OPERATING ENGINEERS TRUST FUND
OF WASHINGTON, D.C.
HEALTH AND WELFARE PROGRAM
LOCAL NO. 77
BOARD OF TRUSTEES MEETING

FEBRUARY 10, 2026

Operating Engineers Local No. 77
Health & Welfare and Pension Funds

911 Ridgebrook Road
Sparks, MD 21152-9451
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HEALTH & WELFARE

AGENDA

February 10, 2026

I. CALL TO ORDER

II. MINUTES

- Regular meeting – November 20, 2025

III. FINANCIAL REPORT

- Investment Performance Services

IV. AUDITOR'S REPORT – 2024 FINANCIAL STATEMENTS

V. CONSULTANT'S REPORT

- Bolton – 4th Quarter 2025

VI. ATTORNEY'S REPORT

VII. ADMINISTRATIVE MANAGER'S REPORT

- Gain/Loss Reports – December 2025

VIII. PARTICIPANT APPEALS

IX. OTHER FUND BUSINESS

- Zelis Out Of Network Savings Oct-Dec 2025
- Conifer 4th Quarter Report

X. NEXT MEETING DATE AND LOCATION

- May 12, 2026

XI. ADJOURNMENT

MINUTES

Operating Engineers Local No. 77
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MINUTES OF THE MEETING OF THE
BOARD OF TRUSTEES OF THE
OPERATING ENGINEERS LOCAL 77 HEALTH & WELFARE TRUST FUND
NOVEMBER 20, 2025

The following Trustees were present:

UNION TRUSTEES	EMPLOYER TRUSTEES
J. VanDyke	B. Horne
S. Faulkner	B. Mazzella
B. Gilroy – Local 77	

ALSO PRESENT:

C. Fuller – McChesney & Dale, P.C.
D. Jensen – Associated Administrators, LLC
K. Phillips – Associated Administrators, LLC
J. Mink – Investment Performance Services, LLC
R. Devlin – Bolton
J. Herishen - Calibre

I. CALL TO ORDER

The Chairman called the meeting to order.

II. MINUTES

The Trustees, each having previously received a copy of the minutes of the regular meeting held on August 12, 2025, waived the reading, and,

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the minutes of the regular meeting held on August 12, 2025 as written.

III. FINANCIAL REPORTS

2024 Year End Audit

The Trustees welcomed Mr. Herishen from Calibre CPA Group to the meeting. Mr. Herishen presented the auditor's report for 2023 and 2024. He stated that the financial statements are the responsibility of the Board of Trustees and that Calibre's responsibility is to express an opinion on financial statements based on their audit. In Calibre's opinion, the financial statements referred to present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2023 and 2024.

Total assets as of December 31, 2023 were $40,376,019 and as of December 31, 2024 were $42,077,080. Total liabilities as of December 31, 2023 were $264,177 and as of December 31, 2024 were $350,227. Total additions for 2023 were $19,517,731 and for 2024 were $19,367,727. Total deductions for 2023 were $15,999,318 and for 2024 were $17,752,716.

Based on actuarial information, the Plan's total benefit obligations as of December 2023 were $80,224,127 and as of December 2024 were $49,651,345, including a projection for post-retirement benefit obligations. Mr. Herishen informed the Trustees that the tax filings have been completed and filed on time.

Mr. Herishen reviewed the Fair Value Measurements, noting that they provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. He stated the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). Mr. Herishen stated that all of the Fund's assets were quoted prices in level 1 and 2 for the year ended December 31, 2024.

Mr. Herishen reported that the accounting standards require the auditor to evaluate whether there have been any subsequent events from the time the auditor performed the audit and the date the audit was issued. He stated that he contacted Counsel and the Fund Office and both verified that there were no subsequent events to report that would affect the financial statements.

The Trustees thanked Mr. Herishen for his report.

Investment Performance Services

The Trustees welcomed Ms. Jennifer Mink from Investment Performance Services (IPS) to the meeting. Ms. Mink reviewed the investment performance analysis for the Third quarter 2025. The report indicated assets of $40,599,503 as of September 30, 2025 compared to $38,743,358 as of September 30, 2024, producing a gain of $2,532,307. The report further indicated the total return for the quarter ending September 30, 2025 was 2.3%. For domestic large cap equity, the returns were 8.4%; for investment grade fixed income, the returns were 1.6%; for short duration high yield fixed income, the returns were 1.5%; and for real estate, the returns were 1.1% for the quarter ending September 30, 2025.

Asset Allocation

Policy was adopted February 2025. Currently there are no recommendations.

IV. CONSULTANT'S REPORT

Bolton - Third Quarter Financial Update

The Trustees welcomed Mr. Ryan Devlin of Bolton Partners to the meeting. Mr. Devlin distributed a report comparing the projected benefit cost to the actual benefit cost for the period January 1, 2025 through September 30, 2025. Total revenue through the third quarter of 2025 was $15,563,475. Disbursements were $13,926,965, resulting in a surplus of $1,636,510. Mr. Devlin stated the Fund currently has an estimated 22.3 net months in reserve.

Retiree Co-pay Rates

Mr. Ryan Devlin presented the current rates for Self-Pay for medical coverage. Currently the rates are **Non-Medicare**: retiree only - $550 per month, retiree and spouse - $650 per month. If one is Medicare and the other non- Medicare - $630 per month. **Medicare**: **If retired and already on Medicare prior to 1/1/2022**: Medicare eligible retiree only - $80 per month, Medicare eligible retiree and Medicare eligible spouse - $160 per month. Individual Medicare spouse - $80 per month. **If not retired as of 1/1/2022 or retired but not yet on Medicare as of 1/1/2022:** Medicare eligible retiree only - $105 a month, Medicare eligible retiree and Medicare eligible spouse - $210 per month, Individual Medicare spouse - $105 per month. Additional children $100 per child per month above the retiree rate or retiree/spouse rate. These rates were effective 1/1/2023 and were a reduction because of cost savings when changing to Aetna.

The discussion was whether to increase these amounts back to the original amounts to match the SPD. The trustees decided to leave the amounts as they are for now. Chuck Fuller will write an amendment to make these rates permanent. Ryan Devlin will research if a change is needed in the future.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to officially adopt the discounted rates as to permanently override what is in the SPD.**

Cobra Rates

Mr. Ryan Devlin presented current Cobra rates. These rates have not been changed in several years. Current rates are $346.62 Individual and $901.21 Family. Based on the recent claims experience, the projection model estimates a 67.5% increase is needed. This would change the rates to $580.51 Individual and $1,509.31 Family.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to officially adopt the new Cobra rates effective 1/1/2026.**

V. ATTORNEY'S REPORT

PCORI FEE

Mr. Fuller reported that the PCORI fee was increased to $3.84 per covered life for all plan years ending on or after October 1, 2025, and before October 1, 2026.

Dependent Disability Coverage

An amendment is needed to correct the Plan Document and SPD language. The amendment must state that disabled dependents must become disabled before age 26, in order to be covered by the plan. The Plan document currently says age 18. Mr. Fuller presented an amendment for signature by the Trustees.

On a motion made and seconded, the Trustees voted unanimous approval of the following

RESOLVED to change the Plan Document to state before the age of 26 for disabled dependents.

VI. ADMINISTRATIVE MANAGER'S REPORT

Gain/Loss Reports

Mr. Jensen presented the Administrative Manager's Report for the period January 1, 2025 through September 30, 2025. Such report indicated total contributions of $1,522,571, self-payments of $17,803, COBRA income of $35,434, net reciprocity income of $752,584, retiree self-pay income of $549,839, prescription subsidy of $0, liquidated damages of $3,938, miscellaneous income of $416, interest income of $19,754. Total income was 15,694,473. There were expenses totaling $14,057,953 for the period, producing a net gain for the period of $1,636,520.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to accept the Administrative Manager's Report for the period January 1, 2025 through September 30, 2025 as presented.

VII. PARTICIPANT/PROVIDER APPEALS

Participant Request

A 72 year old member, is retired and continuing to work. This member was 11.50 hours short because of delay in hours submission from the employer. These hours are needed in order to get enough credit for one month of "active coverage". The Trustees agreed to grant the hours so that the member could receive active medical coverage for the month of November. The Fund office will arrange to have this credit put in his pension check.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to grant 11.50 hours to member for medical coverage.**

<u>Participant Appeal #Rx25/149-2926</u>

The provider, Joseph Hashem, MD, is appealing on behalf of the participant's spouse for coverage of Xeljanz XR 22mg, which is a prescription drug that is used to treat inflammatory and autoimmune conditions.

Xeljanz requires a Prior Authorization under the Plan. It was noted that Caremark approved a Prior Authorization for Xeljanz XR 11mg for the participant's spouse. Caremark denied a Prior Authorization for Xeljanz XR 22mg because it did not meet its criteria for coverage. Caremark stated, "We have denied your request because it is: A) For a higher amount than the amount your plan covers (dosing limit), or B) To take this drug more often than the amount your plan covers (dosing limit). Your plan covers up to: A) Two 5 milligram (mg) immediate release tablets per day or B) One 11 mg extended release tablet per day for your health condition."

Dr. Hashem states in the appeal that the participant's spouse has been diagnosed with rheumatoid arthritis and has had excellent benefits on the 11mg, but it has slowly become less effective. Dr. Hashem states that the higher dose of 22mg would be highly beneficial for her.

After the appeal was received, letters were mailed to Dr. Hashem and the participant's spouse on October 6, 2025 and October 21, 2025, requesting complete medical records to support the necessity of the higher dose. To date, there has been no response to these requests.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to deny the appeal.**

<u>Participant Appeal #Rx25/146-5575</u>

The provider, Kimberly H. Combs, MD, is appealing on behalf of the participant's spouse for coverage of Wegovy, which is an injectable prescription drug used for weight loss. It was noted that a Prior Authorization for Wegovy was denied by CVS/Caremark on April 25, 2025 because weight loss medications are not covered under the Plan.

Dr. Combs states in the appeal, "This patient has a bulging disk and stenosis and needs to lose weight before neurosurgery. [The participant's spouse] has other comorbidities which includes: morbid obesity, cardiomyopathy and moderate mitral valve regurge, OSA (Obstructive Sleep Apnea) and cannot use CPAP."

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to deny the appeal for coverage.

Participant Appeal #M25/148-7975

The provider, Specialized Orthopedic Services, Inc., is appealing for payment of a claim for the participant's spouse that was denied for untimely filing. The provider states that the claim was filed electronically to "NCAS CareFirst" on February 26, 2025, and it was denied for "invalid payer." Included with the appeal were billing notes indicating the claim was filed on February 26, 2025, and "received by the payer" (unknown details) on February 27, 2025. It is noted that the participant's spouse's last name is different in the provider's records. There is no indication that the claim was accepted by CareFirst, or that the provider followed up on the claim after February 27, 2025.

Fund records indicate Specialized Orthopedic Services, Inc. submitted a claim for the purchase of a hand/wrist brace on April 23, 2024. CareFirst records indicate it first received this claim on July 2, 2025, and forwarded it to the Fund Office at that time. The Fund Office does not have any record of receiving this claim prior to July 3, 2025. The claim was denied for untimely filing.

After the appeal was received, letters were mailed to the provider and the participant's spouse on September 25, 2025 and October 8, 2025, requesting complete billing notes including a record of all submissions, a copy of an electronic receipt showing proof of acceptance of the claim by

CareFirst, all address(es) used to submit the claim, and asking if the participant's spouse was billed by the provider. To date, there has been no response to these requests.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to deny the appeal for payment of claim.

Participant Appeal #M25/151-2743

The participant is appealing for payment of a laboratory claim for his spouse that was denied. Included with the appeal were medical records dated September 18, 2024, December 9, 2024, and February 3, 2025, indicating the participant's spouse is being treated for anemia.

Fund records indicate LabCorp submitted a claim for genetic testing (CPT 81257) performed on December 2, 2024 with the diagnoses, "Anemia - unspecified, and Other iron deficiency anemias." The claim was denied because genetic testing is not a covered benefit of the Plan.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to deny the appeal.

Participant Appeal #M25/153-8572

The participant’s spouse is appealing for payment of laboratory claims that were denied. The participant’s spouse states, "I respectfully request reconsideration based on the medical necessity of this testing in my case, which directly affects diagnostic clarity, disease management, and future treatment decisions. These tests were specifically ordered to evaluate, diagnose and manage both conditions that may have serious long-term implications if left undiagnosed or mismanaged. After six months of various tests, this one identified part of the problem, so treatment could provide relief. I'm still undergoing more tests to determine the underlying cause of the internal bleeding." Included with the appeal was a letter of medical necessity from Keisha Ritter, NP

Fund records indicate LabCorp submitted claims for genetic testing (CPT 81257, 81270, 81279, 81219, and 81338) performed on October 10, 2024 with the diagnoses "Anemia - unspecified, and Thrombocytosis - unspecified." The claims were denied because genetic testing is not a covered benefit of the Plan

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to deny the appeal for payment of claim.

Participant Appeal #M25/145-1983

The billing agent for the provider, Charles Regional Medical Center, is appealing for payment of an inpatient hospital claim for the participant's spouse that was denied. The billing agent states, in summary, that the services were both medically necessary and provided at the appropriate level of care as outlined in the medical records. Included with the appeal were treatment notes.

Fund records indicate Charles Regional Medical Center submitted a claim for a 4-day inpatient admission with a primary diagnosis of "Acute kidney failure, unspecified." A letter was mailed to the participant's spouse and the provider on November 18, 2024, advising that these services require certification from Conifer Health Solutions ("Conifer") in order to be considered for coverage. The claim was denied to the extent that certification was not received.

After the appeal was received, the Fund Office contacted Conifer. Conifer advised that a review was subsequently conducted, and the determination was that the inpatient admission was not medically necessary. Conifer stated, "The inpatient level of care was not met for this patient with acute on chronic kidney disease. She was admitted on 10/18/24; however, a renal biopsy was not performed until at 10/22/24. There was a delay in care as the weekend probably did not allow for procedural interventions. However, a renal biopsy is not an inpatient only designated procedure. Although the patient was on a bicarbonate drip, this could have been provided in a less intensive setting. There was no food/medication intolerance or persistent renal dysfunction necessitating dialysis. There was no hypoxia, hypercapnia, infection, or bleeding. The inpatient level of care was not medically necessary. […] The recommended level of care is observation for 48 hours after which a decision can be made regarding a renal biopsy."

After review, the claim remained denied because the services were deemed not medically necessary

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the appeal for payment of claim.

Participant Appeal #M25/138-3968

Montpelier Family Chiropractic, appealing for payment of claims for chiropractic services that were denied. The provider states, in summary, that the participant regularly reports that adjustments have helped him feel more mobile, and have less pain in his daily activities, including but not limited to the ability to cut grass, and make it through his day at work as a contractor. The provider further states that it is their clinical recommendation that the participant continue utilizing chiropractic care to avoid further injury and manage musculoskeletal health.

Under the terms of the Plan, up to eight chiropractic visits are covered per calendar year. More than eight visits must be certified by Conifer Health Solutions ("Conifer") in order to be covered. Fund records indicate Montpelier Family Chiropractic submitted claims for eight chiropractic visits rendered between January 14, 2025 and June 10, 2025, and those claims were paid, up to the limits of the Plan. Claims for additional chiropractic visits, including on July 10, 2025 and August 2, 2025, were denied because those services were not certified.

After the appeal was received, the Fund office contacted Conifer. Conifer advised that the additional chiropractic services were not medically necessary, stating in summary, "The provider has described that the patient has been advised to follow up with monthly chiropractic visits to manage his presenting condition, with additional visits as needed with exacerbations. The provider has described treatment as intended to minimize worsening or further degeneration in the spine. As such, additional visits would be considered maintenance at this time and therefore not supported as medically necessary. […] Additional treatment recommendation should only be considered based on documentation of new injury or significant flare-up of the patient's complaint and presenting findings at that time."

