UFCW Local 1500 Welfare Fund

Associated Administrators, LLC Report

April 4, 2017

Laura Walsh
Bill Jensen
Jeff Ianniello
Kristen Barshinger

ASSOCIATED ADMINISTRATORS

Agenda

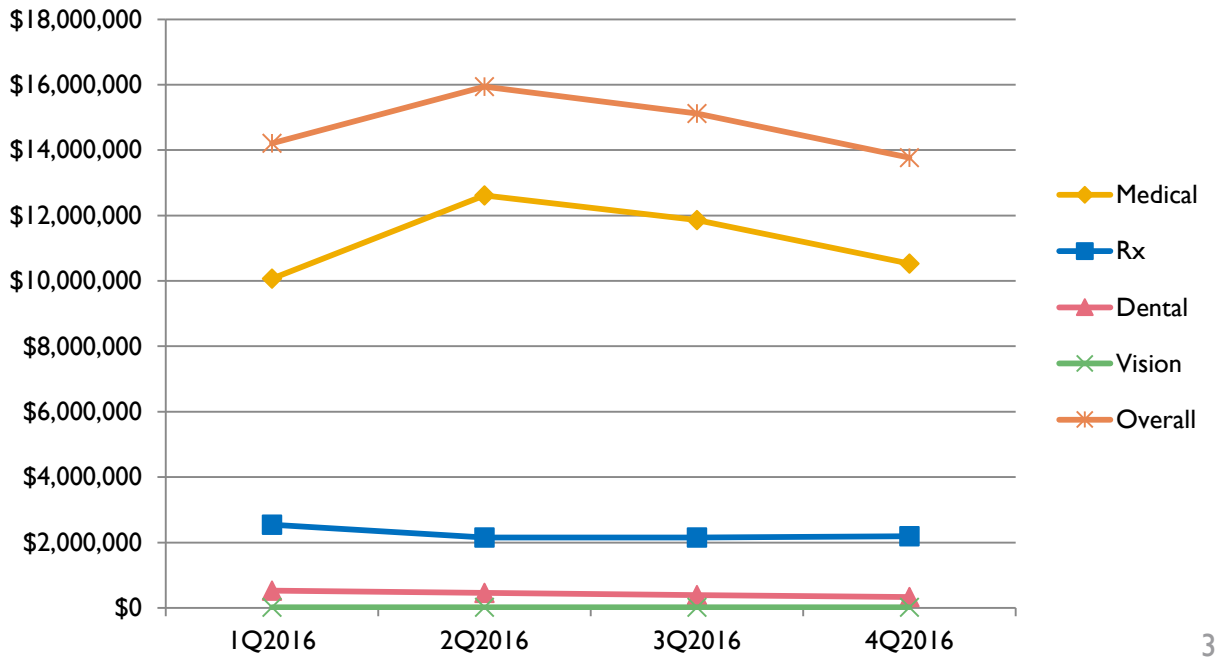
- AMR Summary and Claims Utilization Report 4Qtr 2016
  - Full Time
  - Special Part Time
  - Part Time ACA
  - Basic Part Time
  - Retiree
  - Summary and Reserve
- JAA Status Update
  - Snapshot
  - Top Five Health Conditions
  - Top Five Providers
- In-Network vs. Out-of-Network
- Out-Of-Network Discount Report
- Other Fund Business
- Tabled Appeals

AMR Summary : 4Q2016

Full Time Plan

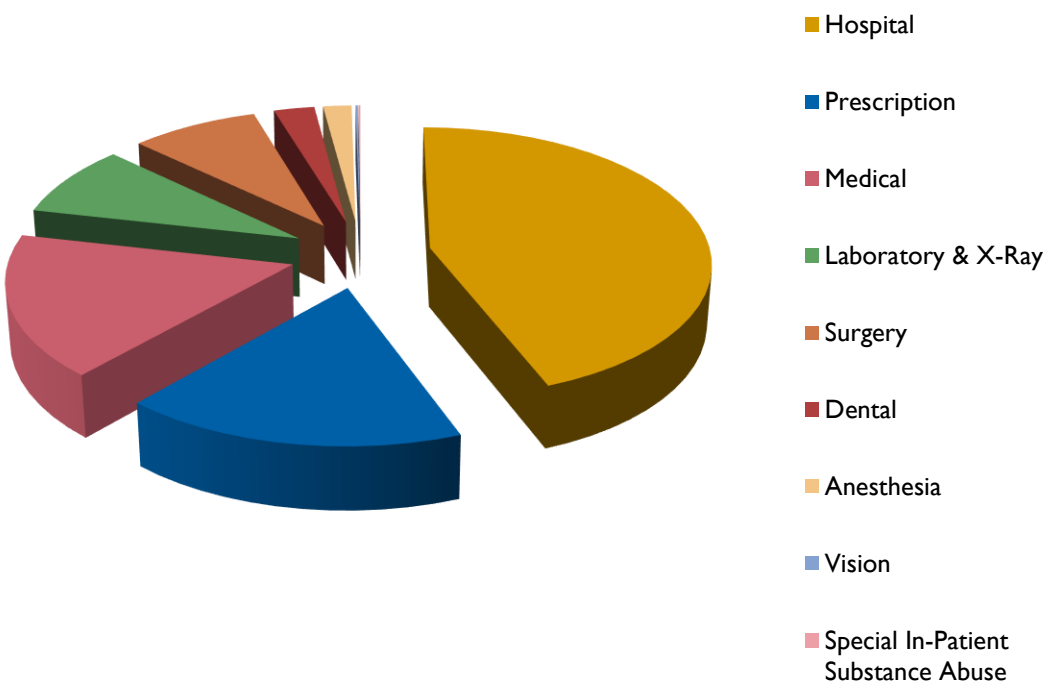
	1Q2016	2Q2016	3Q2016	**4Q2016**	Previous 4 Quarters
Medical	$10,073,968	$12,616,112	$11,862,068	**$10,532,413**	$45,084,561
Rx	$2,548,173	$2,152,878	$2,154,324	**$2,195,829**	$9,051,204
Dental	$524,745	$454,884	$387,528	**$330,674**	$1,697,831
Vision	$23,339	$23,144	$19,798	**$19,124**	$85,405

- **4Q16 deficit of $1,433,785**
- **PPPM Cost 4Q16 - $1,365**



Claims – 4Q2016

FULL-TIME PLAN		
Hospital	$5,601,933.36	44.22%
Prescription	$2,195,829.00	17.33%
Medical	$2,149,928.68	16.97%
Laboratory & X-Ray	$1,082,279.26	8.54%
Surgery	$1,042,801.71	8.23%
Dental	$330,674.05	2.61%
Anesthesia	$231,185.17	1.82%
Vision	$19,124.26	0.15%
Special In-Patient Substance Abuse	$15,905.11	0.13%
		100%

