Carpenters Local No. 491
Health & Welfare Fund

Board of Trustees Meeting

December 18, 2019

CARPENTERS LOCAL NO. 491
HEALTH AND WELFARE FUND
AGENDA
DECEMBER 18, 2019

A. ROLL CALL

B. MINUTES OF THE SEPTEMBER 18, 2019 BOARD MEETING

C. ADMINISTRATIVE REPORTS

1. Statement of Changes In Fund Balance (Jul - Sep, 2019)
2. Statement of Fund Balance (September 30, 2019)
3. Contribution / Claim Schedules (Jan - Sep, 2019)
4. Claim Payment Schedule (Jan - Sep, 2019)
5. Highest Cost Medical Claims (Jul - Sep, 2019)
6. Bills to be Approved and Paid (December 18, 2019)
7. Cash Management Statement

D. UNFINISHED BUSINESS

1. Delinquent Employer Listing
2. J.K. Cabinet
3. Payroll Audits
4. Build Task
5. Procedures For Locating Missing Participants
6. Update the Summary Plan Description

E. NEW BUSINESS

1. Bolton Partners Projected vs. Actual
2. Stop Loss Policy Renewal
3. Dental and Vision Benefit Review
4. Bolton Investment Report
5. Investment Policy Statement
6. Claim Demographics
7. Level Care Health and Independence Administrators
8. Express-Scripts Rebates
9. Summary Annual Report
10. Appeal
11. Questions
12. Date of Next Meeting - March, 2020

F. VACATION BENEFIT REPORT

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

September 18, 2019

MINUTES

A regular meeting of the Trustees of the Carpenters Local No. 491 Health and Welfare Plan was held at 12:12 p.m. on September 18, 2019, at the office of the Administrative Manager, Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152. Present were the following Trustees:

UNION TRUSTEES	EMPLOYER TRUSTEES
Sandy Forstner	Ken Bisch
Bill Sproule	Mike Goodwin
Robert Tarby	Todd Weitzman

Also present were Albert Kroll, Esq., Counsel for the Union; David J. Jensen, and Dawn Welch, Administrative Manager; Mark Lynne, of Bolton Partners, Inc.; Ira Marc Miller, CPA; Alton Fryer, of Bolton Partners Investment Consulting Group, Inc.; Pete Tonia; and Steven I. Batoff, Attorney. Mr. Batoff welcomed Sandy Forstner and Bill Sproule as new union trustees.

The following matters were discussed with the indicated action taken:

1. The minutes of the meeting of June 6, 2019, were approved with the following correction noted for item 6: *Mark Lynne reviewed the 2019 annual report.*
2. The Administrative Manager reviewed with the Trustees the Administrative Manager's report for the six months ending June 30, 2019. The Fund balance as of June 30, 2019, was $9,890,781.93. The Administrative Manager reviewed with the Trustees the Fund balance report at market value as of June 30, 2019.

The Administrative Manager then reviewed the claims payments for the June 2019 quarter and compared them to the September 2018, December 2018, and March 2019 quarters. The Administrative Manager reported that there were no life insurance claims for the quarter ending June 30, 2019. The Administrative Manager reviewed the highest claim payments for the quarter. Upon motion duly made by Mr. Tarby and seconded by Mr. Goodwin, the Administrative Manager's report was unanimously approved by the Trustees.

3. The Administrative Manager then reviewed with the Trustees the bills to be paid, as listed in an attachment to these minutes. The Trustees, upon motion duly made by Mr. Goodwin and seconded by Mr. Sproule, unanimously approved payment of the aforementioned checks.

4. The following Delinquent Contractor Listing was reviewed by the Trustees and the Administrative Manager:

J.K. Cabinet	9/16 – 11/16

The Trustees then discussed the delinquent employers with Mr. Batoff and the Administrative Manager.

Mr. Batoff reported that J.K. Cabinet Co., Inc. is paying $1,000 per month.

5. The Administrative Manager reviewed with the Trustees the cash management statement.

6. Mr. Lynne then reviewed with the Trustees the projected versus actual budget for the six months ended June 30, 2019. He also reviewed a history of quarterly contributions (net of reciprocals) for 2015, 2016, 2017, 2018, and the first two quarters of 2019. Mr. Lynne noted that Independence needs to notify the stop-loss carrier of its involvement with Level Care and the Plan effective January 1, 2020.

The Trustees requested that Mr. Lynne look into increasing the Plan's dental and vision maximum benefits.

7. Mr. Kroll and Mr. Tonia then discussed Level Care Health and Independence Administrators. Mr. Tonia updated the Trustees with regard to the most recent Level Care board meeting. Mr. Tonia reported that a three-year contract between the board and Level Care was signed in August. The Trustees, upon motion duly made by Mr. Goodwin and seconded by Ms. Forstner, with Mr. Weitzman and Mr. Sproule abstaining, agreed to join the Level Care program with Independence Administrators.

8. Alton Fryer, of Bolton Partners Investment Consulting Group, Inc., then reviewed the quarterly review of the Fund as of June 30, 2019. Mr. Fryer then provided a review of the economy and capital markets. He then reviewed asset allocation; asset reconciliation; long term asset growth; portfolio targets; historical performance; calendar year performance; and 3-year risk/reward summary, 5-year risk/reward summary, and 10-year risk/reward summary. He then reviewed calendar year-to-date returns for various investments and their respective benchmark.

He also reviewed the asset allocation as of September 13, 2019.

Mr. Batoff inquired as to whether Mr. Fryer recommended any updates to the Plan's investment policy statement. Mr. Fryer stated that he will review the investment policy statement by the December 18, 2019, meeting of the Trustees.

9. Representatives from the Level Care health account management team then reviewed the services of Level Care and Independence Administrators.

10. Dawn Welch then gave a verbal report to the Trustees as to demographics of claims. Ms. Welch also provided a written report as to demographics of claims.

11. The Administrative Manager, Pete Tonia, Mr. Batoff, the Trustees, and Ira Miller, of Ira Marc Miller & Co., P.A., then discussed with the Trustees payroll audits. The Trustees requested that Mr. Tonia, with the assistance of David Letushko, follow up as to the next round of payroll audits. The Trustees then reviewed the payroll audit update. It was reported that Sho-Aids, Inc. is out of business. The Trustees then discussed Alliance Expo and Brede, both of which have not cooperated with the payroll audits. Mr. Batoff was requested to send demand letters to both companies.