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to deny the appeal for payment of claim.

Participant Appeal #M25/122-9677

Orange County Detox, LLC, is appealing for coverage of residential treatment services rendered from April 8, 2025 through April 15, 2025 that were deemed not medically necessary by Conifer Health Solutions.

Fund records indicate the participant began receiving detox services at Orange County Detox, LLC on March 18, 2025 with a diagnosis of "Alcohol dependence, uncomplicated." Orange County Detox, LLC submitted claims to the Plan for services rendered from March 18, 2025 through April 7, 2025. Conifer Health Solutions advised that the services were medically necessary and those claims were paid, up to the limits of the Plan. Orange County Detox, LLC requested an extension of certification from Conifer on or about April 7, 2025 for residential treatment continuing from April 8, 2025 through April 15, 2025. Conifer conducted a peer-to-peer review with the provider, and subsequently determined that the extension was not medically necessary, stating in summary, "There is no indication of any severe psychiatric, functional impairments, and there is no severe psychosis Romania that require continue[d] treatment at this level of care. While there is indication, the patient is continuing to have some cravings present, there is no indication the patient is an immediate risk of relapse of treatment as attempted at a lower level of care. The patient also does not demonstrate any acute mental instability. […] The recommended level of care is several days per week intensive outpatient (IOP) level of care with the use of medication assisted treatment." The provider's appeal was received on April 29, 2025.

The provider states, in summary, that the participant has been struggling with chemical dependency for the past couple of years with a severe escalation of alcohol use disorder over the last year. The provider further states that this treatment included safe medical detox, inpatient residential treatment, relapse prevention planning, daily nursing, medical provider/psychiatric evaluation, medication management, MAT (Medication Assisted Treatment) education, aftercare discharge planning, and weekly individual therapy. Lastly, the provider states that this treatment was medically necessary, in their opinion.

Note: ***To date, the Fund office*** has not received a claim for the residential treatment services rendered from April 8, 2025 through April 15, 2025.

This appeal was presented to the Board of Trustees at its August 12, 2025 quarterly meeting. The trustees "tabled" the appeal.

The information received with the appeal was forwarded to Conifer for reconsideration. Conifer upheld its previous determination that the residential treatment from April 8, 2025 through April 15, 2025 was not medically necessary, stating in summary, "There are no severe withdrawal symptoms needing 24-hour care. The patient is not a threat to himself or others. The patient's reported readiness to change was adequate so that he could be treated at a less intensive level. No active suicide ideation or homicidal ideations were present. The patient was not planning to hurt himself or anyone else. No cognitive deficit related to withdrawal with the deficit affecting the patient's ability to recognize alcohol/drug use as a problem was present. He was not agitated or aggressive. The patient has improved with treatment and there are no immediate medical or mental health issues requiring this level of care based on the medical literature and industry standard treatment guidelines. […] The patient could have been managed in partial hospital program (PHP) level of care (LOC), 5 hours per day, 5 days a week along with close follow-up with a psychiatrist for medication assisted treatment (MAT)."

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to deny the appeal for payment of claim.

VIII. OTHER FUND BUSINESS

Out of Network Savings – Zelis

Mr. Jensen presented a performance overview from Zelis for the third quarter of 2025. The total net saving for each month were: July 2025 - $2977.32; August 2025 – no claims; and September 2025 – $12,577.16.

Conifer

Mr. Jensen presented the Plan Performance Report for the 3rd quarter of 2025 from Conifer Health Solutions. **Cost Drivers, Category of Care:** 2025 total heath care claims (medical & pharmacy) increased 15% in the first three quarters of 2025 when compared to 2024 calendar results. Medical claims increased 12% while Rx claims increased 21%. Quarter over quarter, total claims have increased each quarter this year. Average enrollment has remained consistent the past three years. At the end of the third quarter, there were 1169 employees (2975 total members) on the plan.

Annual Funding Notices

Mr. Jensen reported that the Annual Funding Notices for the plan year 2024 were mailed timely.

IX. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees decided that the next meeting will be held February 10, 2026, beginning at 9:00 a.m. and will be held at the Landover Office of Associated Administrators, LLC.

X. ADJOURNMENT

There being no further business to come before the Trustees, the meeting was adjourned.

Respectfully submitted,

John Knowles - Chairman

FINANCIAL REPORT

CONSULTANT'S REPORT

Bolton

Operating Engineers Trust Fund of Washington, D.C. Health & Welfare Fund Local No. 77

Consultant's Report

Ryan Devlin, Senior Consultant

February 10, 2026

Projected vs. Actual

Operating Engineers Local 77 Trust Fund

Projected vs. Actual Results

For the Twelve Months Ended December 31, 2025

	Projected Annual '25	Projected Monthly	Projected 1/25 – 12/25	Actual 1/25 - 12/25	Actual Monthly	Variance 1/25 - 12/25
Receipts						
Total Contributions	$ 18,175,262	$ 1,514,605	$ 18,175,262	$ 17,959,850	$ 1,496,654	$ (215,412)
Investment Earnings (net)	1,489,976	124,165	1,489,976	2,987,075	248,923	1,497,099
Total Revenue	**$ 19,665,238**	**$ 1,638,770**	**$ 19,665,238**	**$ 20,946,925**	**$ 1,745,577**	**$ 1,281,687**
Disbursements						
Benefit Expense	$ 17,314,243	$ 1,442,854	$ 17,314,243	$ 18,563,989	$ 1,546,999	$ 1,249,746
Administrative Expense	1,208,965	100,747	1,208,965	1,206,153	100,513	(2,812)
Total Disbursements	**$ 18,523,208**	**$ 1,543,601**	**$ 18,523,208**	**$ 19,770,142**	**$ 1,647,512**	**$ 1,246,934**
Surplus/(Deficit)	**$ 1,142,031**	**$ 95,169**	**$ 1,142,031**	**$ 1,176,783**	**$ 98,065**	**$ 34,752**
Estimated net months in reserve:				***20.1***		

Death Benefit

- Currently, Local 77 provides a $5,000 death benefit through Welfare Fund and another $5,000 death benefit through the Pension Fund.

- **Welfare Fund**
  - **2024**
    - Retirees = 12 death benefits paid
    - Actives = 5 death benefits paid
  - **2025**
    - Retirees = 9 death benefits paid
    - Actives = 5 death benefits paid
  - 2-Year Total: 31 x $5,000 = $155,000

- **Pension Fund**
  - **2024**
    - Retirees = 37 death benefits paid
  - **2025**
    - Retirees = 37 death benefits paid
  - 2-Year Total: 74 x $5,000 = $370,000

- 2-Year Grand Total = $252,000

ATTORNEY’S REPORT

NOVEMBER 20, 2025 AMENDMENT TO THE OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C. (RETIREE CO-PAY RATES)

The following amendment to the Operating Engineers Trust Fund of Washington, D.C. is hereby adopted this 20th day of November, 2025 and is effective January 1, 2024.

The Co-Pay Rates for Retirees effective January 1, 2024 are hereby amended as follows:

CO-PAY RATES FOR RETIREES EFFECTIVE JANUARY 1, 2024	
Retiree Under Age 65 Not Medicare-Eligible (Single)	$550
Retiree and Spouse Not Medicare-Eligible	$650
Retiree or Spouse Medicare-Eligible, the Other Not Medicare-Eligible	$630
Additional $100 per month for each covered child	
Retiree on Medicare (Single)	$80
Retiree and Spouse on Medicare	$160
Additional $100 per month for each covered child	
Medicare-Covered but Not Retired (Single) or Medicare-Eligible Retiree (Single)	$105
Medicare-Covered and Spouse or Medicare Eligible and Spouse	$210
Additional $100 per month for each covered child	

By resolution hereof, the undersigned Trustees hereby adopt this November 20, 2025 Amendment, effective as provided above and except as hereby amended, the terms of the Plan, as previously amended, remain in full force and effect.

Management Trustees	**Union Trustees**
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C.
HEALTH & WELFARE FUND
LOCAL NO. 77

911 Ridgebrook Road
Sparks, Maryland 21152-0977
877-850-0977

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the **OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C.** "Fund" has adopted changes to the Plan, which are described in this notice. Please keep this notice for future reference.

Co-Pay Rates for Retirees.

The Trustees reduced the co-pay rates paid by retirees and their spouses eligible for Medicare during the COVID-19 pandemic. In recognition of the recent increases in the cost-of-living and cost of medical care and treatment to retirees, the Trustees have amended the Plan to keep these reduced co-pay rates in effect for Medicare eligible retirees and their spouses. The amendment is retroactive to January 1, 2024.

The Retiree Co-Pay Rates are as follows:

CO-PAY RATES FOR RETIREES EFFECTIVE JANUARY 1, 2024	
Retiree Under Age 65 Not Medicare-Eligible (Single)	$550
Retiree and Spouse Not Medicare-Eligible	$650
Retiree or Spouse Medicare-Eligible, the Other Not Medicare-Eligible	$630
Additional $100 per month for each covered child	

Retiree on Medicare (Single) Retiree and Spouse on Medicare Additional $100 per month for each covered child	$80 $160
Medicare-Covered but Not Retired (Single) or Medicare-Eligible Retiree (Single) Medicare-Covered and Spouse or Medicare Eligible and Spouse Additional $100 per month for each covered child	$105 $210

ADMINISTRATIVE MANAGER’S REPORT

OPERATING ENGINEERS TRUST FUND OF WASHINGTON D.C.
STATEMENT OF GAIN OR LOSS

2025	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	AVERAGE
INCOME														
CONTRIBUTIONS	1,373,303	1,059,883	1,361,208	1,170,540	1,127,211	1,409,506	1,549,582	1,467,720	1,522,571	1,500,247	1,279,548	1,652,240	16,473,560	1,372,797
CONTRI-SELF PAY	1,500	1,500	2,000	2,050	1,850	1,850	2,353	1,850	2,850	1,350	2,350	1,350	22,853	1,904
COBRA-SELF PAY	3,120	4,369	4,925	4,162	1,595	8,805	3,537	1,941	2,981	1,941	5,823	3,536	46,734	3,895
RECIPROCITY INCOME	68,631	66,972	60,289	135,553	86,054	57,388	78,032	112,055	87,609	131,410	83,728	90,926	1,058,648	88,221
RECIPROCITY PAYMENTS	(34,716)	(21,414)	(21,446)	(31,391)	(22,695)	(19,986)	(32,989)	(26,045)	(32,607)	(28,039)	(25,004)	(25,764)	(322,098)	(26,841)
RETIRED-SELF PAY	62,055	61,505	62,065	64,605	56,865	62,325	61,055	58,465	60,899	61,385	59,925	4,650	675,799	56,317
LIQUIDATED DAMAGES	0	1,141	741	320	1,735	0	0	0	0	0	0	0	3,938	328
INTEREST INCOME	2,533	3,207	2,472	3,079	1,136	1,061	1,938	2,933	1,393	3,553	3,034	1,214	27,555	2,296
INTER.INC-AMER.CORE REALTY	0	0	26,649	0	0	27,432	0	0	25,828	0	0	27,527	107,436	8,953
INT ON DELINQUENCY	34	75	81	7	57	15	0	0	271	100	13	26	680	57
WEDGE LG CAP - INTEREST INCOME	176	182	121	209	161	120	213	194	137	113	180	112	1,918	160
WEDGE LG CAP - DIVIDEND INCOME	2,432	1,659	4,307	2,983	1,702	4,497	3,367	2,101	4,593	2,974	2,113	4,629	37,357	3,113
WEDGE FIXED- INTEREST ON INVEST.	18,182	38,894	37,146	44,051	45,874	28,850	20,264	42,355	44,108	46,116	48,655	27,397	441,892	36,824
CHART - INTEREST ON INVESTM.	47,795	38,914	81,702	63,567	46,073	88,974	50,258	27,957	90,560	52,130	53,386	96,352	737,667	61,472
VANGUARD - INTEREST ON INVESTMENT	0	0	0	0	0	2,804	0	0	2,390	0	0	2,358	7,552	629
WEDGE LG CAP - GAIN & LOSS	104,483	(96,634)	(122,036)	(18,170)	149,291	125,296	24,063	78,283	58,395	(1,684)	32,950	13,940	348,175	29,015
WEDGE FIXED - GAIN & LOSS	41,329	184,039	10,658	93,426	(87,997)	125,878	(59,593)	145,114	33,738	30,797	51,688	(24,097)	544,978	45,415
AMER CORE REALTY - GAIN & LOSS	0	0	5,317	0	0	7,780	0	0	5,752	0	0	(2,817)	16,032	1,336
VANGUARD - GAIN & LOSS	45,242	(71,661)	(194,562)	46,513	195,090	141,964	93,572	21,848	111,420	92,214	(39,440)	(14,193)	428,008	35,667
CHART - GAIN & LOSS	74,692	12,757	(52,410)	6,204	67,511	88,841	(25,685)	56,499	(2,881)	24,206	23,147	12,876	285,758	23,813
BOYD WATTERSON - GAIN & LOSS	0	0	23,185	0	0	0	35,494	0	64,106	0	0	49,641	172,426	14,369
RETIREE DRUG SUBSIDY INTERIM PAYMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MISC.INCOME	0	0	0	77	60	0	279	0	0	0	0	0	416	35
TOTAL INCOME	**1,810,790**	**1,285,388**	**1,292,411**	**1,587,786**	**1,671,574**	**2,163,401**	**1,805,740**	**1,993,271**	**2,084,113**	**1,918,811**	**1,582,095**	**1,921,903**	**21,117,282**	**1,759,774**
EXPENSES														
ADMIN.FEE	45,122	45,122	45,122	45,122	45,122	45,122	45,122	46,476	46,476	46,476	46,476	46,476	548,234	45,686
ACTUARIAL FEES	0	0	12,600	0	0	0	0	6,300	0	0	0	12,600	31,500	2,625
AUDITING	0	0	0	2,250	0	0	900	10,100	4,800	1,100	5,640	475	25,265	2,105
BANK CHARGES	0	0	0	0	23	474	448	562	529	492	467	464	3,458	288
BENEFITS PAID	979,309	609,025	1,224,821	1,164,886	1,475,087	853,752	1,005,529	1,447,026	782,332	2,293,372	814,546	1,418,474	14,068,159	1,172,347
*PRESCRIPT BEN PAID	326,863	296,308	31,958	477,744	517,223	127,314	150,237	453,046	459,186	449,900	593,449	(241,431)	3,641,797	303,483
FIDUC.RESPONSIB.INSUR.	0	0	0	0	0	2,846	0	0	0	0	0	0	2,846	237
INVEST COUNSEL FEE	28,738	0	7,981	29,155	0	8,056	12,249	17,365	8,120	12,151	0	20,516	144,330	12,028
INVEST CUSTODIAN FEE	1,521	0	0	1,552	0	0	1,575	0	0	1,620	0	0	6,268	522
INV PERF EVAL FEE	0	0	4,835	0	0	4,869	0	0	4,978	0	0	5,075	19,757	1,646
LEGAL FEES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEETING EXPENSE	123	0	0	0	0	109	0	0	85	0	0	93	409	34
PAYROLL AUDIT FEE	1,283	0	0	0	0	5,738	0	0	6,300	1,139	1,494	0	15,953	1,329
POSTAGE	0	0	0	0	2,595	0	0	0	2,842	0	0	0	5,437	453
CAREFIRST FEE	19,763	16,154	15,850	15,866	16,265	15,734	16,325	16,199	16,234	3,588	30,067	17,243	199,289	16,607
CONIFER CASE MANAGEMENT	20,351	21,632	22,687	0	16,750	43,735	20,958	21,084	22,317	21,754	22,532	23,431	257,232	21,436
HEALTHCARE COST MANAGEMENT	1,000	1,908	1,010	0	2,020	1,010	1,010	1,010	1,010	1,010	1,010	1,010	13,006	1,084
ZELIS CLAIMS ADMIN.FEE	0	0	0	4,109	4,363	917	719	0	0	6,666	0	0	16,773	1,398
PRINT & STATIONERY	459	3,168	0	0	3,036	377	0	438	15,728	676	185	3,304	27,371	2,281
REGISTRATION FEE	0	0	0	0	0	0	0	0	3,225	0	0	0	3,225	269
TELEPHONE EXP	0	103	0	121	0	0	0	0	247	0	0	0	471	39
TRAVEL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HIPAA	339	267	324	321	257	306	281	248	347	328	268	295	3,582	298
SWIFTMD MONTHLY MEMBERSHIP FEE	3,474	3,432	3,420	3,369	3,387	0	3,432	3,414	3,432	3,432	3,453	3,468	37,713	3,143
OFFICE SUPPLIES & EXP.	0	0	0	261	0	0	0	0	0	0	0	0	261	22
TRUSTEE EXPENSES	0	0	0	0	0	0	0	0	0	0	2,790	0	2,790	233
DUES & SUBSCRIPTIONS	0	0	0	0	0	0	0	0	800	0	0	0	800	67
DENTAL INSURANCE	61,544	66,352	56,224	51,261	82,518	40,314	77,575	48,212	62,680	50,937	58,565	64,455	720,635	60,053
VISION BENEFITS PAID	9,902	9,401	14,137	9,036	13,344	9,884	10,667	14,334	11,682	11,646	7,435	11,928	133,395	11,116
TAX RETURN FORM 720(PCORI)	0	0	0	0	0	0	10,536	0	0	0	0	0	10,536	878
MISC.EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSE	**1,499,790**	**1,072,873**	**1,440,968**	**1,805,052**	**2,181,989**	**1,160,554**	**1,357,563**	**2,085,813**	**1,453,350**	**2,906,286**	**1,588,376**	**1,387,875**	**19,940,490**	**1,661,708**
GAIN/LOSS	**311,000**	**212,515**	**(148,557)**	**(217,266)**	**(510,415)**	**1,002,847**	**448,177**	**(92,543)**	**630,763**	**(987,475)**	**(6,281)**	**534,028**	**1,176,792**	**98,066**

