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

AUGUST 12, 2025

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

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (877) 850-0977
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HEALTH & WELFARE

AGENDA

August 12, 2025

I. CALL TO ORDER

II. MINUTES

- Regular meeting – May 13, 2025

III. FINANCIAL REPORT

- Investment Performance Services

IV. CONSULTANT'S REPORT

- Bolton – 2nd Quarter 2025
- LaborFirst 2026 MAPD Renewal and Marketing Analysis

V. ATTORNEY'S REPORT

VI. ADMINISTRATIVE MANAGER'S REPORT

- Gain/Loss Reports – June 2025

VII. PARTICIPANT APPEALS

VIII. OTHER FUND BUSINESS

- Testosterone Coverage
- Zelis Out Of Network Savings Apr-25 – Jun-25
- Conifer 2nd Quarter Report

IX. NEXT MEETING DATE AND LOCATION

- November 11, 2025

X. 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
MAY 13, 2025

The following Trustees were present:

UNION TRUSTEES	**EMPLOYER TRUSTEES**
J. VanDyke	John Knowles (via Zoom)
S. Faulkner	B. Horne
B. Gilroy – Local 77	B. Mazzella

ALSO PRESENT:

C. Fuller – McChesney & Dale, P.C.
D. Jensen – Associated Administrators, LLC
J. Mink – Investment Performance Services, LLC (via zoom)
K. Phillips – Associated Administrators, LLC

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 February 11, 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 February 11, 2025 as written.

III. FINANCIAL REPORTS

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 First quarter 2025. The report indicated assets of $38,949,326 as of March 31, 2025 compared to $36,681,095 as of December 31 2024, producing a gain of $283,835. The report further indicated the total return for the quarter ending March 31, 2025 was 0.8%. For domestic large cap equity, the returns were -6.9%; for investment grade fixed income, the returns were 2.5%; for short duration high yield fixed income, the returns were 1.6%; and for real estate, the returns were negative 1.1% for the quarter ending March 31, 2025.

Asset Allocation

Ms. Mink reviewed the current asset allocations. At the February 11, 2025 meeting is was decided that the Fund should decrease Real Estate Core and add Infrastructure.

The amount to be invested in infrastructure for the Trust Fund is $2,000,000. Two Investment managers were invited to present.

The Trustees welcomed Mr. Eric Maskalunas and Mr. Sam Richman of IFM Investors to the meeting.

IFM Investors – IFM is a global infrastructure manager with 3 decades of experience in the infrastructure sector investing with over 140 investment professionals. IFM offers the GIF Global Infrastructure Fund. The strategy is to manage a diversified portfolio of global infrastructure investments with a net target return of 8-12% over the long term. The GIF invests in Utilities, Energy and Transportation. Their management fee is 65 bps for commitments under $65M.

The Trustees welcomed Mr. Patrick White, Mr. Michael Pistner and Mr. Jeff Murphy from ULLICO Investment Company, LLC.

Ullico Inc. & Affiliates – The UIF product is an open ended infrastructure fund focused primarily on core assets in all sectors of infrastructure. Diversified portfolio with holdings of direct investments in the United States and Canada only. They have 27 investments with a market value of $6.20 billion. They include Renewable Electricity Generation, Energy Transition, District Energy, Electricity Transmission, Gas Transmission, Gas and Water Utilities and Transportation. Target Goal is 7-8% net return. Their management fee is 150 bps on the first $75M of commitments.

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

RESOLVED to invest $2 million with IFM.

The Trustees thanked Ms. Mink for her report and she was excused from the meeting.

IV. CONSULTANT'S REPORT

Bolton - First 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 March 31, 2025. Total revenue through the first quarter of 2025 was $19,665,238. Disbursements were $18,523,208, resulting in a surplus of $1,142,031. Mr. Devlin stated the Fund currently has an estimated 23 net months in reserve.

V. ATTORNEY'S REPORT

Summary Plan Description

Mr. Fuller reported that the SPD has been printed and is being mailed to participants.

New Amendment

Mr. Fuller reported that the Fund Office recently received a request to cover the spouse of a participant that does not have a social security number. The Plan document currently states that you have to have a social security number in order to be covered for benefits. According to Associated Administrators, they can enter the information into their system to cover the spouse with an alternate number. It was decided to create an amendment to the plan document to present to the Trustees for their consideration

that provides that a dependent may be added for coverage without a social security number as long as they have the correct documentation required by the plan to verify their dependent status

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

RESOLVED to amend the plan so that dependent eligibility may be added to a participants account without a social security number.

Organ Transplant

Mr. Fuller researched other Taft-Hartley plans regarding organ transplant coverage, specifically "grandfathered" plans. He suggested that further research be done to decide what should be covered under the plan. The Trustees agreed that since we have covered all of the appeals that were medically necessary, that we should have a study completed. Ryan Devlin was asked to complete this study.

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

RESOLVED to have Bolton complete a study about organ transplant coverage in Taft-Hartley plans.

VI. ADMINISTRATIVE MANAGER'S REPORT

Gain/Loss Reports

Mr. Jensen presented the Administrative Manager's Report for the period January 1, 2025 through March 31, 2025. Such report indicated total contributions of $3,794,395, self-payments of $5,000, COBRA income of $12,414, net reciprocity income of $77,576, retiree self-pay income of $185,625, prescription subsidy of $0, liquidated damages of $1,883, miscellaneous income of $0, interest income of $8,213, interest on investments in the American Core Realty account of $26,649, interest on investments in the Wedge fixed Capital Management account of $94,222, interest on investments in the Wedge LG Capital Management account of $479, interest on investments in the Chartwell Investment account of $168,411, interest on investments in the Vanguard account of $0, a gain in investments in the American Realty account of 5,317, a gain in

investments in the Boyd Watterson account of $23,185. There were expenses totaling $4,013,631 for the period, producing a net gain for the period of $374,958.

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 March 31, 2025 as presented.

VII. PARTICIPANT/PROVIDER APPEALS

Participant Appeal #E25/120-1421

Mr. Fuller presented an appeal from the participant. The participant is appealing to be allowed retroactive coverage for spouse and four children. The participant states "Despite repeated requests for medical enrollment forms months prior to completing the required hours, I was informed that the forms would be provided after meeting the hours requirement. However, I continued to request enrollment forms. Although I received my medical card and access to coverage in December (2024), I did not receive the necessary forms to enroll my family until recently. Due to this delay, we have incurred medical expenses that we would like to have covered.

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

RESOLVED to approve the appeal for coverage.

Participant Appeal #M25/102-0152

The Provider, Intervention 911, is appealing for payment of a claim for the participant's spouse that was denied for untimely filing.

Fund records indicate Intervention 911 submitted a claim to Carefirst for services rendered on October 4, 2023. Carefirst received the claim on November 19, 2024 and forwarded it to the Fund office at that time. The Fund office does not have any record of receiving this claim prior to November 20, 2024. The claim was denied for untimely filing.

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 #M25/105-3799

The participant's spouse is appealing for payment of claims that were denied. Fund records indicate Berkeley Medical Center, West Virginia University, Healthcare Alliance, and Martinsburg Radiology Associates submitted claims for emergency room services provided on September 19, 2021 with diagnosis indicating the participant's spouse injured her back and tight leg in a slip and fall accident. An accident Questionnaire was mailed to the participant's spouse on September 30, 2021 in order to verify the nature of her injuries. The claims were denied when no response was received.

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 #M25/113-6079

The provider, UVA Culpeper Medical Center, is appealing for payment of claims for speech therapy services provided to the participant's 10-year old son that were denied. The provider states that they spoke with a customer service representative on October 7, 2024 who verified coverage for speech therapy; that visits were unlimited, based on medical necessity, and an authorization was not required. The provider further states that based upon receiving this information, the patient began receiving speech therapy on November 1, 2024. The provider states that they called CareFirst on February 4, 2025 to re-verify coverage, and were told again that the patient had coverage for unlimited visits based on medical necessity. However, upon verifying benefits again, they were told that speech therapy is not covered.

Fund records indicate UVA Culpeper Medical Center submitted claims for eight (8) speech therapy visits rendered between November 1, 2024 and February 13, 2025 with the diagnoses

"Developmental disorder of speech and language - unspecified, and Mixed receptive-expressive language disorder." The claims were denied because the treatment of learning deficiencies is excluded from coverage under the Plan. The Plan covers speech therapy only to the extent of restoring speech function to pre-trauma, pre-sickness, or pre-condition levels.

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 #M25/103-7512

The participant's spouse is appealing for payment of a laboratory claim that was denied. The participant's spouse states, "Starting in May of 2024, my eye became painful and my vision began to decline. After being referred to an ophthalmologist and receiving treatment, things improved some but when the symptoms started in the other eye, I was referred to the specialist [...] He needed to eliminate certain diseases before treating the uveitis that I had been diagnosed with, one test being a blood test to see if I had a specific gene that would be causing my uveitis. The result would alter the treatment. [...] This genetic test was necessary to determine my medical treatment though." Fund records indicate LabCorp submitted a claim for genetic testing related to eye disease on August 14, 2024. 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 for payment of claim

Participant Appeal #M25/104-1939

The provider, Myriad Women's Health, is appealing for payment of a laboratory claim for the participant's spouse that was denied. The provider the services are "a non-invasive prenatal screening that identifies pregnancies at risk for common chromosomal conditions associated with intellectual disability, birth defects, and other serious health problems."

Fund records indicate Myriad Women's Health submitted a claim for genetic testing (CPT 81420) related to pregnancy on December 21, 2024. 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 for payment of claim

Participant Appeal #M25/114-4749

The provider, Natera, Inc. is appealing for payment of a laboratory claim for the participant's spouse that was denied. The provider states, in summary, that the American College of Obstetricians and Gynecologists (ACOG) recently updated recommendations stating prenatal aneuploidy screening should be offered to all pregnancies regardless of risk.

Fund records indicate Natera, Inc. submitted a claim for genetic testing (CPT 81420) related to pregnancy on July 14, 2023. 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 for payment of claim

Participant Appeal #M25/115-7250

The provider, Greater Maryland Eye Physicians, is appealing for payment of claims for intraocular Avastin injections that were denied. The provider states, "These charges were denied as experimental. Avastin is used for treatment of diabetic retinopathy, central vein occlusion-retinal, and macular degeneration."

Fund records indicate Greater Maryland Eye Physicians submitted claims for Avastin (generic Bevacizumab) injections rendered on November 14, 2023, December 12, 2023, January 23, 2024, June 28, 2024, and December 24, 2024 with the diagnosis "Type 2 diabetes mellitus with

proliferative diabetic retinopathy with macular edema." The claims were 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 for review. Conifer advised the Fund office that the treatment was medically necessary.

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

RESOLVED to approve the appeal for coverage of claim

VIII. OTHER FUND BUSINESS

Out of Nework Savings – Zelis

Mr. Jensen presented a performance overview from Zelis for the first quarter of 2025. The total net saving for each month were: January 2025 - $38.49; February 2025 – $91.29; and March 2025 – $11,760.95.

Conifer

Mr. Jensen presented a memo from Conifer Health Solutions. The purpose of the memo is to offer an alternative to the pricing model that is listed in the current contract between Conifer and the Fund. The offer is for a proposal that would lock in an annual 2% increase for 3 years for both the Utilization Management and Personal Health Management programs.

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

RESOLVED to approve Conifer 2% increase for 3 years.

2024 Health and Welfare Audit Engagement

The engagement letter from Calibre for the annual audit of the plan year 2024 was presented to the trustees. Calibre is increasing the audit rate for the Health and Welfare Fund 3%. Fees for services will not exceed $24,500 ($800 increase/3%) over prior year.

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

The Trustees RESOLVED to accept the engagement letter from Calibre for the 2024 audit.

IX. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees decided that the next meeting will be held August 12, 2025, 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

Operating Engineers Local 77 Trust Fund

Projected vs. Actual Results

For the Six Months Ended June 30, 2025

	Projected Annual '25	Projected Monthly	Projected 1/25 - 6/25	Actual 1/25 - 6/25	Actual Monthly	Variance 1/25 - 6/25
Receipts						
Total Contributions	$ 18,175,262	$ 1,514,605	$ 9,087,631	$ 8,236,110	$ 1,372,685	$ (851,521)
Investment Earnings (net)	1,489,976	124,165	744,988	1,488,529	248,088	743,541
Total Revenue	**$ 19,665,238**	**$ 1,638,770**	**$ 9,832,619**	**$ 9,724,639**	**$ 1,620,773**	**$ (107,980)**
Disbursements						
Benefit Expense	$ 17,314,243	$ 1,442,854	$ 8,657,121	$ 8,508,207	$ 1,418,035	$ (148,914)
Administrative Expense	1,208,965	100,747	604,482	566,318	94,386	(38,164)
Total Disbursements	**$ 18,523,208**	**$ 1,543,601**	**$ 9,261,604**	**$ 9,074,525**	**$ 1,512,421**	**$ (187,079)**
Surplus/(Deficit)	**$ 1,142,031**	**$ 95,169**	**$ 571,015**	**$ 650,114**	**$ 108,352**	**$ 79,099**
Estimated net months in reserve				***22.2***		

LaborFirst

Version 1

2026 Renewal Package

Prepared For:

International Union of Operating Engineers Local 77

LaborFirst
1000 Midlantic Drive, Suite 100, Mount Laurel, NJ 08054-1513

LaborFirst

International Union of Operating Engineers Local 77
911 Ridgebrook Road
Sparks, MD, 21152

2026 RetireeFirst Renewal Rates and Requirements

Dear Plan Sponsor:

Thank you for choosing RetireeFirst to provide Retiree Benefits Management and Advocacy Services for your members. We are committed to supporting your Plan by delivering effective healthcare solutions and advocating for your retirees.

To prepare for your upcoming renewal, we have reviewed market trends, engaged carriers to secure competitive bids, and negotiated on your behalf to present the best available options for your Plan and its members.

The following materials are enclosed for your review:

- **Population Demographics**
- **Incumbent Renewal Rate**
- **Market Analysis**
- **Renewal Addendum**

Next Steps:

To finalize your renewal, please:

1. Mark your carrier selection by checking the appropriate box on the Plan Selection page
2. Sign and date the form below the box.

If we do not receive your response by this date, the Plan will automatically renew with the incumbent carrier to allow sufficient time (90 days) for processing.

It is a privilege to work with you in serving your members. Please don't hesitate to reach out if you have any questions or need further assistance.