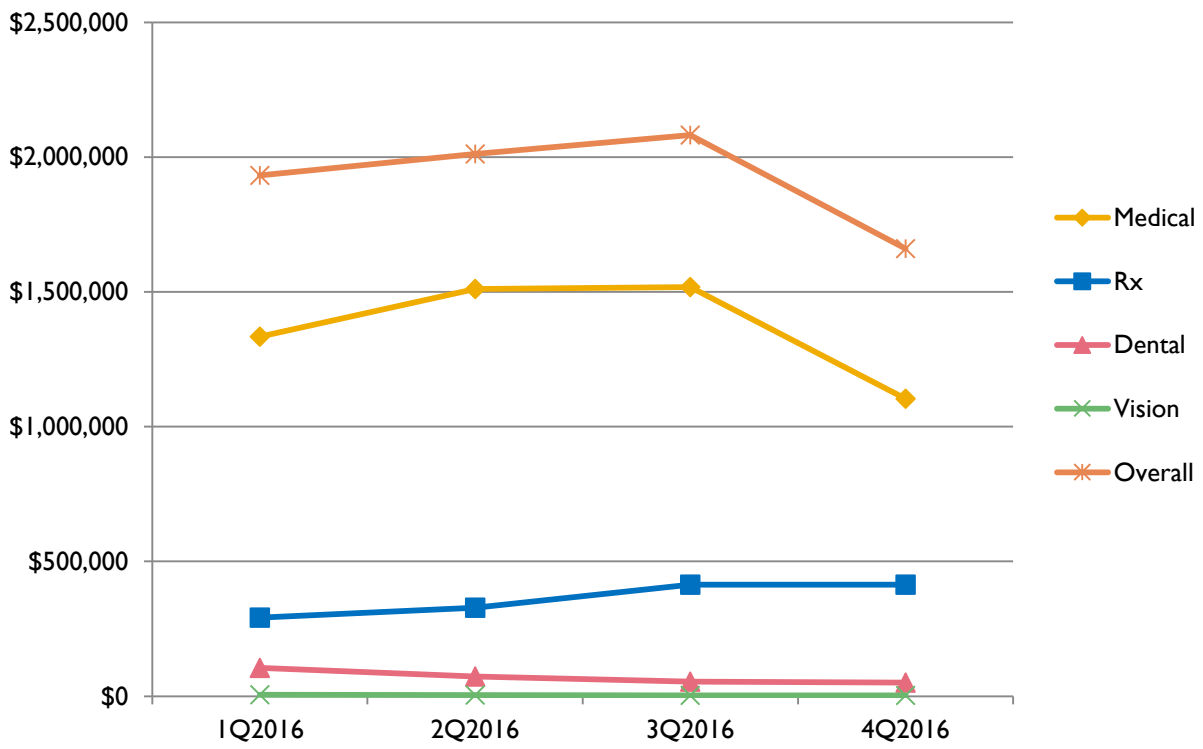


AMR Summary : 4Q2016

Special Part Time Plan

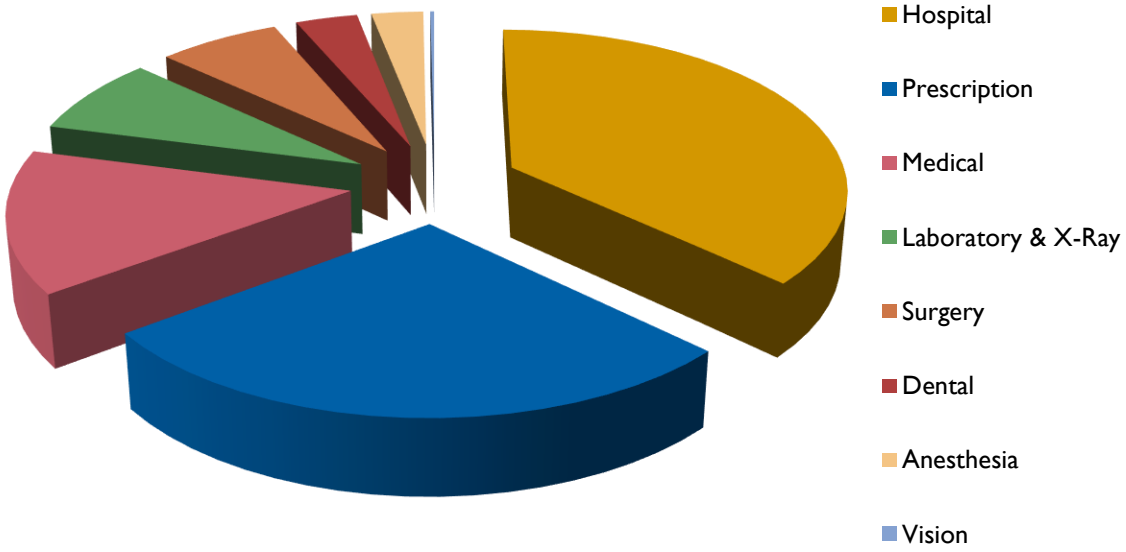
	1Q2016	2Q2016	3Q2016	**4Q2016**	Previous 4 Quarters
Medical	$1,333,520	$1,510,718	$1,517,702	**$1,103,594**	$5,465,534
Rx	$291,695	$328,640	$413,610	**$413,834**	$1,447,779
Dental	$104,773	$72,682	$54,024	**$50,612**	$282,091
Vision	$4,966	$4,374	$3,671	**$3,110**	$16,121

- **4Q16 deficit of $241,652**
- **PPPM Cost 4Q16 - $586**



Claims cont'd – 4Q2016

SPECIAL PART-TIME PLAN		
Hospital	$551,573.30	37.03%
Prescription	$413,834.00	27.78%
Medical	$212,504.28	14.27%
Laboratory & X-Ray	$115,936.76	7.78%
Surgery	$99,684.68	6.69%
Dental	$50,611.65	3.40%
Anesthesia	$42,248.18	2.84%
Vision	$3,110.00	0.21%
		100%