*****Prescription Benefit Paid: Dec. Rebate for Nov. of $753,308.11 exceeds monies due**

OE Loc 77 Trust Fund of Wash. DC
Balance Sheet
December 31, 2025

ASSETS

Current Assets		
PNC - Cash General 5501371443	$ 892,967.14	
H&W Cash 20-46-002-6809064	326,095.22	
PNC - 5501371451 Benefit Acc.	540,138.90	
Due from Others	323.60	
Interest Receivable	223,522.21	
Dividend Receivable	1,907.49	
Prepaid Insurance	948.67	
Prepaid exp.	162,863.12	
Total Current Assets		2,148,766.35
Property and Equipment		
Accum.Depreciation	(1,558.33)	
Property & Equipment	1,558.33	
Total Property and Equipment		0.00
Other Assets		
Due from Broker	97,316.98	
VANGUARD	1,114,118.47	
Vanguard - Market Value	1,246,531.23	
Wedge - MM	43,196.02	
Wedge - Govt.Bonds	9,457,829.48	
WEDGE Gov.Bonds -Market Value	69,424.47	
Wedge - Corp.Bonds	4,827,559.89	
WEDGE Corp.Bonds-Market Value	(3,997.79)	
WEDGE LG CAP-MM	30,047.37	
WEDGE LG CAP-EQUITIES	1,961,121.84	
WEDGE LG CAP-Market Value	490,770.73	
American Core Realty	2,961,252.81	
BOYD WATTERSON STATE GOV.FUND	2,919,565.00	
CHART - MM - 4782656	725,710.61	
CHART - Corp.Bonds - 4782656	13,054,595.89	
CHART - Corp.Bonds- Mark.Val.	274,613.10	
Total Other Assets		39,269,656.10
Total Assets		$ 41,418,422.45

LIABILITIES AND CAPITAL

Current Liabilities		
Contractors Deposits	3,420.73	
Due to OE Training Fund	8,046.40	
Due to OE Pension Fund	62,791.00	
Due to Check-Off Dues	106,527.42	
Due to Annuity	18,752.80	
Total Current Liabilities		199,538.35
Long-Term Liabilities		
Total Long-Term Liabilities		0.00
Total Liabilities		199,538.35
Capital		
Retained Earnings	5,133,425.94	
Equity - Retained Earnings	36,593,426.68	
Net Income	(266,537.81)	
Total Capital		41,460,314.81
Total Liabilities & Capital		$ 41,659,853.16

OE Loc 77 Trust Fund of Wash. DC
Income Statement
For the Nine Months Ending December 31, 2025

	Current Month		Year to Date	
Revenues				
Contributions - Pavers	$ 293,337.00	15.26	$ 2,986,751.71	15.26
ER Contributions	1,358,903.35	70.71	12,074,584.96	61.69
Self-Pay Contributions	1,350.00	0.07	22,853.38	0.12
Cobra Self-Pay EE	3,535.52	0.18	46,734.12	0.24
Reciprocity Income	90,926.12	4.73	864,457.52	4.42
Reciprocity Payments	(25,763.52)	(1.34)	(258,807.65)	(1.32)
Retired Self-Pay	4,650.00	0.24	675,799.00	3.45
Liquidated Damages	0.00	0.00	2,055.31	0.01
Interest Income	1,214.33	0.06	27,555.04	0.14
Interest American Core Realty	27,526.55	1.43	107,435.58	0.55
VANGUARD Interest Income	2,357.93	0.12	7,552.14	0.04
Interest Income-Wedge LG CAP	112.10	0.01	1,917.53	0.01
Dividend Income-Wedge LG CAP	4,628.99	0.24	37,356.65	0.19
Interest on Delinquency	26.08	0.00	490.72	0.00
G/L on Invest. Vanguard	(14,193.04)	(0.74)	428,007.65	2.19
WEDGE(PNC) - Int. on Inv	27,396.69	1.43	441,892.27	2.26
CHART - Inter. on Investm.	96,351.56	5.01	737,666.97	3.77
Realized Gain/Loss - CHART	1,725.95	0.09	(9,028.92)	(0.05)
Unrealized Gain/Loss - CHART	11,149.79	0.58	294,786.54	1.51
Realized G/L- Wedge LG CAP	19,176.93	1.00	254,906.05	1.30
Unrealized G/L- Wedge LG CAP	(5,236.59)	(0.27)	93,268.71	0.48
Unrealized Gain/loss WEDGE	(31,225.75)	(1.62)	473,260.79	2.42
Realized Gain/Loss WEDGE-001	7,128.68	0.37	71,718.60	0.37
Unrealiz.Gain/Loss-Amer.Core R	(2,816.56)	(0.15)	40,275.50	0.21
Realiz.Gain/Loss Amer. Core Re	0.00	0.00	(24,243.88)	(0.12)
Realiz.Gain/Loss Boyd Watterso	49,641.00	2.58	172,426.63	0.88
Litigation Proceeds	0.00	0.00	416.03	0.00
Total Revenues	1,921,903.11	100.00	19,572,088.95	100.00
Cost of Sales				
Total Cost of Sales	0.00	0.00	0.00	0.00
Gross Profit	1,921,903.11	100.00	19,572,088.95	100.00
Expenses				
Actuarial Fee	10,500.00	0.55	23,100.00	0.12
Administration Fee	46,476.00	2.42	548,234.00	2.80
Audit Fee	475.00	0.02	25,265.15	0.13
Health Care Cost Containment	0.00	0.00	897.75	0.00
Bank Charges	463.90	0.02	3,457.61	0.02
Benefits Paid	616,223.02	32.06	4,866,571.12	24.86
Prescription Benefits Paid	(241,430.71)	(12.56)	3,622,319.30	18.51
CVS - Admin fee	0.00	0.00	19,478.00	0.10
Vision Benefits Paid - claims	10,708.47	0.56	118,957.63	0.61
Vision Benefits Paid-admin fee	1,219.68	0.06	13,224.75	0.07
Dues & Subscriptions	0.00	0.00	(885.63)	(0.00)
Inv.Performance Eval.Fee	5,074.94	0.26	19,756.73	0.10

	Current Month		Year to Date	
Invest.Mngmnt Fee	20,515.90	1.07	115,592.31	0.59
Invest.Custodian Fee	0.00	0.00	4,747.27	0.02
Office Supplies & Exp.	0.00	0.00	261.00	0.00
Meeting Exp.	92.53	0.00	286.11	0.00
Postage Exp.	0.00	0.00	5,437.10	0.03
Printing & Stationary Exp.	3,303.73	0.17	27,371.02	0.14
Payroll Audit Fee	0.00	0.00	15,952.50	0.08
Registration Fee	0.00	0.00	3,225.00	0.02
Fiduciary Resp.Insurance	0.00	0.00	2,846.66	0.01
Case Mngmnt	23,431.33	1.22	236,880.28	1.21
Zelis Claims Admin Fee	0.00	0.00	13,513.76	0.07
Healthcare Cost Management	1,009.80	0.05	11,607.80	0.06
Telephone Exp.	0.00	0.00	367.99	0.00
HIPAA Charges	294.84	0.02	2,651.25	0.01
Trustee Exp.	0.00	0.00	2,790.26	0.01
IFEBP - Membership Dues	0.00	0.00	912.50	0.00
Dental Insurance - admin fee	0.00	0.00	64,466.25	0.33
Dental Insurance - claims	64,454.93	3.35	655,085.76	3.35
SwiftMD Monthly Membership fee	3,468.00	0.18	41,187.00	0.21
CareFirst - flexlink - admin	505.40	0.03	150,149.30	0.77
CareFirst - flexlink - claims	655,319.68	34.10	7,832,633.01	40.02
Care First - network lease fee	3,705.52	0.19	44,725.83	0.23
PCORI fee	0.00	0.00	10,535.79	0.05
Labor First Limited Liability	0.00	0.00	1,335,024.60	6.82
Total Expenses	1,225,811.96	63.78	19,838,626.76	101.36
Net Income	$ 696,091.15	36.22	($ 266,537.81)	(1.36)

OE Loc 77 Trust Fund of Wash. DC
GENERAL JOURNAL
For the Period From Dec 1, 2025 to Dec 31, 2025

Date	Account ID	Reference	Trans Description	Debit Amt	Credit Amt
12/1/25	1260	TO BENEFIT1	Transfer from H&W Cash Benefit Acct. Check Run 12/01/25	148,902.50	
12/1/25	1120	TO BENEFIT1	Transfer from H&W Cash Benefit Acct. Check Run 12/01/25		148,902.50
12/3/25	1260	TO BENEFIT2	Transfer from H&W Cash Benefit Acct. Check Run 12/03/25	47,031.06	
12/3/25	1120	TO BENEFIT2	Transfer from H&W Cash Benefit Acct. Check Run 12/03/25		47,031.06
12/3/25	1120	TRANSFDDA1	Transferred from Cash General to H&W Cash for dep. 12/01/25	318,979.49	
12/3/25	1110	TRANSFDDA1	Transferred from Cash General to H&W Cash for dep. 12/01/25		318,979.49
12/5/25	1260	A&S1	Transfer from H&W Cash Benefit Acct. Check Run 12/5/25	450.00	
12/5/25	1120	A&S1	Transfer from H&W Cash Benefit Acct. Check Run 12/5/25		450.00
12/8/25	5150	941 WH Tax Paid	A&S Tax W/H	988.55	
12/8/25	1260	941 WH Tax Paid	A&S Tax W/H		988.55
12/8/25	5150	945 WH Tax&Med Pd	A&S DB & Medical Backup WH	537.17	
12/8/25	1260	945 WH Tax&Med Pd	A&S DB & Medical Backup WH		537.17
12/8/25	1120	TRANSFDDA2	Transferred from Cash General to H&W Cash for dep. 12/01/25;l checks issued 12/8/25	11,830.49	
12/8/25	1110	TRANSFDDA2	Transferred from Cash General to H&W Cash for dep. 12/05/25; checks issued 12/5/25		11,830.49
12/10/25	1260	TO BENEFIT3	Transfer from H&W Cash Benefit Acct. Check Run 12/10/25	305,734.52	
12/10/25	1120	TO BENEFIT3	Transfer from H&W Cash Benefit Acct. Check Run 12/10/25		305,734.52
12/10/25	1120	TRANSFDDA3	Transferred from Cash General to H&W Cash for dep. 12/08/25	216,928.45	
12/10/25	1110	TRANSFDDA3	Transferred from Cash General to H&W Cash for dep. 12/08/25		216,928.45
12/12/25	1260	A&S2	Transfer from H&W Cash Benefit Acct. Check Run 12/12/25	6,928.56	
12/12/25	1120	A&S2	Transfer from H&W Cash Benefit Acct. Check Run 12/12/25		6,928.56
12/17/25	1260	TO BENEFIT4	Transfer from H&W Cash Benefit Acct. Check Run 12/17/25	106,601.29	
12/17/25	1120	TO BENEFIT4	Transfer from H&W Cash Benefit Acct. Check Run 12/17/25		106,601.29
12/17/25	1110	TRANSF1	Transferred from H&W Cash to Cash General for checks issued 12/16/25; deposit 12/12/25;12/16/25	47,848.27	
12/17/25	1120	TRANSF1	Transferred from H&W Cash to Cash General for checks issued 12/16/25; deposit 12/12/25;12/16/25		47,848.27
12/19/25	1260	A&S3	Transfer from H&W Cash Benefit Acct. Check Run 12/19/25	1,800.00	
12/19/25	1120	A&S3	Transfer from H&W Cash Benefit Acct. Check Run 12/19/25		1,800.00
12/23/25	1120	TRANSFDDA4	Transferred from Cash General to H&W Cash for dep. 12/16/25;12/19/25;checks issued 12/22/25	272,955.64	
12/23/25	1110	TRANSFDDA4	Transferred from Cash General to H&W Cash for dep. 12/16/25;12/19/25;checks issued 12/22/25		272,955.64
12/29/25	1120	TRANSFDDA5	Transferred from Cash General to H&W Cash for dep. 12/22/25;checks issued 12/29/25	248,874.38	
12/29/25	1110	TRANSFDDA5	Transferred from Cash General to H&W Cash for dep. 12/22/25;checks issued 12/29/25		248,874.38
12/31/25	5150	A & S Net	A & S Net	8,858.87	
12/31/25	1260	A & S Net	A & S Net		8,858.87
12/31/25	1895	AMER.CORE REALTY	American Core Realty - Interest Income 12/25	27,526.55	
12/31/25	4635	AMER.CORE REALTY	American Core Realty - Interest Income 12/25		27,526.55
12/31/25	5370	AMER.CORE REALTY	American Core Realty - Investment Mngmnt Fee 12/25	8,165.90	
12/31/25	1895	AMER.CORE REALTY	American Core Realty - Investment Mngmnt Fee 12/25		8,165.90
12/31/25	1895	AMER.CORE REALTY	American Core Realty - Unrealized Gain 12/25		2,816.56
12/31/25	4880	AMER.CORE REALTY	American Core Realty - Unrealized Gain 12/25	2,816.56	
12/31/25	1110	BANK CHARGES	Service Charge		259.91
12/31/25	5130	BANK CHARGES	Service Charge	259.91	
12/31/25	1896	BOYD WATTERSON GOV.	Boyd Watterson Government - Gain on Investment 12/25	17,367.00	
12/31/25	4886	BOYD WATTERSON GOV.	Boyd Watterson Government - Gain on Investment 12/25		17,367.00
12/31/25	1896	BOYD WATTERSON GOV.	Boyd Watterson Government - Reinvestment 12/25	32,274.00	
12/31/25	4886	BOYD WATTERSON GOV.	Boyd Watterson Government - Reinvestment 12/25		32,274.00
12/31/25	1896	BOYD WATTERSON GOV.	Boyd Watterson Government - To Broker		32,761.00
12/31/25	1405	BOYD WATTERSON GOV.	Boyd Watterson Government - To Broker	32,761.00	
12/31/25	1260	Benefits Paid	Benefit Paid per Claims Check Registers - $87.98 for Zelis Nov. '25 return of Ck#457746 issued 6/25/25		608,269.37
12/31/25	5150	Benefits Paid	Benefit Paid per Claims Check Registers - $87.98 for Zelis Nov. '25 return of Ck#457746 issued 6/25/25	608,269.37	
12/31/25	1915	CHART	Chart-Corp. Bonds-Purchases 12/25	760,725.00	
12/31/25	1910	CHART	Chart-Corp. Bonds-Purchases 12/25		760,725.00
12/31/25	1910	CHART	Chart-Corp. Bonds-Sales Proceeds 12/25	759,386.87	
12/31/25	1915	CHART	Chart-Corp. Bonds-Sales at Cost 12/25		757,660.92
12/31/25	4810	CHART	Chart-Corp. Bonds- Realized Gain 12/25		1,725.95
12/31/25	1916	CHART	Chart-Corp. Bonds-MV- Unrealized Gain 12/25	11,149.79	
12/31/25	4820	CHART	Chart-Corp. Bonds-MV- Unrealized Gain 12/25		11,149.79
12/31/25	1910	CHART	Chart-Corp. Bonds-MM -Interest Income 12/25	96,351.56	
12/31/25	4730	CHART	Chart-MM -Interest Income 12/25		2,230.38
12/31/25	4730	CHART	Chart-Corp. Bonds-MM -Interest Income 12/25		94,121.18
12/31/25	20020	CVS Caremark	To remove negative amount from A/P		241,430.71
12/31/25	1620	CVS Caremark	To remove negative amount from A/P	241,430.71	
12/31/25	1120	INTEREST INCOME	Interest Income	1,214.33	
12/31/25	4630	INTEREST INCOME	Interest Income		1,214.33
12/31/25	1260	PNC Bank Fee	PNC Bank Fee		203.99
12/31/25	5130	PNC Bank Fee	PNC Bank Fee	203.99	
12/31/25	1110	RETURN CHECK	PNC-Cash-Returned Ck#43093 (Miller Pipeline ER#3952)		2,710.50
12/31/25	2016	RETURN CHECK	PNC-Cash-Returned Ck#43093	2,710.50	
12/31/25	1110	RETURN CHECK	PNC-Cash-Returned Ck#43097 (Miller Pipeline ER#3952)		454.53
12/31/25	2016	RETURN CHECK	PNC-Cash-Returned Ck#43093 (Miller Pipeline ER#3952)	454.53	
12/31/25	1855	VANGUARD	Vanguard - Income Dividend 12/25	2,357.93	
12/31/25	4636	VANGUARD	Vanguard - Income Dividend 12/25		2,357.93
12/31/25	1856	VANGUARD	Vanguard - Loss on Investment 12/25		14,193.04
12/31/25	4696	VANGUARD	Vanguard - Loss on Investment 12/25	14,193.04	
12/31/25	1870	WEDGE	Wedge-Gov. Bonds -Purchases 12/25	255,884.90	
12/31/25	1865	WEDGE	Wedge-Gov. Bonds -Purchases 12/25		255,884.90
12/31/25	1865	WEDGE	Wedge-Gov. Bonds -Sales Proceeds 12/25	273,791.43	
12/31/25	1870	WEDGE	Wedge-Gov. Bonds -Sales at Cost 12/25		266,662.75
12/31/25	4875	WEDGE	Wedge-Gov. Bonds -Realized Gain 12/25		7,128.68