Sincerely,

Anthony Bruccoleri
VP, Client Relations

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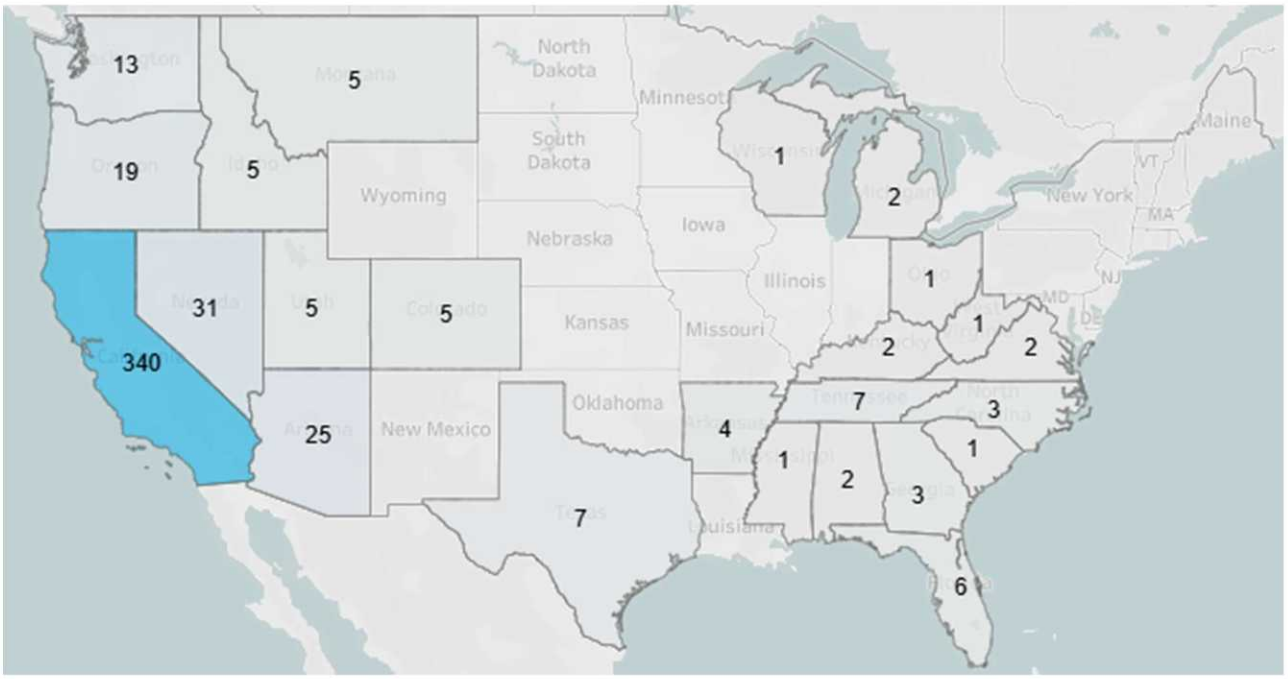
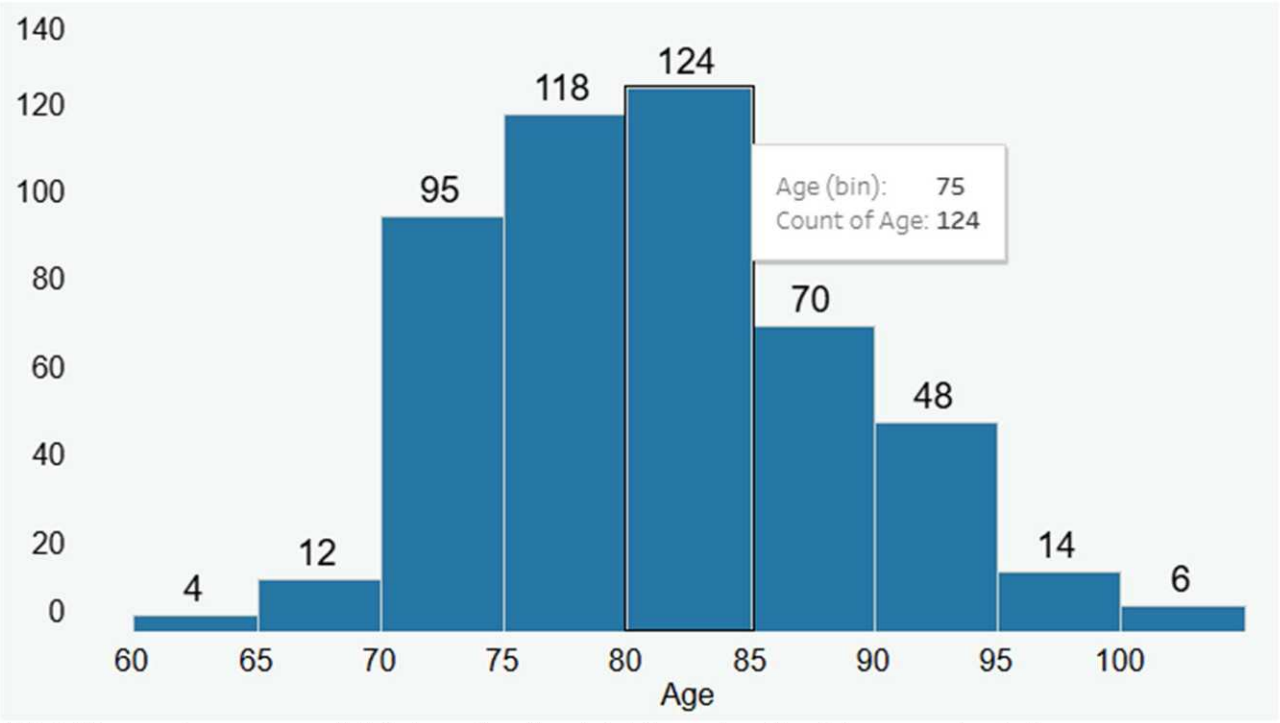
International Union of Operating Engineers Local 77 Population Demographics

Geographic Retiree Residence Chart **(469 Approximate Total Participants)**



Retiree Population Age Chart **(469 Approximate Total Participants)**



*Eligibility counts may vary slightly based on the date/ time when the data was extracted.

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Key Changes Contributing to Renewal

There are many factors that affect renewal rates including: claims activity, CMS subsidy amounts, market demographics, and regulatory changes. With changes in the regulatory landscape, there are corresponding changes impacting group underwriting. Below, please see key highlights of CMS changes for 2026.

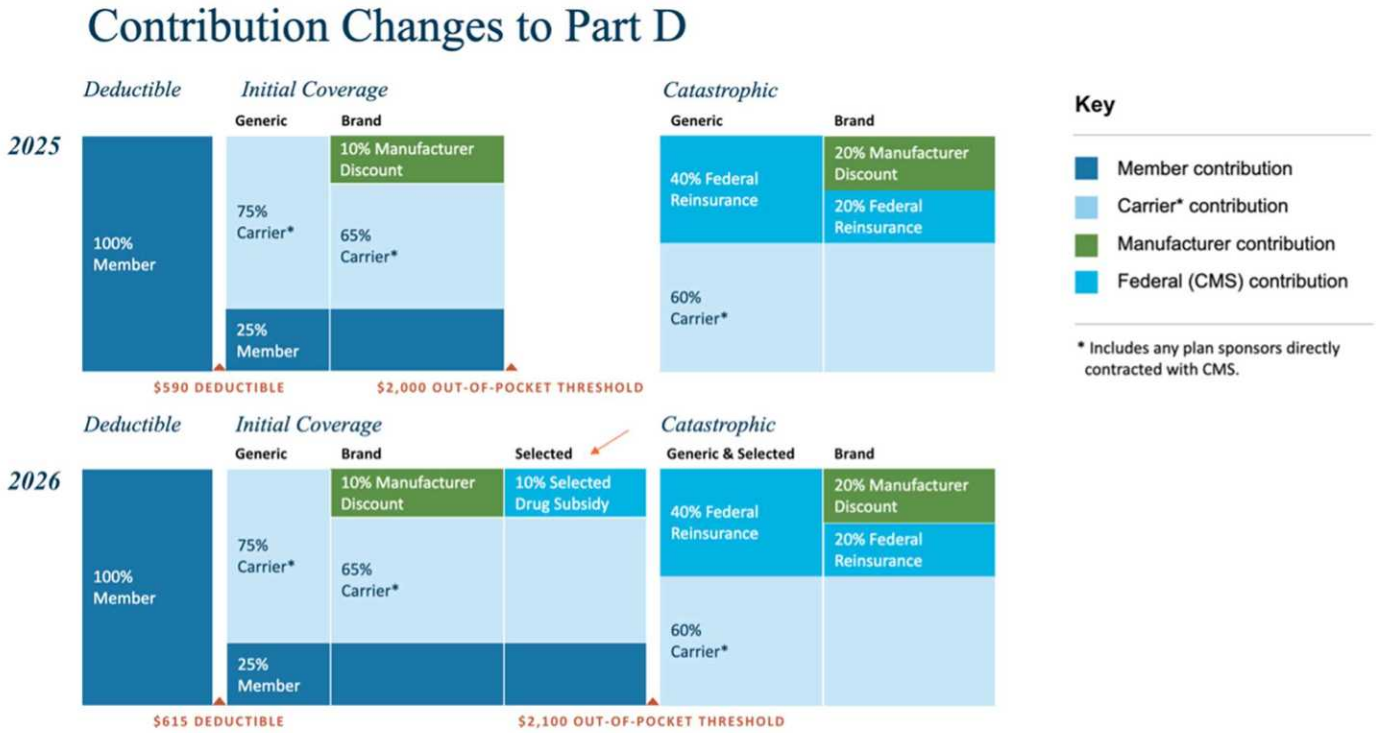
Part D

Inflation Reduction Act — The Inflation Reduction Act of 2022 was signed into law and continues to make changes to Part D plans.

These key changes will be made to the base Part D benefit and will also impact the group benefit and the underlying pricing models for Part D prescription drug coverage:

- Increase in the annual member out-of-pocket spending cap to $2,100 from $2,000 for 2026
- Annual deductible increase to $615 from $590 for 2026
- Out-of-pocket insulin prices will continue to be capped at $35 for a one-month supply
- Out-of-pocket costs for adult vaccines covered under Part D will be $0
- Continued option for members to enroll in the Medicare Prescription Payment Plan (M3P) to spread out their out-of-pocket prescription drug cost over 12 months
- Establishment of the Selected Drug Subsidy program where Part D sponsors will receive a 10% subsidy, until the $2,100 out-of-pocket cap is met, for drugs that are part of the Medicare Drug Price Negotiation Program
- Implementation of the Medicare Drug Price Negotiation Program effective 1/1/26.
- One of the most significant provisions of the IRA will allow the government, for the first time ever, to negotiate pricing on 10 well-known and highly utilized, high-cost drugs starting 1/1/2026. These drugs are used to treat some of the most common diseases such as heart failure, diabetes, blood clot prevention, psoriasis, rheumatoid arthritis, Crohn's disease, and blood cancer. The targeted drugs include Eliquis, Jardiance, Xarelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara, and Fiasp/NovoLog.

See below for a visual of the Part D plan design in 2025 and 2026 with key changes to the financial contribution by CMS, drug manufacturers, the member, and Part D sponsor.



Medicare Advantage Implications

Each year, CMS updates their payment methodologies which drive payments from CMS to the carriers. Changes in payment methodologies typically drive changes to carrier premiums and benefit offerings. Highlights for 2026 include:

Year 3 of the risk adjustment model changes– reflecting the ICD9 to ICD10 coding change including:

- Streamlining disease categories
- Reducing number of codes available for some key disease states
- Creating pressure on risk scores as phased in over three-years (2024 - 2027)
- CMS increased the growth rate to 9.04%, higher than the 5.93% in the Advance Notice
- The growth rate calculation is based on CMS expected growth in costs for Medicare
- Represents CMS prediction of growth trends reflecting the year over year change in costs for Medicare
- CMS included payment data from 4Q2024 which helped drive the increase in growth rate
- CMS estimated payments to the health plans expected to increase on average by 5.06% from 2025 to 2026, which is an increase of 2.83% from the Advance Notice.

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Looking Forward

The Medicare Price Negotiation Program is expected to continue in future years. CMS has selected 15 additional drugs covered under Part D for negotiation for 1/1/2027 that include drugs for treatment of chronic conditions such as diabetes, asthma, cardiovascular disease, irritable bowel, cancer, bipolar disorder, and autoimmune disease and up to 15 more drugs for 2028 (including drugs covered under Part B and Part D), and up to 20 more drugs for each year after that, as outlined in the Inflation Reduction Act.

The targeted drugs for 1/1/2027 include Ozempic/Rybelsus/Wegovy, Trelegy Ellipta, Xtandi, Pomalyst, Ibrance, Ofev, Linzess, Calquence, Austedo, Breo Ellipta, Tradjenta, Xifaxan, Vraylar, Janumet, and Otezla.

The IRA updates and changes, including the Medicare Drug Price Negotiation program effective 1/1/26, will continue to contribute to the Part D plan costs for 2026 and beyond. For RDS plans, these changes will continue to impact credible coverage for 2026 and beyond.

As CMS continues to define the requirements of these key elements, we will be working closely with our carrier partners on implementation activities throughout this process.

Please note: The information provided is based on initial review of the language and is not intended to constitute legal advice. We suggest that you consult with your attorney for legal advice and interpretation.

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2025 Medicare Advantage with Prescription Drug

Deductible		$0
Annual Out-of-Pocket Max		$0
Primary Care		$0
Specialist		$0
Emergency		$0
Urgent Care		$0
Ancillary Benefits	Foreign Travel	$0 Emergency and Urgently Needed Care
	Hearing	$0 Routine Hearing Exam, 1 per year
	Vision	$0 Routine Eye Exam, 1 per year
	Podiatry	N/A
	Chiropractic	$0, 10 Visits
	Acupuncture	N/A
	Private Duty Nursing	N/A
	Fitness Benefit	Included - SilverSneakers
	Additional Covered Services	$400 Wig allowance every year $0, Routine Physical, 1 per year $0, Foot Orthotics

For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.

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2025 Medicare Advantage with Prescription Drug (Cont.)

	30 Day Retail	90 Day Mail Order	90 Day Retail
Tier 1 Generics	Pref. $4 / Stand. $5	Pref. $8 / Stand. $10	Pref. $8 / Stand. $10
Tier 2 Preferred Brands	25% ($50 Max)	25% ($100 Max)	25% ($100 Max)
Tier 3 Non-Preferred Brands	40%	40%	40%
Part D Gap Coverage	Full-Coverage *Due to the Inflation Reduction Act, effective 1/1/2025, Part D plans will not have a Gap Phase		
Formulary	Full, Comprehensive		
Bonus Drug List	Included		
Catastrophic Coverage	Members Pay $0 *Due to the Inflation Reduction Act, effective 1/1/2025, members will pay $0 after reaching their $2,000 annual Rx out-of-pocket threshold		
Utilization Management	Prior Authorizations, Quantity Limits and Step Therapy		

For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.

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2026 Incumbent Renewal and Market Analysis

PRODUCT: **Medicare Advantage with Prescription Drug Plan**
MAPD Incumbent: **Aetna**

	MAPD - Aetna - IUOE Local 77 - 2025	MAPD - Aetna - IUOE Local 77 – 2026	MAPD - Carefirst - IUOE Local 77 - 2026	MAPD - Humana - IUOE Local 77 - 2026	United Healthcare
Total Rate PMPM	$236.90	$306.59	$478.65	$305.47	DTQ
Annualized *	$1,333,273	$1,725,489	$2,693,842	$1,719,185	
Annualized Change	-	$392,215	$1,360,569	$385,912	
% Change	-	29.42%	102.05%	28.94%	

* Annualized amounts are based on 469 retirees
* Plans are quoted with robust formularies to minimize disruption.
* Please note that medications can change tiers between carriers and between plan years.

Please refer to Appendix - Terms, Stipulations, and Rating Assumptions.

Plan Differences

- Please refer to the Plan Comparison for plan Enhancements and Deviations

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Plan History

MEDICAL & PRESCRIPTION DRUG

Year	Rate	% Increase	Plan
2024	$228.90	N/A	Aetna
2025	$236.90	3.49%	Aetna
2026	$306.59	29.42%	Aetna
Average		**16.46%**	

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RetireeFirst Renewal Contract Addendum

This Renewal Addendum extends the terms and conditions of the Retiree Benefit Management Services Agreement contract. This is to serve as notice of the 2026 renewal rates for your Organization's Medicare Advantage and Part D Prescription Drug plan for the period 1/1/2026 through 12/31/2026.

The parties hereby accept the 2026 rate selected below which will be effective from 1/1/2026 through 12/31/2026. All other terms and conditions of the Retiree Benefit Management Services Agreement previously executed between the parties shall remain in full force and effect for the new renewal term. Please refer to Appendix – Terms, Stipulations, and Rating Assumptions.

Subsidiaries and Affiliates. Client acknowledges and agrees that certain services hereunder may be performed or provided by Manager's subsidiaries or affiliates, including, without limitation, RetireeFirst, LLC, a licensed insurance agency. Client further acknowledges that all insurance products and services offered herein are provided by our affiliate RetireeFirst, LLC (d/b/a RetireeFirst Insurance Solutions, LLC in CA and LaborFirst Insurance Brokerage, LLC in NY), a licensed insurance agency, on behalf of one or more insurance companies. All descriptions or illustrations of coverage provided by RetireeFirst are for general informational purposes only and do not amend, alter, or modify any insurance policy or guarantee any specific price, quote or coverage. Not all products and services are available in all states or to all customers. Nothing herein is intended or should be interpreted as the sale or solicitation of insurance by RetireeFirst. To the extent any of Manager's subsidiaries or affiliates provide services hereunder, Manager represents and warrants that such subsidiaries and affiliates shall adhere to all terms and conditions of this Agreement. All payments are made to LaborFirst or designated affiliate.

LaborFirst

Please sign and return as soon as possible, but no later than Friday, August 29th, 2025

Plan Selection

Medicare Advantage with Prescription Drug Plan Options	Monthly Rate	Select With "X"
Aetna - MAPD - Aetna - IUOE Local 77 – 2026	**$306.59 PMPM**	
CareFirst Blue Cross Blue Shield of Maryland - MAPD - CareFirst - IUOE Local 77 - 2026	**$478.65 PMPM**	
Humana - MAPD - Humana - IUOE Local 77 - 2026	**$305.47 PMPM**	

Plan Sponsor Representative Signature **Date**

LaborFirst Representative Signature **Date**

Please refer to Appendix – Terms, Stipulations, and Rating Assumptions.