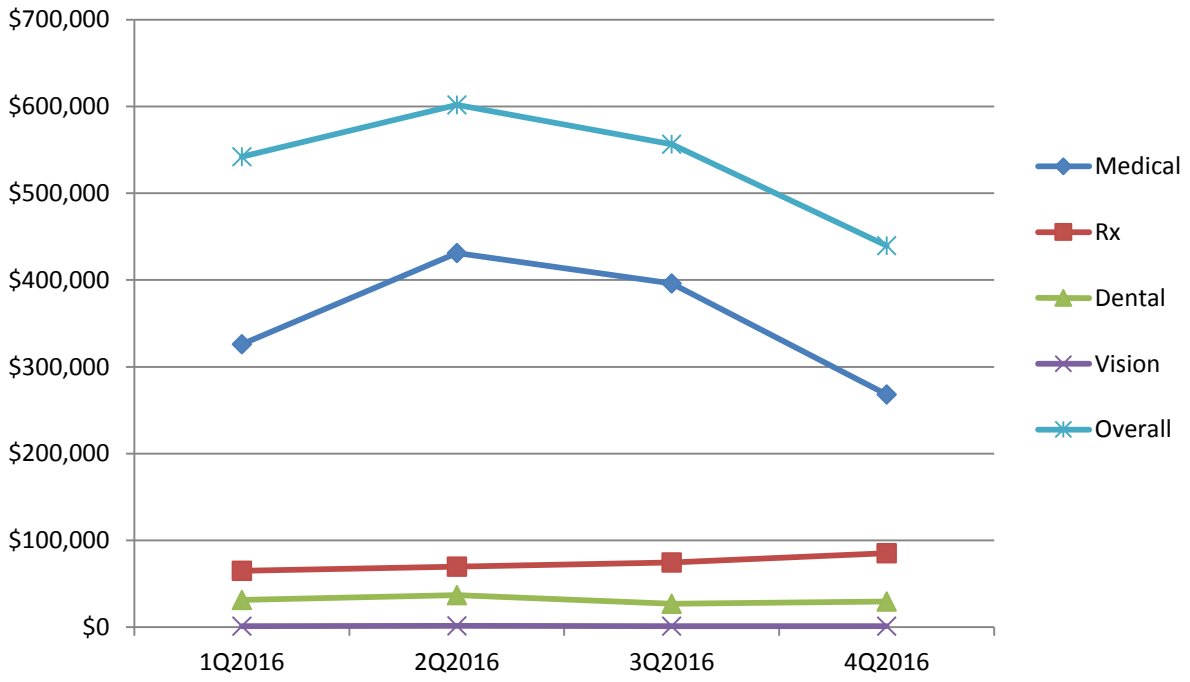


AMR Summary : 4Q2016

Part Time ACA Plan

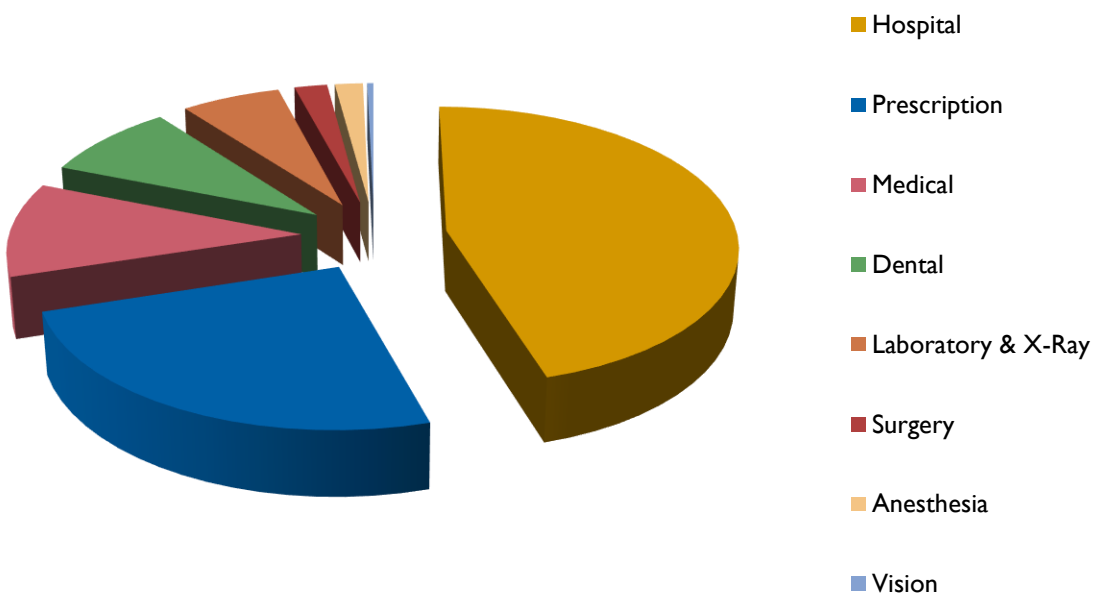
	1Q2016	2Q2016	3Q2016	**4Q2016**	Previous 4 Quarters
Medical	$325,919	$431,225	$395,981	**$268,077**	$1,421,202
Rx	$65,046	$69,878	$74,641	**$85,391**	$294,956
Dental	$31,597	$36,976	$26,910	**$29,621**	$125,104
Vision	$1,141	$1,592	$1,370	**$1,317**	$5,420

- **4Q16 surplus of $411,666**
- **PPPM Cost 4Q16 - $245**



Claims cont'd - 4Q2016

PART-TIME ACA PLAN		
Hospital	$156,611.91	45.41%
Prescription	$85,391.00	24.76%
Medical	$37,443.74	10.86%
Dental	$29,621.25	8.59%
Laboratory & X-Ray	$21,445.60	6.22%
Surgery	$7,059.05	2.05%
Anesthesia	$6,023.40	1.75%
Vision	$1,317.00	0.38%
		100%



JAA Claims – 4Q2016
Part-Time ACA Plan Deductible/Out-of-pocket maximum

- **29 members met their $5,600 deductible for the 2016 plan year by the end of the 4th quarter.**
- **Utilization below -- amounts shown include first $400 basic benefit.**

MEMBER	AMOUNT PAID THROUGH 4Q2016
1	$51,212.94
2	$29,341.68
3*	$47,708.82
4	$16,952.78
5	$12,852.54
6	$19,209.95
7*	$118,366.19
8	$10,907.97
9	$10,049.95
10	$1,495.11
11*	$423,040.38
12	$1,869.13
13*	$3,064.59
14	$31,937.23

MEMBER	AMOUNT PAID THROUGH 4Q2016
15	$4,155.31
16	$32,523.75
17*	$23,915.94
18	$4,543.03
19*	$33,564.12
20	$2,440.74
21	$3,887.10
22	$2,911.73
23	$1,760.24
24	$827.37
25	$487.59
26	$4,815.69
27	$5,591.94
28*	$5,912.53
29	$2,257.04