Date	Account ID	Reference	Trans Description	Debit Amt	Credit Amt
12/31/25	1871	WEDGE	Wedge-Gov. Bonds -MV-Unrealized Loss 12/25		20,441.63
12/31/25	4860	WEDGE	Wedge-Gov. Bonds -MV-Unrealized Loss 12/25	20,441.63	
12/31/25	1870	WEDGE	Wedge-Gov. Bonds - Value of non cash transactions 12/25		0.02
12/31/25	4860	WEDGE	Wedge-Gov. Bonds - Value of non cash transactions 12/25	0.02	
12/31/25	1875	WEDGE	Wedge-Corp. Bonds - Purchases 12/25	45,967.35	
12/31/25	1865	WEDGE	Wedge-Corp. Bonds - Purchases 12/25		45,967.35
12/31/25	1876	WEDGE	Wedge-Corp. Bonds -MV- Unrealized Loss 12/25		10,784.10
12/31/25	4860	WEDGE	Wedge-Corp. Bonds -MV- Unrealized Loss 12/25	10,784.10	
12/31/25	1865	WEDGE	Wedge-MM- Interest Income 12/25	27,396.69	
12/31/25	4720	WEDGE	Wedge-MM- Interest Income 12/25		338.57
12/31/25	4720	WEDGE	Wedge-MM-Gov. Bonds- Interest Income 12/25		16,811.76
12/31/25	4720	WEDGE	Wedge-MM-Corp. Bonds- Interest Income 12/25		10,246.36
12/31/25	1878	WEDGE LG CAP	WEDGE LG CAP- Equities Purchases 12/25	130,909.65	
12/31/25	1877	WEDGE LG CAP	WEDGE LG CAP- Equities Purchases 12/25		130,909.65
12/31/25	1877	WEDGE LG CAP	WEDGE LG CAP- Equities Sales Proceeds 12/25	128,901.02	
12/31/25	1878	WEDGE LG CAP	WEDGE LG CAP- Equities Sales at Cost 12/25		109,724.09
12/31/25	4830	WEDGE LG CAP	WEDGE LG CAP- Equities- Realized Gain 12/25		19,176.93
12/31/25	1879	WEDGE LG CAP	WEDGE LG CAP- Equities- MV-Unrealized Loss 12/25		5,760.63
12/31/25	4835	WEDGE LG CAP	WEDGE LG CAP- Equities- MV-Unrealized Loss 12/25	5,760.63	
12/31/25	1877	WEDGE LG CAP	WEDGE LG CAP- MM- Interest Income 12/25	112.10	
12/31/25	4646	WEDGE LG CAP	WEDGE LG CAP- MM- Interest Income 12/25		112.10
12/31/25	1877	WEDGE LG CAP	WEDGE LG CAP- Equities- Dividend Income 12/25	4,628.99	
12/31/25	4656	WEDGE LG CAP	WEDGE LG CAP- Equities- Dividend Income 12/25		4,628.99
12/31/25	1878	WEDGE LG CAP	Wedge LG Cap - Corp.Bonds - Non Cash Trans. 12/25	524.04	
12/31/25	4835	WEDGE LG CAP	Wedge LG Cap - Corp.Bonds - Non Cash Trans. 12/25		524.04
		Total		**5,269,970.33**	**5,269,970.33**

OE Loc 77 Trust Fund of Wash. DC
NON-PAVERS CONTRIBUTIONS
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4510	ER Contributions	12/1/25	10/25	NORTHEAST REMSCO	4,036.50	
4510	ER Contributions	12/1/25	10/25	Casper Colosimo & Son, Inc.	2,122.25	
4510	ER Contributions	12/1/25	10/25	CMR CRANE & RIGGING, LLC	29,514.88	
4510	ER Contributions	12/1/25	10/25	CLARK CONSTRUCTION GRP	208.00	
4510	ER Contributions	12/1/25	10/25	CLARK CONSTRUCTION GRP	87,395.75	
4510	ER Contributions	12/2/25	10/25SPLIT	SECA UNDERGROUND CORPORATION	3,744.00	
4510	ER Contributions	12/2/25	10/25SPLIT	METRO CRANE &RIGGING LLC	16,154.13	
4510	ER Contributions	12/2/25	10/25SPLIT	MIGHTY FOUR ENTERPRISE	7,110.40	
4510	ER Contributions	12/2/25	10/25SPLIT	SAUNDERS DRILLING & BLASTING CO INC	286.00	
4510	ER Contributions	12/2/25	10/25	EXTREME STEEL CRANE & RIG	15,328.00	
4510	ER Contributions	12/2/25	10/25	EXTREME STEEL CRANE & RIG	70,798.00	
4510	ER Contributions	12/5/25	09/25-11/25SPLIT	PRO - AIR	561.35	
4510	ER Contributions	12/5/25	09/25-11/25SPLIT	PRO - AIR	1,943.50	
4510	ER Contributions	12/5/25	09/25-11/25SPLIT	PRO - AIR	3,347.50	
4510	ER Contributions	12/5/25	09/25-11/25SPLIT	PRO - AIR	793.00	
4510	ER Contributions	12/5/25	10/25SPLIT	WOLFE CRANE SERVICES	1,560.00	
4510	ER Contributions	12/5/25	10/25SPLIT	SOUTHERN MD CRANE RENTAL	7,803.25	
4510	ER Contributions	12/5/25	10/25SPLIT	SOUTHERN MD CRANE RENTAL	640.00	
4510	ER Contributions	12/5/25	10/25SPLIT	CONSTRUCTION SUPPORT SERVICES	2,151.50	
4510	ER Contributions	12/5/25	11/25	Norair Engineering Associates,	3,240.25	
4510	ER Contributions	12/5/25	10/25	WILLIAMS EQUIPMENT CO	11,259.62	
4510	ER Contributions	12/8/25	11/25	OPER ENGS APPR FUND	5,200.00	
4510	ER Contributions	12/8/25	11/25	W O GRUBB EQUIPMENT RENTAL	686.00	
4510	ER Contributions	12/8/25	11/25	W O GRUBB EQUIPMENT RENTAL	79,079.00	
4510	ER Contributions	12/8/25	10/25	PAUL MERRIT EXCAVATING	1,300.00	
4510	ER Contributions	12/8/25	11/25	B & M CRANE	5,016.38	
4510	ER Contributions	12/8/25	11/25	MILLER PIPELINE CORP.	38,608.05	
4510	ER Contributions	12/11/25	11/25SPLIT	BADGER DAYLIGHTING CORP.	29,751.48	
4510	ER Contributions	12/11/25	11/25SPLIT	BADGER DAYLIGHTING CORP.	690.90	
4510	ER Contributions	12/11/25	11/25SPLIT	STACY AND WITBECK	1,956.50	
4510	ER Contributions	12/11/25	11/25SPLIT	DYNAMIC CONCEPTS, INC	16,776.76	
4510	ER Contributions	12/11/25	10/25SPLIT	MCVAC	491.74	
4510	ER Contributions	12/11/25	10/25SPLIT	MCVAC	24,903.13	
4510	ER Contributions	12/11/25	10/25SPLIT	STRITTMATTER COMPANIES	16,381.63	
4510	ER Contributions	12/11/25	10/25SPLIT	STRITTMATTER COMPANIES	17,912.38	
4510	ER Contributions	12/11/25	10/25SPLIT	SR CONSTRUCTION LLC	4,954.63	
4510	ER Contributions	12/11/25	10/25SPLIT	SR CONSTRUCTION LLC	1,040.00	
4510	ER Contributions	12/11/25	11/25SPLIT	PETILLO INC	520.00	
4510	ER Contributions	12/12/25	11/25	KIEWIT POWER CONSTRUCTORS	11,160.50	
4510	ER Contributions	12/12/25	11/25SPLIT	SOUTHERN MD HYDRAULICS	2,507.00	
4510	ER Contributions	12/12/25	11/25SPLIT	PETILLO INC	520.00	
4510	ER Contributions	12/12/25	11/25SPLIT	MICHELS CONSTRUCTION INC	5,924.75	
4510	ER Contributions	12/12/25	10/25	S & J SERVICE, INC.	12,074.27	
4510	ER Contributions	12/12/25	11/25	NICHOLSON CONSTRUCTION CO	370.50	
4510	ER Contributions	12/12/25	11/25	AMERICAN COMBUSTION INDUSTRIES	2,450.50	
4510	ER Contributions	12/12/25	11/25	INDEPENDENT EXCAVATING,INC	62,192.00	
4510	ER Contributions	12/15/25	11/25	BERKEL & COMPANY	18,271.50	
4510	ER Contributions	12/15/25	11/25	BAY CRANE MID-ATLANTIC LLC	3,268.00	
4510	ER Contributions	12/15/25	11/25	BAY CRANE MID-ATLANTIC LLC	58,883.50	
4510	ER Contributions	12/15/25	11/25	INTER UNION LOCAL 77	8,190.00	
4510	ER Contributions	12/15/25	11/25	INTER UNION LOCAL 77	910.00	
4510	ER Contributions	12/15/25	11/25	NATIONAL PIPELINE TRAINING	1,607.40	
4510	ER Contributions	12/15/25	11/25	AIW, INC	8,516.63	
4510	ER Contributions	12/15/25	11/25	GOETTLE EQUIPMENT CO	182.00	
4510	ER Contributions	12/15/25	11/25	SCHNABEL FOUNDATION CORP	4,865.25	
4510	ER Contributions	12/15/25	11/25	ANCHOR CONSTRUCTION CORP.	61,870.58	
4510	ER Contributions	12/15/25	11/25	FREESTATE ELECTRIC	884.00	
4510	ER Contributions	12/15/25	11/25	GRUMPY'S CONCRETE PUMPING	3,940.95	
4510	ER Contributions	12/16/25	11/25	VECTOR SERVICES	22,373.00	
4510	ER Contributions	12/16/25	11/25	EAST WEST ERECTION SERVIC	5,157.75	
4510	ER Contributions	12/17/25	11/25	SAUTTER CRANE RENTAL, INC	620.00	
4510	ER Contributions	12/17/25	09/25	HUTCHINSON INTERNATIONAL CORP.	1,586.00	
4510	ER Contributions	12/17/25	10/25;11/25	CBNA-HALMAR CLEAN RIVERS JV	53,615.25	

