any other potential issues. In addition, will be presenting to you a more robust account model the week of December 4th. While we make every efforts to avoid incorrect claim payments, errors and corrections are inevitable from time to time so we have processes in place to enact corrections properly. We appreciate the diligence of all the Funds in their continued diligence of adjudication.

Timeline for Resolution

As noted above, with Level's concurrence we can enact the adjustment of claims related to issue #1 on 12/11/2023. At that time, corrected member and provider EOBs will be released and then providers can issue reimbursements accordingly. We have created job aids for all service agents so that they can assist any member that calls with questions. For the second issue, we will issue a one-time credit totaling $1,658,210 to be applied each Fund as noted in the attached not later than 12/31/2023.

We understand these issues are a nuisance and have created unwarranted angst. Be assured that claim payment and administrative accuracy is a major priority for us and at the core of what we do. We believe that by refunding the Fund the $1.65 million, we are demonstrating our resolve towards customer sensitivity and our valued partnership with Level.

1901 Market Street
Philadelphia, PA 19103-1480

Independence

I am happy to address any questions you may have. If you are in agreement with your strategy as outlined, we will move forward accordingly. We will wait to hear from you.

Thank you.

Susan Larkin

Susan Larkin
EVP & President Core Commercial Markets

Enclosure

Copy: Joe DiBella, Conner Strong & Buckelew

SEVENTH AMENDMENT TO ADMINISTRATIVE AND NETWORK SERVICES CONTRACT
for
LEVEL CARE HEALTH CONSORTIUM "LCHC"

AMENDMENT

Effective Date: January 1, 2024

This Amendment amends and is made a part of the Administrative and Network Services Contract, effective January 1st, 2019, between QCC Insurance Company d/b/a Independence Administrators (Independence Administrators) Philadelphia, Pennsylvania, and **Level Care Health Consortium "LCHC"** ("Plan Sponsor").

Effective January 1, 2024, such contract is amended as follows:

1. Section I. Definitions will be amended by inserting the following definition:

> "Preferred Stop-Loss Carrier" means the stop-loss carrier that Independence Administrators has designated as a preferred stop loss carrier. Independence Administrators may provide certain reduced administrative fees for groups that select the Preferred Stop-Loss Carrier as the Plan Sponsor's stop-loss carrier.

2. Exhibit D – The following vendor data share disclosure statement will be added:

> Below are Independence Administrators' Charges / Fees to administer the Plan Sponsor's self-funded Benefit Program. The programs may be provided by Independence Administrators' personnel or by contracted vendors selected by Independence Administrators. By selecting a program offered by a contracted vendor of Independence Administrators, the Plan Sponsor agrees and acknowledges that Independence Administrators may provide member level data at the minimum level necessary, including protected health information, to contracted vendors. The Benefit Program Fees and Charges for selected Product/Service are applicable whether the Product/Service is provided by Independence Administrators and/or Independence Administrators' contracted vendors and support implementation, marketing, and other related efforts for the Product/Service.

3. Exhibit D – Fees and Terms will be amended by removing HM Insurance Group as preferred partner and replacing with Preferred Stop Loss Carrier:

Stop-Loss Coordination Fee	
Renewal:	
w/Preferred Stop Loss Carrier[1]	(waived)

4. Exhibit D – Telemedicine Services will be amended to Virtual Care Services as follows:

Virtual Care Services – (Medical, Behavioral Health and Dermatology)

[1] If you do not retain Preferred Stop Loss Carrier, your Stop Loss coordination fee will increase by $2.50.

Medical, Behavioral Health and Dermatology $0.55 PCPM

Telemedicine services are provided by a national network of board-certified physicians that provide consultations 24 hours a day, 7 days a week, 365 days a year. Physicians provide standard medical assessments, treatments, care and services to patients via the telephone or secure video when a primary care physician is unavailable or inaccessible. This service does not replace an existing primary care physician relationship but enhances it with an efficient, cost-effective alternative for non-emergency medical problems. The applicable cost-sharing requirements are specified in the Schedule of Covered Services. The Subscriber/Member will pay the applicable cost-sharing via credit or debit card prior to the consultation.

Telebehavioral Health allows plan members to access a counselor or psychiatrist by phone, secure video, or app from the comfort of their own home. While in person behavioral health appointments can take weeks to set up, virtual behavioral health appointments with our partner can be made 3 to 5 days in advance with occasional availability the next day.