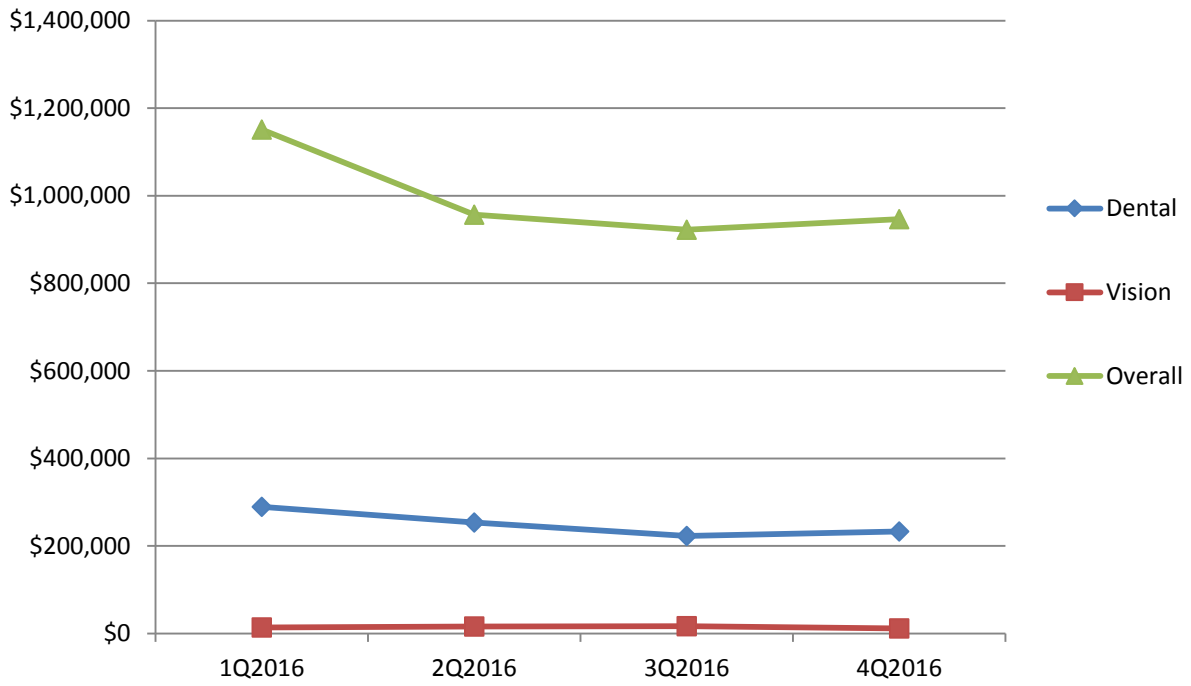
* Member's Part-Time ACA Benefits have terminated.

AMR Summary : 4Q2016

Part Time Plan

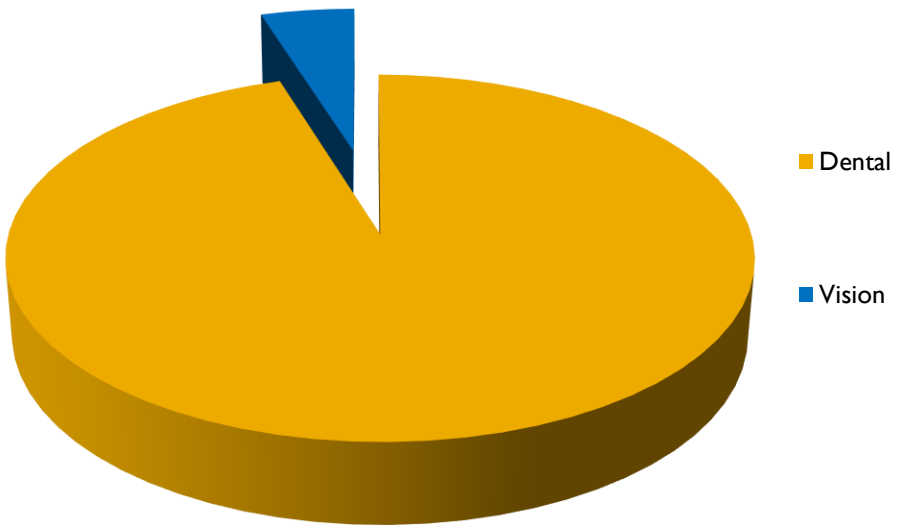
	1Q2016	2Q2016	3Q2016	**4Q2016**	Previous 4 Quarters
Dental	$289,190	$253,272	$222,979	**$232,754**	$998,195
Vision	$13,807	$16,028	$16,868	**$11,829**	$58,532

- **4Q16 surplus of $2,262,950**
- **PPPM Cost 4Q16 - $27**



Claims cont'd – 4Q2016

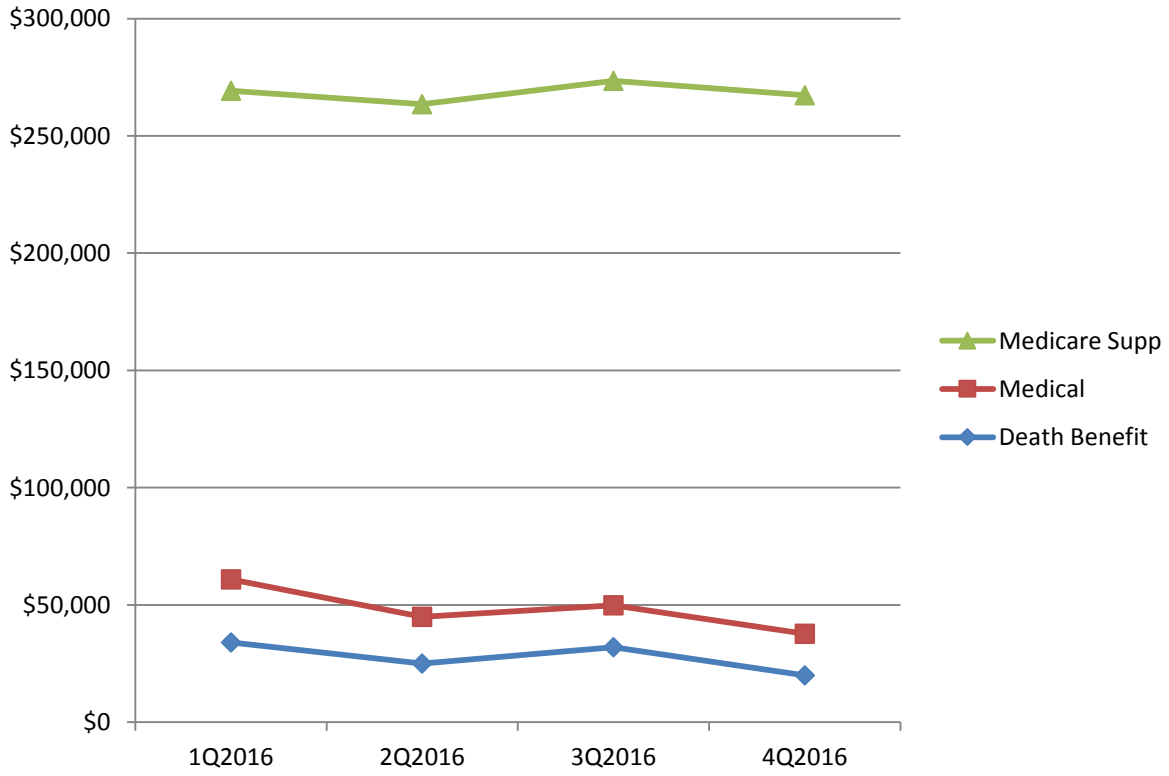
PART-TIME PLAN		
Dental	$232,754.48	95.16%
Vision	$11,829.00	4.84%
		100.00%