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4510	ER Contributions	12/17/25	10/25;11/25	CBNA-HALMAR CLEAN RIVERS JV	51,548.25	
4510	ER Contributions	12/18/25	11/25SPLIT	CHRISTMAN MID-ATLANTIC CONSTRUCTORS	4,563.00	
4510	ER Contributions	12/18/25	11/25SPLIT	DELTA RAILROAD CONSTRUCTION	5,580.25	
4510	ER Contributions	12/18/25	11/25SPLIT	SILVER BRIDGE EXCAVATING LLC	1,319.50	
4510	ER Contributions	12/18/25	11/25SPLIT	MIDWEST MOLE,INC	3,744.00	
4510	ER Contributions	12/18/25	11/25SPLIT	KELLY ELECTRIC - PLA	884.00	
4510	ER Contributions	12/18/25	11/25SPLIT	ACCESS LIMITED CONSTRUCTION	2,099.50	
4510	ER Contributions	12/18/25	11/25SPLIT	SAUNDERS DRILLING & BLASTING CO INC	227.50	
4510	ER Contributions	12/18/25	11/25SPLIT	CONSTRUCTION SUPPORT SERVICES	2,619.50	
4510	ER Contributions	12/18/25	10/25SPLIT	KIRILA EARTHWORKS,INC	4,933.50	
4510	ER Contributions	12/18/25	12/25SPLIT	PETILLO INC	520.00	
4510	ER Contributions	12/18/25	11/25	MILLER PIPELINE CORP.	11,568.70	
4510	ER Contributions	12/18/25	11/25	SKODA CONTRACTING CO	5,850.00	
4510	ER Contributions	12/19/25	11/25	KELLER NORTH AMERICA	12,554.75	
4510	ER Contributions	12/19/25	11/12SPLIT	W.G.TOMKO, INC	1,358.50	
4510	ER Contributions	12/19/25	11/25	RYAN INCORPORATED CENTRAL	4,244.50	
4510	ER Contributions	12/19/25	11/25	DJB CONTRACTING, INC.	1,040.00	
4510	ER Contributions	12/22/25	11/25SPLIT	FLAT IRON	2,702.38	
4510	ER Contributions	12/22/25	11/25SPLIT	FLAT IRON	5,156.45	
4510	ER Contributions	12/22/25	11/25	TRAYLOR SHEA JV	5,712.59	
4510	ER Contributions	12/22/25	11/25	BRAYMAN CONSTRUCTION CO	2,853.50	
4510	ER Contributions	12/22/25	11/25	NPL CONSTRUCTION GREAT LA	5,410.90	
4510	ER Contributions	12/22/25	11/25	CMR CRANE & RIGGING, LLC	22,862.13	
4510	ER Contributions	12/22/25	11/25	Riggs Distler	6,584.50	
4510	ER Contributions	12/22/25	11/25	CRANE SERVICE CO	112,381.75	
4510	ER Contributions	12/22/25	11/25	CRANE SERVICE CO	6,930.00	
4510	ER Contributions	12/23/25	11/25SPLIT	PERFORMANCE CONTRACTING INC	936.00	
4510	ER Contributions	12/23/25	11/25SPLIT	TITAN CRANE INC	2,765.75	
4510	ER Contributions	12/23/25	11/25SPLIT	JOSEPH B FAY	2,457.00	
4510	ER Contributions	12/26/25	12/25	LONG BRIDGE RAIL PARTNERS	260.00	
4510	ER Contributions	12/29/25	11/25	Lane Construction	31,034.25	
4510	ER Contributions	12/29/25	11/25	MAXIM CRANE WORKS	5,359.25	
4510	ER Contributions	12/29/25	11/25	EUROVIA ATLANTIC COAST	1,911.00	
4510	ER Contributions	12/29/25	11/25	EUROVIA ATLANTIC COAST	6,077.50	
4510	ER Contributions	12/29/25	11/25	DIGMASTER	12,090.00	
4510	ER Contributions	12/29/25	11/25SPLIT	KELLER NORTH AMERICA	2,151.50	
4510	ER Contributions	12/29/25	11/25SPLIT	KELLER NORTH AMERICA	26,347.75	
4510	ER Contributions	12/29/25	11/25SPLIT	MIGHTY FOUR ENTERPRISE	5,280.00	
4510	ER Contributions	12/29/25	11/25	FORCE DRILLING LLC	104.00	
4510	ER Contributions	12/29/25	11/25	J. FLETCHER CREAMER & SON, INC	3,891.88	
4510	ER Contributions	12/29/25	11/25	R & LD DEVELOPMENT CO	1,742.00	
4510	ER Contributions	12/29/25	11/25	NORTHEAST REMSCO	2,710.50	
4510	ER Contributions	12/29/25	11/25	SKANSKA FLATIRON LBN JV	1,365.00	
4510	ER Contributions	12/29/25	12/25SPLIT	PETILLO INC	520.00	
4510	ER Contributions	12/29/25	11/25SPLIT	SOUTHERN MD CRANE RENTAL	640.00	
4510	ER Contributions	12/29/25	11/25SPLIT	SOUTHERN MD CRANE RENTAL	8,323.25	
4510	ER Contributions	12/30/25	10/25	SKANSKA FLATIRON LBN JV	0.50	
4510	ER Contributions	12/30/25	10/25	SKANSKA FLATIRON LBN JV	828.25	
4510	ER Contributions	12/30/25	11/25	SR CONSTRUCTION LLC	1,040.00	
4510	ER Contributions	12/30/25	11/25SPLIT	SR CONSTRUCTION LLC	5,681.00	
4510	ER Contributions	12/30/25	11/25SPLIT	MICHELS CORP	1,066.80	
4510	ER Contributions	12/31/25	11/25SPLIT	SECA UNDERGROUND CORPORATION	3,120.00	
4510	ER Contributions	12/31/25	11/25	EXTREME STEEL CRANE & RIG	57,505.50	
4510	ER Contributions	12/31/25	11/25	EXTREME STEEL CRANE & RIG	11,948.00	
4510	ER Contributions	12/31/25	11/25	HOLCIM-MAR, INC	1,138.54	
4510	ER Contributions	12/31/25	11/25	HOLCIM-MAR, INC	8,150.69	
4510	ER Contributions				1,358,903.35	1,358,903.35
		12/31/25				**1,358,903.35**

OE Loc 77 Trust Fund of Wash. DC
PAVERS CONTRIBUTIONS
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4500	Contributions - Pavers	12/1/25	10/25	CAPITAL PAVING OF DC	17,246.13	
4500	Contributions - Pavers	12/1/25	10/25	CAPITAL PAVING OF DC	122,859.23	
4500	Contributions - Pavers	12/3/25	10/25	RUSSELL PAVING CO., INC.	3,900.00	
4500	Contributions - Pavers	12/3/25	10/25SPLIT	BELTWAY PAVING OF SOUTNER	10,976.88	
4500	Contributions - Pavers	12/22/25	11/25	FORT MYER	5,200.00	
4500	Contributions - Pavers	12/22/25	11/25	CIVIL CONSTRUCTION, LLC	1,300.00	
4500	Contributions - Pavers	12/31/25	11/25	FORT MYER	100,550.76	
4500	Contributions - Pavers	12/31/25	11/25	FORT MYER	31,304.00	
4500	Contributions - Pavers				293,337.00	293,337.00
		12/31/25				**293,337.00**

OE Loc 77 Trust Fund of Wash. DC
SELF-PAYMENTS
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4530	Self-Pay Contributions	12/8/25	12/25	DANIEL JOHNSON	500.00	
4530	Self-Pay Contributions	12/15/25	01/26	WANDA BERRY	350.00	
4530	Self-Pay Contributions	12/30/25	01/26	CEDRIC LEWIS	500.00	
4530	Self-Pay Contributions				1,350.00	1,350.00
		12/31/25				**1,350.00**

OE Loc 77 Trust Fund of Wash. DC
RETIREE SELF-PAYMENTS
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4580	Retired Self-Pay	12/1/25	12/25	STEVEN A. KEESEE	650.00	
4580	Retired Self-Pay	12/5/25	01/26-12/26	SHIRLEY L LAHMAN-MYERS	960.00	
4580	Retired Self-Pay	12/5/25	01/26-03/26	HELEN D ANGLIN	240.00	
4580	Retired Self-Pay	12/8/25	01/26-03/26	CALVIN E JOHNSON	480.00	
4580	Retired Self-Pay	12/15/25	05/26;06/26	PAUL MCMAHAN	420.00	
4580	Retired Self-Pay	12/15/25	12/25	NORMAN L BOWIE	160.00	
4580	Retired Self-Pay	12/22/25	02/26	BETTY LOU WHARAM	80.00	
4580	Retired Self-Pay	12/30/25	01/26	FLORENCE M CURTIN	80.00	
4580	Retired Self-Pay	12/30/25	01/26-03/26	INGRID E HERSHEY	240.00	
4580	Retired Self-Pay	12/30/25	01/26-03/26	RUFUS ROMINE	240.00	
4580	Retired Self-Pay	12/30/25	12/25;01/26	CHERYL PENCE	1,100.00	
4580	Retired Self-Pay				4,650.00	4,650.00
		12/31/25				**4,650.00**

OE Loc 77 Trust Fund of Wash. DC
COBRA SELF-PAYMENTS
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4540	Cobra Self-Pay EE	12/1/25	12/25	CHRISTOPHER GRAIG	346.62	
4540	Cobra Self-Pay EE	12/1/25	12/25	ISMAEL VAZQUEZ	901.21	
4540	Cobra Self-Pay EE	12/8/25	12/25	SARAH D YOW	346.62	
4540	Cobra Self-Pay EE	12/15/25	10/25-12/25	JASON JONES	1,039.86	
4540	Cobra Self-Pay EE	12/22/25	01/26	WILLIAM B MYRTLE	901.21	
4540	Cobra Self-Pay EE				3,535.52	3,535.52
		12/31/25				**3,535.52**

OE Loc 77 Trust Fund of Wash. DC
INTEREST ON DELINQUENCY
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4660	Interest on Delinquency	12/23/25	Inter.07/25 SPLIT	RUSSELL PAVING CO., INC.	26.08	
4660	Interest on Delinquency				26.08	26.08
		12/31/25				**26.08**

OE Loc 77 Trust Fund of Wash. DC
RECIPROCITY INCOME
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4550	Reciprocity Income	12/1/25	09/25	OE Local 147	9,671.41	
4550	Reciprocity Income	12/1/25	09/25	OE LOCAL 3	629.53	
4550	Reciprocity Income	12/1/25	08/25;09/25	SOUTHERN OPERATORS HEALTH F	2,941.31	
4550	Reciprocity Income	12/5/25	10/25	OE LOCAL 139	2,892.18	
4550	Reciprocity Income	12/8/25	09/25	TENNESSEE VALUE OE HEALTH FUND	888.00	
4550	Reciprocity Income	12/8/25	09/25	OE LOCAL 234	676.20	
4550	Reciprocity Income	12/8/25	10/25	OE Local #49	3,975.40	
4550	Reciprocity Income	12/12/25	10/25	IUOE LOCAL 14-14B	1,072.50	
4550	Reciprocity Income	12/16/25	10/25	LOC.18 - OHIO OPERATING E	2,310.93	
4550	Reciprocity Income	12/22/25	03/25-10/25	OE Local 37	21,890.11	
4550	Reciprocity Income	12/22/25	03/25-10/25	OE Local 37	871.23	
4550	Reciprocity Income	12/22/25	03/25-10/25	OE Local 37	3,866.03	
4550	Reciprocity Income	12/22/25	07/25-10/25	IUOE LOCAL 181,320	7,175.82	
4550	Reciprocity Income	12/22/25	10/25	OE LOCAL 3	1,403.11	
4550	Reciprocity Income	12/22/25	11/24-10/25	IUOE Pipe Line H&W Fund	16,674.07	
4550	Reciprocity Income	12/22/25	10/25	OE Local 66 Health & Welf.Fund	4,186.44	
4550	Reciprocity Income	12/29/25	10/25	SOUTHERN OPERATORS HEALTH F	3,991.00	
4550	Reciprocity Income	12/29/25	09/25;10/25	OE TRUST FUND LOC 542 PA,DE	5,237.76	
4550	Reciprocity Income	12/29/25	10/25	OE TRUST FUND LOC 542 PA,DE	573.09	
4550	Reciprocity Income				90,926.12	90,926.12
		12/31/25				**90,926.12**

OE Loc 77 Trust Fund of Wash. DC
RECIPROCITY PAYMENTS
For the Period From Dec 1, 2025 to Dec 31, 2025

Account ID	Account Description	Date	Reference	Vendor Name	Debit Amt	Balance
4560	Reciprocity Payments	12/16/25	9788	IUOE Loc.132 - H&W Fund	1,595.75	
4560	Reciprocity Payments	12/16/25	9789	IUOE Loc.147 - H&W Fund	4,533.75	
4560	Reciprocity Payments	12/16/25	9790	IUOE Local 181	1,352.00	
4560	Reciprocity Payments	12/16/25	9791	OE Loc.37 - H&W Fund	9,308.65	
4560	Reciprocity Payments	12/16/25	9792	IUOE LOCAL 487 H&W FUND	1,706.25	
4560	Reciprocity Payments	12/16/25	9793	IUOE Local 542 Welfare Fund	1,563.25	
4560	Reciprocity Payments	12/16/25	9794	IUOE & Pipe Line Employers H&W	5,703.87	
4560	Reciprocity Payments				25,763.52	25,763.52
		12/31/25				**25,763.52**

OE Loc 77 Trust Fund of Wash. DC
CHECK REGISTER
For the Period From Dec 1, 2025 to Dec 31, 2025

Check #	Date	Payee	Amount
Delta 11/22-11/30/25	12/2/25	Delta Dental of Pennsylvania	8,741.81
CareFirst 11/22-28/2	12/3/25	CareFirst Blue Cross Blue Shield	123,339.23
9775	12/5/25	NCAS	3,705.52
9776	12/5/25	Doyle Printing & Offset Co.,Inc.	3,303.73
9777	12/5/25	Telemedicine Mngmnt, Inc.	3,468.00
9778	12/5/25	VSP VISION CARE, INC	1,219.68
9779	12/5/25	OE Apprenticeship Fund	9,540.40
9780	12/5/25	OE Loc 77 Pension Fund	73,016.00
9781	12/5/25	OE Annuity Fund	22,610.80
3Q25 Mngmt. Fee	12/8/25	Chartwell Investment Partners, LLC	12,350.00
Delta 11/29-12/5/25	12/10/25	Delta Dental of Pennsylvania	11,197.00
CareFirst11/29-12/5/	12/10/25	CareFirst Blue Cross Blue Shield	181,342.29
9782	12/12/25	AA, LLC	46,863.37
9783	12/12/25	Green Light	1,009.80
9784	12/12/25	OE Apprenticeship Fund	7,326.42
9785	12/12/25	OE Annuity Fund	23,965.50
Inv#21610 4Q25	12/16/25	Investment Performance Services, LLC	5,074.94
9786	12/16/25	Conifer Value-Based Care, LLC	23,431.33
9787	12/16/25	OE Loc.77 Check Off Dues	268,022.19
9788	12/16/25	IUOE Loc.132 - H&W Fund	1,595.75
9789	12/16/25	IUOE Loc.147 - H&W Fund	4,533.75
9790	12/16/25	IUOE Local 181	1,352.00
9791	12/16/25	OE Loc.37 - H&W Fund	9,308.65
9792	12/16/25	IUOE LOCAL 487 H&W FUND	1,706.25
9793	12/16/25	IUOE Local 542 Welfare Fund	1,563.25
9794	12/16/25	IUOE & Pipe Line Employers H&W Fund	5,703.87
12/6/25-12/12/25	12/17/25	Delta Dental of Pennsylvania	12,418.00
CareFirst12/6-12/202	12/18/25	CareFirst Blue Cross Blue Shield	148,112.16
Delta 12/13-15/25	12/22/25	Delta Dental of Pennsylvania	15,109.67
9795	12/22/25	Calibre CPA Group, PLLC	475.00
9796	12/22/25	OE Apprenticeship Fund	441.35
9797	12/22/25	OE Loc 77 Pension Fund	1,408.00
9798	12/22/25	OE Annuity Fund	18,717.01
9799	12/22/25	VSP VISION CARE, INC	10,708.47
CareFirs12/13-19/25	12/24/25	CareFirst Blue Cross Blue Shield	114,453.31
9800	12/29/25	CareFirst Blue Cross Blue Shield	13,537.32
Retain. 8-12/25,1/26	12/29/25	Bolton Partners, Inc.	12,600.00
Delta 12/20-26/25	12/29/25	Delta Dental of Pennsylvania	16,988.45
LaborFirst 01/26	12/30/25	Labor First Limited Liability	146,931.20
CareFirst12/20-26/25	12/30/25	CareFirst Blue Cross Blue Shield	88,072.69
Total			**1,455,264.16**

PARTICIPANT APPEALS

NAME: **SS#:**
REGARDING:

Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program

EMPLOYER: Bay Crane Mid-Atlantic **STATUS:** Active

ISSUE: Prescription – Excluded Drug #Rx25/165-5575

FUND RULE:

SUMMARY: Appeal Received: November 17, 2025

The **provider,** Janna Galuppo, PA-C, is appealing on behalf of the participant's dependent daughter for coverage of Migranal, which is a prescription drug that is used to treat migraine headaches. Ms. Galuppo states, in summary, that the participant's daughter has been prescribed Migranal since November 2018 and has achieved sustained positive clinical outcomes. Ms. Galuppo further states that there is no clinical justification to switch a patient who is on long-term, effective therapy. Included with the appeal were treatment notes dated July 17, 2024.