Teledermatology gives you fast access to a network of leading, board-certified dermatologists who can diagnose and treat more than 3,000 skin, hair, and nail conditions online. A plan member can send in a few photos and talk with a provider, a prescription can be sent to the nearest pharmacy. A visit with a virtual dermatologist can take less than 10 minutes to complete.

Virtual Care Services are provided by a third party that is not a subsidiary or an affiliate of Independence Administrators.

5. Exhibit F (Schedule 1) – BlueCard Fees will be amended as follows:

BlueCard Fees[2] and Regional Network Fees

PPO Access Fees: Applicable to both the BlueCard Access Fees and Regional Network Access Fees.	Up to 10% per claim. Currently: Standard - Less than 1,000 contracts the Access Fee is 3.62% for 2023, and 3.46% for 2024; Reduced - 1,000 – 9,999 contracts the Access Fee is 2.02% for 2023, and 1.93% for 2024; Jumbo - 10,000 – 49,999 contracts the Access Fee is, and 1.79% for 2024;

[2] Subject to change by the BCBSA

Nothing in this Amendment will change the terms of the Contract except as stated above.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be of effect on the indicated effective date, executed in duplicate, and governed by the laws of the Commonwealth of Pennsylvania.

LEVEL CARE HEALTH CONSORTIUM	**INDEPENDENCE ADMINISTRATORS, Inc.**
By: _____	**By:** _____
Name: _____	**Name:** **Susan E. Larkin**
Title: _____	**Title:** **EVP & President, Core Commercial Markets**
Date: _____	**Date:** _____

Independence Standard Appeal Process

Administrative Appeal (Complaint):

- 1st Level – goes to Independence (Standard)
- 2nd Level – goes to Independence (Standard)

Clinical (Grievances):

- 1st Level – goes to Independence
- 2nd Level – goes to the ERO (Independence sends to ERO) (Standard)

Independence Custom Appeal Process

Option 1

Administrative Appeal (Complaint):

- 1st Level – goes to Independence
- 2nd Level – goes to Fund (Custom Ask)

Clinical (Grievances):

- 1st Level – goes to Independence
- 2nd Level – goes to the ERO (Independence sends to ERO) (Standard)

Option 2

Administrative Appeal (Complaint):

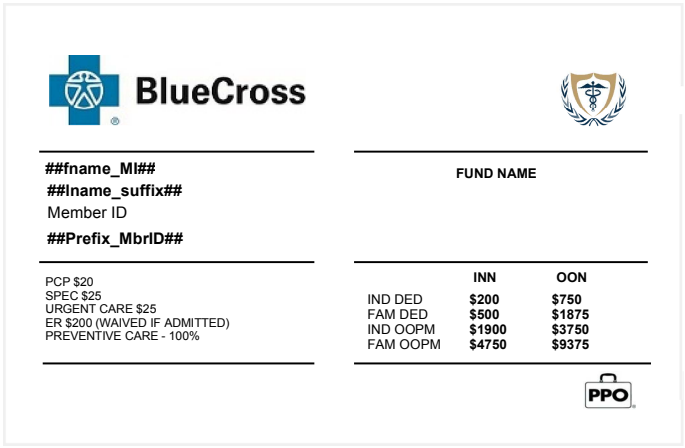
- 1st Level – goes to Independence
- 2nd Level – goes to Fund (Custom Ask)

Clinical (Grievances):

- 1st Level – goes to Independence
- 2nd Level – goes to Fund (Custom Ask)

Cost for a Custom Appeal Process is $0.10 PEPM

Level Care Health - Rebranded Sample ID (unlinked)



BlueCross

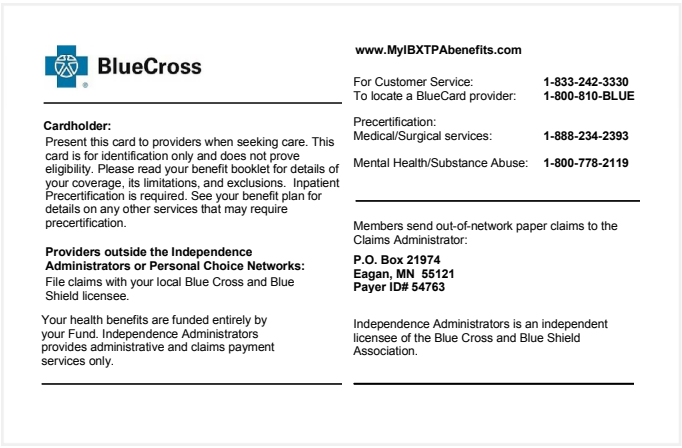
##fname_MI##
##lname_suffix##
Member ID
##Prefix_MbrID##

PCP $20
SPEC $25
URGENT CARE $25
ER $200 (WAIVED IF ADMITTED)
PREVENTIVE CARE - 100%

FUND NAME

	INN	OON
IND DED	$200	$750
FAM DED	$500	$1875
IND OOPM	$1900	$3750
FAM OOPM	$4750	$9375

PPO



BlueCross

Cardholder:
Present this card to providers when seeking care. This card is for identification only and does not prove eligibility. Please read your benefit booklet for details of your coverage, its limitations, and exclusions. Inpatient Precertification is required. See your benefit plan for details on any other services that may require precertification.