AMR Summary : 4Q2016

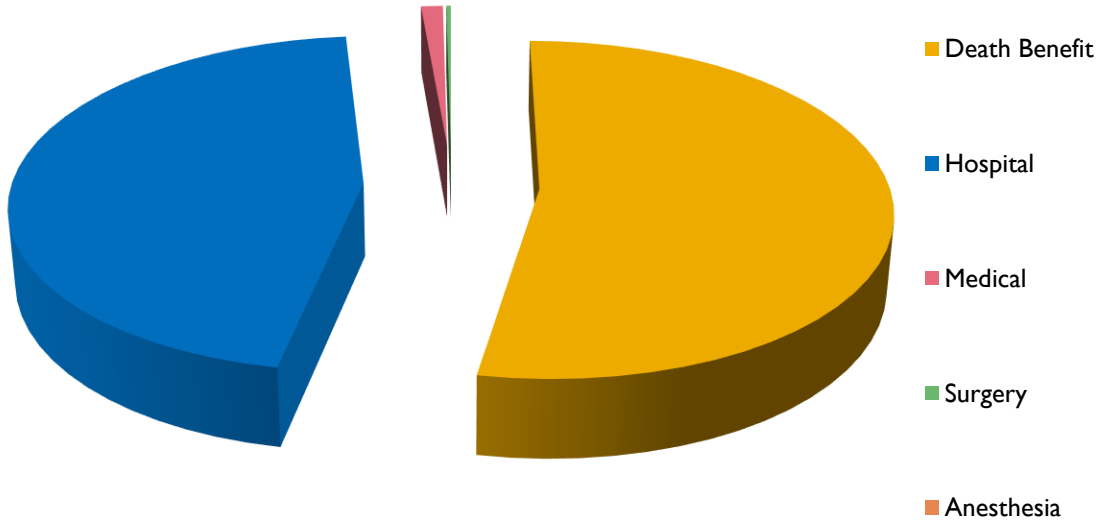
Retiree Plan

	1Q2016	2Q2016	3Q2016	**4Q2016**	Previous 4 Quarters
Death Benefit	$34,000	$25,000	$32,000	**$20,000**	$111,000
Medical	$26,941	$19,911	$17,847	**$17,752**	$82,451
Medicare Supp Part B Reimbursement	$208,300	$218,546	$223,655	**$229,602**	$880,103



Claims cont'd - 4Q2016

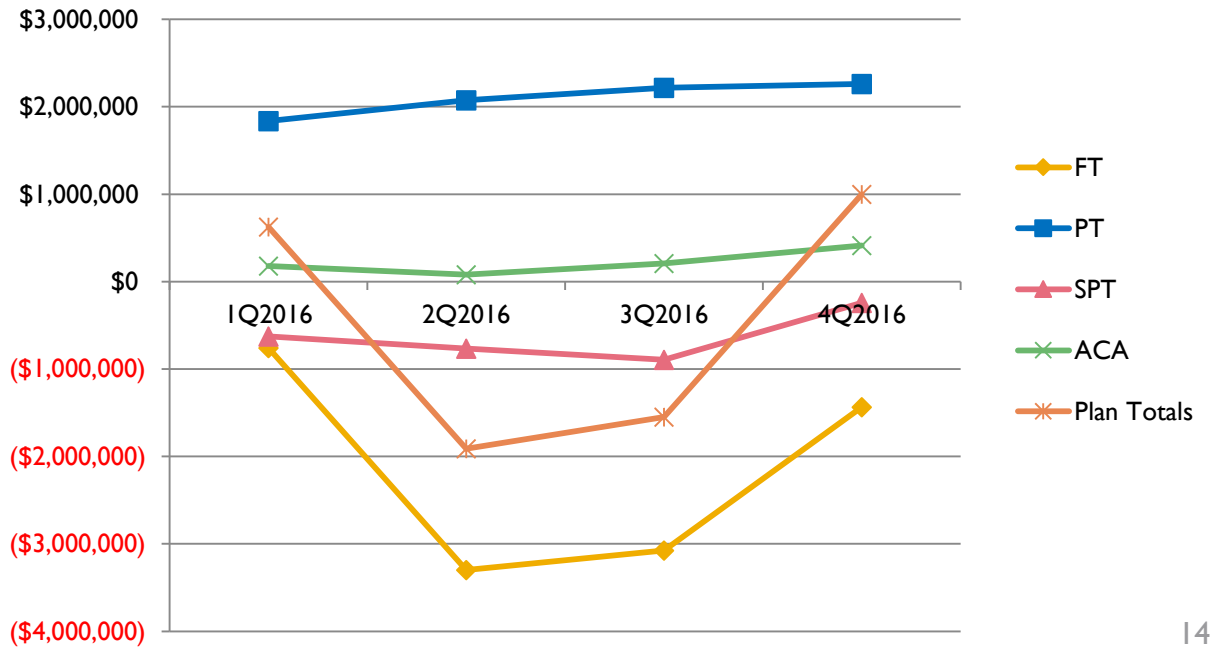
RETIREES		
Death Benefit	$20,000.00	52.98%
Hospital	$17,228.06	45.64%
Medical	$431.96	1.14%
Surgery	$91.50	0.24%
Anesthesia	-	0.00%
		100.00%



AMR Summary : 4Q2016

All Plans: Surplus/Deficit

	1Q2016	2Q2016	3Q2016	**4Q2016**	Previous 4 Quarters
FT	($759,937)	($3,299,164)	($3,076,128)	**($1,433,785)**	($8,569,014)
PT	$1,837,306	$2,075,888	$2,216,037	**$2,262,950**	$8,392,181
SPT	($627,985)	($766,896)	($894,235)	**($241,652)**	($2,530,768)
ACA	$177,474	$78,024	$206,738	**$411,666**	$873,902
Plan Totals	$626,858	($1,912,148)	($1,547,588)	**$999,179**	($1,833,699)



AMR Summary : 4Q2016 Fund Reserve

- Average monthly expense July 2015 – December 2016 is **$5,886,621**

- Fund reserve amount is **$34,085,826**, as reported by Fund Auditor 12/31/16

12/31/16 – Fund reserve is 5.8 months

Monthly reserve at past quarterly meetings:

9/30/16	5.5 months
6/30/16	6.1 months
3/31/16	6.6 months
12/31/15	6.5 months
9/30/15	6.0 months

JAA Status Update

Snapshot

Month	Claims Processed	Billed Amount	Paid Amount	Difference
March ‘16	12,231	$14,310,165.18	$4,407,803.83	69.20%
April ‘16	9,902	$13,623,160.66	$4,331,560.72	68.20%
May ‘16	9,517	$13,325,150.03	$4,337,767.62	67.45%
June ‘16	9,843	$10,866,929.35	$3,523,081.31	67.58%
July ‘16	8,296	$10,623,757.02	$3,234,747.43	69.55%
August ‘16	9,377	$15,392,103.45	$5,000,520.26	67.51%
September‘16	8,667	$9,724,850.29	$3,271,795.33	66.36%
October ‘16	8,831	$8,799,981.48	$3,063,898.71	65.18%
November ‘16	9,236	$13,180,677.88	$4,060,386.59	69.19%
December ‘16	7,582	$11,001,605.35	$3,233,256.63	70.61%
January ‘17	9,329	$11,563,874.47	$3,280,264.98	71.63%
February ‘17	8,498	$10,225,760.58	$3,395,888.02	66.79%
Totals	**111,309**	**$142,638,015.74**	**$45,140,971.43**	**68.35%**

JAA Claims – 4Q2016

- Top 5 Diagnoses By Plan

FULL-TIME	
Amount Paid	**Diagnosis**
$299,839.98	ST elevation (STEMI) myocardial infarction of unspecified site
$231,259.41	Hypertensive heart disease with heart failure
$216,615.26	Sepsis, unspecified organism
$156,043.75	Infection following a procedure, initial encounter
$148,207.41	Malignant neoplasm of prostate

PART-TIME ACA	
Amount Paid	**Diagnosis**
$108,418.32	Other mechanical complication of ventricular intracranial (communicating) shunt
$14,171.11	Major depressive disorder, recurrent, severe with psychotic symptoms
$5,856.14	Abnormality of forces of labor, unspecified
$5,173.42	Encounter for screening for malignant neoplasm of colon
$4,479.44	Shortness of breath

JAA Claims – 4Q2016

- Top 5 Diagnoses By Plan

SPECIAL PART-TIME	
Amount Paid	**Diagnosis**
$125,597.87	Other spondylosis with radiculopathy, lumbar region
$59,484.91	Persistent atrial fibrillation
$44,232.09	Accidental puncture and laceration of a digestive system organ or structure during a digestive system procedure
$41,867.01	Malignant neoplasm of unspecified site of left female breast
$39,797.96	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

JAA Claims – 4Q2016

- Top 5 Providers By Plan

FULL-TIME	
Provider	**Amount Paid**
MONTEFIORE MEDICAL CENTER	$582,041.83
NORTH SHORE UNIVERSITY HOSPITAL	$449,476.93
GOOD SAMARITAN HOSPITAL	$411,683.59
NY HOSPITAL MEDICAL CENTER-QUEENS	$395,781.98
TAYLOR CARE CENTER AT WEST	$264,925.20

PART-TIME ACA	
Provider	**Amount Paid**
BRONX LEBANON HOSPITAL CENTER	$117,611.19
HACKENSACK MEDICAL CENTER	$19,258.68
ST. JOHN'S EPISCOPAL HOSPITAL	$6,098.59
NY METHODIST HOSPITAL	$5,909.58
ST. MARY'S HOSPITAL	$5,728.41

JAA Claims – 4Q2016

- Top 5 Providers By Plan

SPECIAL PART-TIME	
Provider	**Amount Paid**
STATEN ISLAND UNIVERSITY HOSPITAL	$140,749.32
WINTHROP UNIVERSITY HOSPITAL	$110,854.52
HUDSON VALLEY HEMATOLOGY-ONCOLOGY	$67,539.66
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	$59,925.89
ST. LUKE'S ROOSEVELT HOSPITAL	$42,335.31

In-Network vs. Out-of-Network : 4Q2016

- **Inpatient Facility Utilization**
  - **In-Network Total:** **$4,101,675.54**
    - Full-Time: $3,638,392.94
    - Part-Time ACA: $134,747.14
    - Special Part-Time: $328,535.46
  - **Out-of-Network Total:** **$3,248.26** (Full-Time only)
- **Outpatient Facility Utilization**
  - **In-Network Total:** **$2,165,237.81**
    - Full-Time: $1,935,386.51
    - Part-Time ACA: $14,717.41
    - Special Part-Time: $215,133.89
  - **Out-of-Network Total:** **$0.00**
    - Full-Time: $0.00
    - Part-Time ACA: $0.00
    - Special Part-Time: $0.00
- **Inpatient & Outpatient Professional Fees**
  - **In-Network Total:** **$4,648,588.78**
    - Full-Time: $4,126,777.87
    - Part-Time ACA: $79,119.15
    - Special Part-Time: $442,691.76
  - **Out-of-Network Total:** **$455,813.80**
    - Full-Time: $420,227.71
    - Part-Time ACA: $0.00
    - Special Part-Time: $35,586.09

HRGi
Out-Of-Network Discounts

- October 2016 Invoice – Total billed $615,995.80
  - Discount: $245,261.84 – net of fees
  - Average: 40% per claim
- November 2016 Invoice – Total billed $156,620.68
  - Discount: $73,987.92 – net of fees
  - Average: 37% per claim
- December 2016 Invoice – Total billed $803,176.76
  - Discount: $379,119.96 – net of fees
  - Average: 47% per claim
- January 2017 Invoice – Total billed $197,589.56
  - Discount: $80,162.57 – net of fees
  - Average: 41% per claim

October 2016 through January 2017

Total billed: $1,773,382.80

Total discount: $778,532.29 – net of fees

Average: 43.9%

Other Fund Business

- Transitional Reinsurance Fees
  - 2nd payment of $122,045 for 2015 filing paid on 11/08/16
  - Filed for 2016 on 11/11/16
    - 1st payment due 01/10/17 - $211,226.40
    - 2nd payment due 11/08/17 - $52,806.60
- Plan Reporting – ACA sections 6055 and 6056
  - Form 1095-B was mailed to all applicable participants on 1/26/17
  - Total of 6,266 mailed
- Disclosure of Creditable Coverage – CMS filing 2/21/17
  - Rx coverage – Medicare-eligible participants
- HMS Claims Audit – AA sent data 2/8/17
  - On-site visit scheduled for week of 6/19/17

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Prescription Benefit – Coverage of Brand Name Drug #Rx17/113-9359

FUND RULE:
"**Prescription Drug Benefit**
When a brand name drug has a generic equivalent, you may get the brand name, but you will be responsible for the difference between the cost of the brand name drug versus the cost of its generic equivalent, plus the co-payment."
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 69)

SUMMARY: Appeal Received: January 24, 2017

The **provider,** Dr. Jack Z. Nussbaum, is appealing on behalf of the participant's spouse for coverage of brand name Invokana. Dr. Nussbaum states, "The patient is being followed for multiple medical conditions including uncontrolled diabetes mellitus. He is currently taking Tradjenta. He has tried other medications in the past however they were unsuccessful in controlling his diabetes. The patient has chronic kidney disease and is also intolerant of Metformin or any combination medication that includes Metformin. It is recommended that he begin taking Invokana. Please authorize Invokana for this patient as it is medically necessary for him to take this medication to bring his diabetes under control."