LaborFirst

Re: Consolidated Appropriations Act

To Whom It May Concern,

1) On behalf of our clients, RetireeFirst supports a host of services, which vary by client, and may include, but are not limited to, the following:

A. Pre-Implementation and Implementation Services

1. Perform market analysis for benefit programs provided through qualified Insurance Vendors.
2. Work with Client to finalize Insurance Vendor's quotes and proposals for benefit programs that are consistent with Client's benefit plan requirements.
3. Review the selected Insurance Vendor's benefit design and documentation to ensure it accurately reflects the quote and proposal that has been accepted and approved by the Client's Trustees.
4. Implement selected qualified Insurance Vendor's benefit to provide a fully insured group Plan that will constitute approved benefits for purposes of this Agreement ("Approved Plans").
5. Handle all aspects of transition to the Approved Plan with Insurance Vendor; and
6. Provide implementation manager experienced in retiree healthcare plans to manage the transition process and is a dedicated point of contact for Client.
7. Obtain all necessary information from Client on Eligible Members and Eligible Dependents.
8. Obtain and review an electronic eligibility return file generated from CMS.
9. Host onsite or virtual kick-off meeting/retiree educational seminar (including providing service members after the meeting for one-on-one individual meetings if needed) if applicable.
10. In coordination with Insurance Vendor send all qualified Eligible Members and Eligible Dependents a Welcome Kit and Insurance card.

B. Ongoing Plan Management Services

1. Help manage all eligibility maintenance and convert to a CMS's approved format;
2. Compare the Client's eligibility information against Medicare to ensure no deceased members are on file and to ensure PII and address accuracy;
3. Accept eligibility updates electronically as determined by the Client;
4. Provide carrier Electronic Data Interchange (EDI) services for Member eligibility support, where applicable;
5. Provide the Client with support as needed with all CMS filing and reporting requirements;

6. Administer all group billing, administration, and collections as required by the Client
7. Manage premium aggregation services for the various Insurance Vendors;
8. Verify eligibility and provide the Client with full monthly eligibility, including amount paid to the Insurance Vendor and names of Eligible Members for whom payments are made each month;
9. Submit payment to Insurance Vendors in timely fashion to ensure uninterrupted coverage;
10. Prepare and make available reports, on services provided under this Agreement including:
    a. Member Interaction Logs – A comprehensive report with information on what issues members are calling about and average call times, so problems can be identified for individual members;
    b. Call Summaries – Provide individual call recording summaries upon request.
11. Coordinate with Insurance Vendors to provide Client with monthly eligibility maintenance and reporting;
12. Assist in preparation of benefit summaries for the selected Insurance Vendor's Approved Plan that are consistent with the Client's benefit plan requirements (including any Summary of Material Modification ("SMM") and Summary of Benefits and Coverage ("SBC"), where applicable;
13. Perform all functions in compliance with CMS;
14. Manage all CMS Part D filings and requirements including Late Enrollment Penalty ("LEP") and Opt-Out assistance and low income subsidy ("LIPS") assistance;
15. Provide dedicated Client Account Representative who is an experienced Medicare professional who manages the overall service experience for the Client's account;
16. Provide Account Management team to assist Client with all aspects of plan maintenance;
17. Provide members with group specific regional dedicated client call-center number and live member support (all calls can be handled in over 300 languages are TTY compatible), including 10-year retention on all call recordings;
18. Provide Member Advocates whose services are dedicated to Client and who are licensed, AHIP certified health professionals and experts in the details of the Medicare system to:
    a. Assist members with obtaining and retaining Medicare eligibility and enrollment in accordance with CMS requirements;
    b. Guide Eligible Members and Eligible Dependents through multiple plan options when applicable;
    c. Provide claims, billing and premium payment support;
    d. Assist disabled members and members turning 65 with applying for Medicare;
    e. Provide pharmacy and physician support to Eligible Members and Eligible Dependents;
    f. Assist with pharmacy related questions such as generic availability, prior authorizations, and mail-order services;

g. Interface directly with Social Security, CMS, pharmacies and physicians on behalf of Eligible Members to solve problems;
h. Assist Members and Dependents with copay/coinsurance and assist members with getting discrepancies rectified;
i. Provide assistance with Part B medications and supplies;
j. Provide Eligible Members with potential solutions if formulary disruptions occur;
k. Assist with provider selection and alternative provider assistance;
l. Make completion calls to Eligible Members and Eligible Dependents to ensure that issues raised have been resolved;
m. Assist with appeals to Medicare or the Insurance Vendor if there is a coverage denial to ensure Eligible Members and Eligible Dependents are obtaining all of the benefits of the Approved Plan and Medicare;
n. Assist Insurance Vendor with well care management initiatives including wellness programs, health coaching, etc. including but not limited to health risk appraisals and tools, outreach to high-risk retirees, targeted risk education, ongoing wellness support and preventative outreach;

19. Maintain records of the Client for the duration of the Agreement and for ten (10) years from the date of issuance or occurrence, including records and notations of all calls.

C. Benefit Renewals & Request for Proposal ("RFP") Work Services

1. Provide report to Trustees with comprehensive review of Insurance Vendor's Approved Plan (including competitive pricing and cost review);
2. Provide recommendations to the Trustees on the renewal options for subsequent calendar year(s);
3. Negotiate with proposed Insurance Vendors to obtain best price for vendor agreements for the following calendar year; and
4. Assist Trustees in handling renewal management and ongoing maintenance of Insurance Vendor contracts.

D. CMS Plan Regulatory Notification Procedure Services

1. Prepare CMS mandated Member communications;
2. Prepare Client Specific Announcement Letters; and
3. Prepare and file Group Creditable Coverage attestation filing, as necessary.

E. Health and Wellness Services

1. Provide member access to a dedicated advocacy team;
2. Educate and facilitate annual wellness visit scheduling;
3. Educate and facilitate annual diabetic eye visit scheduling;
4. Educate and facilitate annual flu shots, breast cancer screening, colon cancer screenings;
5. Facilitate PCP Assignment;
6. Educate members and refer to carrier-based care programs where applicable;
7. Increase medication adherence through member education and mail order penetration;
8. Coordination with various carrier clinical programs, e.g. behavioral health, MTM, home care, etc.;
9. Provide pharmacy and provider support services via the dedicated advocacy team.

2) RetireeFirst does not serve as a Fiduciary to the Fund. However, we do manage billing and collection of client Medicare premiums and handle those Funds in a Fiduciary capacity.

3) Direct and Indirect Compensation

The Consolidated Appropriations Act ("CAA") requires a covered service provider to provide: (i) a description of all direct and indirect compensation that the covered service provider, an affiliate, or a subcontractor reasonably expects to receive in connection with the specified brokerage or consulting services that the covered service provider performs under a contract or arrangement with a covered plan; and (ii) a description of any compensation paid among the covered service provider, an affiliate, or a subcontractor in connection with such specified services if the compensation is set on a transaction basis.

RetireeFirst is compensated in a variety of ways for the services we are contracted to provide to our clients. Our direct and indirect compensation often is results-driven and/or contingent on performance requirements, the satisfaction of which cannot be determined in advance. Final compensation amounts frequently are unknown before the close of a given plan year. RetireeFirst may receive compensation on a transaction basis from various health insurance companies and their subcontractors in connection with services such as hosting in person educational seminars, producing pre-recorded and/or live online educational materials, creating, printing and mailing member materials, taking inbound member phone calls, assisting with the scheduling of annual wellness visits, etc.

For the forthcoming plan year, we estimate that our total compensation may range from 2% to 4% of insurance carrier revenue for a given client, with specific compensation amounts in connection with a client potentially dictated by performance and/or results over the course of a given plan year. RetireeFirst continues to report final reconciled compensation for any given client and plan year as required under IRS Form 5500 Schedule A and / or Schedule C reporting requirements.

LaborFirst

Appendix – Terms, Stipulations, and Rating Assumptions

Aetna– 2026

- Please refer to the Financial Conditions and Plan Design Exhibits for an outline of the level of benefits quoted, as well as the terms and conditions of this proposal.
- Your Aetna Group Medicare Plan for January 1, 2026 will be automatically renewed if we do not hear from you by October 1, 2025.
- Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year and are subject to CMS contract approval.
- All rates are on a Per Member Per Month (PMPM) basis.
- These rates exclude commissions.

LaborFirst

Appendix – Terms, Stipulations, and Rating Assumptions

Humana– 2026

Proposal Terms

- The benefits presented on the previous page are a high-level summary. Please consult the Plan Design Exhibit for a more detailed outline of the benefits proposed. Final benefits may differ due to annual changes in CMS benefit requirements.
- For members with End Stage Renal Disease (ESRD), the Humana Group Medicare Advantage Plan is only offered to eligible members who are diagnosed and enrolled in a manner that is consistent with applicable Medicare secondary laws, and the rules and regulations set forth by CMS.
- The rates provided do not reflect any potential premium adjustments provided by Center for Medicare and Medicaid Services (CMS) or federal regulations based on a Medicare beneficiary's income.
- Humana shall have the right to unilaterally adjust the proposed premium rates set forth if:
    - A change in or clarification to Law affects Medicare Part C or D program costs or revenue;
    - A natural disaster, pandemic, act of God or other cause beyond the reasonable control of Humana affects Medicare Part C or D program costs or revenue;
    - Highly utilized specialty or high-cost drugs are introduced, or additional indications are added to such a drug resulting in an increase in the pharmacy allowed per member per month; or
    - Humana determines that data provided and relied upon by Humana in development of the premium rates was inaccurate, incomplete, biased, misleading, or otherwise contributed to Humana underestimating actual plan expenses or revenue incurred by Group.
- For purposes of this proposal, “Law” shall mean, “any federal, state, or local law, statute, regulation, ordinance, code, rule, order, or other similar requirement enacted, adopted, or enforced by a government authority, including, without limitation, Medicare laws and CMS regulations and requirements, including CMS manuals, CMS payment methodologies, and other directives.

Humana will hold the proposed rates, assuming all the information provided is accurate, and could be subject to change should any of the following differ:

- All members are retired and enrolled in Medicare Part A and Part B.
- A majority of members' (51% or more) primary residence is in an adequate Humana Medicare Advantage network service area. Humana will monitor network adequacy throughout the year to confirm standards are met.
- Enrolled membership should not change from current, or differ from the information provided, by more than 10% per year.
- A minimum average employer contribution level of 75% of the proposed premium for the plan *(see exceptions below)*
- Humana's Medicare Advantage plan is the only plan offered. Additionally, there is no secondary plan wrapping around, coordinating with, or offered in conjunction with this plan for all current and future Medicare eligible retirees.
- Part D, administered by Humana Pharmacy Solutions, will utilize Humana's Group Plus formulary and include utilization management programs such as: quantity limits, prior authorization, and step therapy. Humana continually updates its drug list and quantity limits, and ensures these updates are in accordance with CMS regulations.
- Benefits, deductibles, maximum out of pocket accumulators, and any applicable pharmacy accumulators will be reset on January 1 each year.
- We are pleased to present this Humana Group Medicare Advantage proposal to you and assume all information provided is accurate with the understanding if there is a material change from the provided information, including the offering environment, Humana has a right to revise or rescind the quote.

LaborFirst

Appendix – Terms, Stipulations, and Rating Assumptions

CareFirst – 2026

- Rates and benefits may be revised based on legislative, regulatory or other changes including, but not limited to, CMS guidance and policy adjustments for quoted product years.
- This quote is subject to adjustment based on the CMS release of Part D benchmarks in August.
- Participants must have Medicare Parts A and B and eligibility for coverage for retirees or their dependents is based on the retiree meeting their employer's requirements for coverage of retiree medical benefits.
- Premium rates are based on a Per-Member-Per-Month (PMPM) basis. Each individual will receive the same equal rate; a two member contract would receive twice the rate; a three member contract would receive triple the rate.
- The employer will contribute a percentage towards the premium. If the contribution strategy does change, CareFirst BlueCross BlueShield must be notified and reserves the right to re-evaluate its underwriting position. If more than one Medicare Advantage plan is offered to members, then your company shall offer MA Plan coverage to all eligible Members at terms and contribution levels that are no less favorable than those applicable to any other health coverage available through your company.
- For all Group Medicare Advantage Prescription Drug (MAPD) plans, medical and prescription drug plans must be sold as a package.
- Formularies are filed and approved annually with CMS and could change in January each year.
- If the enrolled membership differs from the pricing census by more than 15% we reserve the right to review and change pricing if necessary.
- Broker commissions are excluded from this quote.
- This quote is contingent upon the majority of the enrolled membership residing in an adequate network service area. The service area and plan design are subject to CMS review.

ATTORNEY'S REPORT

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							7,501,651	1,250,275
CONTRI-SELF PAY	1,500	1,500	2,000	2,050	1,850	1,850							10,750	1,792
COBRA-SELF PAY	3,120	4,369	4,925	4,162	1,595	8,805							26,976	4,496
RECIPROCITY INCOME	68,631	66,972	60,289	135,553	86,054	57,388							474,887	79,148
RECIPROCITY PAYMENTS	(34,716)	(21,414)	(21,446)	(31,391)	(22,695)	(19,986)							(151,649)	(25,275)
RETIRED-SELF PAY	62,055	61,505	62,065	64,605	56,865	62,325							369,420	61,570
LIQUIDATED DAMAGES	0	1,141	741	320	1,735	0							3,938	656
INTEREST INCOME	2,533	3,207	2,472	3,079	1,136	1,061							13,489	2,248
INTER.INC-AMER.CORE REALTY	0	0	26,649	0	0	27,432							54,081	9,013
INT ON DELINQUENCY	34	75	81	7	57	15							269	45
WEDGE LG CAP - INTEREST INCOME	176	182	121	209	161	120							969	161
WEDGE LG CAP - DIVIDEND INCOME	2,432	1,659	4,307	2,983	1,702	4,497							17,580	2,930
WEDGE FIXED- INTEREST ON INVEST.	18,182	38,894	37,146	44,051	45,874	28,850							212,998	35,500
CHART - INTEREST ON INVESTM.	47,795	38,914	81,702	63,567	46,073	88,974							367,025	61,171
VANGUARD - INTEREST ON INVESTMENT	0	0	0	0	0	2,804							2,804	467
WEDGE LG CAP - GAIN & LOSS	104,483	(96,634)	(122,036)	(18,170)	149,291	125,296							142,228	23,705
WEDGE FIXED - GAIN & LOSS	41,329	184,039	10,658	93,426	(87,997)	125,878							367,332	61,222
AMER CORE REALTY - GAIN & LOSS	0	0	5,317	0	0	7,780							13,096	2,183
VANGUARD - GAIN & LOSS	45,242	(71,661)	(194,562)	46,513	195,090	141,964							162,586	27,098
CHART - GAIN & LOSS	74,692	12,757	(52,410)	6,204	67,511	88,841							197,597	32,933
BOYD WATTERSON - GAIN & LOSS	0	0	23,185	0	0	0							23,185	3,864
RETIREE DRUG SUBSIDY INTERIM PAYMENT	0	0	0	0	0	0							0	0
***MISC.INCOME**	0	0	0	77	60	0							137	23
TOTAL INCOME	**1,810,790**	**1,285,388**	**1,292,411**	**1,587,786**	**1,671,574**	**2,163,401**							**9,811,349**	**1,635,225**
EXPENSES														
ADMIN.FEE	45,122	45,122	45,122	45,122	45,122	45,122							270,732	45,122
ACTUARIAL FEES	0	0	12,600	0	0	0							12,600	2,100
AUDITING	0	0	0	2,250	0	0							2,250	375
BANK CHARGES	0	0	0	0	23	474							497	83
BENEFITS PAID	979,309	609,025	1,224,821	1,164,886	1,475,087	853,752							6,306,880	1,051,147
PRESCRIPT BEN PAID	326,863	296,308	31,958	477,744	517,223	127,314							1,777,411	296,235
FIDUC.RESPONSIB.INSUR.	0	0	0	0	0	2,846							2,846	474
INVEST COUNSEL FEE	28,738	0	7,981	29,155	0	8,056							73,929	12,322
INVEST CUSTODIAN FEE	1,521	0	0	1,552	0	0							3,073	512
INV PERF EVAL FEE	0	0	4,835	0	0	4,869							9,704	1,617
LEGAL FEES	0	0	0	0	0	0							0	0
MEETING EXPENSE	123	0	0	0	0	109							232	39
PAYROLL AUDIT FEE	1,283	0	0	0	0	5,738							7,020	1,170
POSTAGE	0	0	0	0	2,595	0							2,595	433
CARE FIRST FEE	19,763	16,154	15,850	15,866	16,265	15,734							99,632	16,605
CONIFER CASE MANAGEMENT	20,351	21,632	22,687	0	16,750	43,735							125,155	20,859
HEALTHCARE COST MANAGEMENT	1,000	1,908	1,010	0	2,020	1,010							6,947	1,158
ZELIS CLAIMS ADMIN.FEE	0	0	0	4,109	4,363	917								
PRINT & STATIONERY	459	3,168	0	0	3,036	377							7,040	1,173
REGISTRATION FEE	0	0	0	0	0	0							0	0
TELEPHONE EXP	0	103	0	121	0	0							223	37
TRAVEL EXP	0	0	0	0	0	0							0	0
HIPAA	339	267	324	321	257	306							1,814	302
SWIFTMD MONTHLY MEMBERSHIP FEE	3,474	3,432	3,420	3,369	3,387	0							17,082	2,847
OFFICE SUPPLIES & EXP.	0	0	0	261	0	0							261	44
TRUSTEE EXPENSES	0	0	0	0	0	0							0	0
DUES & SUBSCRIPTIONS	0	0	0	0	0	0							0	0
DENTAL INSURANCE	61,544	66,352	56,224	51,261	82,518	40,314							358,212	59,702
VISION BENEFITS PAID	9,902	9,401	14,137	9,036	13,344	9,884							65,704	10,951
TAX RETURN FORM 720(PCORI)	0	0	0	0	0	0							0	0
MISC.EXPENSE	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**							**9,151,838**	**1,526,871**
GAIN/LOSS	**311,000**	**212,515**	**(148,557)**	**(217,266)**	**(510,415)**	**1,002,847**							**659,511**	**108,354**