12. Ira Miller, of Ira Marc Miller & Co., P.A., then reviewed with the Trustees the financial statements with supplemental information and independent auditor's report for the year ended December 31, 2018. He reviewed with the Trustees his firm's opinion, which is a "clean" opinion. He first reviewed the statements of net assets available for benefits. He then reviewed the statements of changes in net assets available for benefits. Mr. Miller then reviewed the statements of benefit obligations. Mr. Miller reviewed the statements of changes in benefit obligations. The was followed by a review of the notes to the financial statements and schedules of benefits paid and operating expenses. His last was a review of the schedule of assets for investment purposes at end of year.

    Upon motion duly made by Mr. Sproule and seconded by Mr. Weitzman, the audit was approved by the Trustees.

13. Ms. Welch then reviewed the Express Scripts rebates.

    Ms. Welch also stated that the dental amendment to the Plan prepared by Mr. Batoff's firm regarding anesthesia for children was acceptable.

14. Mr. Batoff updated the Trustees as to the lawsuit filed against Build Task. Mr. Batoff informed the Trustees that the Fund was successful in discovering assets at a Build Task bank account and is in the process of obtaining writs of garnishment on the bank account.

15. Mr. Batoff reported that the new trustees had signed acceptance of trusteeship.

16. The Administrative Manager provided the Trustees with new signature cards.

17. Mr. Batoff reviewed with the Trustees a letter dated August 2, 2019, to David Jensen. The letter related to procedures for locating missing participants. Mr. Batoff also reviewed the draft of the procedures and requested that the Administrative Manager add the procedures to the agenda for the next regular meeting of the Trustees.

18. Mr. Batoff reported that his firm is in the process of updating the Plan's summary plan description.

19. The Administrative Manager reviewed with the Trustees a letter from Independence Administrators with regard to whether the Trustees want to cover transgender services under the Plan. The Trustees, upon motion duly made by Mr. Goodwin and seconded by Mr. Sproule, unanimously agreed that the Administrative Manager should inform Independence Administrators that the Plan is opting out of coverage for transgender services under Level Care.

20. The Administrative Manager reported an appeal by a dental provider for a payment of a claim for a CT scan of the jaw of a participant's son, which had been previously denied. The provider states that the CT scan was necessary to evaluate for the extraction of wisdom teeth. The Administrative Manager stated that the charge for the CT scan was denied because it was not covered under the Plan. In addition, the Administrative Manager reported that the appeal was not timely filed. The Trustees, upon motion duly

made by Mr. Tarby and seconded by Ms. Forstner, unanimously agreed to deny the appeal since the appeal was not timely filed and the CT scan is not a covered benefit under the Plan. The Trustees requested that the Administrator so inform the provider/participant in accordance with ERISA and the Plan's claims/appeals procedures.

21. The Trustees then met with Mr. Batoff in executive session to review the responses to the request for proposal regarding administration of the Plan. The Trustees are to have further discussions on this matter by way of a conference call on October 17, 2019, at 10 a.m.

22. The Trustees then reviewed with the Administrative Manager the cash balance report for the vacation benefit for the six months ending June 30, 2019. The cash balance as of June 30, 2019, was $758,450.77.

There being no further business, the meeting was thereupon adjourned at 2:24 p.m. with next regular meeting scheduled for December 18, 2019, at 9:00 a.m.

Respectfully submitted,

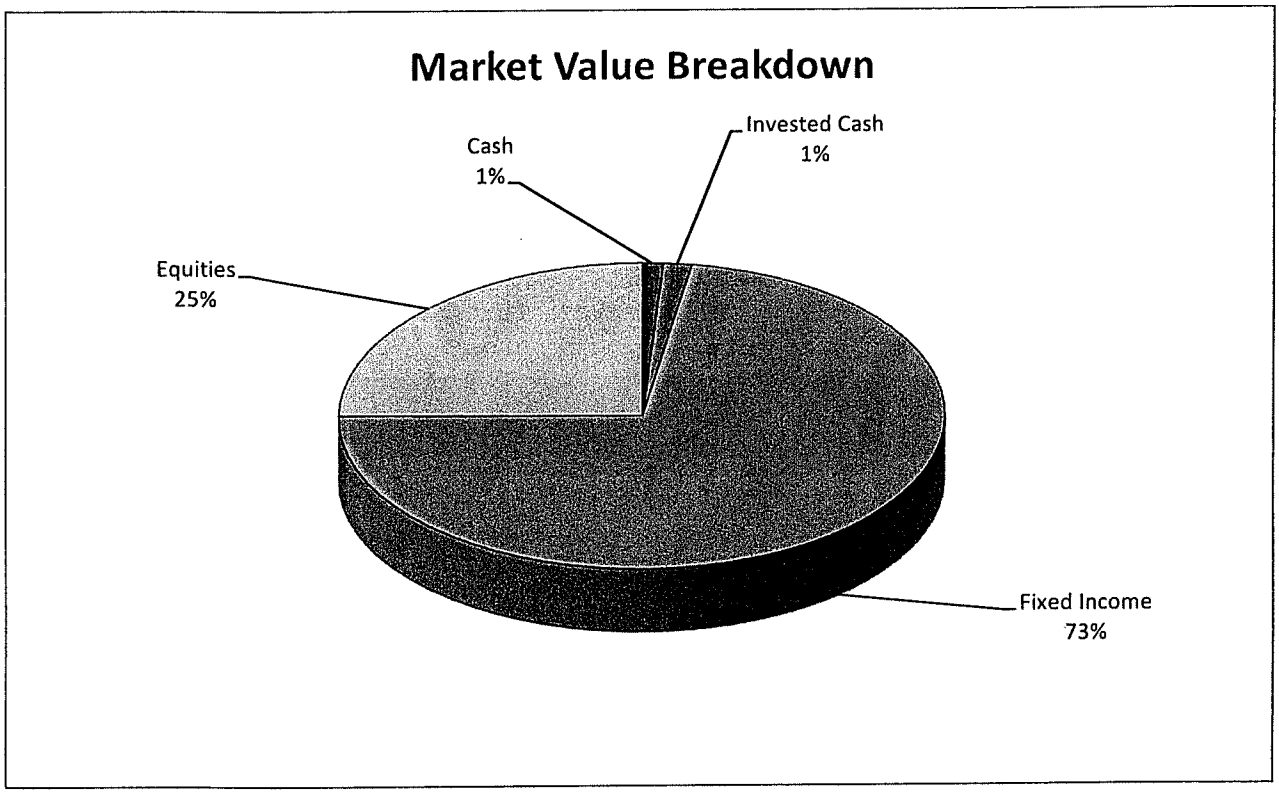
Steven I. Batoff
Secretary of the Meeting