After the appeal was received, Associated Administrators contacted Express Scripts and was provided with a copy of their Prior Authorization file. It was noted that Express Scripts denied a prior authorization for Invokana on January 10, 2017, because it did not meet the criteria for coverage.

Express Scripts advised, **"Coverage for Invikana is provided when the patient has tried one of the following medications: metformin, metformin-extended release, Fortamet ER, Glucophage, Glucophage XR, Glutmetza ER, Riomet solution, Gluvovance, Glyburide-Metfortmin, Glipizide-Metformin, ActoplusMet, Pioglitazone-Metformin, Actoplus Met XR, Avandamet, Prandimet, Kazano (algliptin/Metformin), Jentadueto, Kombliglyze XR, Janumet, Januemt XR. Coverage cannot be provided at this time."**

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

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Eligibility – Spousal Coverage #E17/108-5048

FUND RULE:
"SPOUSAL COVERAGE REVIEW
In order to keep the Fund's records up to date, please complete this form and return it to Associated Administrators, LLC ASAP. The form must be fully completed with all information. If you do not complete and return this form to Associated Administrators by October 1, 2016, your spouse's coverage under the UFCW Local 1500 Welfare Fund Full Time Plan will be suspended."
(Spousal Coverage Review Form mailed to the participant August 5, 2016 and September 16, 2016)

"III. Spousal Coverage Effective March 1, 2014
Effective March 1, 2014, any spouse who has access to other coverage through his or her employer, will not be eligible for coverage under the Plan. The "access to other coverage exclusion" applies regardless of the premium charged by the spouse's employer or the level of benefits provided by the spouse's employer. Coverage for spouses currently covered under the Plan who have access to other coverage will terminate February 28, 2014."
(UFCW Local 1500 Welfare Fund Full Time Plan SMM, December 30, 2013)

SUMMARY: Appeal Received: January 20, 2017

The **participant** is appealing for reinstatement of coverage for his spouse for the period of November 1, 2016 through January 31, 2017. The participant states, "Enclosed your will Explanations of Benefits for claims that were denied because [my spouse's] insurance was cancelled, unbeknownst to me. [I was informed] it was because of an unreturned questionnaire that was mailed out in October of 2016 that was never received by me."

Fund records indicate a Spousal Coverage Review form was mailed to the participant on August 5, 2016 and September 16, 2016. When no response was received, primary coverage for the participant's spouse was terminated on October 31, 2016. A completed Spousal Coverage Review form was received on January 12, 2017, and primary coverage for the participant's spouse was reinstated effective February 1, 2017.

Note: There have been no updates to the participant's address since October 24, 2014 and no returned mail has been received from the post office.

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

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Eligibility – Spousal Coverage #E17/104-4308

FUND RULE:
"SPOUSAL COVERAGE REVIEW
In order to keep the Fund's records up to date, please complete this form and return it to Associated Administrators, LLC ASAP. The form must be fully completed with all information. If you do not complete and return this form to Associated Administrators by October 1, 2016, your spouse's coverage under the UFCW Local 1500 Welfare Fund Full Time Plan will be suspended."
(Spousal Coverage Review Form mailed to the participant August 5, 2016 and September 16, 2016)

"III. Spousal Coverage Effective March 1, 2014
Effective March 1, 2014, any spouse who has access to other coverage through his or her employer, will not be eligible for coverage under the Plan. The "access to other coverage exclusion" applies regardless of the premium charged by the spouse's employer or the level of benefits provided by the spouse's employer. Coverage for spouses currently covered under the Plan who have access to other coverage will terminate February 28, 2014."
(UFCW Local 1500 Welfare Fund Full Time Plan SMM, December 30, 2013)

SUMMARY: Appeal Received: January 11, 2017

The **participant** is appealing for reinstatement of coverage for his spouse for the period from November 1, 2016 through January 31, 2017. The participant states, "I hereby certify that I did not receive any letter from UFCW Local 1500 Welfare Fund Full Time Plan stating that they will remove my wife from my health insurance policy. My wife is a cancer patient, she is a survivor and she is under treatment. She requires follow up and needs insurance coverage."

Fund records indicate a Spousal Coverage Review form was mailed to the participant on August 5, 2016 and September 16, 2016. When no response was received, primary coverage for the participant's spouse was terminated on October 31, 2016. A completed Spousal Coverage Review form was included with the appeal and primary coverage for the participant's spouse was reinstated effective February 1, 2017.

Note: There have been no updates to the participant's address since December 14, 2012 and no returned mail has been received from the post office.

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

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Eligibility – Spousal Coverage #E17/116-8335

FUND RULE:
"SPOUSAL COVERAGE REVIEW
In order to keep the Fund's records up to date, please complete this form and return it to Associated Administrators, LLC ASAP. The form must be fully completed with all information. If you do not complete and return this form to Associated Administrators by October 1, 2016, your spouse's coverage under the UFCW Local 1500 Welfare Fund Full Time Plan will be suspended."
(Spousal Coverage Review Form mailed to the participant August 5, 2016 and September 16, 2016)

"III. Spousal Coverage Effective March 1, 2014
Effective March 1, 2014, any spouse who has access to other coverage through his or her employer, will not be eligible for coverage under the Plan. The "access to other coverage exclusion" applies regardless of the premium charged by the spouse's employer or the level of benefits provided by the spouse's employer. Coverage for spouses currently covered under the Plan who have access to other coverage will terminate February 28, 2014."
(UFCW Local 1500 Welfare Fund Full Time Plan SMM, December 30, 2013)

SUMMARY: Appeal Received: January 26, 2017

The **participant's spouse** is appealing for reinstatement of coverage for herself for the period of November 1, 2016 through December 31, 2016. The participant's spouse states, "I have been married since 1993 to my husband and have always been on his insurance. Local 1500 sent a form to be filled out, I filled it and sent it back. I then got a bill in the mail that said I was not covered. So I called back and they said they didn't get the form so they sent another one and I sent it back again. I'm reinstated as of 1/1/17 but my bills for November and December 2016 have not been paid. Please help me fix this. I am handicapped and I can't go through this stress."