***Misc. Income April, May: Litigation Proceeds**

OE Loc 77 Trust Fund of Wash. DC
Balance Sheet
June 30, 2025

ASSETS

Current Assets			
Cash Basis Accounts Receivable	$	5.00	
PNC - Cash General 5501371443		701,439.46	
H&W Cash 20-46-002-6809064		616,236.40	
PNC - 5501371451 Benefit Acc.		546,241.55	
Due from Other Fund		1,641.11	
Interest Receivable		245,168.21	
Dividend Receivable		1,509.49	
Prepaid Insurance		948.67	
Total Current Assets			2,113,189.89
Property and Equipment			
Accum.Depreciation		(1,558.33)	
Property & Equipment		1,558.33	
Total Property and Equipment			0.00
Other Assets			
VANGUARD		1,527,275.34	
Vanguard - Market Value		963,204.54	
Wedge - MM		47,251.68	
Wedge - Govt.Bonds		9,695,733.15	
WEDGE Gov.Bonds -Market Value		67,385.66	
Wedge - Corp.Bonds		4,727,929.20	
WEDGE Corp.Bonds-Market Value		(49,384.10)	
WEDGE LG CAP-MM		54,667.93	
WEDGE LG CAP-EQUITIES		2,049,578.31	
WEDGE LG CAP-Market Value		450,991.38	
American Core Realty		2,921,249.09	
BOYD WATTERSON STATE GOV.FUND		2,867,641.00	
CHART - MM - 4782656		640,400.69	
CHART - Corp.Bonds - 4782656		12,775,852.90	
CHART - Corp.Bonds- Mark.Val.		181,249.16	
Total Other Assets			38,921,025.93
Total Assets			$ 41,034,215.82

LIABILITIES AND CAPITAL

Current Liabilities			
Contractors Deposits	$	3,420.73	
Due to OE Training Fund		6,652.66	
Due to OE Pension Fund		48,741.16	
Due to Check-Off Dues		153,106.45	
Due to Annuity		31,254.88	
Total Current Liabilities			243,175.88
Long-Term Liabilities			
Total Long-Term Liabilities			0.00
Total Liabilities			243,175.88
Capital			
Retained Earnings		4,959,074.94	
Equity - Retained Earnings		36,593,428.68	
Net Income		(761,463.68)	

OE Loc 77 Trust Fund of Wash. DC
Income Statement
For the Five Months Ending June 30, 2025

	Current Month		Year to Date	
Revenues				
Contributions - Pavers	$ 282,210.98	13.04	$ 1,226,970.56	14.91
ER Contributions	1,127,295.03	52.11	4,823,650.82	58.63
Self-Pay Contributions	1,850.00	0.09	10,750.00	0.13
Cobra Self-Pay EE	8,805.07	0.41	26,975.63	0.33
Reciprocity Income	57,388.43	2.65	276,961.03	3.37
Reciprocity Payments	(19,985.87)	(0.92)	(84,622.50)	(1.03)
Retired Self-Pay	62,325.00	2.88	369,420.00	4.49
Liquidated Damages	0.00	0.00	2,055.31	0.02
Interest Income	1,061.30	0.05	13,489.32	0.16
Interest American Core Realty	27,432.24	1.27	54,080.99	0.66
VANGUARD Interest Income	2,804.01	0.13	2,804.01	0.03
Interest Income-Wedge LG CAP	119.52	0.01	968.57	0.01
Dividend Income-Wedge LG CAP	4,496.98	0.21	17,579.91	0.21
Interest on Delinquency	15.40	0.00	80.06	0.00
G/L on Invest. Vanguard	141,964.04	6.56	162,585.96	1.98
WEDGE(PNC) - Int. on Inv	28,850.26	1.33	212,997.81	2.59
CHART - Inter. on Investm.	88,973.85	4.11	367,024.50	4.46
Realized Gain/Loss - CHART	18,523.63	0.86	(3,825.71)	(0.05)
Unrealized Gain/Loss - CHART	70,317.42	3.25	201,422.40	2.45
Realized G/L- Wedge LG CAP	7,047.38	0.33	89,262.98	1.08
Unrealized G/L- Wedge LG CAP	118,248.48	5.47	52,965.32	0.64
Unrealized Gain/loss WEDGE	162,913.26	7.53	425,834.70	5.18
Realized Gain/Loss WEDGE-001	(37,035.40)	(1.71)	(58,502.33)	(0.71)
Unrealiz.Gain/Loss-Amer.Core R	6,470.98	0.30	11,956.91	0.15
Realiz.Gain/Loss Amer. Core Re	1,308.58	0.06	1,139.40	0.01
Realiz.Gain/Loss Boyd Watterso	0.00	0.00	23,185.65	0.28
Litigation Proceeds	0.00	0.00	136.77	0.00
Total Revenues	2,163,400.57	100.00	8,227,348.07	100.00
Cost of Sales				
Total Cost of Sales	0.00	0.00	0.00	0.00
Gross Profit	2,163,400.57	100.00	8,227,348.07	100.00
Expenses				
Actuarial Fee	0.00	0.00	6,300.00	0.08
Administration Fee	45,122.00	2.09	270,732.00	3.29
Audit Fee	0.00	0.00	2,250.00	0.03
Health Care Cost Containment	0.00	0.00	897.75	0.01
Bank Charges	473.67	0.02	496.89	0.01
Benefits Paid	231,699.41	10.71	2,208,651.21	26.85
Prescription Benefits Paid	127,313.97	5.88	1,624,687.26	19.75
CVS - Admin fee	0.00	0.00	7,140.80	0.09
Vision Benefits Paid - claims	8,694.02	0.40	49,787.48	0.61
Vision Benefits Paid-admin fee	1,189.65	0.05	6,014.47	0.07
Inv.Performance Eval.Fee	4,868.67	0.23	9,703.81	0.12

	Current Month		Year to Date	
Invest.Mngmnt Fee	8,055.59	0.37	45,191.44	0.55
Invest.Custodian Fee	0.00	0.00	1,552.31	0.02
Office Supplies & Exp.	0.00	0.00	261.00	0.00
Meeting Exp.	108.67	0.01	108.67	0.00
Postage Exp.	0.00	0.00	2,595.43	0.03
Printing & Stationary Exp.	376.96	0.02	7,040.48	0.09
Payroll Audit Fee	5,737.50	0.27	7,020.00	0.09
Fiduciary Resp.Insurance	1,897.33	0.09	2,846.66	0.03
Case Mngmnt	43,734.72	2.02	104,803.45	1.27
Zelis Claims Admin Fee	916.66	0.04	6,128.36	0.07
Healthcare Cost Management	1,009.80	0.05	5,549.00	0.07
Telephone Exp.	0.00	0.00	120.54	0.00
HIPAA Charges	305.76	0.01	883.68	0.01
IFEBP - Membership Dues	0.00	0.00	912.50	0.01
Dental Insurance - admin fee	5,602.50	0.26	35,422.50	0.43
Dental Insurance - claims	34,711.65	1.60	308,027.00	3.74
SwiftMD Monthly Membership fee	0.00	0.00	20,556.00	0.25
CareFirst - flexlink - admin	12,028.52	0.56	85,584.45	1.04
CareFirst - flexlink - claims	510,690.19	23.61	3,364,062.84	40.89
Care First - network lease fee	3,705.52	0.17	22,665.77	0.28
Labor First Limited Liability	111,362.50	5.15	780,818.00	9.49
Total Expenses	1,159,605.26	53.60	8,988,811.75	109.26

OE Loc 77 Trust Fund of Wash. DC
GENERAL JOURNAL
For the Period From June 1, 2025 to June 30, 2025

Date	Account ID	Reference	Trans Description	Debit Amt	Credit Amt
6/2/25	1260	TO BENEFIT1	Transfer from H&W Cash Benefit Acct. Check Run 6/2/25	21,903.97	
6/2/25	1120	TO BENEFIT1	Transfer from H&W Cash Benefit Acct. Check Run 6/2/25		21,903.97
6/2/25	1120	TRANSFDDA1	Transferred from Cash General to H&W Cash for dep. 05/27/25;05/28/25;deposit 5/30/25	344,002.40	
6/2/25	1110	TRANSFDDA1	Transferred from Cash General to H&W Cash for dep. 05/27/25;05/28/25;deposit 5/30/25		344,002.40
6/4/25	5150	941 WH Tax Paid	A&S Tax W/H	226.22	
6/4/25	1260	941 WH Tax Paid	A&S Tax W/H		226.22
6/4/25	5150	945 DB WH Tax Paid	A&S DB WH	500.00	
6/4/25	1260	945 DB WH Tax Paid	A&S DB WH		500.00
6/4/25	1120	TRANSFDDA2	Transferred from Cash General to H&W Cash for dep. 05/30/25;06/04/25	352,953.05	
6/4/25	1110	TRANSFDDA2	Transferred from Cash General to H&W Cash for dep. 05/30/25;06/04/25		352,953.05
6/9/25	1110	TRANSF1	Transferred from H&W Cash to Cash General for checks issued 06/06/25; deposit 06/03/25	29,215.18	
6/9/25	1120	TRANSF1	Transferred from H&W Cash to Cash General for checks issued 06/06/25; deposit 06/03/25;06/04/25		29,215.18
6/11/25	1260	TO BENEFIT2	Transfer from H&W Cash Benefit Acct. Check Run 6/11/25	105,015.26	
6/11/25	1120	TO BENEFIT2	Transfer from H&W Cash Benefit Acct. Check Run 6/11/25		105,015.26
6/12/25	1110	ACH - CREDIT1	PNC- Cash General- A/P Infrasource	580.00	
6/12/25	2016	ACH - CREDIT1	PNC- Cash General- A/P Infrasource		580.00
6/13/25	1260	A&S1	Transfer from H&W Cash Benefit Acct. Check Run 6/13/25	1,607.08	
6/13/25	1120	A&S1	Transfer from H&W Cash Benefit Acct. Check Run 6/13/25		1,607.08
6/13/25	1110	TRANSF2	Transferred from H&W Cash to Cash General for checks issued 06/13/25; deposit 06/06/25	170.59	
6/13/25	1120	TRANSF2	Transferred from H&W Cash to Cash General for checks issued 06/13/25; deposit 06/06/25-06/10/25		170.59
6/16/25	1120	CANCEL DEPOSIT	H&W Cash - Cancel Deposit 5/29/25 (ER#77-0496 Geo-Management 04/25 ck#1587)		1,708.44
6/16/25	4510	CANCEL DEPOSIT	H&W Cash - Cancel Deposit 5/29/25 (ER#77-0496 Geo-Management 04/25 ck#1587)	1,708.44	
6/18/25	1260	TO BENEFIT3	Transfer from H&W Cash Benefit Acct. Check Run 6/18/25	44,639.68	
6/18/25	1120	TO BENEFIT3	Transfer from H&W Cash Benefit Acct. Check Run 6/18/25		44,639.68
6/18/25	1120	TRANSFDDA3	Transferred from Cash General to H&W Cash for dep. 06/13/25;06/16/25; checks issued 6/	66,621.94	
6/18/25	1110	TRANSFDDA3	Transferred from Cash General to H&W Cash for dep. 06/13/25;06/16/25; checks issued 6/18/25		66,621.94
6/20/25	1110	ACH - CREDIT2	PNC- Cash General- A/P Infrasource	100.00	
6/20/25	2016	ACH - CREDIT2	PNC- Cash General- A/P Infrasource		100.00
6/23/25	1120	TRANSFDDA3	Transferred from Cash General to H&W Cash for dep. 06/17/25;06/18/25	197,432.79	
6/23/25	1110	TRANSFDDA3	Transferred from Cash General to H&W Cash for dep. 06/17/25;06/18/25		197,432.79
6/25/25	1260	TO BENEFIT4	Transfer from H&W Cash Benefit Acct. Check Run 6/25/25	53,611.27	
6/25/25	1120	TO BENEFIT4	Transfer from H&W Cash Benefit Acct. Check Run 6/25/25		53,611.27
6/25/25	1120	TRANSFDDA4	Transferred from Cash General to H&W Cash for dep. 06/20/25;06/23/25	219,684.36	
6/25/25	1110	TRANSFDDA4	Transferred from Cash General to H&W Cash for dep. 06/20/25;06/23/25		219,684.36
6/27/25	1260	A&S2	Transfer from H&W Cash Benefit Acct. Check Run 6/27/25	5,000.00	
6/27/25	1120	A&S2	Transfer from H&W Cash Benefit Acct. Check Run 6/27/25		5,000.00
6/27/25	1110	ACH - CREDIT3	PNC- Cash General- A/P Infrasource	60.00	
6/27/25	2016	ACH - CREDIT3	PNC- Cash General- A/P Infrasource		60.00
6/27/25	1120	TRANSFDDA5	Transferred from Cash General to H&W Cash for dep. 06/24/25;checks issued 06/27/25	16,262.64	
6/27/25	1110	TRANSFDDA5	Transferred from Cash General to H&W Cash for dep. 06/24/25;checks issued 06/27/25		16,262.64
6/30/25	5150	A & S Net	A & S Net	6,484.14	
6/30/25	1260	A & S Net	A & S Net		6,484.14
6/30/25	1895	AMER.CORE REALTY	American Core Realty - Interest Income 06/25	27,432.24	
6/30/25	4635	AMER.CORE REALTY	American Core Realty - Interest Income 06/25		27,432.24
6/30/25	5370	AMER.CORE REALTY	American Core Realty - Investment Mngmnt Fee 06/25	8,055.59	
6/30/25	1895	AMER.CORE REALTY	American Core Realty - Investment Mngmnt Fee 06/25		8,055.59
6/30/25	1895	AMER.CORE REALTY	American Core Realty - Realized Gain 06/25	1,308.58	
6/30/25	4885	AMER.CORE REALTY	American Core Realty - Realized Gain 06/25		1,308.58
6/30/25	1895	AMER.CORE REALTY	American Core Realty - Unrealized Gain 06/25	6,470.98	
6/30/25	4880	AMER.CORE REALTY	American Core Realty - Unrealized Gain 06/25		6,470.98
6/30/25	1110	BANK CHARGES	Service Charge		250.81
6/30/25	5130	BANK CHARGES	Service Charge	250.81	
6/30/25	1260	Benefit Paid	Benefit Paid per Claims Check Registers		224,503.48
6/30/25	5150	Benefit Paid	Benefit Paid per Claims Check Registers	224,503.48	
6/30/25	1260	Benefit Paid	Increase funding for various reasons		666.70
6/30/25	5150	Benefit Paid	Increase funding for various reasons	666.70	
6/30/25	1915	CHART	Chart-Corp. Bonds-Purchases 06/25	317,014.25	
6/30/25	1910	CHART	Chart-Corp. Bonds-Purchases 06/25		317,014.25
6/30/25	1910	CHART	Chart-Corp. Bonds-Sales Proceeds 06/25	548,350.48	
6/30/25	1915	CHART	Chart-Corp. Bonds-Sales at Cost 06/25		529,826.85
6/30/25	4810	CHART	Chart-Corp. Bonds-Realized Gain 06/25		18,523.63
6/30/25	1916	CHART	Chart-Corp. Bonds-MV- Unrealized Gain 06/25	70,317.42	
6/30/25	4820	CHART	Chart-Corp. Bonds-MV- Unrealized Gain 06/25		70,317.42
6/30/25	1910	CHART	Chart-Corp. Bonds-MM -Interest Income 06/25	88,973.85	
6/30/25	4730	CHART	Chart-MM -Interest Income 06/25		1,197.67