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2019

	Current Quarter	Year To Date
Additions		
Employer/Employee Contributions	$ 969,422.91	$ 3,265,082.30
Dividends	62,695.59	198,346.40
Interest	846.58	2,712.31
Rebates	-	-
Gain (Loss) on Sale of Investments	-	-
Securities Litigation Proceeds/Unclaimed Prop.	-	-
Total Additions	1,032,965.08	3,466,141.01
Deductions		
Medical Deductions	1,150,951.17	3,372,464.75
P.P.O. Fees	8,366.20	24,409.48
Dental Premium	3,902.85	13,092.10
PCORI Fee	2,454.90	2,454.90
ESI-FWA Fee	-	-
Actuarial Fees	5,000.00	15,000.00
Administration	33,928.00	100,795.00
HIPPA Compliance Fees	-	-
Computer Expenses	-	-
Conference Expenses	-	-
Reciprocals Paid	49,842.49	138,545.68
Audit Fees	10,000.00	10,000.00
Investment Manager Fees	500.00	1,520.00
Investment Performance Fees	625.00	5,250.00
Meeting Expense	316.40	455.31
Medical Consultant Fees	-	-
Dues	-	-
Employer Audits	-	-
Fidelity Bond	-	-
Cyber Liability Insurance	-	-
Fiduciary Liability Insurance	-	6,705.08
Independent Fiduciary Fee	228.75	623.75
Stop Loss Insurance	58,683.19	181,090.39
Stop Loss Reimbursement	-	-
Pharmacy Consulting	-	1,511.83
Office Expenses	-	-
Postage	426.94	2,107.63
Legal Fees	27,487.57	63,235.22
Printing	535.66	2,057.15
Hospital Reviews	3,815.17	28,588.75
Hospital Audits	-	-
Trustee Fees	-	-
Consulting Fees	-	(785.78)
Bank Service Charges	-	18,303.96
Transitional Reinsurance Fee	-	-
Settlement	-	-
Total Deductions	1,357,064.29	3,987,425.20
Net Increase (Decrease)	$ (324,099.21)	$ (521,284.19)
Fund Balance - December 31, 2018		10,087,966.91
Fund Balance - September 30, 2019		$ 9,566,682.72

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
STATEMENT OF FUND BALANCE
AS OF SEPTEMBER 30, 2019

	Cost Basis	Market Basis
Bank of America		
Cash - Operating	$ 253,218.59	$ 253,218.59
Cash - Benefit	(139,584.33)	(139,584.33)
	113,634.26	113,634.26
Amalgamated Bank of Chicago		
Cash & Cash Equivalents	-	-
Money Market	156,420.49	156,420.49
Fixed Income	7,241,199.79	7,471,319.04
Equities	2,055,428.18	2,560,907.16
	9,453,048.46	10,188,646.69
Other Assets & Payables (Net)	-	-
	$ 9,566,682.72	$ 10,302,280.95
Market Value of Fund Balance as of December 31, 2018		9,988,311.56
Change in Market Value of Fund as of September 30, 2019		$ 313,969.39
Decrease in Cash		(521,284.19)
Unrealized Gain on Investments		835,253.58
		$ 313,969.39



CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CONTRIBUTIONS / CLAIMS SCHEDULES
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2019

Employer Contributions

Hourly rates and their effective dates

Date	Shops	Exhibitors
03/01/05	2.30	3.00
03/01/06	2.30	3.25
07/17/06	2.40	3.25
03/01/07	2.40	3.55
07/17/07	2.50	3.55
01/17/08	2.60	3.55
03/01/08	2.60	3.80
07/17/08	2.70	3.80
01/17/09	2.80	3.80
03/01/09	2.80	4.15
03/01/10	2.80	4.45
03/01/11	2.80	4.60
07/17/11	3.00	4.60
03/01/12	3.00	5.00
03/01/13	3.00	5.25
03/01/14	3.15	5.60
03/01/14	3.40	5.60
03/01/15	3.40	5.85
07/20/15	3.50	5.85

Employer / Employee

Prior Years Analysis

Year	Receipts	Claims	Difference
2009	$ 3,193,912.73	$ 2,800,311.76	$ 393,600.97
2010	3,156,780.29	2,625,943.50	530,836.79
2011	3,879,294.58	3,234,111.38	645,183.20
2012	3,819,855.24	3,778,361.78	41,493.46
2013	4,049,717.46	3,202,012.09	847,705.37
2014	4,262,555.33	3,252,072.12	1,010,483.21
2015	4,501,646.07	2,728,405.47	1,773,240.60
2016	4,881,298.31	2,918,759.70	1,962,538.61
2017	5,049,927.78	2,915,661.88	2,134,265.90
2018	4,793,825.81	3,650,944.24	1,142,881.57
2019	3,265,082.30	3,372,464.75	(107,382.45)