Providers outside the Independence Administrators or Personal Choice Networks:
File claims with your local Blue Cross and Blue Shield licensee.

Your health benefits are funded entirely by your Fund. Independence Administrators provides administrative and claims payment services only.

www.MyIBXTPAbenefits.com

For Customer Service: **1-833-242-3330**
To locate a BlueCard provider: **1-800-810-BLUE**

Precertification:
Medical/Surgical services: **1-888-234-2393**

Mental Health/Substance Abuse: **1-800-778-2119**

Members send out-of-network paper claims to the Claims Administrator:

P.O. Box 21974
Eagan, MN 55121
Payer ID# 54763

Independence Administrators is an independent licensee of the Blue Cross and Blue Shield Association.

LEVEL CARE
HEALTH CONSORTIUM

NEW/POTENTIAL VENDOR PROGRAMS

WEIGHT LOSS/ DISEASE MANAGEMENT PRODUCTS

Virta is a weight loss product which helps educate Participants about their diet and nutrition with the goal being disease management around Diabetes, Pre-Diabetes, and Obesity. Once enrolled, a Participant tracks their food, their blood sugar and weight through the Virta App. They are connected to a Health Coach to monitor their progress and outcomes. In order to enroll in Virta, the Participant must adhere to the Keto Diet and must have one of the diseases listed above. The model is a Per-Enrolled Participant per Month fee.

Omada is similar to Virta as a weight loss product which helps educate Participants about their diet and nutrition with the goal being weight loss overall but also better disease management around Diabetes, Pre-Diabetes, and Obesity. Once enrolled, a Participant tracks their food, their blood sugar and weight through the Omada App. They are connected to a Health Coach to monitor their progress and outcomes. The primary differences between Omada and Virta is Omada does not prescribe a specific diet where Virta is Keto Diet only and Omada isn't limited to a certain disease. The model is a Per-Enrolled Participant per Month fee.

Wondr Health is the proven leader in metabolic, emotional, and physical health transformation for everyone. Wondr Health delivers interrelated, personalized, skill-building programs for weight management, obesity, nutrition, stress relief, anxiety, and movement that improve the health of participants. The company's flexible and scalable digital solutions engage populations, improve quality of life and health outcomes, and prevent and reduce the cost of chronic health conditions. Their programs support with lifestyle behaviors or clinical care to address obesity. They offer a clinically validated curriculum for long-term behavior change available online or through their app.

AT HOME TESTING

The first-of-its-kind Galleri test from GRAIL is a groundbreaking and potentially life-changing advancement that can detect a cancer signal shared by more than 50 types of cancer, 45+ of which have no recommended screening available. The test also predicts the tissue or organ associated with the cancer signal, all with a simple blood draw. Modeled data also shows that adding the Galleri test to recommended screenings could result in a shift of 50% of late stage cancers to earlier stages, which could lead to a 21% reduction in indirect medical spend on members with metastatic/late stage diagnoses.

Catapult Health offers an at-home physical shipped directly to the Participant. Using a proprietary device for blood sampling, the Participant draws 4oz. of blood and ships the kit back using UPS, to have the blood tested for the standard wellness lab tests: A1C, Triglycerides, Cholesterol, etc. Once the labs are reviewed, the Participant has an Tele-Visit with a Nurse Practioner to review their outcomes and make a Plan for treatment, if necessary. Catapult can take in the Plan design of each Fund and will steer Participants to the appropriate care based on each Plan. The model is a claims based fee and billed through Independence Administrators.

Is a Drug interaction Software company with cutting edge personalized medicine, offering genomic testing specifically tailored to predict prescription drug compatibility for individuals. After genetic testing, patients receive a detailed breakdown of medicines, categorized by compatibility levels: safe, moderate, risk, and high risk. Pharmacogenetics is the science of interindividual genetic differences which contribute to variation in drug efficacy and adverse effects. Understanding the role of genetic variation in drug response is the key to achieving the goal of personalized medicine; getting the patient the right drug, at the right dose, for the individual's biology.