Date	Account ID	Reference	Trans Description	Debit Amt	Credit Amt
6/30/25	4730	CHART	Chart-Corp. Bonds-MM -Interest Income 06/25		87,776.18
6/30/25	1120	INTEREST INCOME	Interest Income	1,061.30	
6/30/25	4630	INTEREST INCOME	Interest Income		1,061.30
6/30/25	1260	PNC Bank Fee	PNC Bank Fee		183.69
6/30/25	5130	PNC Bank Fee	PNC Bank Fee	183.69	
6/30/25	1855	VANGUARD	Vanguard - Income Dividend 06/25	2,804.01	
6/30/25	4636	VANGUARD	Vanguard - Income Dividend 06/25		2,804.01
6/30/25	1856	VANGUARD	Vanguard - Gain on Investment 06/25	141,964.04	
6/30/25	4696	VANGUARD	Vanguard - Gain on Investment 06/25		141,964.04
6/30/25	1870	WEDGE	Wedge-Gov. Bonds -Purchases 06/25	276,167.96	
6/30/25	1865	WEDGE	Wedge-Gov. Bonds -Purchases 06/25		276,167.96
6/30/25	1865	WEDGE	Wedge-Gov. Bonds -Sales Proceeds 06/25	200,417.49	
6/30/25	1870	WEDGE	Wedge-Gov. Bonds -Sales at Cost 06/25		199,610.45
6/30/25	4875	WEDGE	Wedge-Gov. Bonds -Realized Gain 05/25		807.04
6/30/25	1871	WEDGE	Wedge-Gov. Bonds -MV-Unrealized Gain 06/25	88,097.61	
6/30/25	4860	WEDGE	Wedge-Gov. Bonds -MV-Unrealized Gain 06/25		88,097.61
6/30/25	1875	WEDGE	Wedge-Corp. Bonds -Purchases 06/25	218,573.19	
6/30/25	1865	WEDGE	Wedge-Corp. Bonds -Purchases 06/25		218,573.19
6/30/25	1865	WEDGE	Wedge-Corp. Bonds - Sales Proceeds 06/25	284,888.85	
6/30/25	1875	WEDGE	Wedge-Corp. Bonds - Sales at Cost 06/25		322,731.29
6/30/25	4875	WEDGE	Wedge-Corp. Bonds - Realized Loss 06/25	37,842.44	
6/30/25	1876	WEDGE	Wedge-Corp. Bonds -MV- Unrealized Gain 06/25	74,815.65	
6/30/25	4860	WEDGE	Wedge-Corp. Bonds -MV- Unrealized Gaiin 06/25		74,815.65
6/30/25	1865	WEDGE	Wedge-MM- Interest Income 06/25	28,850.26	
6/30/25	4720	WEDGE	Wedge-MM- Interest Income 06/25		199.68
6/30/25	4720	WEDGE	Wedge-MM-Gov. Bonds- Interest Income 06/25		16,254.12
6/30/25	4720	WEDGE	Wedge-MM-Corp. Bonds- Interest Income 06/25		12,396.46
6/30/25	1878	WEDGE LG CAP	WEDGE LG CAP- Equities Purchases 06/25	108,650.05	
6/30/25	1877	WEDGE LG CAP	WEDGE LG CAP- Equities Purchases 06/25		108,650.05
6/30/25	1877	WEDGE LG CAP	WEDGE LG CAP- Equities Sales Proceeds 06/25	97,124.21	
6/30/25	1878	WEDGE LG CAP	WEDGE LG CAP- Equities Sales at Cost 06/25		90,076.83
6/30/25	4830	WEDGE LG CAP	WEDGE LG CAP- Equities- Realized Gain 06/25		7,047.38
6/30/25	1879	WEDGE LG CAP	WEDGE LG CAP- Equities- MV-Unrealized Gain 06/25	118,248.48	
6/30/25	4835	WEDGE LG CAP	WEDGE LG CAP- Equities- MV-Unrealized Gain 06/25		118,248.48
6/30/25	1877	WEDGE LG CAP	WEDGE LG CAP- MM- Interest Income 06/25	119.52	
6/30/25	4646	WEDGE LG CAP	WEDGE LG CAP- MM- Interest Income 06/25		119.52
6/30/25	1877	WEDGE LG CAP	WEDGE LG CAP- Equities- Dividend Income 06/25	4,496.98	
6/30/25	4656	WEDGE LG CAP	WEDGE LG CAP- Equities- Dividend Income 06/25		4,496.98
		Total		**4,445,429.12**	**4,445,429.12**

OE Loc 77 Trust Fund of Wash. DC
NON-PAVERS CONTRIBUTIONS
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Customer Name	Debit Amt	Credit Amt	Balance
4510	ER Contributions	6/1/25					
4510	ER Contributions	6/2/25	04/25	CMR CRANE & RIGGING, LLC		24,229.69	
4510	ER Contributions	6/2/25	04/25	S & J SERVICE, INC.		9,654.40	
4510	ER Contributions	6/2/25	04/25	W O GRUBB EQUIPMENT RENTAL		1,572.84	
4510	ER Contributions	6/2/25	04/25	W O GRUBB EQUIPMENT RENTAL		64,053.12	
4510	ER Contributions	6/3/25	04/25	BRAYMAN CONSTRUCTION CO		3,071.88	
4510	ER Contributions	6/3/25	04/25	Casper Colosimo & Son, Inc.		2,361.60	
4510	ER Contributions	6/3/25	04/25	PAUL MERRIT EXCAVATING		1,975.00	
4510	ER Contributions	6/4/25	04/25;05/25	Norair Engineering Associates,		3,939.00	
4510	ER Contributions	6/4/25	04/25;05/25	Norair Engineering Associates,		331.25	
4510	ER Contributions	6/5/25	05/25SPLIT	PETILLO INC		520.00	
4510	ER Contributions	6/5/25	04/25SPLIT	KIRILA EARTHWORKS,INC		5,025.00	
4510	ER Contributions	6/5/25	03/25;04/25SPLIT	WOLFE CRANE SERVICES		2,000.00	
4510	ER Contributions	6/5/25	03/25;04/25SPLIT	WOLFE CRANE SERVICES		2,000.80	
4510	ER Contributions	6/5/25	03/25;04/25SPLIT	WOLFE CRANE SERVICES		64.60	
4510	ER Contributions	6/5/25	05/25SPLIT	STRITTMATTER COMPANIES		11,167.19	
4510	ER Contributions	6/5/25	03/25SPLIT	SHELLY FOUNDATION , INC		500.00	
4510	ER Contributions	6/5/25	Add.03/25;04/25SPLIT	METRO CRANE &RIGGING LLC		979.69	
4510	ER Contributions	6/5/25	Add.03/25;04/25SPLIT	METRO CRANE &RIGGING LLC		12,243.75	
4510	ER Contributions	6/5/25	04/25	EXTREME INC		8,736.00	
4510	ER Contributions	6/5/25	04/25	EXTREME INC		64,831.25	
4510	ER Contributions	6/5/25	04/25SPLIT	MCVAC		18,698.44	
4510	ER Contributions	6/5/25	03/25SPLIT	GEO-MANAGEMENT CONSTRUCTION PARTNER		1,107.38	
4510	ER Contributions	6/5/25	04/25SPLIT	SR CONSTRUCTION LLC		3,239.44	
4510	ER Contributions	6/6/25	04/25(Kapila Patel)	SR CONSTRUCTION LLC		1,000.00	
4510	ER Contributions	6/9/25	05/25	B & M CRANE		3,563.63	
4510	ER Contributions	6/9/25	05/25	EAST WEST ERECTION SERVIC		4,910.75	
4510	ER Contributions	6/9/25	05/25	AMERICAN COMBUSTION INDUSTRIES		2,493.75	
4510	ER Contributions	6/9/25	05/25	SCHNABEL FOUNDATION CORP		3,714.75	
4510	ER Contributions	6/9/25	05/25	OPER ENGS APPR FUND		5,200.00	
4510	ER Contributions	6/13/25	05/25	HUTCHINSON INTERNATIONAL CORP.		1,326.00	
4510	ER Contributions	6/13/25	05/25	WMATA 6-KIEWIT INFRASTRUC		668.75	
4510	ER Contributions	6/13/25	05/25	AIW, INC		8,869.25	
4510	ER Contributions	6/13/25	04/25;05/25	Riggs Distler		643.50	
4510	ER Contributions	6/13/25	04/25;05/25	Riggs Distler		125.00	
4510	ER Contributions	6/13/25	04/25;05/25	MICHELS CONSTRUCTION INC		606.25	
4510	ER Contributions	6/13/25	04/25;05/25	MICHELS CONSTRUCTION INC		1,157.00	
4510	ER Contributions	6/13/25	06/25SPLIT	PETILLO INC		520.00	
4510	ER Contributions	6/13/25	04/25	MILLER PIPELINE CORP.		58,740.63	
4510	ER Contributions	6/13/25	05/25	GOETTLE EQUIPMENT CO		4,335.50	
4510	ER Contributions	6/13/25	04/25SPLIT	SOUTHERN MD HYDRAULICS		3,315.20	
4510	ER Contributions	6/16/25	06/25	NEW YORK GEOMATICS INC		801.28	
4510	ER Contributions	6/16/25	05/25	VECTOR SERVICES		22,723.44	
4510	ER Contributions	6/16/25	05/25	NICHOLSON CONSTRUCTION CO		754.00	
4510	ER Contributions	6/16/25	05/25	INTER UNION LOCAL 77		9,843.75	
4510	ER Contributions	6/16/25	05/25	INTER UNION LOCAL 77		1,093.75	
4510	ER Contributions	6/16/25	05/25	NATIONAL PIPELINE TRAINING		1,632.00	
4510	ER Contributions	6/16/25	05/25SPLIT	CELTIC DEMOLITION		37,345.75	
4510	ER Contributions	6/16/25	05/25SPLIT	BADGER DAYLIGHTING CORP.		22,384.18	
4510	ER Contributions	6/16/25	05/25SPLIT	MIDWEST MOLE,INC		2,499.25	
4510	ER Contributions	6/16/25	04/25;05/25SPLIT	DELTA RAILROAD CONSTRUCTION		8,882.25	
4510	ER Contributions	6/16/25	04/25;05/25SPLIT	DELTA RAILROAD CONSTRUCTION		1,365.63	
4510	ER Contributions	6/16/25	CANCEL DEPOSIT		1,708.44		
4510	ER Contributions	6/17/25	05/25	RYAN INCORPORATED CENTRAL		3,870.75	
4510	ER Contributions	6/17/25	05/25	BAY CRANE MID-ATLANTIC LLC		59,488.00	
4510	ER Contributions	6/17/25	05/25	BAY CRANE MID-ATLANTIC LLC		1,038.00	
4510	ER Contributions	6/17/25	05/25	MAXIM CRANE WORKS		5,629.00	
4510	ER Contributions	6/17/25	04/25;05/25SPLIT	MICHELS CONSTRUCTION INC		231.25	
4510	ER Contributions	6/17/25	04/25;05/25SPLIT	MICHELS CONSTRUCTION INC		988.00	
4510	ER Contributions	6/17/25	05/25SPLIT	CHRISTMAN MID-ATLANTIC CONSTRUCTORS		3,032.25	
4510	ER Contributions	6/18/25	05/25	FORCE DRILLING LLC		1,170.00	
4510	ER Contributions	6/18/25	05/25	BRAYMAN CONSTRUCTION CO		4,130.75	
4510	ER Contributions	6/18/25	05/25	DJB CONTRACTING, INC.		1,740.31	
4510	ER Contributions	6/18/25	05/25	W O GRUBB EQUIPMENT RENTAL		880.00	
4510	ER Contributions	6/18/25	05/25	W O GRUBB EQUIPMENT RENTAL		59,894.25	

Account ID	Account Description	Date	Reference	Customer Name	Debit Amt	Credit Amt	Balance
4510	ER Contributions	6/18/25	05/25	W O GRUBB EQUIPMENT RENTAL		28,525.00	
4510	ER Contributions	6/18/25	05/25	W O GRUBB EQUIPMENT RENTAL		529.75	
4510	ER Contributions	6/18/25	05/27SPLIT	JOSEPH B FAY		1,998.75	
4510	ER Contributions	6/18/25	04/25SPLIT	DYNAMIC CONCEPTS, INC		10,762.88	
4510	ER Contributions	6/18/25	05/25	INDEPENDENT EXCAVATING,INC		43,904.25	
4510	ER Contributions	6/19/25	05/25	SKODA CONTRACTING CO		2,659.20	
4510	ER Contributions	6/20/25	05/25	CS SERVICES, LLC		1,930.50	
4510	ER Contributions	6/20/25	05/25	SR CONSTRUCTION LLC		1,000.00	
4510	ER Contributions	6/20/25	05/25	KELLER NORTH AMERICA		16,393.00	
4510	ER Contributions	6/20/25	05/25SPLIT	CLEARSITE INDUSTRIAL		11,245.06	
4510	ER Contributions	6/20/25	05/25SPLIT	KELLER NORTH AMERICA		39,380.25	
4510	ER Contributions	6/20/25	05/25SPLIT	KELLER NORTH AMERICA		5,681.00	
4510	ER Contributions	6/20/25	05/25SPLIT	SR CONSTRUCTION LLC		2,873.06	
4510	ER Contributions	6/20/25	04/25;05/25	FLAT IRON		1,231.25	
4510	ER Contributions	6/20/25	04/25;05/25	FLAT IRON		2,050.75	
4510	ER Contributions	6/20/25	04/25;05/25	FLAT IRON		831.25	
4510	ER Contributions	6/20/25	04/25;05/25	FLAT IRON		2,018.25	
4510	ER Contributions	6/23/25	05/25	MILLER PIPELINE CORP.		47,631.25	
4510	ER Contributions	6/23/25	05/25	TRAYLOR SHEA JV		21,594.50	
4510	ER Contributions	6/23/25	04/25;05/25	NORTHEAST REMSCO		2,356.25	
4510	ER Contributions	6/23/25	04/25;05/25	NORTHEAST REMSCO		337.50	
4510	ER Contributions	6/23/25	05/25	ANCHOR CONSTRUCTION CORP.		68,268.80	
4510	ER Contributions	6/23/25	Add.05/25	INTER UNION LOCAL 77		393.75	
4510	ER Contributions	6/23/25	Add.05/25	INTER UNION LOCAL 77		43.75	
4510	ER Contributions	6/24/25	05/25	MALCOM DRILLING		3,880.50	
4510	ER Contributions	6/24/25	05/25	BERKEL & COMPANY		17,355.00	
4510	ER Contributions	6/24/25	05/25	HOLCIM-MAR, INC		1,120.00	
4510	ER Contributions	6/24/25	05/25	HOLCIM-MAR, INC		9,255.60	
4510	ER Contributions	6/25/25	06/25SPLIT	PETILLO INC		520.00	
4510	ER Contributions	6/25/25	05/25SPLIT	MIGHTY FOUR ENTERPRISE		6,422.40	
4510	ER Contributions	6/25/25	05/25SPLIT	SAUNDERS DRILLING & BLASTING CO INC		201.50	
4510	ER Contributions	6/25/25	05/25SPLIT	PERFORMANCE CONTRACTING INC		3,287.50	
4510	ER Contributions	6/27/25	05/25SPLIT	W.G.TOMKO, INC		2,600.00	
4510	ER Contributions	6/27/25	05/25	WILLIAMS EQUIPMENT CO		11,906.38	
4510	ER Contributions	6/27/25	05/25	DIGMASTER		12,018.50	
4510	ER Contributions	6/27/25	10068	CELTIC DEMOLITION		25.00	
4510	ER Contributions	6/27/25	10068	CELTIC DEMOLITION	20.00		
4510	ER Contributions	6/30/25	04/25;05/25	CLARK CONSTRUCTION GRP		26,100.00	
4510	ER Contributions	6/30/25	04/25;05/25	CLARK CONSTRUCTION GRP		55,003.16	
4510	ER Contributions	6/30/25	05/25	GRUMPY'S CONCRETE PUMPING		5,224.50	
4510	ER Contributions	6/30/25	05/25	Casper Colosimo & Son, Inc.		2,412.80	
4510	ER Contributions	6/30/25	04/25;05/25	SKANSKA FLATIRON LBN JV		2,180.75	
4510	ER Contributions	6/30/25	04/25;05/25	SKANSKA FLATIRON LBN JV		325.00	
4510	ER Contributions	6/30/25	05/25	GLENELG CONSTRUCTION INC		1,339.00	
4510	ER Contributions	6/30/25	05/25	EXTREME INC		6,348.88	
4510	ER Contributions	6/30/25	05/25	EXTREME INC		52,946.88	
4510	ER Contributions				1,728.44	1,129,023.47	-1,127,295.03
		6/30/25					**-1,127,295.03**

OE Loc 77 Trust Fund of Wash. DC
PAVERS CONTRIBUTIONS
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4500	Contributions - Pavers	6/1/25				
4500	Contributions - Pavers	6/2/25	04/25	CAPITAL PAVING OF DC	83,040.88	
4500	Contributions - Pavers	6/2/25	04/25	CAPITAL PAVING OF DC	16,546.88	
4500	Contributions - Pavers	6/4/25	04/25	RUSSELL PAVING CO., INC.	3,000.00	
4500	Contributions - Pavers	6/20/25	05/25	EUROVIA ATLANTIC COAST	6,975.29	
4500	Contributions - Pavers	6/20/25	05/25	EUROVIA ATLANTIC COAST	1,843.75	
4500	Contributions - Pavers	6/30/25	05/25	FORT MYER	5,000.00	
4500	Contributions - Pavers	6/30/25	05/25	FORT MYER	127,803.74	
4500	Contributions - Pavers	6/30/25	05/25	FORT MYER	36,750.44	
4500	Contributions - Pavers	6/30/25	05/25	CIVIL CONSTRUCTION, LLC	1,250.00	
4500	Contributions - Pavers				282,210.98	282,210.98
		6/30/25				**282,210.98**