After the appeal was received, the Fund Office contacted Caremark. Caremark advised that a Prior Authorization for Migranal was previously approved through January 19, 2025, however, Migranal has been removed from the formulary and is therefore no longer covered. Caremark further advised that the preferred alternatives are Eletriptan, Naratriptan, Rizatriptan, Nurtec ODT, Onzetra Xsail, Ubrelvy, and Zembrace Symtouch.

The Fund Office forwarded the available information to Conifer Health Solutions ("Conifer") for review. Conifer advised that Migranal **is medically necessary** in this case.

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

NAME: **SS#:**

Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program

EMPLOYER: Keller North America **STATUS:** Active

ISSUE: Prescription – Excluded Drug #Rx25/168-7164

FUND RULE:

SUMMARY: Appeal Received: November 21, 2025

The **provider,** Warren Smith, DO, is appealing on behalf of the participant for coverage of an injectable testosterone treatment, which is excluded from coverage under the Plan. Dr. Smith states that a topical gel testosterone is contraindicated because the participant has small children in the home. Included with the appeal were treatment notes dated April 29, 2024, July 5, 2024, and October 20, 2025, indicating the participant is being treated for low testosterone.

After the appeal was received, the Fund Office contacted Caremark. Caremark advised that a Prior Authorization for Xyosted (injectable) was denied on November 3, 2025 because it is not a covered medication. A Prior Authorization for Testosterone Cypionate (injectable) was also denied on November 5, 2025 for the same reason. A Prior Authorization request for Natesto (gel) was denied on November 17, 2025, because the request did not meet Caremark's criteria for coverage. Caremark stated, "Your plan only covers this drug when you meet one of these options: A) You have tried other drugs your plan covers (preferred drugs), and they did not work well for you, or B) Your doctor gives us a medical reason you cannot take those other drugs. For your plan, you may need to try up to three preferred drugs. […] The preferred drugs for your plan are: testosterone gel (excepted authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO. […]"

The Fund Office forwarded the available information to Conifer Health Solutions ("Conifer") for review. Conifer advised that these three testosterone products (Xyosted, Testosterone Cypionate, and Natesto) **are not medically necessary**, stating in summary, "In this case, the requested non-formulary drugs would not be considered to be more effective than the required trial of the other covered formulary drugs. Clinical guidelines for the management of hypogonadism recommend the plan's formulary alternatives. These guidelines do not support that the requested medication is superior to the remaining formulary alternatives in management of the patient's condition. Although the provider is concerned with a possible transference with use of topical agents, this is not a contraindication for use of the alternative medications. Strict adherence to the recommended handling of clothing and application site care can limit the risk of accidental exposure and patients should be encouraged to practice these recommendations to avoid exposing other persons to the drug. In addition, there is no documentation of the patient having 2 early morning testosterone levels that are below the testing laboratory's lower limit of the normal range on separate days to support a diagnosis of low testosterone/hypogonadism and to warrant the need for testosterone replacement therapy. An overall diurnal rhythm is present for testosterone levels with the highest levels of circulating testosterone occurring during the early morning hours. Therefore, testosterone levels should be determined in the morning, and studies should be repeated in patients with subnormal levels, especially those with no definite signs or symptoms of hypogonadism. Interpretation of serum testosterone measurements in men should take into consideration its diurnal fluctuation, which reaches a maximum at about 8 AM and a minimum, so the measurements should always be made in the morning, ideally between 8 to 10 AM."

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

COMMENTS:

NAME: **SS#:**
REGARDING:

Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program

EMPLOYER: Fort Myer **STATUS:** Active

ISSUE: Prescription – Excluded Drug #Rx25/171-2443

FUND RULE:
"**Exclusions and Limitations**

The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

25. Treatment of obesity is not covered, nor are weight reduction or physical fitness programs."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 98, #25)

SUMMARY: Appeal Received: December 31, 2025

The **provider,** Simona Sirbu, MD, is appealing on behalf of the participant's spouse for coverage of Wegovy, which is an injectable prescription drug used for weight loss. It was noted that a Prior Authorization for Wegovy was denied by CVS/Caremark because weight loss medications are not covered under the Plan.

Dr. Sirbu states in the appeal that the participant's spouse has a past medical history of prediabetes, hyperlipidemia, and a BMI of 66.43. Dr. Sirbu further states that despite sustained and documented efforts including dietary modification, lifestyle changes, and exercise, the participant's spouse has been unable to achieve or maintain clinically meaningful weight loss and her comorbidities significantly increase her risk for cardiovascular disease, metabolic complications, and reduced quality of life. Lastly, Dr. Sirbu states that without effective treatment, the participant's spouse is at high risk for disease progression, increased healthcare utilization, and preventable complications.

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

NAME: **SS#:**

Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program

EMPLOYER: S&J Service, Inc. **LOCAL:** 77
STATUS: Active

ISSUE: Hospital/Medical – No Response to Requests for Additional Information #M25/162-8396

FUND RULE:
"**CLAIMS FILING AND APPEALS INFORMATION AND PROCEDURES**

You Must Provide Information to the Fund Office Upon Request. The Fund Office has the right to request further information in order to properly process a claim under the Plan's provisions. If a claimant fails to provide the necessary information within a reasonable period not to exceed thirty (30) days, the Fund shall have no duty to pay the claim until such time as the documents are provided, but in no event later than 365 days."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 124)

"**EXCLUSIONS AND LIMITATIONS**
The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

2. The Fund will not pay if a third party is responsible for your injury."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 95, #2)

SUMMARY:

Date(s) of Service:	March 13, 2025
Claim(s) Received:	March 18, 2025
Claim(s) Denied:	November 5, 2025
Appeal Received:	November 12, 2025

The **provider,** Anne Arundel Physicians/Luminis Health, is appealing for payment of a claim that was denied.

Fund records indicate Anne Arundel Physicians/Luminis Health submitted a claim for an office visit on March 13, 2025 with a diagnosis indicating the participant fractured his left wrist. In accordance with Fund rules, the Fund will not pay for services if a third party is responsible for the injury. The Fund Office mailed accident questionnaires to the participant on April 2, 2025 and June 2, 2025 in order to verify the nature of his injury. The claim was denied when no response was received.

Information received with the provider's appeal indicates the participant injured his left wrist in a motor vehicle accident on November 5, 2024. After the appeal was received, the Fund Office mailed accident questionnaires to the participant again on November 13, 2025 and December 1, 2025. To date, there has been no response from the participant.

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

NAME: **SS#:**
REGARDING:

Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program

EMPLOYER: **LOCAL:** 77
STATUS: Active

ISSUE: Hospital/Medical – Medical Necessity #M25/158-1398

FUND RULE:
"**CONIFER HEALTH SOLUTIONS**
UTILIZATION MANAGEMENT (CERTIFICATION OF CARE SERVICE)

You must contact Conifer Health Solutions at (844) 739-8913 to certify all inpatient hospital admissions (and within 24 hours of an emergency admission). This number is also shown on the front of your Fund ID card. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 68)

"**Treatment Must be Medically Necessary**
All treatment must be medically necessary as determined by the Board of Trustees in order to be eligible for coverage. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 78)

"**EXCLUSIONS AND LIMITATIONS**
The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

5. The Plan does not cover any medical care, including examinations, procedures and treatments, which are not recommended or approved by a legally qualified physician or surgeon and which are not approved by the Board of Trustees. **All treatment must be medically necessary unless covered under preventive or otherwise specified as being covered in the booklet.**"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 95, #5)

SUMMARY:

Date(s) of Service:	June 5, 2025 through June 6, 2025
Claim(s) Received:	June 20, 2025
Claim(s) Denied:	November 7, 2025
Appeal Received:	October 27, 2025

The **provider,** Johns Hopkins Hospital, is appealing for payment of an inpatient hospital claim for the participant's spouse that was deemed not medically necessary by Conifer Health Solutions. The provider states, in summary, that the participant's spouse's dermatologist referred her to the emergency room for further evaluation and treatment as her skin disease was worsening with reports of subjective fever. Included with the appeal were treatment notes.

Fund records indicate Johns Hopkins Hospital submitted a claim for a 1-day inpatient admission with a primary diagnosis of "Generalized pustular psoriasis." Letters were mailed to the participant's spouse and the provider on June 30, 2025 and August 29, 2025, advising that these services require certification from Conifer Health Solutions ("Conifer") in order to be considered for coverage.

Conifer completed a review of these services on or about October 9, 2025. Conifer advised that the inpatient admission was **not medically necessary**, stating in summary, **"Based on the review, the service is denied because care could be provided in a less acute setting. Induction therapy with Spesolimab does not constitute admission to an inpatient setting."**

Conifer subsequently conducted a reconsideration on or about October 20, 2025, which upheld the original determination. Conifer stated, **"The treatment administered during the hospital stay did not meet the threshold for inpatient care. The patient did not receive complex or intensive therapy requiring inpatient supervision, and the care provided was consistent with what can be safely delivered at an observation level of care. The additional clinical information did not change the determination."**

The participant's spouse contacted the Fund Office on October 24, 2025, and stated that her dermatologist asked her to go immediately to the emergency room with concerns that her condition had turned life threatening. Included with the participant's spouse's correspondence was a letter of medical necessity from Myriam L. Vega Gonzalez, MD. Dr. Gonzalez stated, in summary, that the participant's spouse's condition was considered a dermatologic emergency that could be potentially life threatening if not diagnosed and treated promptly.

The provider's appeal was received on October 27, 2025. After the appeal was received, all available documentation was forwarded to Conifer for an appeal level reconsideration, which again upheld the original determination. Conifer stated, **"The inpatient admission was not medically necessary nor the standard of care. This patient had no signs of hemodynamic [in]stability or erythrodermic rash that required inpatient admission. The patient was notably tachycardic and dehydrated but received IV fluids in the emergency room which does not require admission. A biopsy was performed, but this is a service that can be provided on an out-patient basis. Biopsy result was not available during the admission and did not change the patient's inpatient admission course. Spevigo was administered while inpatient but this could have also been administered on an outpatient basis. There is no reason that the patient required inpatient level of care."**

The claim was denied by the Fund Office because the services were deemed not medically necessary.

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

COMMENTS:

NAME: **SS#:**
REGARDING:

Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program

EMPLOYER: Williams Equipment Co. **LOCAL:** 77
STATUS: **Deceased, December 2, 2025**

ISSUE: Hospital/Medical – Excluded Services #M26/103-7512

FUND RULE:
"**EXCLUSIONS AND LIMITATIONS**
The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

10. The Plan does not cover any services, treatment, drugs, or supplies which are experimental or investigational in nature, including any services, treatment, drugs or supplies which are not recognized as acceptable medical practice. A determination of whether service, care, or treatment is experimental in nature or not considered a generally accepted medical practice shall be solely within the discretion of the Board of Trustees, whose determination on that issue shall be final and binding on all concerned. In addressing whether any service, care, or treatment comes within the terms of this exclusion, the Trustees will consult and consider such sources available to the Board within the medical community as the Trustees shall deem in their sole discretion to be reliable, reasonable, up-to-date, and independent of influence by parties who may have a proprietary or economic interest in the outcome. ***Prior to March 23, 2010, the Trustees determined that genetic testing, including any medical procedures or treatment related to genetic testing, including but not limited to gene therapy, are not covered by the Plan because they are experimental and/or investigational in nature***."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 96, #10) (emphasis added)

SUMMARY:

	Date(s) of Service:	July 7, 2025
	Claim(s) Received:	September 12, 2025
	Claim(s) Denied:	September 19, 2025
	Appeal Received:	January 14, 2026

The **provider,** LabCorp, is appealing for additional payment on a laboratory claim for the participant's spouse that was partially denied. The provider states, in summary, that this testing was medically necessary.

Fund records indicate LabCorp submitted a claim for multiple blood tests, including genetic testing (CPT 81373), performed on July 7, 2025 with a diagnosis of "Multiple Sclerosis." The charges were paid, up to the limits of the Plan, excluding the genetic testing. Those charges were denied because genetic testing is not a covered benefit of the Plan.

Note: Medical necessity was not a factor in the claim denial.

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

NAME: **SS#:**

Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program

EMPLOYER:	Anchor Construction Co.	**LOCAL:**	77
		STATUS:	Active

ISSUE: Hospital/Medical – Experimental/Investigational, Late Appeal #M25/167-7250

FUND RULE:
"**EXCLUSIONS AND LIMITATIONS**

The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

10. The Plan does not cover any services, treatment, drugs, or supplies which are experimental or investigational in nature, including any services, treatment, drugs or supplies which are not recognized as acceptable medical practice. A determination of whether service, care, or treatment is experimental in nature or not considered a generally accepted medical practice shall be solely within the discretion of the Board of Trustees, whose determination on that issue shall be final and binding on all concerned. In addressing whether any service, care, or treatment comes within the terms of this exclusion, the Trustees will consult and consider such sources available to the Board within the medical community as the Trustees shall deem in their sole discretion to be reliable, reasonable, up-to-date, and independent of influence by parties who may have a proprietary or economic interest in the outcome. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 96, #10)

"**DEFINITIONS**

Experimental. Any service, care or treatment that is experimental in nature or which is not considered a generally accepted medical practice. A determination of whether service, care or treatment is experimental in nature or not considered a generally accepted medical practice shall be solely within the discretion of the Board of Trustees, whose determination on that issue shall be final and binding on all concerned. In addressing whether any service, care or treatment comes within the terms of this exclusion, the Trustees will consult and consider such sources available to the Board within the medical community as the Trustees shall deem in their sole discretion to be reliable, reasonable, up to date and independent of influence by parties who may have a proprietary or economic interest in the outcome."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Page 20)

"**Appealing a Denied Claim**

Appeals Procedure for Medical Claims Including Concurrent Care, Pre-Service, and Post-Service Claims. […]

b. Time to Appeal. You have 180 days following receipt of a notification of an adverse benefit determination within which to appeal the determination; […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, January 2025, Pages 134-135)

SUMMARY:	Date(s) of Service:	April 29, 2025
	Claim(s) Received:	May 5, 2025
	Claim(s) Denied:	May 19, 2025
	Appeal Received:	November 21, 2025 **(6 days late)**

The **provider,** Telahun, Shrader & Rivera, MD, is appealing for payment of a claim for an intraocular Avastin injection that was denied. The provider states, "Avastin is approved for treatment of proliferative diabetic retinopathy." Included with the appeal were treatment notes dated April 29, 2025.

Fund records indicate Telahun, Shrader & Rivera, MD submitted a claim for an Avastin (generic Bevacizumab) injection rendered on April 29, 2025 with the diagnosis "Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema." The claim was denied because Avastin has not been FDA-approved for the treatment of this diagnosis.