Cologuard is intended to screen adults 45 years or older who are at average risk for colorectal cancer by detecting certain DNA markers in the blood and stool. Although Cologuard's detection rate is 42% of large polyps compared to 95% with a colonoscopy, the test is gaining popularity because it is far less invasive and more convenient than a traditional colonoscopy.

MSK SOLUTIONS

Nimble is a MSK (musculoskeletal skeletal) case management program which helps Participants navigate their benefits for MSK issues: physical therapy, chiropractic, surgery, or surgery second-opinions. Their model is designed to help steer participants to the lowest cost/highest success locations and benefits based on the Fund's Plan Design. The model is a flat-fee case rate.

Hinge Health is at at-home Physical Therapy program which focuses on low-level injuries and the prevention of MSK issues through at home PT and stretches. The model is a claims-based fee with a maximum annual charge. Hinge is being offered through Express Scripts and claims would be processed through the Pharmacy benefit.

Sword is very similar to Hinge with the same at at-home Physical Therapy program which focuses on low-level injuries and the prevention of MSK issues through at home PT and stretches. The model is also a claims-based fee with a maximum annual charge however Sword is being offered through Independence Administrators and claims and eligibility would process through their benefit.

POPULATION HEALTH

Independence has a couple variations of their Better Health Solutions. Two Level Funds currently are utilizing these programs but are in the infancy stages. Independence has offered to white label a Better Health Program partnering with Level for a Carpenters focused program. Discussion are in the early stages but the goal is to partner with Independence and develop a program that is white labeled and branded for Carpenters and specifically developed for the different Carpenter Funds across Level focusing on our participants needs; helping them manage their illnesses, injuries and recoveries.

Guardian Nurses offers a Mobile Nursing option specializing in high-touch hospital visits and office visit follow up for In-patient Hospitalizations and High Cost Chronically Ill Patients. The model is a flat-fee based on number of lives and number of nurses needed and is available in all of Level Care's locations.

OTHER VENDORS

Birdsong is a Hearing Aid Administrator who built a national network of providers which allows them to cap the total expense for Hearing Aids based on tiers. By using Birdsong, the total cost of Hearing Aids is between 30% and 50% less than a Participant shopping on their own. There is no PMPM fee associated with Birdsong. Claims bill through the Fund.

For information on other services offered please visit

LEVELCARE.ORG

Level Care Health Consortium Participant Counts

Current Enrolled Funds		Implementation	Active & Pre-Medicare Retirees	Dependents	Total	Medicare Retirees
Eastern Atlantic States Carpenters Fund	PA/NJ	1/1/2019	12,788	22,809	35,597	6,730
North Atlantic States	NY	4/1/2019	5,314	5,647	10,961	2,153
MARCC	MD	1/1/2020	2,827	3,280	6,107	N/A
Local 491	MD	1/1/2020	429	349	778	N/A
West Virginia	WV	10/1/2020	1,145	1,460	2,605	N/A
Greater Pennsylvania Health Fund	PA	1/1/2021	7,120	9,654	16,774	N/A
Michigan (MRCC) - Detroit Carpenters	MI	9/1/2021	6,047	8,235	14,282	N/A
North Atlantic States	NE	1/1/2022	10,895	17,650	28,545	N/A
Michigan - Carpenters Health Care Fund	MI	7/1/2022	2,116	2,809	4,925	N/A
Hollow Metal Carpenters	NY	7/1/2022	729	624	1,353	N/A
New York City Carpenters	NY	1/1/2023	14,353	20,286	34,639	N/A
Ohio	OH	1/12023	10,248	14,172	24,420	N/A
Indiana/Kentucky	IN/KY	1/1/2023	11,543	16,606	28,149	N/A
Southwest	CA	1/1/2023	16,531	26,178	42,709	N/A
		Total	**102,085**	**149,759**	**251,844**	**8,883**

Incoming Membership		Implementation	Active & Pre-Medicare Retirees	Dependents	Total	Medicare Retirees
Pacific Northwest Funds	WA/OR	2024	16,900	25,350	42,250	N/A

LEVEL HEALTH

December 7, 2023

Carpenters Local 491 Health & Welfare Fund
911 Ridgerook Road
Sparks, MD 21152

Re: Level Care Health Consortium Update

Dear Trustees and Fund Administrator,

Level Care Health Consortium's Board of Directors met on November 30th, 2023, and below are the items which the Board reviewed and approved that you and your Health Fund should be aware of:

2025 Independence Administrators Contract: Attached is a communication from Joe DiBella of Connor Strong, Level Care Health Consortium's Health Consultant. After several months of negotiation with Independence, Connor Strong recommended to the Board of Directors a new five year, 2025-2029, contract with Independence Administrators. Details of the approved terms are described in the communication. Please note that these terms outlined in the memo will take effect on January 1, 2025.