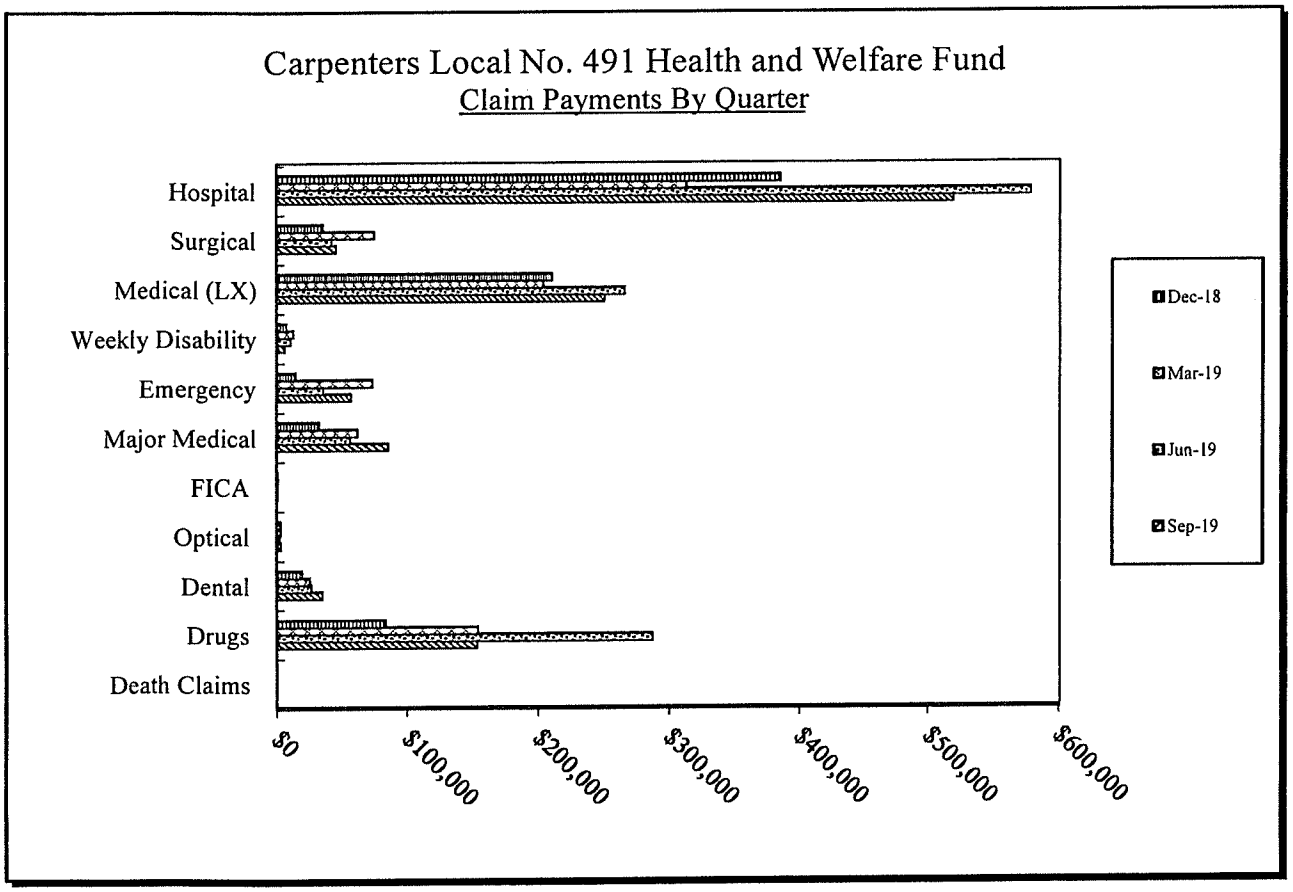
Current Year Analysis

Month	Receipts	Claims	Difference
January	$ 175,430.08	$ 256,811.05	$ (81,380.97)
February	$ 267,455.45	$ 275,067.90	(7,612.45)
March	$ 336,615.77	$ 387,678.85	(51,063.08)
April	$ 540,281.60	$ 429,083.63	111,197.97
May	$ 408,165.95	$ 443,088.63	(34,922.68)
June	$ 567,710.54	$ 429,783.52	137,927.02
July	$ 481,414.86	$ 261,833.88	219,580.98
August	$ 224,337.67	$ 474,283.45	(249,945.78)
September	$ 263,670.38	$ 414,833.84	(151,163.46)
October	$ -	$ -	-
November	$ -	$ -	-
December	$ -	$ -	-
	$ 3,265,082.30	$ 3,372,464.75	$ (107,382.45)
Average Per Month	$ 272,090.19	$ 281,038.73	$ (8,948.54)

UNAUDITED FINANCIAL REPORT

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
CLAIM PAYMENT SCHEDULE
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2019

Claim Payments	Dec-18 Quarter	Mar-19 Quarter	Jun-19 Quarter	Sep-19 Quarter
Hospital	$ 384,314.72	$ 312,142.44	$ 577,669.98	$ 517,321.61
Surgical	35,368.31	74,404.96	41,924.50	45,355.09
Medical (LX)	209,681.38	203,330.20	265,008.68	249,653.00
Weekly Disability	7,200.04	12,300.04	10,285.78	5,914.32
Emergency	14,148.69	73,033.47	35,542.76	56,635.43
Major Medical	32,256.70	61,868.32	56,005.32	85,032.31
FICA	550.81	940.95	786.85	452.43
	683,520.65	738,020.38	987,223.87	960,364.19
Optical	3,013.75	3,024.00	2,274.90	3,380.62
Dental	19,117.82	25,176.53	26,290.12	34,885.09
Drugs	83,413.35	153,336.89	286,166.89	152,321.27
	105,544.92	181,537.42	314,731.91	190,586.98
Death Claims	-	-	-	-
	$ 789,065.57	$ 919,557.80	$ 1,301,955.78	$ 1,150,951.17



CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE PLAN
HIGHEST COST MEDICAL CLAIMS
December 18, 2019

Highest Individual Claim Expense July 1, 2019 to September 30, 2019

Patient	Illness	Medical	Hospital	Total
Member	Leukemia/ Cystitis	$ 142,457.62	$ 59,318.85	$ 201,776.47
Member	Alcohol Dependence/ Cirrhosis	0.00	107,679.13	107,679.13
Member	Lung Cancer	38,898.30	6,540.19	45,438.49
Member	Prostate Cancer	2,321.26	36,642.73	38,963.99
Member	Cardia Cancer	25,492.16	12,737.00	38,229.16
Member	Tongue Cancer	18,398.98	15,680.39	34,079.37
Spouse	Hip Replacement	6.40	30,855.08	30,861.48
Member	Leiomyoma	1,123.42	27,816.70	28,940.12
Spouse	Pre-Eclampsia	7,093.22	17,909.56	25,002.78
Spouse	Knee Replacement	6,454.48	14,877.85	21,332.33
Member	Rheumatoid Arthritis	18,515.36	0.00	18,515.36
Spouse	Knee Replacement	3,025.15	14,053.83	17,078.98
Member	Rheumatoid Arthritis	12,896.43	0.00	12,896.43
Spouse	Inguinal Hernia	3,784.56	6,967.44	10,752.00
Member	Spinal Stenosis	2,654.12	7,362.77	10,016.89
	Total	**$ 283,121.46**	**$ 358,441.52**	**$ 641,562.98**