After the appeal was received, it was sent to Conifer Health Solutions ("Conifer") for review. Conifer advised the Fund Office that the treatment **was medically necessary.**

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

COMMENTS:

OTHER FUND BUSINESS

NO OCTOBER CLAIMS

Performance Overview

Zenith American Solutions - Associated Administrators	
CA031316 Local 77 Operating Engineers (C0313) - StatusChangeDate - (11/1/2025 - 11/30/2025)	
Total Gross Savings	$153,262.39
Total Net Savings	$107,283.66

Gross Claims Editing Savings	$0.00
Net Claims Editing Savings	$0.00
Total Billed Submitted	$0.00
Total Allowed Amount Submitted	$0.00
Recommended # of Edits	0
# of Edits Utilized	0
Non-Utilized Savings	$0.00
Overall Savings	0.00%
Gross Expert Claims Review Savings	$0.00
Net Expert Claims Review Savings	$0.00
Total Billed Submitted	$0.00
Total Allowed Amount Submitted	$0.00
Success Rate	0.0%
Average Discount	0.0%
Gross Out of Network Services Savings	$153,262.39
Net Out of Network Services Savings	$107,283.66
Total Billed Submitted	$208,229.10
Total Allowed Amount Submitted	$208,129.10
Success Rate	100.0%
Average Discount	73.64%
Gross NSA Savings	$0.00
Net NSA Savings	$0.00
Total Billed Submitted	$0.00
Total Allowed Amount Submitted	$0.00
Success Rate	0.0%
Average Discount	0.0%
Gross PEPM Savings	$0.00
Net PEPM Savings	$0.00
Total Administrative Allowance	$24,828.44
PEPM Administrative Allowance	$0.00

Performance Overview

Zenith American Solutions - Associated Administrators	
CA031316 Local 77 Operating Engineers (C0313) - StatusChangeDate - (12/1/2025 - 12/31/2025)	
Total Gross Savings	$88,943.12
Total Net Savings	$62,260.18

Gross Claims Editing Savings	$0.00
Net Claims Editing Savings	$0.00
Total Billed Submitted	$0.00
Total Allowed Amount Submitted	$0.00
Recommended # of Edits	0
# of Edits Utilized	0
Non-Utilized Savings	$0.00
Overall Savings	0.00%
Gross Expert Claims Review Savings	$0.00
Net Expert Claims Review Savings	$0.00
Total Billed Submitted	$0.00
Total Allowed Amount Submitted	$0.00
Success Rate	0.0%
Average Discount	0.0%
Gross Out of Network Services Savings	$88,943.12
Net Out of Network Services Savings	$62,260.18
Total Billed Submitted	$130,859.00
Total Allowed Amount Submitted	$130,859.00
Success Rate	100.0%
Average Discount	67.97%
Gross NSA Savings	$0.00
Net NSA Savings	$0.00
Total Billed Submitted	$0.00
Total Allowed Amount Submitted	$0.00
Success Rate	0.0%
Average Discount	0.0%
Gross PEPM Savings	$0.00
Net PEPM Savings	$0.00
Total Administrative Allowance	$14,408.78
PEPM Administrative Allowance	$0.00

CONIFER
HEALTH SOLUTIONS®

Operating Engineers Local 77
Plan Performance Report

Calendar Year 2025

Today's Agenda

1. Executive Summary

2. Population Overview
   a. Key Indicators
   b. Risk Stratification
   c. Categories of Care
3. Personal Health Management (PHM)
   a. Outreach
   b. Outcomes
   c. Cost Savings
   d. Case Study
4. Utilization Management (UM)
5. Appendix

Executive Summary

Population Overview

- This report is based on paid claims data from January 1 through December 31, 2025 with historical data from January 1, 2023 through December 31, 2024. This report excludes Medicare Retiree plans.
- 2025 total health care claims (medical & pharmacy) increased 16.7% in 2025 when compared to 2024 calendar year results. Medical claims increased 11.7% while Rx claims increased 29.%.
- There were 9 members that had claims of $250,000 in 2025, representing 24% of total claims. The top 3 claimants accounted for $2.51 million, or 14% of total claims, and were all active on the plan at the end of the year.

Engagement

- **99% engagement** for Calendar Year 2025 is consistently higher than Conifer's Book of Business average.
- Personal Health Nurses were **able to reach 70**% of members identified for management, which is higher than Conifer's Book of Business average.

Results

- There was a **decrease in all modifiable Priority and High Risk triggers** for engaged members year over year indicating improvements in health management and utilization of benefits.
- Medical Management **savings ratio of 4.87:1** for Calendar Year 2025 with top categories including averted readmissions and averted inpatient admissions

Satisfaction

- Surveys reported **100% Satisfaction** in the calendar year 2025.

Today's Agenda

1. Executive Summary
2. **Population Overview**
    a. **Key Indicators**
    b. **Risk Stratification**
    c. **Categories of Care**
3. Personal Health Management (PHM)
    a. Outreach
    b. Outcomes
    c. Cost Savings
    d. Case Study
4. Utilization Management (UM)
5. Appendix

Monitoring Key Indicators

3-Year Review

- **Average enrollment** has remained consistent the past three years. At the end of 2025, there were 1,209 employees (2,985 total members) on the plan with an average age of 39 for covered employees and 31 for all plan participants.

- **Total Medical/Rx PMPM** increased 16.7% in 2025 when compared to the 2024 plan year.

- **Rx PMPM** increased 29% in 2025 when compared to 2024. Gattex, Hemlibra, and Skyrizi were the top three drugs by paid claims. Generic drugs represented 90% of total scripts and 17% of total Rx spend. 90-day supplies represented 34% of total scripts and 17% of Rx spend.

- **High-Cost Claimants** – there were 63 claimants that utilized $50,000+ (Medical and Rx) in 2025. These members represented 2.1% of membership and 57.7% of total paid claims. 54 of these members were outreached by the PHN and all 43 reached members engaged in medical management.

  - There were 9 claimants with paid claims over $250,000. Two are showing as inactive on the plan at the end of the year. All 9 members were outreached by the Personal Health Nurse - 6 were reached and all engaged.

  - These 9 claimants represented 24.2% of total claims.

Metric	CY 2023	CY 2024	CY 2025
Number of Employees (avg)	1,223	1,228	1,217
Number of Members (avg)	3,038	2,990	3,006
Medical PMPM	$261.44	$298.64	$333.56
RX PMPM	$100.36	$118.29	$153.10
Total PMPM	**$361.80**	**$416.93**	**$486.66**
General COC PMPM			
Hospital Related	$149.80	$177.56	$191.62
Professional	$104.99	$113.73	$134.65
Other	$6.65	$7.35	$7.29
Rx	$100.36	$118.29	$153.10
Total	**$361.80**	**$416.93**	**$486.66**
Claimants over $50,000 (Med/Rx)			
Number of Claimants	56	62	63
% of Population	1.9%	2.0%	2.1%
% of Total Paid	54.8%	60.5%	57.7%
Largest Claimant Cost	$451,751	$1,054,523	$1,234,086
Claimant Breakdown:			
$1 million+	0	1	1
$500k - $999k	0	1	2
$250k - $499k	5	7	6
$100k - $249k	22	16	24

Monitoring Key Indicators *(continued…)*

Members eligible at the end of each year

Predicted Trend	CY 2023		CY 2024		CY 2025	
	#	%	#	%	#	%
Number of Members	2,977	n/a	2,990	n/a	3,006	n/a
Priority Risk	9	0.3%	5	0.17%	9	0.30%
High Risk	166	5.6%	176	5.9%	187	6.3%
Predicted to Spend $5,000+ in next 12 Months	657	22.1%	689	23.0%	680	23.0%
▸ Prevalent Chronic Conditions among these members*	344	52.4%	322	46.7%	332	48.8%
High-Cost Cancers**	15	0.5%	17	0.57%	20	0.68%

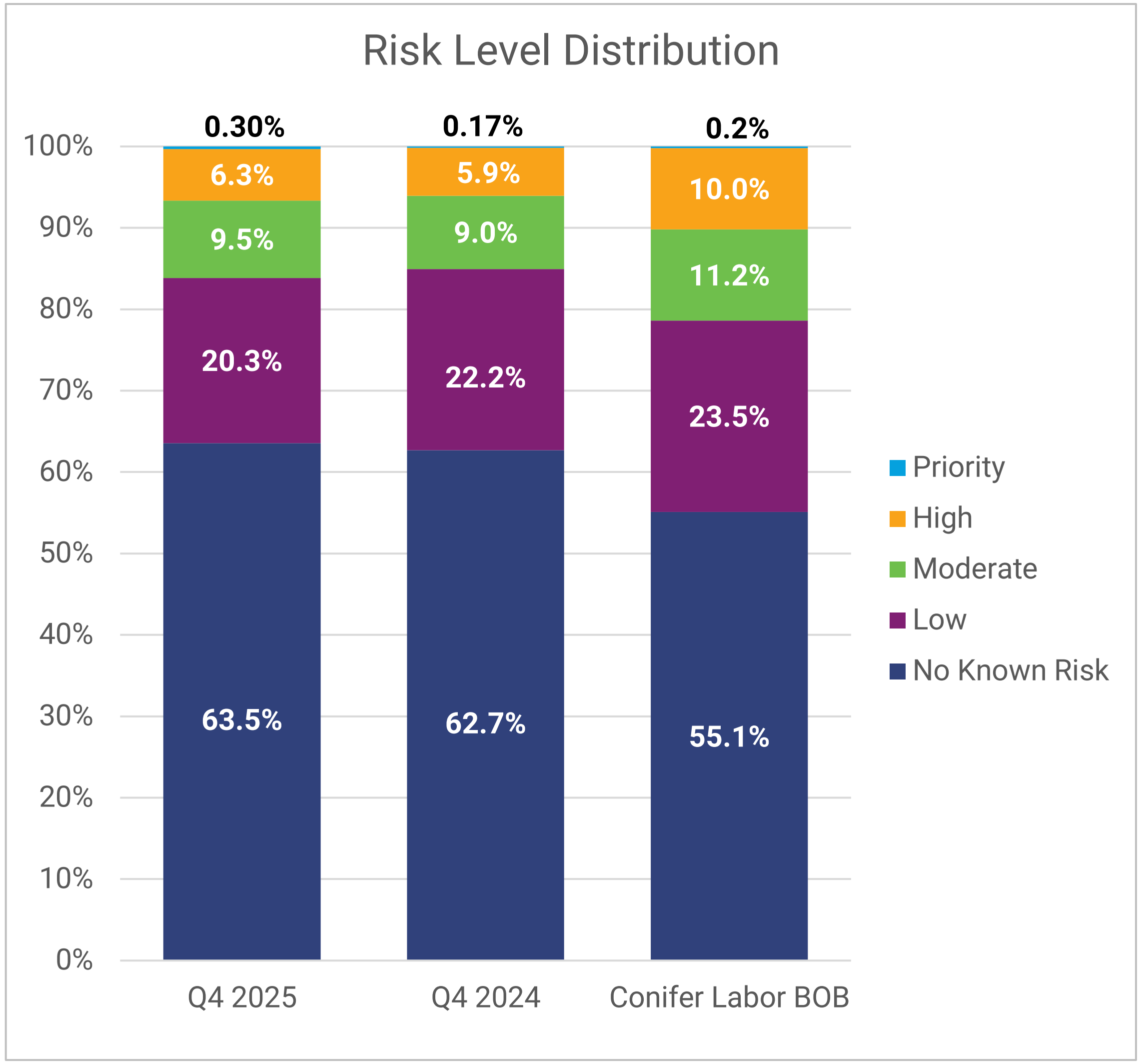
- Overall, **6.6% of members identified as Priority or High Risk** at the end of 2025, an increase compared to the past two years:
  - Members considered **Priority Risk** include **3** members identified as readmission risks, **3** for first occurrences of NDC/HCPCS greater than $5,000 in the prior month, and several newly identified cancer claimants.
  - The key triggers for members considered **High Risk** include **81** using more than $5,000 in Rx in the prior 6 months, **53** members with 9+ unique prescribing physicians in the past 12 months, and **33** members who utilized 15+ unique providers in the past 12 months.
- Of the number of members predicted to spend $5,000+ in the next 12 months, the most prevalent conditions are **screening/preventive care, cardiovascular, and metabolic**. Nearly half of these members are categorized as having a chronic medical condition.

** Prevalent Chronic Conditions include Diabetes, Hypertension and Ischemic Heart Disease*
*** High-Cost Cancer(s) include breast, soft tissue, lung, leukemia, colon, liver, lymphoma, brain/spinal cord, multiple myeloma, pancreatic and prostate*

Comparing Risk Stratification

Members eligible on 12.31.2024 and 12.31.2025

- **Overall**, 16% of the membership is considered to be a moderate risk or higher. This is below Conifer's Labor Book of Business (LBoB) of 21%. However, each of the higher categories has increased over the past 3 years.
- **The Priority Risk** population had 9 members at the end of 2025. Examples of this category are readmission risks, newly identified cancer diagnoses, and high-cost prescription drugs. This category generally fluctuates between 0.1 and 0.3%.
- Members considered **High Risk** have increased in 2025, with 187 identified at the end of the year. Examples of this category are members predicted to incur $25,000, members with greater than $25,000 in the past 6 months, members with a high number of provider or prescribing physician interactions, and major illnesses (e.g. cancer, renal failure, congestive heart failure).
- The **Moderate and Low Risk** combined populations are lower than the Conifer LBoB, while the **No Known Risk population** is higher. "No Known Risk" members are participants that have some medical and pharmacy claims (but none that would stratify to a higher risk) or participants with no claim history in the past 12 months. The Fund's overall low average age is a contributing factor to this. Any encouragement to members to see a Primary Care Physician would assist in lowering this number.



Identifying Cost Drivers by Category of Care (COC)

PMPM Year over Year Comparison

- **Overall, the 2025 key medical cost drivers** increased 12% compared to 2024 calendar year results.
- **Inpatient Hospital** remained the highest cost driver in 2025. Room & Board was the main component of this category, representing 76% of total claims and saw an increase of 17% in costs year over year.
- **Facility** costs increased 25% in 2025 compared to 2024. Paid claims for Outpatient Services comprise 87% of this category and increased 40% in 2025.
- **Medicine** expenses increased 10% in 2025, mainly due to increases in expenses for chemotherapy ($2.69 PMPM to $9.38) and dialysis ($1.85 PMPM to $8.53).
- Expenses related to **Procedures** increased 31% overall in 2025. The increase in this category was driven by increases in costs and demand for the Respiratory System category.