Claims Processing Errors: Attached is a communication from Independence Administrators with regard to two separate claims processing errors that have been identified regarding telehealth & psychotherapy claims and claims involving multiple deductibles/copays on the same day where member cost share was incorrectly applied. Independence has taken responsibility for the issues and has offered resolutions for both types of errors. The Board of Directors of Level Care Health Consortium have reviewed and approved Independence's recommendation to re-adjudicate the claims where the participants were affected by over paying their copays, coinsurance, and or deductibles and secondly to have Independence pay back each Fund their respective overpayments for the incorrect application of copays. Please review the attached Memo from Susan Larkin, EVP at Independence, for full details on how the participants and Funds in Level will be reimbursed for the errors. The Carpenters Local 491 Health & Welfare Fund was impacted in the following amounts:

Issue 1. Incorrect Psychotherapy & Telehealth Benefit $362.26
Issue 2. Multiple Copayment Not applying $3,375.00

Independence will reimburse Carpenters Local 491 Health & Welfare Fund on a future administrative invoice through a credit and can provide a list of the impacted claims. Your Independence Administrators Client Service Team will be discussing the details of this with you.

As a result of these issues, Connor Strong, has offered to conduct a claims audit for each Fund as permitted by the Level Care Health Consortium and Independence Agreement. This audit is being offered free of charge by Connor Strong since claim audit services are covered as a service they provide to Funds in Level. Conner Strong has a substantial claim audit practice and does dozens of claim audits nationally each year. If a Fund intends to utilize this audit, each Fund will need to engage with Connor Strong directly. Please let us know if the Carpenters Local 491 Health & Welfare Fund Trustees approve this audit and Level can facilitate with Connor Strong on the engagement.

Updated ID Card: In response to concerns expressed by Level's Member Funds regarding local providers struggling to recognize Independence Administrators as a Blue affiliate, Level has asked Independence to

update the Independence ID Card to list “Blue Cross” generically at the top of the card as opposed to Independence Administrators. The goal is to help eliminate member abrasion when dealing with their providers. The new card design will ship for any cards put into production for January 1, 2024.

Preferred Providers: Level Health has suggested a variety of providers in the areas of: Obesity and Diabetes management; At-Home Testing for: Pharmacogenomics, Cancer Detection, and Wellvisits; At-Home Physical Therapy; Population Health Management; and Hearing. Providers were picked based on RFP responses, the results of the Level Health Survey responses in June 2023, and current status with Independence Administrators and Express Scripts. If you have questions about or interest in any of the providers listed, please contact info@levelcare.org for more information. You can find a full list of preferred vendors on Level’s website: www.levelcare.org.

Please reach out to me if you have any questions or require further information on any of the above.

Sincerely,

Pete Tonia
Executive Director
Level Care Health Consortium

Hello,

Hope you are well. As a follow up to communications from Level Care, Independence has recently identified two claims processing issues that have affected a portion of your Fund participant's medical claims.

Issue #1 – Claims incorrectly processed towards deductible and coinsurance instead of processing with a copay.

- Independence will reprocess these claims and your members will receive an updated Explanation of Benefits (EOB), along with a letter to explain why they are receiving the EOB. The letter will have a dedicated phone number that Fund participants can call to address any questions they may have.
- Attached is a claims impact for your Fund, and an example of the EOB/EOB insert letter.
- Independence is requesting your Funds approval to begin adjusting these claims as soon as possible**.**

Issue #2 – Claims processed incorrectly when more than one claim that should take a copay was incurred on the same date of service.

- Instead of adjusting claims and causing member impact, Independence will be providing a one-time exception to reimburse the Funds with an administrative credit equal to the amount of the overall claims impact.
- Independence is targeting the last week of December to provide the Fund with a claims impact and the requisite invoice credit. We will communicate the exact dates as soon as possible.

Independence apologizes for these errors and wants to reiterate our commitment to providing accessible, high-quality healthcare for the Fund and the Fund participants. As such, please provide your approval and/or feedback as soon as possible so that we may begin adjusting the claims impacted under issue #1 to ensure timely resolution for this issue.