Life Insurance Claims Paid July - September 2019

No Death Benefits Processed This Quarter

Monthly Paid Prescription Drug Cost

July	$ 54,213.20
August	72,875.54
September	58,757.55
	$ 185,846.29

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 18, 2019

Payee/Purpose	Period	Check #	Amount
1. Batoff Associates, P.A. Legal Fees	8/19	3341	14,180.70
2. Ira Marc Miller & Co., P.A. Progress Billing - Audit	12/18	3342	10,000.00
3. Bolton Partners, Inc. Actuarial & Consulting Fees	7/19	3343	5,000.00
4. Bolton Partners, Inc. Investment Performance Fee	6/19	3344	625.00
5. Associated Administrators, LLC New Hire Packets	8/19	3345	3.25
6. Custom Plastic Card Company Printing - Dental Cards		3346	409.00
7. NCAS Monthly PPO Fee	9/19	3347	2,894.76
8. CIGNA Dental Health, Inc. Dental Premium	7/19	3348	1,150.50
9. CIGNA Dental Health , Dental Premium	9/19	3349	1,380.60
10. Carpenters Philadelphia Welfare Fund Reciprocal Hours	7/19	3350	1,158.32
11. Carpenters Philadelphia Welfare Fund Reciprocal Hours - R. Bruecks		3351	2,029.95
12. New Jersey Carpenters Health Fund Reciprocal Hours - D. McFarland	7/19	3352	122.86
13. New District Council Medical Fund Reciprocal Hours - D. Ojeda	7/19	3353	46.80
14. Washington Area Carpenters' Fund Reciprocal Hours - M. White		3354	3,744.03
15. Washington Area Carpenters' Fund Reciprocal Hours	7/19	3355	6,985.71
16. American Health Holding, Inc. Monthly Management Fee	8/19	3356	688.80

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 18, 2019

Payee/Purpose	Period	Check #	Amount
17. Union Labor Life Insurance Company Stop Loss Premium	9/19	3357	20,250.08
18. Associated Administrators, LLC 4th Quarter Administration Fee	10/19 - 12/19	3358	33,928.00
19. Associated Administrators, LLC Meeting Expense	9/19	3359	168.09
20. American Health Holding, Inc. Monthly Management Fee	9/19	3360	690.03
21. American Health Holding, Inc. Hospital Review - J. Cash		3361	204.00
22. American Health Holding, Inc. Hospital Review- R. Betters		3362	660.00
23. Asmed Health , LLC Claim Reviews - Batch #209		3363	3,578.53
24. Batoff Associates, P.A. Legal Fees	9/19	3364	9,976.20
25. Chason, Rosner, Leary & Marshall, LLC Legal Fees - J.K. Cabinet	8/19	3365	25.50
26. CIGNA Dental Health, Inc. Dental Premium	10/19	3366	1,309.80
27. Ira Marc Miller & Company, PA Progress Billing - Audit	12/18	3367	6,000.00
28. NCAS Monthly Fee	10/19	3368	3,049.56
29. Carpenters Phildelphia Welfare Fund Reciprocal Hours	8/19	3369	257.40
30. Washington Area Carpenters' Fund Reciprocal Hours - L. Vitlin		3370	748.81
31. Washington Area Carpenters' Fund Reciprocal Hours - J. Schrader		3371	1,398.16
32. Washington Area Carpenters' Fund Reciprocal Hours	8/19	3372	7,271.63
33. Sage Checks & Forms			

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 18, 2019

Payee/Purpose	Period	Check #	Amount
Printing - Checks		3373	240.15
34. International Foundation Annual Dues - 2020		3374	532.50
35. Union Labor Life Insurance Company Stop Loss Insurance Premium	10/19	3375	22,856.90
36. AP Technology Computer Expense - Secure Pro	12/19 - 12/20	3376	102.50
37. Associated Administrators, LLC Printing - Signature Stamps		3377	20.75
38. Void		3378	-
39. Batoff Associates, P.A. Legal Fees		3379	7,004.00
40. CIGNA Health , Inc. Dental Premium	11/19	3380	1,563.50
41. American Health Holding, Inc. Monthly Management Fee	10/19	3381	726.93
42. Chason, Rosner, Leary & Marshall, LLC Legal Fees - Build Task	7/19 & 9/19	3382	660.00
43. Ira Marc Miller & Company, PA Final Billing - Audit	12/18	3383	2,000.00
44. Associated Administrators, LLC Postage- New Hire Packets	9/19	3384	95.80
45. Asmed Health , LLC Hospital Reviews - Batch #211		3385	5,640.68
46. NCAS Monthly PPO Fee	11/19	3386	3,080.52
47. Union Labor Life Insurance Company Stop Loss Insurance Premium	11/19	3387	21,610.16
48. Carpenters Philadelphia Welfare Fund Reciprocal Hours	9/19	3388	1,053.00
49. New York District Council Medical Fund Reciprocal Hours	9/19	3389	23.40

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
September 18, 2019

Payee/Purpose	Period	Check #	Amount
50. Washington Area Carpenters' Fund Reciprocal Hours - J. Schrader	9/19	3390	383.18
51. Washington Area Carpenters' Fund Reciprocal Hours - M. White	7/17 - 11/18	3391	8,135.21
52. Washington Area Carpenters' Fund Reciprocal Hours	9/19	3392	15,780.52
53. Asmed Health, LLC Hospital Reviews - Batch #210		3393	2,080.19
			$ 233,525.96

Carpenters Local 491 Benefit Funds
Cash Management

		Medical
Yearly Deductions		$ 5,007,570
Loans per Year		
Total Yearly Deductions		
10% of Expenses		$ 500,757
Current Cash Balance	As of 10/31/19	$ 427,604
5% Floor		$ 250,379
Replenish		Not now
15% Ceiling		$ 751,136
Send to Amalgamated		**Not now**
Transfer Made:	Dec-12-19	$ -