OE Loc 77 Trust Fund of Wash. DC
SELF-PAYMENTS
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4530	Self-Pay Contributions	6/1/25				
4530	Self-Pay Contributions	6/3/25	06/25	WANDA BERRY	350.00	
4530	Self-Pay Contributions	6/3/25	06/25	HAROLD C CROSS	500.00	
4530	Self-Pay Contributions	6/3/25	06/25	CEDRIC LEWIS	500.00	
4530	Self-Pay Contributions	6/10/25	06/25	DANIEL JOHNSON	500.00	
4530	Self-Pay Contributions				1,850.00	1,850.00
		6/30/25				**1,850.00**

OE Loc 77 Trust Fund of Wash. DC
RETIREE SELF-PAYMENTS
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4580	Retired Self-Pay	6/1/25				
4580	Retired Self-Pay	6/2/25	06/25	OE PENSION TRUST FUND	58,295.00	
4580	Retired Self-Pay	6/3/25	09/24-07/25	BETTY LOU WHARAM	880.00	
4580	Retired Self-Pay	6/3/25	05/25	BONNITA LEE CROSTON	80.00	
4580	Retired Self-Pay	6/10/25	06/25	NORMAN L BOWIE	160.00	
4580	Retired Self-Pay	6/10/25	07/25-09/25	CALVIN E JOHNSON	480.00	
4580	Retired Self-Pay	6/10/25	07/25-09/25	HELEN D ANGLIN	240.00	
4580	Retired Self-Pay	6/10/25	01/25-03/25	CRISSIE YOW	240.00	
4580	Retired Self-Pay	6/24/25	06/25	BONITA LEE CROSTON	80.00	
4580	Retired Self-Pay	6/24/25	08/25	BETTY LOU WHARAM	80.00	
4580	Retired Self-Pay	6/24/25	06/25;07/25	CHERYL PENCE	1,100.00	
4580	Retired Self-Pay	6/24/25	07/25-09/25	INGRID E HERSHEY	240.00	
4580	Retired Self-Pay	6/24/25	12/25	PAUL MCMAHAN	210.00	
4580	Retired Self-Pay	6/30/25	07/25-09/25	NIPA WILDONER	240.00	
4580	Retired Self-Pay				62,325.00	62,325.00
		6/30/25				**62,325.00**

OE Loc 77 Trust Fund of Wash. DC
COBRA SELF-PAYMENTS
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4540	Cobra Self-Pay EE	6/1/25				
4540	Cobra Self-Pay EE	6/3/25	05/24	WILLIAM R ARGUETA-DELCII	901.21	
4540	Cobra Self-Pay EE	6/3/25	06/25	STUART A HOPKINS	346.62	
4540	Cobra Self-Pay EE	6/3/25	06/25	JUSTIN FOSTER	902.00	
4540	Cobra Self-Pay EE	6/3/25	06/25	CHRISTOPHER GRAIG	346.62	
4540	Cobra Self-Pay EE	6/3/25	05/25	FELIX MERINO ACEVEDO	346.62	
4540	Cobra Self-Pay EE	6/3/25	06/25	SARAH D YOW	346.62	
4540	Cobra Self-Pay EE	6/3/25	06/25	ANDRES ALVAREZ	346.62	
4540	Cobra Self-Pay EE	6/3/25	06/25	ARMENIO S RITA	346.62	
4540	Cobra Self-Pay EE	6/3/25	05/25	WAYNE M LYMAN, JR	346.62	
4540	Cobra Self-Pay EE	6/9/25	06/25	WAYNE M LYMAN, JR	346.62	
4540	Cobra Self-Pay EE	6/10/25	06/25;07/25	SAMUEL KIRILA	693.24	
4540	Cobra Self-Pay EE	6/10/25	06/25	FELIX MERINO ACEVEDO	346.62	
4540	Cobra Self-Pay EE	6/10/25	05/25	HEATHER M FOSTER	350.00	
4540	Cobra Self-Pay EE	6/24/25	07/25	CHRISTOPHER GRAIG	346.62	
4540	Cobra Self-Pay EE	6/24/25	06/25;07/25	WILLIAM R ARGUETA-DELCII	901.21	
4540	Cobra Self-Pay EE	6/24/25	06/25;07/25	WILLIAM R ARGUETA-DELCII	901.21	
4540	Cobra Self-Pay EE	6/24/25	06/25;07/25	HEATHER M FOSTER	690.00	
4540	Cobra Self-Pay EE				8,805.07	8,805.07
		6/30/25				**8,805.07**

OE Loc 77 Trust Fund of Wash. DC
INTEREST ON DELINQUENCY
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4660	Interest on Delinquency	6/1/25				
4660	Interest on Delinquency	6/5/25	03/25;04/25SPLIT	WOLFE CRANE SERVICES	15.40	
4660	Interest on Delinquency				15.40	15.40
		6/30/25				**15.40**

OE Loc 77 Trust Fund of Wash. DC
RECIPROCITY INCOME
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Customer Name	Credit Amt	Balance
4550	Reciprocity Income	6/1/25				
4550	Reciprocity Income	6/2/25	04/25	LOC 302 & 612 IUOE CONSTR	1,099.80	
4550	Reciprocity Income	6/9/25	04/25	IUOE LOCAL 841	996.30	
4550	Reciprocity Income	6/9/25	04/25	LOC.18 - OHIO OPERATING E	1,852.00	
4550	Reciprocity Income	6/13/25	04/25	OE Local 37	22,174.40	
4550	Reciprocity Income	6/13/25	04/25	OE Local 37	753.22	
4550	Reciprocity Income	6/20/25	04/25	IUOE Pipe Line H&W Fund	11,707.21	
4550	Reciprocity Income	6/23/25	04/25	OE Local 147	4,491.80	
4550	Reciprocity Income	6/23/25	04/25	IU OE LOC. 478	3,633.20	
4550	Reciprocity Income	6/23/25	04/25	IUOE LOCAL 181,320	1,553.25	
4550	Reciprocity Income	6/23/25	04/25	IUOE Local 324	1,320.98	
4550	Reciprocity Income	6/23/25	03/25	Upstate New York Engineers Benefit Fund	1,608.73	
4550	Reciprocity Income	6/23/25	04/25	SOUTHERN OPERATORS HEALTH F	2,935.94	
4550	Reciprocity Income	6/27/25	04/25	TENNESSEE VALUE OE HEALTH FUND	3,261.60	
4550	Reciprocity Income				57,388.43	57,388.43
		6/30/25				**57,388.43**

OE Loc 77 Trust Fund of Wash. DC
RECIPROCITY EXPENSE
For the Period From June 1, 2025 to June 30, 2025

Account ID	Account Description	Date	Reference	Vendor Name	Debit Amt	Balance
4560	Reciprocity Payments	6/1/25				
4560	Reciprocity Payments	6/18/25	9617	OE LOCAL 101	446.88	
4560	Reciprocity Payments	6/18/25	9618	IUOE Loc.132 - H&W Fund	1,075.00	
4560	Reciprocity Payments	6/18/25	9619	IUOE Local 181	1,221.88	
4560	Reciprocity Payments	6/18/25	9620	OE Loc.37 - H&W Fund	11,835.85	
4560	Reciprocity Payments	6/18/25	9621	IUOE Local 542 Welfare Fund	1,375.00	
4560	Reciprocity Payments	6/18/25	9622	OE Loc.66 Welf.Fund	1,134.38	
4560	Reciprocity Payments	6/18/25	9623	Local 926	100.00	
4560	Reciprocity Payments	6/18/25	9624	IUOE & Pipe Line Employers H&W	1,643.75	
4560	Reciprocity Payments	6/27/25	9635	OE Loc.37 - H&W Fund	1,153.13	
4560	Reciprocity Payments				19,985.87	19,985.87
		6/30/25				**19,985.87**

OE Loc 77 Trust Fund of Wash. DC
CHECK REGISTER
For the Period From June 1, 2025 to June 30, 2025

Check #	Date	Payee	Amount
CaareFirst5/24-30/25	6/5/25	CareFirst Blue Cross Blue Shield	94,028.90
Delta 5/24-30/25	6/5/25	Delta Dental of Pennsylvania	8,939.90
9607	6/6/25	AA, LLC	45,729.68
9608	6/6/25	NCAS	3,705.52
9609	6/6/25	VSP VISION CARE, INC	1,189.65
9610	6/6/25	Eberts & Harrison, Inc.	2,846.00
9611	6/6/25	OE Apprenticeship Fund	8,293.91
9612	6/6/25	OE Loc 77 Pension Fund	60,199.55
9613	6/6/25	OE Annuity Fund	38,337.25
Delta 5/31-6/6/25	6/11/25	Delta Dental of Pennsylvania	8,957.45
CareFirst5/31-6/6/25	6/11/25	CareFirst Blue Cross Blue Shield	102,399.76
9614	6/13/25	VSP VISION CARE, INC	8,694.02
9615	6/13/25	Green Light	1,009.80
9616	6/13/25	Conifer Value-Based Care, LLC	21,714.00
May Claims Integrity	6/13/25	Zelis Claims Integrity, LLC	916.66
2Q25 Fee	6/13/25	Investment Performance Services, LLC	4,868.67
CVS 6/1-16/25	6/17/25	CVS Caremark	127,313.97
9617	6/18/25	OE LOCAL 101	446.88
9618	6/18/25	IUOE Loc.132 - H&W Fund	1,075.00
9619	6/18/25	IUOE Local 181	1,221.88
9620	6/18/25	OE Loc.37 - H&W Fund	11,835.85
9621	6/18/25	IUOE Local 542 Welfare Fund	1,375.00
9622	6/18/25	OE Loc.66 Welf.Fund	1,134.38
9623	6/18/25	Local 926	100.00
9624	6/18/25	IUOE & Pipe Line Employers H&W Fund	1,643.75
9625	6/18/25	Calibre CPA Group, PLLC	5,737.50
9626	6/18/25	Sage Checks & Forms	183.71
9627	6/18/25	OE Apprenticeship Fund	4,178.20
9628	6/18/25	OE Annuity Fund	11,673.46
9629	6/18/25	OE Loc.77 Check Off Dues	183,069.87
9630	6/18/25	Conifer Value-Based Care, LLC	22,020.72
Delta 6/7/25-6/13/25	6/18/25	Delta Dental of Pennsylvania	8,821.60
CareFirst6/7-6/13/25	6/18/25	CareFirst Blue Cross Blue Shield	235,506.73
Labor First 07/25	6/26/25	Labor First Limited Liability	111,362.50
Delta 7/25;7/14-20/2	6/26/25	Delta Dental of Pennsylvania	13,595.20
CareFirst 6/14-20/25	6/26/25	CareFirst Blue Cross Blue Shield	78,754.80
9635	6/27/25	OE Loc.37 - H&W Fund	1,153.13
9636	6/27/25	CareFirst Blue Cross Blue Shield	12,028.52
9634	6/27/25	AA, LLC	39.17
9631	6/27/25	OE Apprenticeship Fund	166.21
9632	6/27/25	OE Loc 77 Pension Fund	1,516.58
9633	6/27/25	OE Annuity Fund	207.75
Total			**1,247,993.08**

PARTICIPANT APPEALS

NAME: **SS#:**

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

EMPLOYER: Crane Service Co., Inc. **LOCAL:** 77
STATUS: Active

ISSUE: Hospital/Medical – Late Claim Filing #M25/127-0248

FUND RULE:
"Claims Filing and Appeals Information and Procedures

Important Note: You must file all claims within 365 days from the date of an event, except Weekly Accident and Sickness claims, which must be file within 60 days from your disability determination date or before you return to work, whichever is later.

An 'event' is defined as the accrual of charges for medical care, the date of injury, disease or illness, the date of disability, date of accident or sickness or date of death or injury which causes dismemberment."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 111)

SUMMARY:

Date(s) of Service:	October 21, 2023
Claim(s) Received:	March 10, 2025 **(141 days late)**
Claim(s) Denied:	March 21, 2025
Appeal Received:	May 30, 2025

The **participant** is appealing for payment of a claim that was denied for untimely filing. The participant states that he doesn't understand nor did he know that the address on the back of his card was "incorrect" until this past year. The participant further states that he called numerous times about the bill and was told it was never received, so he called the emergency room and had them send it again.

Fund records indicate Emergency Service Associates, PC submitted a claim for services rendered on October 21, 2023. CareFirst records indicate it first received this claim on March 10, 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 March 11, 2025. The claim was denied for untimely filing.

After the appeal was received, letters were mailed to the participant on June 3, 2025 and June 18, 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 (if applicable), all address(es) used to submit the claim, and asking if he was billed by the provider. To date, there has been no response to these requests.

Note: The Fund office has received numerous other claims, timely, on and around this date of service.

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

NAME: **SS#:**
REGARDING:

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

EMPLOYER: Schnabel Foundation **LOCAL:** 77
STATUS: Active

ISSUE: Hospital/Medical – Excluded Services #M25/125-9481

FUND RULE:
"**EXCLUSIONS AND LIMITATIONS**

3. Expenses for any material, service, supply or device used or prescribed by a physician in connection with providing medical services not otherwise specifically included in the Plan."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 85, #3)

"**Oral Contraceptives Must Be Medically Necessary For Coverage**

Prescriptions for oral contraceptives are covered under your prescription drug benefits through Caremark only if they are medically necessary. Medically necessary prescriptions are covered for participants, as well as for eligible spouses and dependent daughters. The prescription must be prescribed for a medical problem only. Oral contraceptives for the prevention of pregnancy are not covered.

How is medical necessity determined? In order to determine medical necessity, the physician must write a letter describing the medical necessity of the medication and also describe other treatments which could possibly be necessary if oral contraceptives are not used. This information is necessary for the Fund Office to review for determination. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 "For Your Benefit" newsletter, January 2016, Page 2)

SUMMARY: Appeal Received: May 13, 2025

The **participant's daughter** is appealing for coverage of the Skyla IUD (intrauterine device). The participant's daughter states that the Skyla IUD is medically necessary to help with her mood regulations and irregular periods, and that she has been on Skyla before.

Note: IUD's are not a covered benefit under the Plan. Oral contraceptives are covered under the prescription drug benefit, with a medical diagnosis.

After the appeal was received, letters were mailed to the participant's daughter on June 9, 2025 and June 24, 2025 requesting a letter of medical necessity from the ordering physician, and any supporting medical records, for review. To date, there has been no response to these requests.

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

NAME: **SS#:**
REGARDING:

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

EMPLOYER: Independence Excavating **LOCAL:** 77
STATUS: Active

ISSUE: Hospital/Medical – Excluded Services, Late Appeal #M25/129-8893

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). […]

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. […]

11. The Plan does not cover any services, treatments, 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. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Pages 85-86, #5, #11)

"The Trustees have restated their longstanding interpretation of Exclusion Number 11 under the EXCLUSIONS AND LIMITATIONS section of the Plan. The Trustees have consistently interpreted this provision to exclude coverage for genetic testing, including any medical procedures or treatment related to genetic testing, including but not limited to gene therapy, because they were services, treatment, drugs, or supplies experimental and/or investigational in nature on March 23, 2010. […]"
(Quoted from the Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 Summary of Material Modifications)

"**Appealing a Denied Claim**
2. 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, Page 122, #2)

SUMMARY:

Date(s) of Service:	December 5, 2023
Claim(s) Received:	August 28, 2024
Claim(s) Denied:	September 19, 2024
Appeal Received:	June 17, 2025 **(91 days late)**

The **provider,** Naveris, Inc., is appealing for payment of a laboratory claim for the participant's spouse that was denied. The provider states, in summary, that this NavDx test is a highly specific and sensitive cancer biomarker used routinely in the treatment of patients with HPV driven cancers, and the ordering physician determined that this test was medically necessary in determining the best course of treatment.

Fund records indicate Naveris, Inc. submitted a claim for genetic testing (CPT 0356U) related to cancer, performed on December 5, 2023. The claim was denied because genetic testing is not a covered benefit of the Plan.