If you would like to discuss this in more detail prior to making any approvals, please let me know, and we are happy to arrange a call at your earliest convenience.

Thank you in advance,

Ford **Coacher**
Sr. Account Executive, Sales
M: 610 609-0359

1900 Market Street
Philadelphia, PA 19103

Independence
Independence Administrators

Month, Day, Year

Addressee's Name
Street Address
City, State Zip Code

Important information about your medical claims

Dear Addressee:

We are writing to let you know about a recently identified claims processing issue that may have caused your medical claims to process incorrectly. All claims impacted by this issue have been reprocessed.

Enclosed is your updated Explanation of Benefits (EOB). As a result of the adjustment, your "Member Responsibility" for this claim has changed and your deductible accumulation may have been impacted.

We apologize for the error and any inconvenience this may have caused. If your provider billed you in excess of your "Member Responsibility" or if you have any questions, please call 833-961-9191 between the hours of 10:00 a.m. and 4:00 p.m. EST to speak with a dedicated Customer Service representative.

Sincerely,

[INSERT SALES SIGNATURE]

[INSERT SALES NAME/TITLE]

New 24/7 virtual care provider coming in 2024!

Dear [redacted]

Virtual care isn't just a convenience — it has become an important, cost-effective option for treating non-emergency conditions. We want to be sure you have the best care options available to you, and that's why we're enhancing your virtual care benefits for 2024.

Starting in January, we'll replace MDLIVE® as our virtual care provider and move to Teladoc™ Health. Here are a few reasons why we're excited to bring you Teladoc:

- **Larger network.** Teladoc's network is about 3 times larger. Having more providers means shorter wait times for you.
- **Babysitter calling.** If your child needs an appointment while someone else is caring for them (e.g., a babysitter or grandparent), their caretaker can call Teladoc on your behalf.
- **No changes in cost.** Virtual care will remain at the same cost-share it is now, even though members will have access to improved capabilities.

What do I need to do?

There's nothing you need to do now. You can keep using MDLIVE as you normally would until the end of the year. We'll send you more information in the future on how to register for Teladoc.

Log in at myibxtpabenefits.com to find a doctor. If you have any questions, please call the number on the back of your member ID card to speak to a customer service representative.

We are happy to have you as a member and look forward to continuing to serve you.

Sincerely,

Independence Administrators

Refer to your benefits summary to see how virtual care is covered.
MDLIVE and Teladoc are independent companies that provide virtual care services to Independence Administrators members.

To: Carpenters Local No. 491 Health & Welfare Plan Participants

From: Carpenters Local No. 491 Health & Welfare Plan

Date: December 19, 2023

Re: 24/7 Virtual Care Provider Transition

Dear Participants,

Effective January 1, 2024, our current virtual care provider, MDLIVE®, will be replaced by Teladoc™ Health. Below are a few additional perks you will see with the Teladoc transition:

- **Larger Network.** Teladoc's network is about 3x larger than MDLIVE's network. Having more providers means shorter wait times.
- **Babysitter Calling.** If your child needs an appointment while someone else is caring for them (e.g., babysitter or grandparent), their caretaker will be able to call Teledoc on your behalf.
- **No Changes in Cost.** Virtual care will remain at the same cost-share as it is currently, even though members will have access to improved capabilities.

Until January 1, 2024, please continue to use MDLIVE as you normally would. If you have recurring visits scheduled with a Behavioral Health Provider through MDLIVE, you will be connected to a new provider through Teladoc on January 1, 2024. If you need a new provider, you may log on to myibxtpabenefits.com to find a provider. If you have any questions, please call the telephone number on the back of your member ID card to speak to a customer service representative.

Get medical care, anytime, anywhere

Talk to a doctor 24/7

When you're not feeling well, you don't want to wait to get care. Good news — with virtual care from Teladoc Health (Teladoc), you don't have to!

Teladoc is a leader in whole-person virtual care. With Teladoc General Medical, you get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Using Teladoc General Medical is quick and convenient. Features include:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc award-winning mobile app
- Interpreters who know your language, including American Sign Language (ASL)
- Prescription requests sent to your pharmacy of choice
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care

Nearly 90% of users are satisfied with their Teladoc experience.

Schedule an appointment

Learn more and make an appointment at **TeladocHealth.com**.

How Teladoc General Medical works

Initiate: You can access Teladoc by:

- Calling 1-800-835-2632, or
- Visiting teladochealth.com, or
- Downloading the Teladoc mobile app

Request: Schedule a visit at your preferred time or request an on-demand visit for an urgent need.

Visit: Meet with your doctor, who will evaluate you and answer your health questions.