CARPENTERS DELINQUENCY LIST
AS OF
DECEMBER 16, 2019

1) If Local has "X" in a block, please indicate "Worked" or "No Men"
2) Please fax updates to Ramona at 410-683-7794

EMP #	See Instructions Above Balt.	Wash.	COMPANY NAME	WORK MONTHS DELINQ.
453			J.K. CABINET CO., INC.	10/16 - 11/16

Carpenters Local No. 491 Health and Welfare Plan

Procedures for Locating Missing Participants, Beneficiaries, and Dependents

The Trustees of the Carpenters Local No. 491 Health and Welfare Plan (the "Plan") use the following procedures to locate missing Participants, Beneficiaries, and Dependents who are entitled to benefits. The Plan may use electronic search tools and commercial locator services in order to locate such individuals or determine if they are deceased. All capitalized terms used herein are defined in the Plan.

The Trustees will document all efforts taken to contact Participants, Beneficiaries, or Dependents and maintain a record of such efforts.

For Participants due a response related to a claim for benefits or COBRA election, as applicable:

1. The Trustees shall notify a Participant of their determination within the time parameters prescribed by the Plan. The Trustees will send the notice via certified mail, return receipt requested to the last known mailing address on file.

2. If the notice is returned as undeliverable, the Trustees will confirm the Participant's address with the Union (which will include checking documentation related to other benefit plans and employer records and contacting the Participant's designated Beneficiary). If the Union has a different address for the Participant, the Trustees will resend the notice to the alternate address.

3. If the Union cannot provide an alternate address, or the second notice is returned, the Trustees will use free electronic search tools (Internet search engines, online services, public record databases, etc.), the United States Postal Service National Change of Address Database, information obtained from credit reporting agencies, and commercial locator services (Millennium, PenChecks, or a similar vendor) to perform a search for a more current address. If those efforts are successful in providing a new address and/or email address, the Trustees will send a third notice to the Participant using the new address and, if applicable, send a notice to the Participant's email address.

4. After a reasonable and diligent search following the steps outlined above, if the Trustees cannot locate the Participant within five (5) years after a Plan benefit becomes payable, the Participant's benefit will be suspended in accordance with the terms of the Plan. Immediately prior to, or coincident with, the suspension of a Plan benefit, the Trustees will send a notice of suspension to the last known address of the Participant.

5. If the Participant's benefit is subsequently forfeited in accordance with the terms of the Plan, the Trustees will remove the Participant from the Plan's active listing.

6. The Trustees will annually sweep the Plan's records after the end of each Plan Year to search for terminated Participants distribution to ensure that missing Participants will be timely removed from the Plan's active Participant listing.

For notifying Participants who are no longer eligible for coverage:

1. The Trustees shall notify a Participant of the Participant's termination of eligibility of coverage within the time parameters prescribed by the Plan. The Trustees will send the notice via certified mail, return receipt requested to the last known mailing address on file.

2. If the notice is returned as undeliverable, the Trustees will confirm the Participant's address with the Union (which will include checking documentation related to other benefit plans and employer records and contacting the Participant's designated Beneficiary). If the Union has a different address for the Participant, the Trustees will resend the notice to the alternate address.

3. If the Union cannot provide an alternate address, or the second notice is returned, the Trustees will use free electronic search tools (Internet search engines, online services, public record databases, etc.), the United States Postal Service National Change of Address Database, information obtained from credit reporting agencies, and commercial locator services (Millennium, PenChecks, or a similar vendor) to perform a search for a more current address. If those efforts are successful in providing a new address and/or email address, the Trustees will send a third notice to the Participant using the new address and, if applicable, send a notice to the Participant's email address.

4. After a reasonable and diligent search following the steps outlined above, if the Trustees cannot locate the Participant within five (5) years after a Plan benefit becomes payable, the Participant's benefit will be suspended in accordance with the terms of the Plan. Immediately prior to, or coincident with, the suspension of a Plan benefit, the Trustees will send a notice of suspension to the last known address of the Participant.

5. If the Participant's benefit is subsequently forfeited in accordance with the terms of the Plan, the Trustees will remove the Participant from the Plan's active listing.

6. The Trustees will annually sweep the Plan's records after the end of each Plan Year to search for terminated Participants distribution to ensure that missing Participants will be timely removed from the Plan's active Participant listing.

Locating a Missing Beneficiary or Dependent who is entitled to life insurance or other benefits:

1. If the Trustees have confirmation of the Participant's death, the Participant will be removed from the active Participant listing immediately, and the Trustees will make every effort to contact the Beneficiary or Dependent.

2. The Trustees will make three (3) attempts within a reasonable amount of time to have the Beneficiary or Dependent complete the necessary forms.

3. If someone other than the Beneficiary or Dependent has contacted the Trustees and/or the Trustees have evidence that someone other than the Beneficiary or Dependent has completed the forms, the Trustees will require that the Beneficiary or Dependent validate any forms by requiring receipt of a Power of Attorney for the Beneficiary or Dependent on his or her own behalf (as "Principal").

4. After three (3) unsuccessful attempts to contact the Beneficiary or Dependent, the Trustees will assume the Beneficiary or Dependent is deceased and remove the Beneficiary or Dependent from the Plan's active listing.

5. After exhaustion of the above steps, if the Trustees cannot contact the Beneficiary or Dependent within five (5) years after a benefit becomes payable, the benefit will be suspended in accordance with the terms of the Plan.

6. Immediately prior to, or coincident with, the suspension of a benefit, the Trustees will send a notice of suspension to the last known address of the Beneficiary or Dependent.

Location of Participant, Beneficiary or Surviving Spouse after forfeiture:

If the Participant, Beneficiary, or Dependent contacts the Trustees and makes a valid substantiated claim for benefits, the Trustees shall reinstate the suspended or forfeited benefit at that time without interest.