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

NAME: **SS#:**

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

EMPLOYER: Delta Railroad JV **LOCAL:** 77
STATUS: Active

ISSUE: Hospital/Medical – Medical Necessity #M25/122-9677

FUND RULE:
"**Alcohol and Substance Abuse Benefits**
Treatment of alcohol and substance abuse is covered if the participant/covered dependent meets the following conditions:

1. Prior approval is required.
2. You must submit a letter of medical necessity from the legally qualified physician requesting treatment by a social worker and/or a drug and alcohol counselor. With Fund approval, the Fund will pay for the treatment of drug and alcohol addiction.
3. The Fund will pay 100% for inpatient and outpatient care up to the Usual, Customary and Reasonable ('UCR') charges and subject to the other limits of the Plan. No other benefits are payable under the Plan for drug and alcohol addiction. Inpatient treatment (including at a drug and alcohol treatment facility) must be approved by the Fund Office prior to your admission. Contact American Health Holding* to pre-authorize treatment. You must submit a request in writing prior to undergoing treatment in order to be covered for this benefit."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 71)

**Effective January 1, 2019, Conifer Health Solutions replaced American Health Holding as the Fund's medical review firm.*

SUMMARY:

Date(s) of Service:	April 8, 2025 through April 15, 2025
Claim(s) Received:	(pending)
Claim(s) Denied:	(pending)
Appeal Received:	April 29, 2025

The **provider,** 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.

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

NAME: **SS#:**

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

EMPLOYER: Fort Myer **LOCAL:** 77
STATUS: Full Time

ISSUE: Hospital/Medical – Pre-Service, Medical Necessity #M24/135-9804

FUND RULE:
"**The following procedures/treatments must be certified by AHH* in order to be covered.** […]
2. Outpatient surgery. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 61)

"**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, Page 70)

"**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, Page 85, #5)

**Effective January 1, 2019, Conifer Health Solutions replaced American Health Holding as the Fund's medical review firm.*

SUMMARY: Appeal Received: May 22, 2024

The **provider,** Shawn Marhamati, MD, is appealing for coverage of a surgical procedure (CPT 0619T - "Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy"), which was deemed not medically necessary by Conifer Health Solutions. The Fund Office notes that CPT codes with a "T" modifier, such as this one, are considered "Category III CPT codes" for "emerging technology" by the American Medical Association. Dr. Marhamati states, in summary, that the procedure is medically necessary and the participant meets all of the requirements.

Fund records indicate Shawn Marhamati, MD initially requested authorization from Conifer for this surgical procedure. Conifer advised that the procedure was **not medically necessary,** stating in summary, **"While promising, the level of evidence does not support medical necessity. […] The recommended treatment plan could include the patient being treated with a transurethral resection of the prostate (TURP), photoselective vaporization of the prostate (PVP), Orolift, Aquablation, or a water vapor thermal therapy (WVTT)."**

After the appeal was received, the Fund Office contacted Conifer, and Conifer conducted an appeal level of reconsideration. Conifer upheld the original recommendation that the procedure is **not medically necessary or standard of care,** stating in summary, **"The alternate treatment plan for this would be any of the recommended procedures in the AUA Guidelines, including transurethral resection of the prostate, transurethral incision of the prostate, photo vaporization of the prostate, and prostate urethral lift, to name a few."**

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

OTHER FUND BUSINESS

David Jensen

From: Luma, Lindsey <LINDSEY.LUMA@coniferhealth.com>
Sent: Thursday, August 7, 2025 11:59 AM
To: Kathy Phillips; Sears, Joseph; David Jensen
Subject: SECURE: Local 77 Member

Hi,
Sorry for the delay. Member had originally gone to a doctor who suggested testosterone shots due to low testosterone. CVS denied the claim as this is not covered. Our PHN called CVS in November and they advised that it is not a covered medication. The gel was covered but his provider advised that since his spouse had breast cancer and that it wasn't advised as she could not get the gel on her (this is according to Paul). We have no clinical and have never reviewed any authorization. If you would like to try to get clinical and review for medical necessity we can have our nurse reach out and see if the provider will send over clinical and review.
Thank you,

Lindsey Luma RN BSN
Manager of Population Health
Value Based Care
Conifer Health Solutions
Office: 800-459-2110 x 2197 Fax: 866-747-0733
Direct Line: 410-919-0520
Email: lindsey.luma@coniferhealth.com
Website: www.ConiferHealth.com
Follow Us: LinkedIn, Twitter, Facebook **and** Pinterest

Performance Overview

Zenith American Solutions - Associated Administrators - CreateDate - (4/1/2025 - 4/30/2025)

Total Employee Lives	5,600
Total Gross Savings	$384.09
Total Net Savings	$268.86

Gross Out of Network Services Savings	$384.09
Net Out of Network Services Savings	$268.86
Total Billed Submitted	$840.00
Total Allowed Amount Submitted	$840.00
Success Rate	100.0%
Average Discount	45.7%
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	$0.07
Net PEPM Savings	$0.05
Total Administrative Allowance	$62.20
PEPM Administrative Allowance	$0.01

Performance Overview

Zenith American Solutions - Associated Administrators - CreateDate - (5/1/2025 - 5/31/2025)

Total Employee Lives	5,600
Total Gross Savings	$3,055.53
Total Net Savings	$2,138.87

Gross Out of Network Services Savings	$3,055.53
Net Out of Network Services Savings	$2,138.87
Total Billed Submitted	$3,761.00
Total Allowed Amount Submitted	$3,761.00
Success Rate	100.0%
Average Discount	81.3%
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	$0.55
Net PEPM Savings	$0.38
Total Administrative Allowance	$494.99
PEPM Administrative Allowance	$0.09

Performance Overview

Zenith American Solutions - Associated Administrators - CreateDate - (6/1/2025 - 6/30/2025)

Total Employee Lives	5,600
Total Gross Savings	$2,397.22
Total Net Savings	$1,678.06

Gross Out of Network Services Savings	$2,397.22
Net Out of Network Services Savings	$1,678.06
Total Billed Submitted	$3,927.00
Total Allowed Amount Submitted	$3,927.00
Success Rate	79.6%
Average Discount	76.7%
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	$0.43
Net PEPM Savings	$0.30
Total Administrative Allowance	$388.35
PEPM Administrative Allowance	$0.07

CONIFER
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Operating Engineers Local 77
Plan Performance Report

2nd Quarter 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 June 30, 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 4% in the first half of 2025 when compared to 2024 calendar year results. Medical claims decreased 2.5% while Rx claims increased 20%. Quarter over quarter, total claims increased 17% in the second quarter of 2025 when compared to the first quarter of the year. ▪ There were 15 members that had claims of $100,000 through the first half of 2025, with 3 over $250,000. These members represent 35% of total claims.
Engagement	▪ **100% engagement** for Q2 2025 is consistently higher than Conifer's Book of Business average. ▪ PHNs were **able to reach 72**% of members identified for management, which is higher than Conifer's Book of Business average.
Results	▪ There was a **decrease in all modifiable Priority Risk and High-Risk triggers** for engaged members quarter over quarter indicating improvements in health management and utilization of benefits. ▪ Medical Management **savings ratio is 6:1** for Q2 2025 with the top categories including savings based on improved health related behaviors and averted inpatient admissions.

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Monitoring Key Indicators

3-Year Review

- **Average enrollment** has remained consistent the past three years. At the end of the second quarter 2025, there were 1,169 employees (2,917 total members) on the plan.
- **Total Medical/Rx PMPM** increased about 4% through the first two quarters of 2025 when compared to the 2024 plan year. Medical claims increased in March and April of 2025 (average $406 pmpm) but decreased the next two months.
- **Rx PMPM** increased 20% in the first half of 2025 when compared to 2024. Expenses averaged $174 pmpm in the second quarter of 2025 compared to $114 pmpm in the first quarter; Gattex, Hemlibra, and Skyrizi were the three drugs with the highest expense. Generic drugs represented 91% of total scripts and 18% of total Rx spend. 90-day supplies represented 34% of total scripts and 19% of Rx spend.
- **High-Cost Claimants** – there were 31 claimants that utilized $50,000+ (Medical and Rx) through the second quarter of 2025. These members represented 1% of membership and 49% of total paid claims.
  - There were 15 claimants with paid claims over $100,000, with 3 over $250,000. All but one were active on the plan at the end of the quarter.

Metric	CY 2023	CY 2024	Thru Q2 2025
Number of Employees (avg)	1,223	1,228	1,211
Number of Members (avg)	3,038	2,990	2,966
Medical PMPM	$261.44	$298.64	$291.25
RX PMPM	$100.36	$118.29	$141.62
Total PMPM	**$361.80**	**$416.93**	**$432.87**

General COC PMPM			
Hospital Related	$149.80	$177.56	$148.71
Professional	$104.99	$113.73	$135.16
Other	$6.65	$7.35	$7.38
Rx	$100.36	$118.29	$141.62
Total	**$361.80**	**$416.93**	**$432.87**

Claimants over $50,000 (Med/Rx)			
Number of Claimants	56	62	31
% of Population	1.9%	2.0%	1.0%
% of Total Paid	54.8%	60.5%	49.0%
Largest Claimant Cost	$451,751	$1,054,523	$348,619
Claimant Breakdown:			
$1 million+	0	1	0
$500k - $999k	0	1	0
$250k - $499k	5	7	3
$100k - $249k	22	16	12

Monitoring Key Indicators *(continued…)*

Members eligible at the end of each year and 6.30.2025

Predicted Trend	CY 2023		CY 2024		Q2 2025	
	#	%	#	%	#	%
Number of Members	2,977	n/a	2,990	n/a	2,902	n/a
Priority Risk	9	0.3%	5	0.17%	4	0.14%
High Risk	166	5.6%	176	5.9%	172	5.9%
Predicted to Spend $5,000+ in next 12 Months	657	22.1%	689	23.0%	659	22.7%
~Prevalent Chronic Conditions*	344	52.4%	322	46.7%	307	46.6%
High-Cost Cancers**	15	0.5%	17	0.57%	18	0.62%

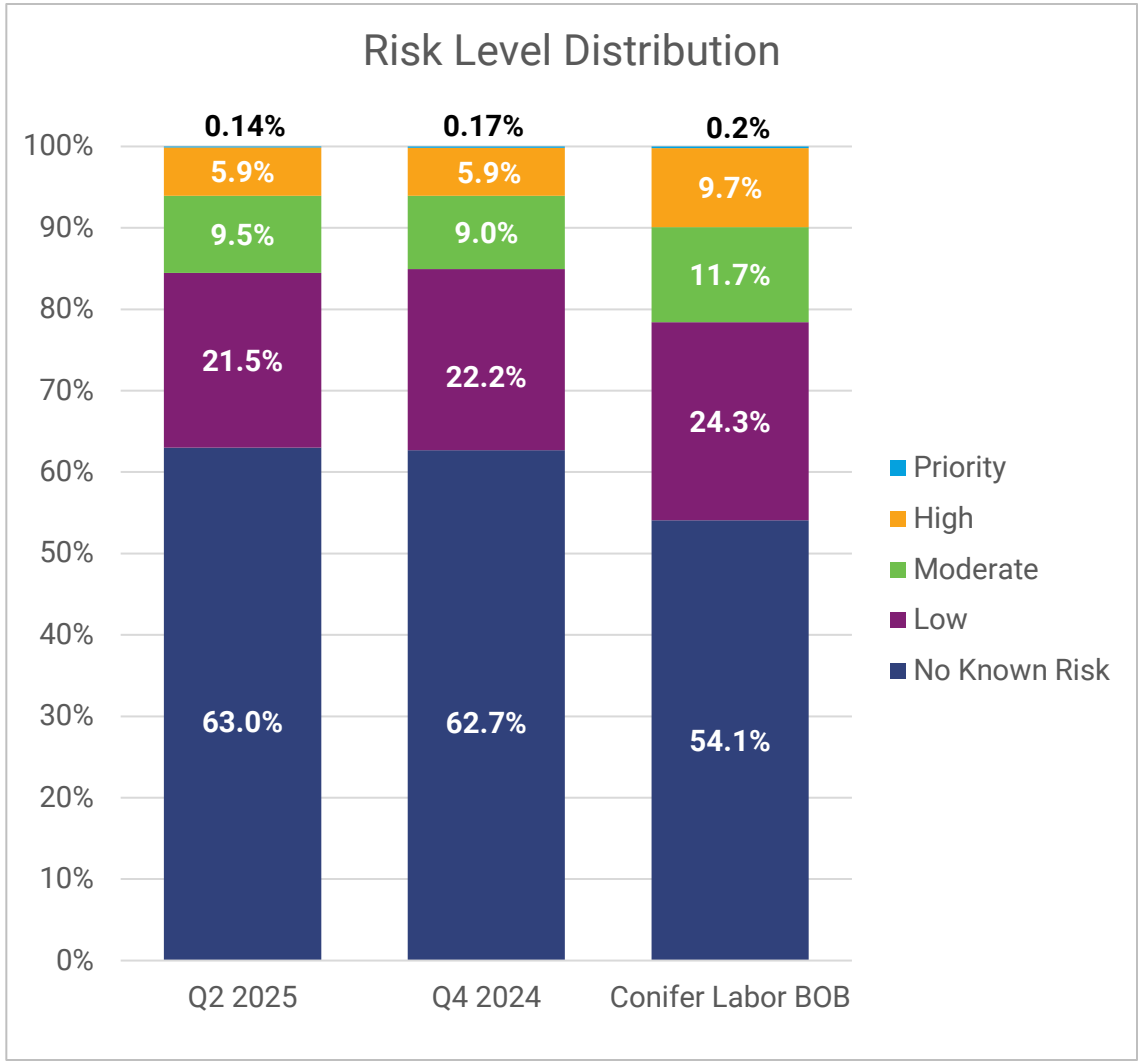
- Priority Risk members continue to represent a small portion of the overall; after increasing to 10 members in the first quarter, the number decreased to 4 at the end of the second quarter. The percentage of members considered High Risk remained flat.
- Of the participants predicted to spend over $5,000 in the coming year, the main risk markers are screening & preventative care, cardiovascular risk, and metabolic disease. 46% of these members have chronic conditions.
- There were 18 high-cost cancers on the plan at the end of the second quarter of 2025. Breast cancer is the most prevalent high-cost cancer.

** 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 6.30.2025

- **Overall**, 15.5% of the membership is considered to be a moderate risk or higher. This is well below Conifer's Labor Book of Business (LBoB) of nearly 22%.
- **The Priority Risk** population had 4 members at the end of the second quarter of 2025, down from 10 in the first quarter. Examples of this category are readmission risks, newly identified cancer diagnoses, and high-cost prescription drugs.
- Members considered **High Risk** have remained steady in 2025, with 172 identified at the end of the quarter. 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** 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 key medical cost drivers** decreased 3% through the first two quarters of 2025 when compared to 2024 calendar year results. Quarter over quarter, the second quarter of 2025 was 29% higher than the first quarter.
- **Inpatient Hospital** remains the highest cost driver but has decreased 32% compared to 2024 due to less demand.
- **Facility** costs have increased 10% through the second quarter, with the second quarter being 42% higher than the first quarter. Outpatient Services comprise nearly 86% of this category and saw a 30% jump in the second quarter compared to the first.
- **Medicine** expenses have increased 20% so far in 2025, mainly due to increases in expenses for chemotherapy and dialysis. Second quarter 2025 expenses were 43% than the first quarter.
- Expenses related to **Procedures** increased 50% in the first two quarters of 2025, mainly due to increases in costs and demand for the Respiratory System category.