Category of Care* - Per Member Per Month (PMPM)	CY 2024	CY 2025	Δ
Inpatient Hospital	$102.59	$103.53	+1%
Facility	$51.81	$64.57	+25%
Medicine	$42.33	$46.40	+10%
Evaluation & Management	$28.54	$33.73	+18%
Emergency Room	$23.16	$23.52	+2%
Procedures	$16.62	$21.79	+31%
Outpatient Radiology	$12.77	$18.55	+45%
Outpatient Laboratory	$5.78	$5.72	-1%
Anesthesia	$5.16	$5.71	+11%
Other Outpatient Services	$3.44	$5.15	+50%
Outpatient Pathology	$2.53	$2.75	+9%
Ambulance	$3.42	$1.12	-67%
Undefined Services	$0.22	$0.21	-5
Totals	**$298.37**	**$332.75**	**+12%**

**Sub-Categories listed in Appendix*

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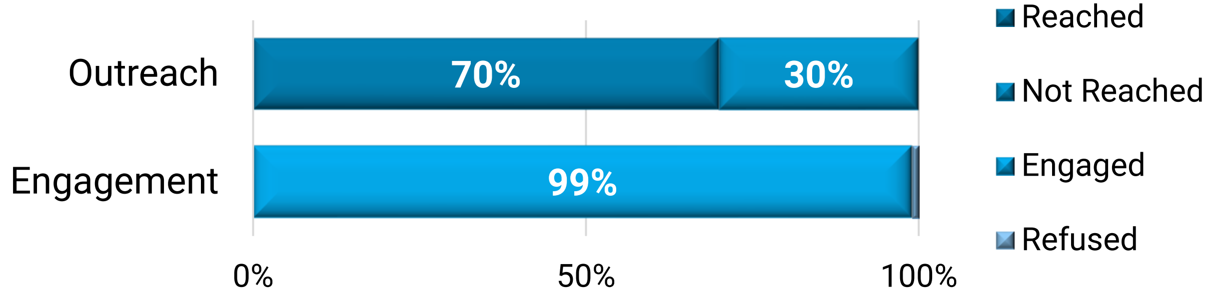
2. Population Overview
   a. Key Indicators
   b. Risk Stratification
   c. Categories of Care
3. **Personal Health Management (PHM)**
   a. **Outreach**
   b. **Outcomes**
   c. **Cost Savings**
   d. **Case Study**
4. Utilization Management (UM)
5. Appendix

Targeting and Engaging Members

Calendar Year 2025

	Total Population	Outreached	Not Reached	Reached	Refused	Engaged
Number of Unique Members	3,006	281	99	194	2	192
Number of Episodes	NA	351	104	247	2	245
Total Healthcare Costs last 12 months	$18.0M	$12.3M	$4.6M	$9.8M	$42.0K	$9.7M
Healthcare Costs/Member last 12 months	$5.1K	$43.7K	$46.8K	$50.5K	$24.0K	$50.7K
Average Risk Score	60.27	60.59	64.92	60.45	46.80	60.60

CY 2025 Member Response Breakdowns



Quarterly Engagement Trend

Q4 2025: 99%

Q3 2025: 99%

Q2 2025: 100%

Q1 2025: 100%

Comparing Outreach Members Who Do Not Engage

Calendar Year 2025

Not reached - 99

Utilization Risk Triggers

- Claims Utilization GT $5K in RX in prior 6 months
- Predicted claims GT $25K
- Readmission risk
- Unique Prescribing Physician Interactions 15+ in the prior 12 months

Primary Health Conditions

- Antineoplastic Chemotherapy induced anemia and pancytopenia
- Pneumonia
- Inflammatory Renal Condition
- Sex Hormone Disorder

Average Health Care Costs

- $46.8K per member in the last 12 months

Outreach Results

- 74% No response to outreach (i.e., no answer)
- 26% Unable to locate (i.e. no valid number)

Ongoing Focus

- Utilize providers, pharmacies, and online resources for contact information
- Continue to outreach while inpatient, as applicable
- Updated Conifer Corners for name recognition

Refused - 2

Utilization Risk Triggers

- Claims Utilization- GT $25K in medical in prior 6 months
- Unique Prescribing Physician Interactions 9+ in the prior 12 months
- Predicted costs between $10,000-$24,999

Primary Health Conditions

- Other conditions of Ears, Nose and Throat
- Tear of Meniscus
- Hemorrhoids
- GERD
- Appendicitis

Average Health Care Costs

- $26.0K per member in the last 12 months

Outreach Results

- 100% Hung up prior to conversation

Ongoing Focus

- Adjusting clinical scripts based on reason for refusal
- Including Conifer updates in newsletters for increased program awareness

Identifying the Most Prevalent High-Risk Triggers

Members Engaged Q4 2024 with High-Risk Triggers for Q4 2024 v. Q4 2025

Readmission Risk Modifiable	- 100%
Claims Utilization-single dose GT $5,000 Modifiable	- 18%
Claims GT $25,000 in medical in prior 6 months Modifiable	- 39%
Claims Utilization-15+ provider interactions in the prior 12 months Modifiable	- 28%
Claims Utilization-9+ Prescribing provider interactions in the prior 12 months Modifiable	- 15%

Interventions Driving Change

- Coordination of In-Network providers
- Education on complex chronic and acute disease management
- Encourage provider and specialist adherence
- Coordination with pharmacies to assist with prescription costs and barriers
- Resource integration addressing social determinants of health

Observations and Next Steps

- Monitor adherence to providers treatment plan
- Continue to assess risk triggers and provide needed education and resources to modify these triggers
- Gaps in care are identified and coordinated as needed for all members who are engaged

Monitoring Preventive Screening Adherence

Members Engaged Q4 2025 v. Total Population Q4 2025

The Personal Health Nurse impacts compliance to preventive screenings while assisting members with chronic and acute health needs. There is still a potential to impact adherence with the overall population.

Recommendations:

- Focus member education on the importance, benefits, and recommended frequency of preventive screenings
- Assess barriers to completion of recommended screenings and coordinate resources as needed
- Possibly send educational mailings to all members who are nonadherent to recommended screenings i.e. a gaps in care campaign/no claims campaign

+28 pts — **Breast Cancer Screening Adherence**
62% vs 34%

+39 pts — **Adherence to Preventative Ambulatory Services**
94% vs 55%

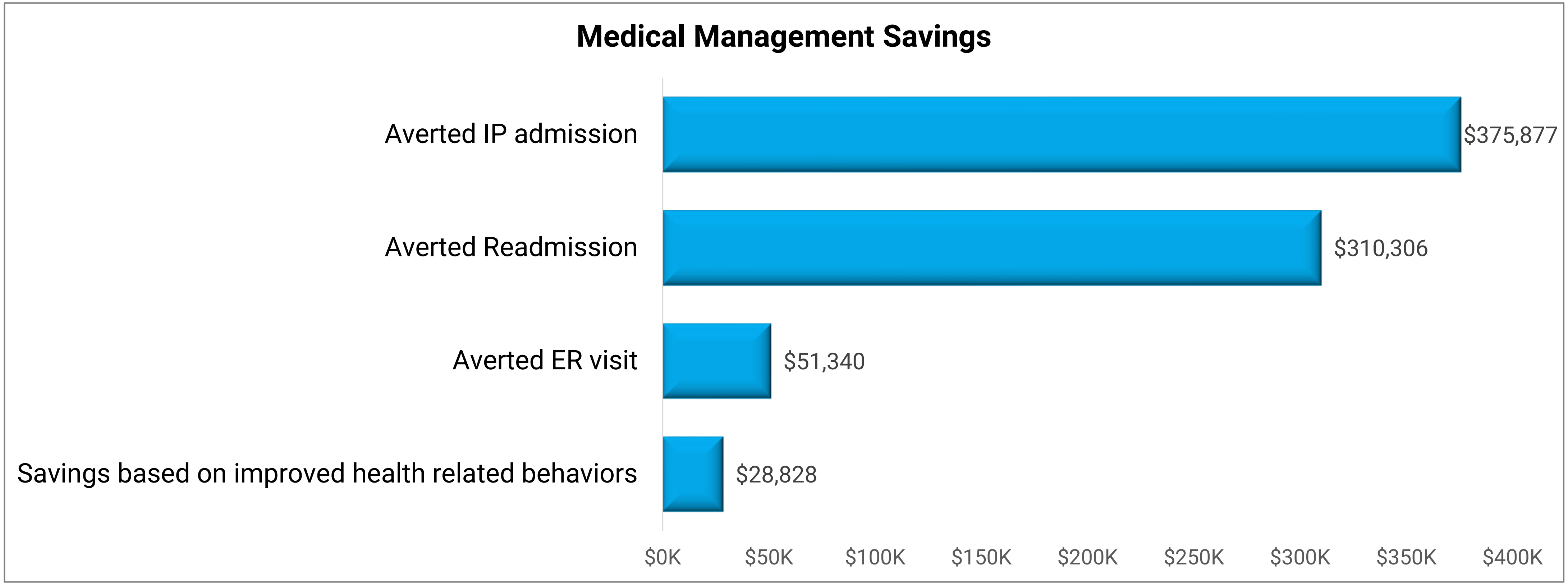
+30 pts — **Colorectal Cancer Screening Adherence**
65% vs 35%

+31 pts — **Cervical Cancer Screening Adherence**
72% vs 41%

Saving on Services while Helping Members

Calendar Year 2025

Savings Ratio	4.87
Cost of medical management services	$157,243
Savings from medical management services	$766,351



Going the Distance Every Day

Preventing admissions through provider collaboration

Member Situation

- 54-year-old male
- Member reports "fluid collection" on the bottom of his foot.
- History of diabetic neuropathy, type II diabetes and hyperlipidemia.
- Member broke his foot two years ago and reports poor healing.
- Member did see PCP regarding foot and was referred to Orthopedics.
- Member did not follow up with Orthopedic because he was afraid of being off of work or having to wear a boot.

How a Conifer VBC Personal Health Nurse (PHN) Helped

- PHN educated member on importance of Orthopedic evaluation to assess his foot. PHN educated member on risk of tissue damage to feet with an associated diabetes diagnosis.
- PHN educated member on diabetic foot care to monitor for ulceration or other skin breakdown.
- PHN contact PCP office to review status and treatment plan.
- PHN worked with DME provider for diabetic shoe insert and obtaining a prior authorization.
- PHN facilitated a medical necessity review for the shoe inserts.
- PHN worked with client for clarification on shoe insert benefits.

Member's Results

- Member agreed to attend the Orthopedic evaluation after PHN's education.
- Member received a diagnosis of Charcot Foot with rocker bottom deformity.
- Member verbalized understanding of how to care for his feet and the need for shoe inserts.
- Member has engaged with the DME company and has an appointment for insole fitting.

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Utilization Management

Calendar Year 2025

Top Authorizations	2025
Total UM Referrals	584
Inpatient Acute Care	135
Outpatient Surgery	154
Outpatient Behavioral Health Services/ Partial Hospitalization Program	116
Home Health Care: Skilled Nursing, Physical/Occupational Therapy, Infusions	80
Approvals	534
Partial Approvals	17
Denials	33

Adverse Determinations	Category of Care	Reason for Denial
Denials	▪ Bariatric ▪ Chiropractic care ▪ DME: >$1500 ▪ DME: Orthotics ▪ Habilitative service ▪ IP Hospital stay ▪ Outpatient surgery ▪ Psychological testing ▪ Rehab: ST/OT/PT ▪ Transplant ▪ Vein Therapy ▪ Behavioral Health	▪ Does not meet standard of practice ▪ Not a covered benefit ▪ Not medically necessary
Partial Approvals	▪ IP Hospital Stay ▪ Psychological testing ▪ Outpatient surgery ▪ Rehab: PT ▪ Residential Treatment BH/SA	▪ Partially not medically necessary ▪ Lack of information

Working Together to Support Your Members

- Partnership to increase awareness and participation
- Chronic condition adherence
- Priority and high-risk member outreach
- Continue to engage members identified from Utilization file feed

- Possible Gaps in Care campaign targeting members without a PCP and/or members without prior claims utilization.
- Link Gaps in Care letter to Introduction Letters
- Conifer contributions to Newsletters

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Conifer Team Structure

Role	Name	Interaction	Responsibility
Regional VP, Client Delivery Population Health	Joe Sears	**Operations** *Weekly/Monthly/Quarterly*	Account Lead, escalation point; manage overall account performance
Manager, Population Health	Lindsey Luma	***Daily***	Direct oversight of clinical operations and PHN team; Only resourced through Client Delivery request
Sr Director Clinical Operations	Michele Hamilton	**Operations** *Quarterly/As Needed*	Operational oversight of clinical operations
VP, Population Health	Justin Berry	**Sr. Leadership** *Quarterly/As Needed*	Executive Oversight for Client Delivery

Acronyms

Acronym	Expansion
A1C or HgbA1C	Hemoglobin A1c
ALOS	Average Length of Stay
BMI	Body Mass Index
BOB	Book of Business
CAD	Coronary Artery Disease
CHF	Congestive Heart Failure
COC	Category of Care
CMI	Case Mix Index
EBM	Evidence Based Medicine
ED	Emergency Department
EOS	Episode of Service
ER	Emergency Room
GT	Greater Than
ICD	International Classification of Diseases
IP	Inpatient
LDL	Low Density Lipids

Acronym	Expansion
LOS	Length of Stay
PEPM	Per Employee Per Month
PHM	Personal Health Management
PHN	Personal Health Nurse
UM	Utilization Management

Glossary of Terms

Term	Definition
Case Mix Index (CMI)	a means to measure the relative health of a population where each Episode of Care (EOC) for a patient is assigned an Episode Treatment Grouping (ETG) and each ETG is assigned a relative value or weight to calculate the rate by summing the relative values for the population and then dividing that number by the number of episodes encountered for the population
Eligible	the total unique members who are eligible for medical management
Engaged	the total unique reached members who agreed to engaged in medical management
Hemoglobin A1c (HgbA1C)	Diabetic Control Measurement
ICD-10	patient diagnosis or procedure codes (i.e., ICD-10-CM or ICD-10-PCS, respectively); the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO)
Not Reached	the total unique members who a personal health nurse (PHN) attempted to reach by phone but were either unable to locate (UTL) because of a bad phone number or were unresponsive and did not pick up the phone
Outreached	the total unique members who a personal health nurse (PHN) attempted to reach by phone and were either reached or not reached
Pending	the total unique triggered members a personal health nurse (PHN) is still attempting to reach by phone
Reached	the total unique triggered members with whom a personal health nurse (PHN) has spoken on the phone and who either agreed to engaged in medical management or refused to participate at the given time

Glossary of Terms

Term	Definition
Refused	the total unique reached members who refused to participate in medical management at the given time
Targeted	the total unique members identified as “Priority” or “High” risk in Conifer’s proprietary “Risk Stratification” application

Cost Savings Definitions

Cost Savings Description	Definition
Averted ER Visit	Averted ER Visit category is appropriate when the Medical Management Nurse directly works with the member/member caregiver to address acute health issue(s) to avoid need for emergent care.
Savings based on improved health related behaviors	After engagement with PHN, member shows improvement in clinical and behavioral outcomes.
Averted IP admission	Medical Management Nurse directly works with member/member caregiver and healthcare team to address acute health issue(s) that would likely result in an inpatient admission without intervention.
Averted Readmission	Averted Readmission category is appropriate when the Medical Management Nurse directly works with member/member caregiver and healthcare team following an acute inpatient admission. MMN is actively involved in the Transitions of Care process. MMN works with healthcare team to ensure instructions are in place, and member safely transitions to home.

Category of Care – Sub-Categories

Classification	Sub-Categories
Inpatient Hospital	Room & Board, Non-Room & Board Service, Nursery Room & Board, Global Inpatient Services, ER Admissions
Facility	Outpatient Services, Ambulatory Surgical Center, Rehabilitation Facility, Skilled Nursing Facility
Evaluation & Management	Established Patient, Preventive Established Patient, New Patient, Emergency Department, Hospital Patient, Urgent Care, Preventive New Patient, Home Services, Outpatient Consultation, Physician Case Management, Inpatient Consultation, Nursing Facility Services
Medicine	Physical Medicine & Rehabilitation, Psychiatry, Infusions/Injectables, Immunizations, Chemotherapy, Neurology, Dialysis, Otorhinolaryngologic Services, Allergy, Special Services, Immune Globulins, Gastroenterology, Dermatology
Procedures	Cardiovascular System, Musculoskeletal System, Digestive System, Maternity Care/Delivery, Nervous System, Integumentary System, Respiratory System, Eye/Ocular Adnexa, Female Genital System, Urinary System, Male Genital System, Endocrine System
Outpatient Laboratory	Chemistry, Microbiology, Organ or Disease Oriented Panels, Immunology, Hematology & Coagulation, Drug Testing, Urinalysis, Transfusion Medicine, Therapeutic Drug Assays, Evocative/Suppression Testing
Outpatient Radiology	Diagnostic Imaging, Diagnostic Ultrasound, Radiation Medicine, Nuclear Medicine
Other Outpatient Services	Durable Medical Equipment, Medical Supplies, Orthotics & Prosthetics, Hearing Services, Miscellaneous HCPCS, Enteral & Parenteral Therapy
Outpatient Pathology	Surgical Pathology, Cytogenic Studies, Cytopathology, Molecular Pathology, Other Procedures, Anatomic Pathology, Consultation

CONIFER HEALTH SOLUTIONS®

Thank You