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND
PARTICIPANT CLAIM DEMOGRAPHICS
December 18, 2019

Month	Total Claims Processed	% Denied	Total Denials	Denial Reasons
September	645	4.81%	31	
			18	No response - Accident Details, letter of medical necessity
			7	Participant ineligible for coverage
			2	Emergency Room - Non Emergency
			2	Duplicate Claim - Previously processed
			2	Dental Benefit Exhausted
October	741	4.32%	32	
			15	No response - letter of medical necessity needed, Accident Detail:
			12	Participant Ineligible for coverage
			3	Emergency Room - Non Emergency
			2	Exceeded Annual Dental Maximum
November	785	4.59%	36	
			17	No Response - Accident Details, Subrogatior
			12	Participant Ineligible for coverage
			4	Not a Covered Benefit
			2	Emergency Room - Non Emergency
			1	Exceeded Annual Dental Maximum

Error Rate: <2%
Processing Backlog: 0 Days

Carpenters' Local No. 491
Health and Welfare Plan
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

December 11, 2019

Dear Participant,

Effective January 1, 2020, your medical benefit coverage will be provided through Independence Administrators (IA).

You will receive a new medical identification card in the mail before January 1, 2020, with a new Identification Number to give to your providers for any services received after January 1, 2020. Please continue to use your current card for all medical services provided prior to January 1, 2020, and direct all of your billing questions to the Fund Office at 1-888-494-4443. After January 1, 2020, please destroy your old medical identification card and begin using the IA card for all medical services. Once you begin using your new medical identification card for medical services scheduled from January 1, 2020, forward, you should direct all of your billing questions to IA at 1-833-242-3330.

You will receive a medical identification card for yourself and one for every eligible family member on file. Please note, these cards may come in different envelopes.

On the back of the new medical identification card you will find all relevant information for IA's Customer Service contact numbers and the number required for pre-certifying all inpatient hospital stays.

On the front of the card, you will find a sticker with a different phone number for IA's Text Messaging Service, "The Wire". You can use this number to Opt-In to IA's text messaging service to stay up to date on your policy, preventative care information, and latest news about your plan.

There is nothing you need to do to be enrolled in the plan, this will happen automatically.

An example of your new card and a full list of Frequently Asked Questions is on the next page. You should continue to use your current prescription and dental card.

If you have any additional questions about your coverage and what you are entitled to, please contact the Fund Office at 888-494-4443.

Sincerely,

The Fund Office

Independence Administrators (IA) Plan
Frequently Asked Questions - FAQs

Do I need to find new doctors? *No. The same network of Doctors and Hospitals are In-Network with IA. There is no need to look for new doctors, just make sure to update your card information with all of your providers.*

Who do I call for billing issues? *For services provided after January 1, 2020, Independence Administrators: 1-833-242-3330*

Are there any new copays, coinsurance, or deductibles? *No. the current copay, coinsurance and deductibles will remain the same. Other than the name and contact information of the medical benefit coverage provider, everything else stays the same.*

What steps should I take if a bill gets denied after January 1, 2020?

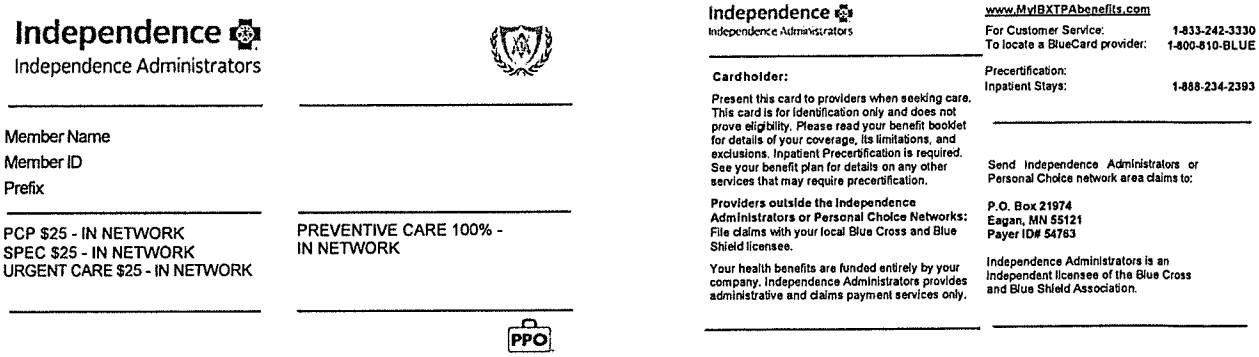
1. *Check your Explanation of Benefits for the denial or rejection reason (if any)*
2. *Make sure your provider has your new card number and plan information on file*
3. *Call Independence Administrators at 1-833-242-3330 to review the issue*
4. *If you don't get a sufficient answer, call the Fund Office at 1-888-494-4443.*

Did anything change with my Prescription Coverage? *No.*

Where do I submit my Optical and Dental claims? *Optical and Dental Benefit claims should still be submitted to: Carpenters Local No. 491 Health and Welfare Plan*
911 Ridgebrook Road
Sparks, MD 21152
For all questions related to your Optical and Dental Benefit continue to contact the Fund Office at 1-888-494-4443.

Who do I call for questions regarding my Eligibility, Accident and Sickness and Death Benefits? *The Fund office at 1-888-494-4443*

Sample Independence Administrators PPO Card



Services that require precertification

Standard Precert Effective 1/1/2019

This applies to elective, nonemergency services.

Some services or supplies in this list may not be covered by your benefits plan. Please check your benefit plan documents.

Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Inpatient hospice admissions
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

Procedures

- Bronchial thermoplasty
- Carticel (ACI), osteochondral allograft, and autograft transplantations
- Cochlear implant surgery and associated supplies/ bone-anchored (osseointegrated) hearing aids, implantable bone conduction hearing aids
- Obesity surgery
- Uvulopalatopharyngoplasty (UPPP), including laser-assisted

Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/blepharoptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of subcutaneous skin and/or sudcutaneous tissue
- Gender reassignment surgery
- Genetically and bioengineered skin substitutes for wound care
- Hair transplants
- Injectable dermal fillers

Reconstructive procedures and potentially cosmetic procedures (continued)

- Keloid removal
- Lipectomy, liposuction, or any other excess fat removal procedure (such as panniculectomy and abdominoplasty)
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin grafts
  - Skin flaps
  - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

Experimental or Investigational

Any procedure, device, or service that may be considered experimental or investigational including:

New emerging technology/procedures, as well as existing technology and procedures applied for new uses and treatments