COC	CY 2024	Thru Q2 2025	Δ
Inpatient Hospital	$102.59	$69.46	-32%
Facility	$51.81	$57.09	+10%
Medicine	$42.33	$50.77	+20%
Evaluation & Management	$28.54	$32.12	+13%
Procedures	$16.62	$25.00	+50%
Emergency Room	$23.16	$22.16	-4%
Outpatient Radiology	$12.77	$14.35	+12%
Outpatient Laboratory	$5.78	$5.10	-12%
Anesthesia	$5.16	$4.92	-5%
Other Outpatient Services	$3.44	$4.67	+36%
Outpatient Pathology	$2.53	$2.90	-15%
Ambulance	$3.42	$1.35	-61%
Undefined Services	$0.22	$0.27	+23%
Totals	**$298.37**	**$290.16**	**-3%**

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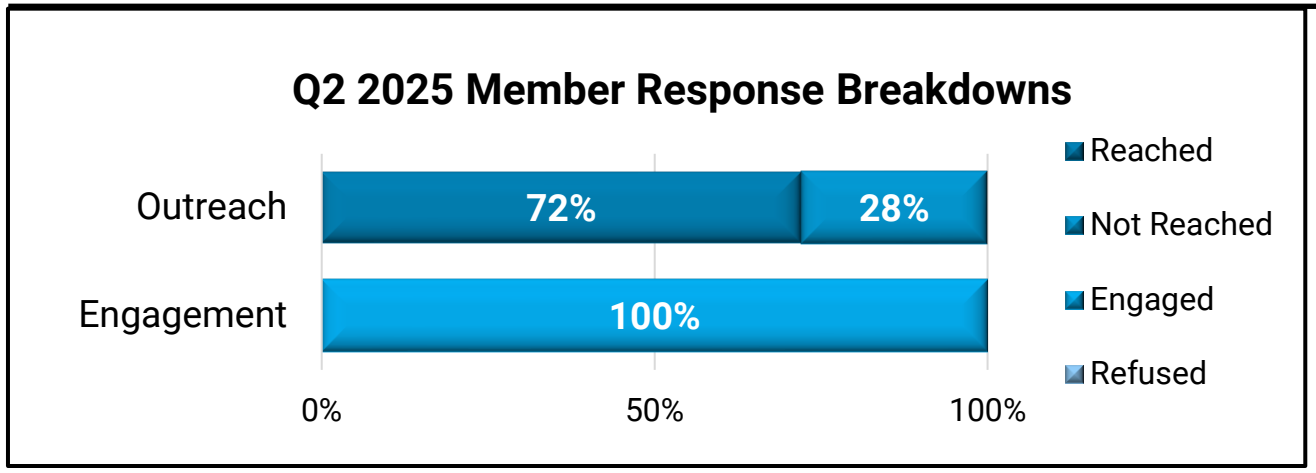
Targeting and Engaging Members

Q2 2025

	Total Population	Outreached	Not Reached	Reached	Refused	Engaged
Number of Unique Members	2,902	118	33	85	0	85
Number of Episodes	NA	128	33	95	0	95
Total Healthcare Costs last 12 months	$1.28M	$518K	$72K	$446K	NA	$446K
Healthcare Costs/Member last 12 months	$437.86	$4K	$2K	$5K	NA	$5K
Average Risk Score	10.17	78.05	70.54	82.80	NA	80.86



Quarterly Engagement Trend

Q2 2025: 100%

Q1 2025: 100%

Q4 2024: 99%

Q3 2024: 98%

Comparing Outreach Members Who Do Not Engage

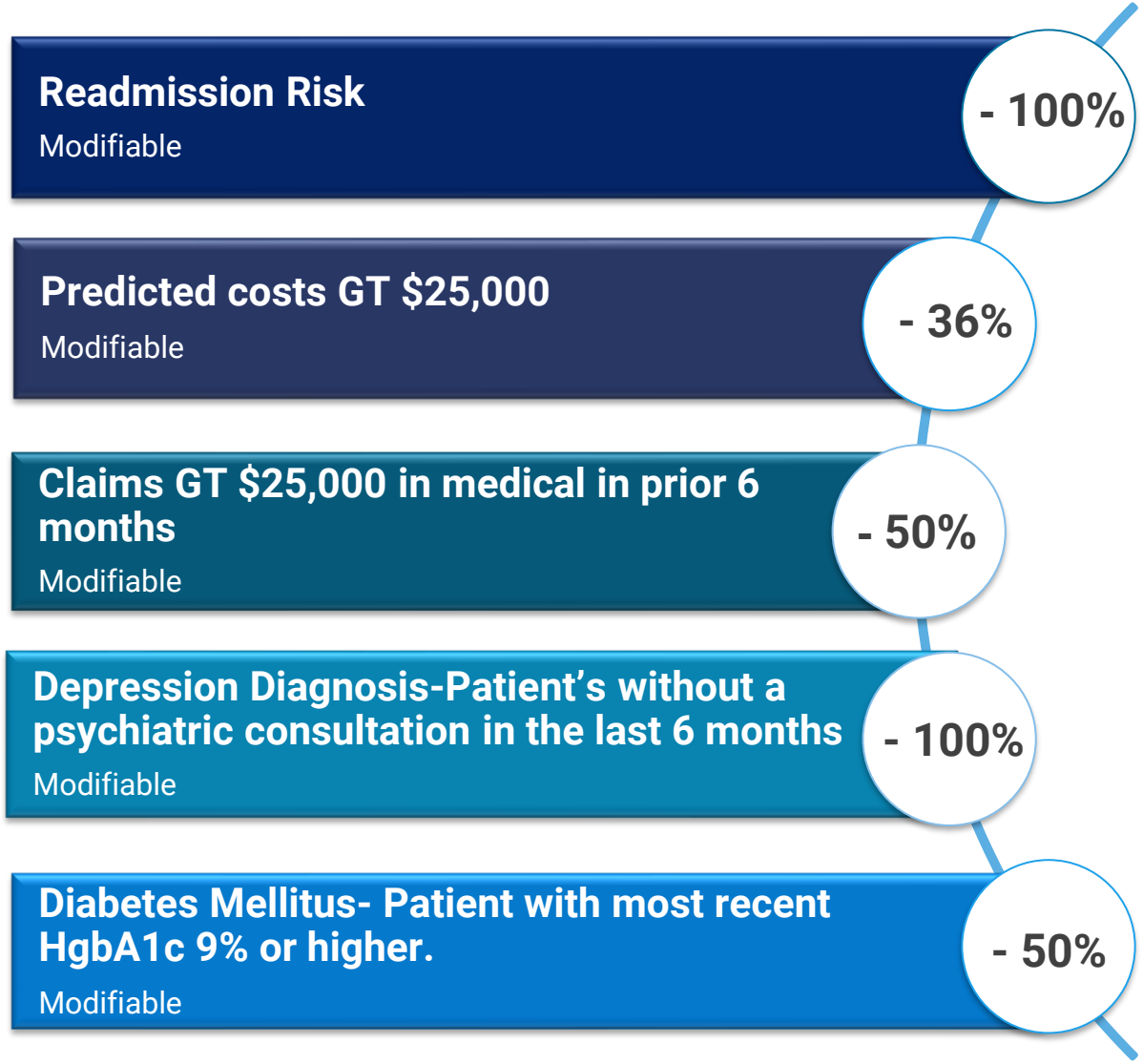
Q2 2025

Not Reached: 33 members

Utilization Risk Triggers	Primary Health Conditions	Average Health Care Costs	Outreach Results	Ongoing Focus
▪ Claims Utilization- GT $5K in RX in prior 6 months ▪ Predicted claims- $25K and above ▪ Unique prescribing provider interactions 9+ in the prior 12 months.	▪ Chronic Renal Failure ▪ Cancer ▪ Diabetes ▪ Asthma	▪ $2K per member in the last 12 months	▪ 21% unable to locate (i.e., bad number) ▪ 79% no response (i.e., no answer)	▪ Utilize providers, pharmacies, and online resources for contact information ▪ Continue Introduction to PHM letters

Identifying the Most Prevalent High-Risk Triggers

Members Engaged Q2 2024 with High-Risk Triggers for Q2 2024 v. Q2 2025



Interventions Driving Change

- Education on benefits and In-Network providers
- Education of complex chronic and acute disease management
- Encourage provider and specialist adherence
- Coordination of prescription assistance programs
- Resource integration addressing social determinants of health

Observations and Next Steps

- Monitor adherence to providers and 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 outreached

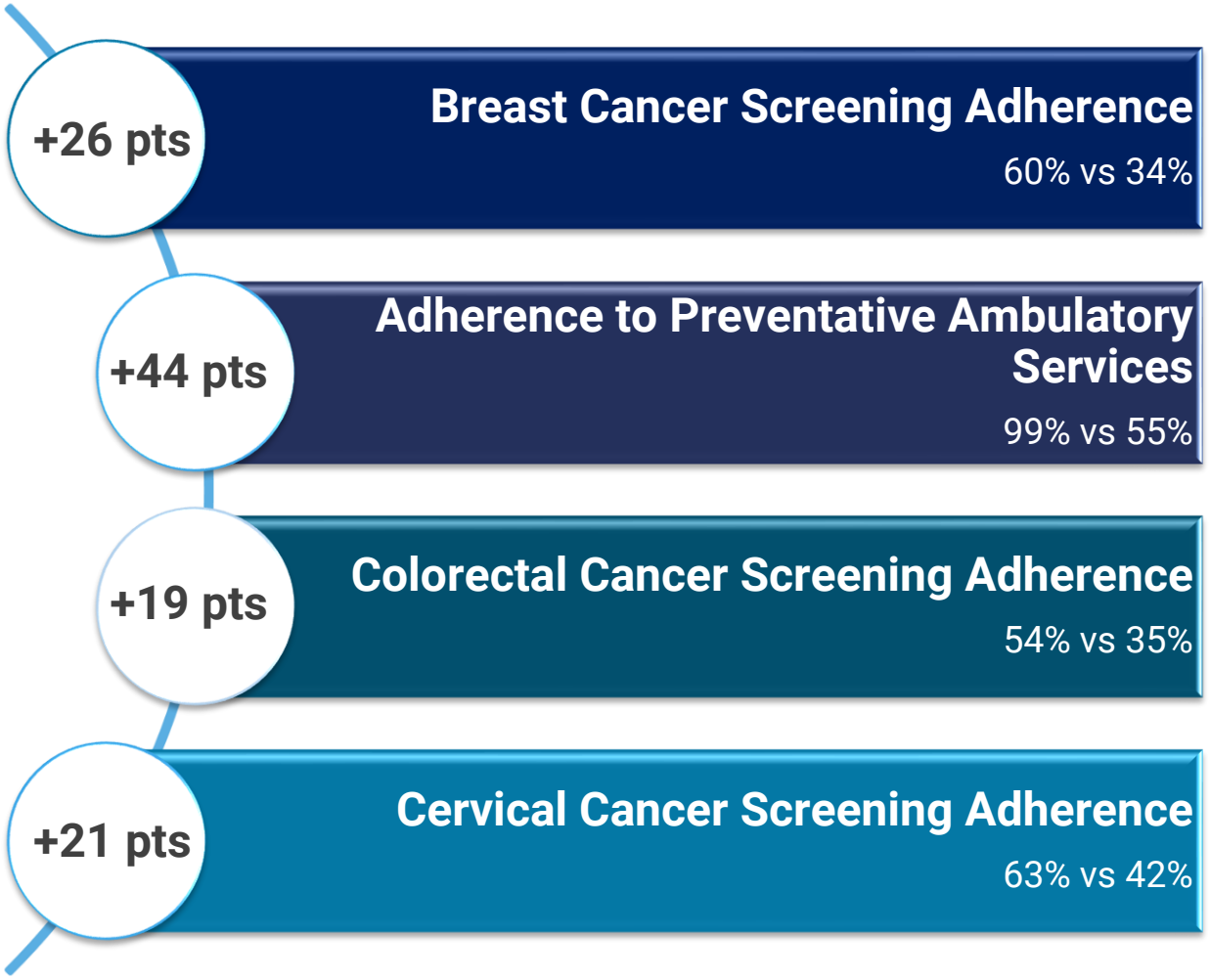
Monitoring Preventive Screening Adherence

Members Engaged Q2 2025 v. Total Population Q2 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:

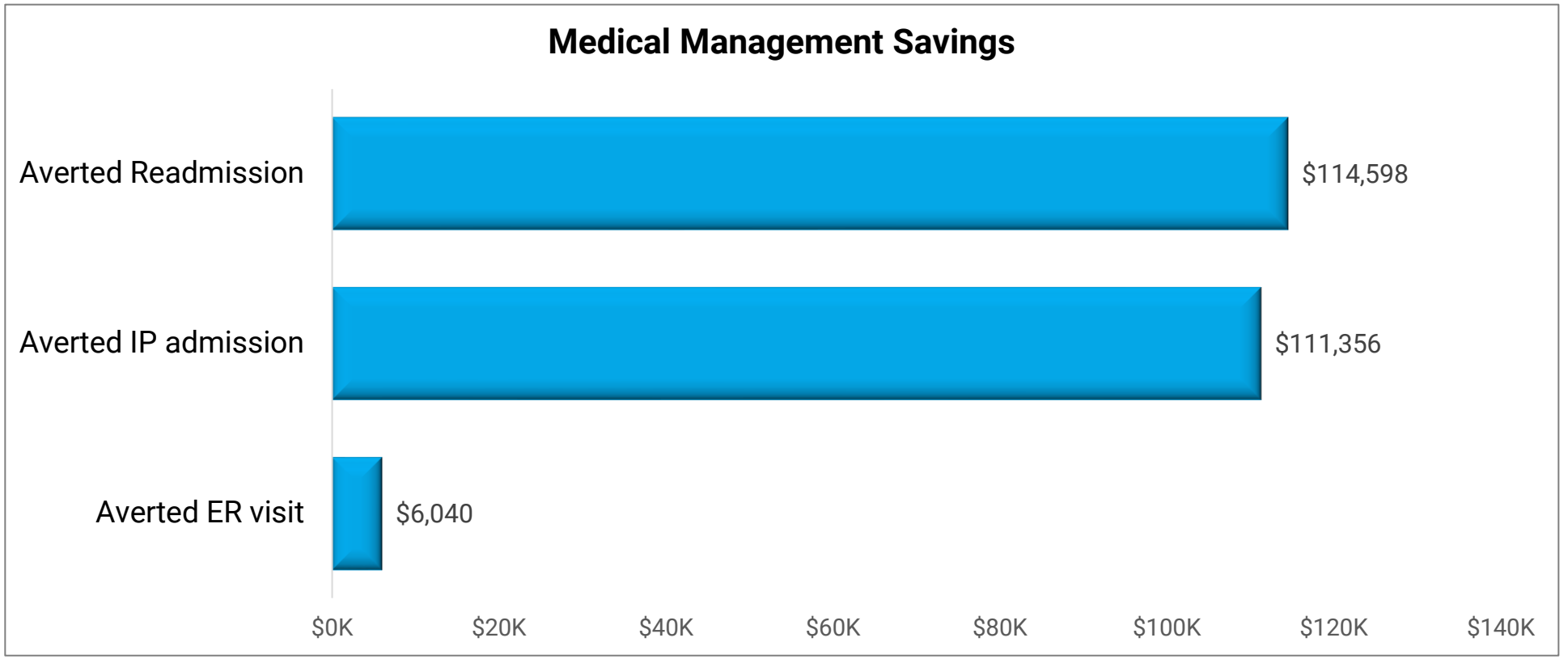
- Focus member education on the importance, benefits, and recommended frequency of preventive screenings
- Assess barriers to completion of recommended screenings and coordinate resources as needed
- Possibly send educational mailings to all members who are nonadherent to recommended screenings i.e.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



Saving on Services while Helping Members

Q2 2025

Savings Ratio	6.0
Cost of medical management services	$38,451
Savings from medical management services	$231,994



Going the Distance Every Day

Preventing ongoing issues

Member Situation

- 52-year-old male
- Member had a motor vehicle accident resulting in fractures of ribs, clavicle and scapula.
- History of high blood pressure while inpatient and diagnosed with hypertension.
- Member placed on new medications with no PCP for follow up.
- Member had no treatment plan for PT post discharge.

How a Conifer VBC Personal Health Nurse (PHN) Helped

- PHN educated on management on post-op care, medications, pain control.
- PHN educated on the importance of follow up with PCP and physical therapy and advised member on how to obtain both.
- PHN contacted orthopedic office to verify treatment plan.
- PHN educated member on need for PT appointment and offered to make appointment for member.
- PHN followed up with member to ensure compliance and assess for complications.

Member's Results

- Member has demonstrated good recovery after hospital discharge.
- Member verbalizes understanding of need for a PCP and has identified a PCP office where he established care.
- Member reports making the PT appointment and will start PT soon.
- Member has completed orthopedic follow up and has been released to return to work.

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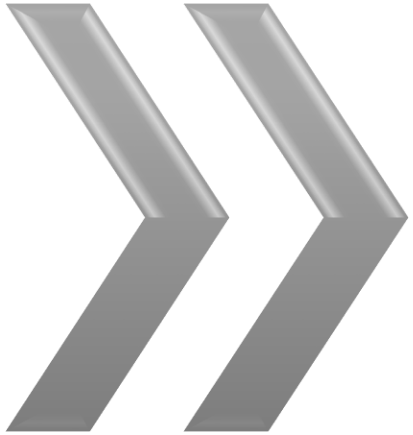
Utilization Management

Q2 2025

Top Authorizations	Q2 2025
Total UM Referrals	149
Inpatient Acute Care	45
Outpatient Surgery	40
Outpatient Behavioral Health Services/PHP	32
Home Health Care: Skilled Nursing, PT/OT, Infusions	13
Approvals	140
Partial Approvals	4
Denials	5

Adverse Determinations	Category of Care	Reason for Denial
Denials	▪ Psychological testing ▪ Inpatient stay ▪ Rehab Outpatient Therapy: PT ▪ DME ▪ Liver Transplant	▪ Does not meet standard of practice ▪ Not a covered benefit
Partial Approvals	▪ Psychological testing ▪ RTC ▪ Continued IP stay	▪ Partially not medically necessary

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 claims utilization.
- Link Gaps in Care letter to Introduction Letters
- Conifer contributions to Newsletters

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Conifer Team Structure

		Interaction	
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
Director, Population Health	Allyson Pierce	**Operations** *Weekly/Monthly/Quarterly*	Operational oversight of PHN teams
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.
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.

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Thank You