Resolve: Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.

Independence

Independence Administrators

21821 2442158 (8-23)

Connect with a board-certified dermatologist

Get answers to your skin care questions

If you have concerns about your skin, Teladoc Health (Teladoc) Dermatology can connect you to doctors who can diagnose your condition, recommend a treatment plan, and provide follow-up.

Teladoc Dermatology gives you access to board-certified dermatologists anywhere you are. Whether you have a question about a recent skin change or need help managing a chronic skin condition like acne, rosacea, or psoriasis, Teladoc Dermatology can help.

Using Teladoc Dermatology is quick and convenient. You get access to:

- A network of board-certified dermatologists
- An online message center where you can connect with your dermatologist
- A personalized treatment plan with follow-up care

Schedule an appointment

Learn more and make an appointment at **TeladocHealth.com**.

How Teladoc Dermatology works

Initiate: You can access Teladoc by:

- Calling 1-800-835-2632, or
- Visiting teladochealth.com, or
- Downloading the Teladoc mobile app

Inform: Complete the intake form and provide details about your skin concern.

Upload images: Upload a minimum of three digital pictures, so the dermatologist can evaluate your skin.

View online results: Within two business days, you will get a notification in the online message center from your dermatologist, with a diagnosis and treatment plan. Your dermatologist can also send any prescriptions to your pharmacy.

Follow-up: Use the online message center to communicate with your dermatologist over the next seven days. You can ask any follow-up questions or report how the condition is responding to treatment.

Independence

Independence Administrators

21824 2442158 (8-23)

Take charge of your mental well-being

Get access to convenient, confidential therapy

With Teladoc Mental Health Care, you can get trusted support for your mental and emotional health.

Teladoc Mental Health Care provides convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more.

Using Teladoc Mental Health Care is easy. You can:

- Find a board-certified psychiatrist, psychologist, or therapist that meets your needs
- Schedule a virtual visit by phone or video at a time that's best for you to connect
- Get ongoing support from your mental health care provider

How Teladoc Mental Health Care works

Initiate: You can access Teladoc by:

- Calling 1-800-835-2632, or
- Visiting teladochealth.com, or
- Downloading the Teladoc mobile app

Inform: Complete the intake form and provide details about your concerns.

Schedule an appointment

Learn more and make an appointment at **TeladocHealth.com**.

Schedule: Choose your mental health care provider and schedule a virtual session.

Consult: Talk to the provider about your concerns.

Support: Schedule follow-up appointments as needed.

Independence

Independence Administrators

Compassionate care for mental well-being

Teladoc Mental Health Care providers can offer support for:

- Anxiety
- Attention-deficit/hyperactivity disorder (ADHD)
- Depression
- Eating disorders
- Grief
- Obsessive-compulsive disorder (OCD)
- Panic disorder
- Post-traumatic stress disorder (PTSD)
- Stress
- Trauma resolution
- Work pressure

More than 75% of users with depression or anxiety reported improvement after their third or fourth virtual care visit.

Teladoc Health, Inc is an independent company that provides virtual care for medical and specialty services.

Independence

Independence Administrators

21827 2442158 (8-23)

NAME: **SS#:**

Carpenters' Local No. 491 Health and Welfare Plan

LOCAL: 491
STATUS: Active

ISSUE: Hospital/Medical – Excluded Services #M23/101-8310

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

- **outpatient physical therapy:** an amount per visit for physical therapy treatments, payments may be made either to a legally qualified doctor or a licensed physical therapist, if paid to a licensed physical therapist, such treatments must be prescribed by a doctor and in addition to the maximum payment, there is a maximum duration per illness or injury of six months; […]"

(Carpenters' Local No. 491 Health and Welfare Plan SPD, July 2020, Pages 34-36)

"**General Limitations and Exclusions**

The following charges are not covered under this Plan; therefore, the amount of benefits payable under the Plan is determined after these charges are deducted from covered expenses: […]

- charges for chiropractic care; […]"

(Carpenters' Local No. 491 Health and Welfare Plan SPD, July 2020, Pages 53-54)

SUMMARY:

Date(s) of Service:	September 4, 2023, September 6, 2023, September 15, 2023, September 21, 2023, September 27, 2023, September 29, 2023, October 6, 2023, October 16, 2023, October 18, 2023, October 25, 2023, and October 31, 2023
Appeal Received:	November 15, 2023

The **participant** is appealing the denial of claims for services provided to her by Corsica Family Chiropractic ("Tuckahoe Chiropractic"). The participant states that she started going to physical therapy at Tuckahoe Chiropractic for her leg conditions, and she chose this location because of limited options in her small community. The participant further states that she did not receive any chiropractic services during these sessions, only physical therapy, and that the bill coding reflects this. Lastly, the participant states that the therapy has improved her condition and ability to walk without pain.