Fund records indicate a Spousal Coverage Review form was mailed to the participant on August 5, 2016 and September 16, 2016. When no response was received, primary coverage for the participant's spouse was terminated on October 31, 2016. Another Spousal Coverage Review form was mailed on December 15, 2016. A completed Spousal Coverage Review form was received on December 7, 2016, and primary coverage for the participant's spouse was reinstated effective January 1, 2017.

Note: There have been no updates to the participant's address since December 14, 2012 and no returned mail has been received from the post office.

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

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Eligibility – Spousal Coverage #E17/119-8081

FUND RULE:
"SPOUSAL COVERAGE REVIEW
In order to keep the Fund's records up to date, please complete this form and return it to Associated Administrators, LLC ASAP. The form must be fully completed with all information. If you do not complete and return this form to Associated Administrators by October 1, 2016, your spouse's coverage under the UFCW Local 1500 Welfare Fund Full Time Plan will be suspended."
(Spousal Coverage Review Form mailed to the participant August 5, 2016 and September 16, 2016)

"III. Spousal Coverage Effective March 1, 2014
Effective March 1, 2014, any spouse who has access to other coverage through his or her employer, will not be eligible for coverage under the Plan. The "access to other coverage exclusion" applies regardless of the premium charged by the spouse's employer or the level of benefits provided by the spouse's employer. Coverage for spouses currently covered under the Plan who have access to other coverage will terminate February 28, 2014."
(UFCW Local 1500 Welfare Fund Full Time Plan SMM, December 30, 2013)

SUMMARY: Appeal Received: January 31, 2017

The **participant** is appealing for reinstatement of coverage for his spouse for the period of November 1, 2016 through January 31, 2017. The participant states, "I'm writing this letter to inform you that I did not receive any type of communication in regarding to be recertifying of my marital status and my wife and her employment. My wife has retired since April 1, 2013 and see's medical doctors. I'm hereby appealing her cancelation and needs to be reinstated for medical coverage as of October 1, 2016."

Fund records indicate a Spousal Coverage Review form was mailed to the participant on August 5, 2016 and September 16, 2016. When no response was received, primary coverage for the participant's spouse was terminated on October 31, 2016. A completed Spousal Coverage Review form was received on January 27, 2017, and primary coverage for the participant's spouse was reinstated effective February 1, 2017.

Note: There have been no updates to the participant's address since December 14, 2012 and no returned mail has been received from the post office.

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

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Eligibility – Spousal Coverage #E17/126-0362

FUND RULE:
"SPOUSAL COVERAGE REVIEW
In order to keep the Fund's records up to date, please complete this form and return it to Associated Administrators, LLC ASAP. The form must be fully completed with all information. If you do not complete and return this form to Associated Administrators by October 1, 2016, your spouse's coverage under the UFCW Local 1500 Welfare Fund Full Time Plan will be suspended."
(Spousal Coverage Review Form mailed to the participant August 5, 2016 and September 16, 2016)

"III. Spousal Coverage Effective March 1, 2014
Effective March 1, 2014, any spouse who has access to other coverage through his or her employer, will not be eligible for coverage under the Plan. The "access to other coverage exclusion" applies regardless of the premium charged by the spouse's employer or the level of benefits provided by the spouse's employer. Coverage for spouses currently covered under the Plan who have access to other coverage will terminate February 28, 2014."
(UFCW Local 1500 Welfare Fund Full Time Plan SMM, December 30, 2013)

SUMMARY: Appeal Received: February 15, 2017

The **participant** is appealing for reinstatement of coverage for her spouse for the period of November 1, 2016 through the current date. The participant states, I am employed at Stop and Shop, Local 1500, and I request an appeal, that my husband can receive continuous coverage, because I never received notification for the form to be filled out about coverage."

Fund records indicate a Spousal Coverage Review form was mailed to the participant on August 5, 2016 and September 16, 2016. When no response was received, primary coverage for the participant's spouse was terminated on October 31, 2016. Another Spousal Coverage Review form was emailed to the participant on February 6, 2017. A completed Spousal Coverage Review form was received on February 8, 2017, which confirmed the participant's spouse has other coverage available, but did not enroll. Consequently, primary coverage with the Fund will not be reinstated.

Note: There have been no updates to the participant's address since December 14, 2012 and no returned mail has been received from the post office.

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

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Eligibility – Spousal Coverage #E17/123-0871

FUND RULE:
"SPOUSAL COVERAGE REVIEW
In order to keep the Fund's records up to date, please complete this form and return it to Associated Administrators, LLC ASAP. The form must be fully completed with all information. If you do not complete and return this form to Associated Administrators by October 1, 2016, your spouse's coverage under the UFCW Local 1500 Welfare Fund Full Time Plan will be suspended."
(Spousal Coverage Review Form mailed to the participant August 5, 2016 and September 16, 2016)

"III. Spousal Coverage Effective March 1, 2014
Effective March 1, 2014, any spouse who has access to other coverage through his or her employer, will not be eligible for coverage under the Plan. The "access to other coverage exclusion" applies regardless of the premium charged by the spouse's employer or the level of benefits provided by the spouse's employer. Coverage for spouses currently covered under the Plan who have access to other coverage will terminate February 28, 2014."
(UFCW Local 1500 Welfare Fund Full Time Plan SMM, December 30, 2013)

SUMMARY: Appeal Received: February 3, 2017

The **participant's spouse** is appealing for reinstatement of primary coverage for herself for the period from November 1, 2016 through December 2016. The participant states, "I'm writing this appeal because November 1, 2016 I was unknowingly dropped from my husband's insurance coverage. I found this out by getting a form in the mail on January 31, 2017 to go with our taxes which shows that I have not been covered since November 1, 2016. I understand there was a Spousal form that was sent to fill out, however, I never received it. I believe it is due to the fact we were in the midst of a move, and mail was getting lost and not forwarded correctly. . . [I had breast surgery on Novembr 28th] and before I scheduled it, my medical team assured me I was covered because they verified it." The participant's spouse further states she was working as a temporary employee in November and December of 2016, and did not have access to health benefits through her employer until January 2017 when she was hired as a permanent employee. The participant's spouse enrolled for coverage through her employer effective, January 1, 2017.

Fund records indicate a Spousal Coverage Review form was mailed to the participant on August 5, 2016 and September 16, 2016. When no response was received, primary coverage for the participant's spouse was terminated on October 31, 2016. A completed Spousal Coverage Review form was received on February 1, 2017, which confirmed the participant's spouse has access to other coverage through her employer beginning January 1, 2017. Secondary Fund coverage was reinstated effective March 1, 2017.

Note: The participant's address changed on July 29, 2016, however there was no returned mail received from the post office.

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

Conclusion

- Thank You
- Questions?