Chiropractic and physical therapy services are to be billed with separate CPT codes and modifiers. Records indicate that Collin D. Johnson, DC (Doctor of Chiropractic) of Corsica Family Chiropractic submitted claims for physical therapy services rendered between September 4, 2023 and October 31, 2023. The claims were denied because the services were rendered by a Doctor of Chiropractic, and charges for chiropractic care are specifically excluded from coverage under the Plan.

Note: According to a letter published by the State of Maryland Department of Health and Mental Hygiene dated February 2, 2003, pursuant to the explicit provisions of the Maryland Chiropractic Act (MD Code Annotated, Health Occupations Art., Section 3-1-1) licensed chiropractors are fully authorized to practice physical therapy without restriction.

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

Carpenters Local No. 491 Health and Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

SUMMARY ANNUAL REPORT FOR CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND

This is a summary of the annual report of the Carpenters Local No. 491 Health and Welfare Fund EIN: 52-1252611, Plan No. 501 for the period January 1, 2022, to December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Carpenters Local No. 491 Health and Welfare Fund has committed itself to pay all dental and optical claims incurred under the terms of the plan. The total benefit claims paid for dental claims during the plan year was $89,189. The total benefit claims paid for optical claims during the plan year was $12,230.

Insurance Information

The plan has a contract with Independence Administrators to pay all medical claims under the terms of the plan. The total premium paid was $126,111. The total of benefit claims paid during the plan year was $2,281,753.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $6,367,361 as of 12/31/2022, compared to $6,879,455 as of 1/1/2022. During the plan year, the plan experienced an decrease in its net assets of $512,094. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $3,733,718 including employer contributions of $3,684,386, employee contributions of $898,935, realized losses of $979,347 from the sale of assets, and earnings from investments of $129,744. Plan expenses were $4,245,812. These expenses included $327,264 in administrative expenses, $3,696,747 in benefits paid to participants and beneficiaries, and $221,801 in other expenses.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report: [Note-list only those items which are actually included in the latest annual report].

1. an accountant's report;

2. financial information and information on payments to service providers;

3. assets held for investment;

4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);

5. loans or other obligations in default or classified as uncollectible;

6. leases in default or classified as uncollectible;

7. transactions in excess of 5 percent of the plan assets;

8. insurance information including sales commissions paid by insurance carriers; and

9. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC who is the plan administrator, 911 Ridgebrook Road, Sparks, MD 21152. The charge to cover copying costs will be $7.25 for a full report or $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Associated Administrators, LLC (Administrative Manager)
911 Ridgebrook Road
Sparks, MD 21152-9541
1-888-494-4443

and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

CARPENTERS LOCAL NO. 491 VACATION BENEFIT
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2023

	July	August	September	Year To Date
Additions				
Employer Contributions	$ 95,434.19	$ 45,720.99	$ 46,465.65	$ 616,011.67
Interest Income	27.58	31.24	31.12	181.02
Total Additions	95,461.77	45,752.23	46,496.77	616,192.69
Deductions				
Audit Fees	-	-	-	-
Benefits Paid	-	-	-	-
Interest Paid	-	-	-	-
Legal Fees	-	-	-	-
Office Expenses	-	-	-	-
Postage	-	-	-	-
Printing	-	-	-	-
Bank Service Charges	-	-	-	-
Total Deductions	-	-	-	-
Net Increase (Decrease)	$ 95,461.77	$ 45,752.23	$ 46,496.77	$ 616,192.69
Fund Balance - December 31, 2022				185,933.27
Fund Balance - September 30, 2023				$ 802,125.96

Statement of Fund Balance - Cost Basis	
Cash - PNC - Vacation Payment	$ 335,199.59
Cash - BayVanguard	824,932.07
Other Liabilities	1,110.15
Accounts Payable - Stale Dated Checks	(359,115.85)
	$ 802,125.96

FUND	CHECK.	AMOUNT..	ISSUED-TO NAME.....	ISSUED..	ACTION-D	STATUS.	CLEARED.	VOID-AMT.	OUTSTANDING
****		---------					---------	---------	-----------
360V		911518.69					0.00	2053.37	909465.32
		=========					=========	=========	===========
TOTAL		911518.69					0.00	2053.37	909465.32

1076 records listed