Elective (nonemergency) ground, air, and sea ambulance transportation

Outpatient private-duty nursing

Day rehabilitation programs

Interventional pain management services

- Epidural injection procedures and diagnostic selective nerve root blocks
- Paravertebral facet injection/nerve block/ neurolysis
- Regional sympathetic nerve block
- Sacroiliac joint injections
- Implanted spinal cord stimulators

Radiology

- Cardiac blood pool imaging or MUGA-resting or exercise
- Computed tomography (CT), cardiac
- Computed tomography (CT), coronaries
- Computed tomography angiogram (CTA), coronaries
- Magnetic resonance angiography (MRA), cardiac
- Magnetic resonance imaging (MRI), cardiac
- Myocardial perfusion imaging
- Positron emission tomography (PET) scan/ positron emission transverse tomography (PETT) scan
- Single photon emission computerized tomography (SPECT), technetium or thallium

Home-Care Services

- Enteral feeding therapy (tube feeding)
- Home health care
- Home infusion therapy
- Hospice

Prosthetics/orthoses

- Bone-anchored hearing aids
- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/ components

Durable medical equipment (DME)

- Bone growth stimulators
- Continuous positive airway pressure (CPAP) device and bi-level (Bi-PAP) devices
- Dynamic adjustable and static progressive stretching devices (excludes CPMs)
- Electric, power, and motorized wheelchairs including custom accessories
- External defibrillator and associated accessories
- High frequency chest wall oscillation generator system
- Insulin pumps
- Manual wheelchairs unless they are rented
- Negative pressure wound therapy

DME (continued)

- Neuromuscular stimulators
- Power operated vehicles (POV)
- Pressure reducing support surfaces including:
  - Air fluidized bed
  - Non-powered advanced pressure reducing mattress
  - Powered air flotation bed (low air loss therapy)
  - Powered pressure reducing mattress
- Push rim activated power assist devices
- Repair or replacement of all DME items, and orthoses and prosthetics that require precertification
- Speech generating devices

Medical foods

Hyperbaric oxygen therapy

Proton beam therapy

Sleep studies (facility based)

Transplants

All transplant procedures, with the exception of corneal transplants

Mental health/serious mental illness/ substance abuse[1]

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

Autism spectrum disorders

Applied behavioral analysis

Maternity services

Call as soon as the doctor confirms the pregnancy and after delivery.

Services that require notification only

End stage renal disease/dialysis services

Genetic and genomic tests requiring precertification

The following list is a guide to the types of genetic and genomic tests that require precertification. Due to the volume of tests, it is not possible to list each test separately.

Hereditary cancer syndromes

- BRCA gene testing (breast and ovarian cancer syndrome)
- Lynch syndrome gene testing
- Familial adenomatous polyposis gene testing
- PTEN gene testing (Cowden syndrome)
- General cancer type panels (such as colon, breast, or neuroendocrine cancers)

Hereditary heart diseases

- Long QT syndrome gene testing
- Aortic dilation or aneurysm syndrome testing (includes Marfan syndrome)

Other full gene analysis testing

- Cystic fibrosis full gene sequencing and deletion/duplication analysis
- PMP22 full gene sequencing and deletion/duplication analysis (Charcot-Marie-Tooth, hereditary neuropathy)

Tests for many genetic disorders simultaneously

- Expanded carrier screening panels (such as Carrier Status DNA Insight®, Counsyl Family Prep Screen, Pan-Ethnic Carrier Screening)
- Hearing loss panels
- Intellectual disability panels
- Noonan spectrum disorders panels

Specialty oncology tests

- Cancer gene expression or protein signature tests (such as OncotypeDX®, MammaPrint®, Afirma®, Prosigna®, HeproDX™)
- Tumor molecular profiling (such as FoundationOne®, neoTYPE™, OncoPlexDx®, and many others)
- Tissue of origin testing (for cancer of unknown primary)
- PCA3 testing for prostate cancer

Pharmacogenomic tests

- Cytochrome P450 metabolism gene testing (CYP2D6, CYP2C9, CYP2C19)
- Specialized drug response gene panels (such as Assurex GeneSight®, GeneTrait, Genecept®, Millennium PGTSM)
- Warfarin response testing
- MGMT methylation analysis for glioblastoma

Other specialty tests

- Coronary artery disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6)
- Heart disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6, MTHFR)

Genome-wide tests

- Microarray studies
- Whole exome testing
- Whole genome testing
- Mitochondrial genome or nuclear testing

ANY genetic test for more than one gene or condition (often includes words like "panel" or "comprehensive" in the name)

ANY genetic test that will be billed with a non-specific procedure code

- Billed with CPT® codes 81400–81408

- Billed with an unlisted code: 81479, 81599, 84999

Healthcare Subrogation

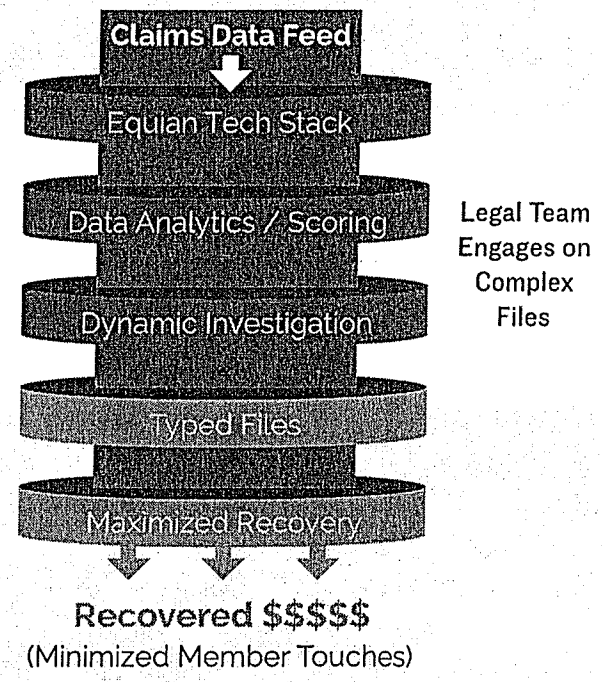
Equian's Healthcare Subrogation maximizes recoveries with a member-sensitive approach. Our model is available on a pre and post-payment basis as an outsourced or co-sourced model.

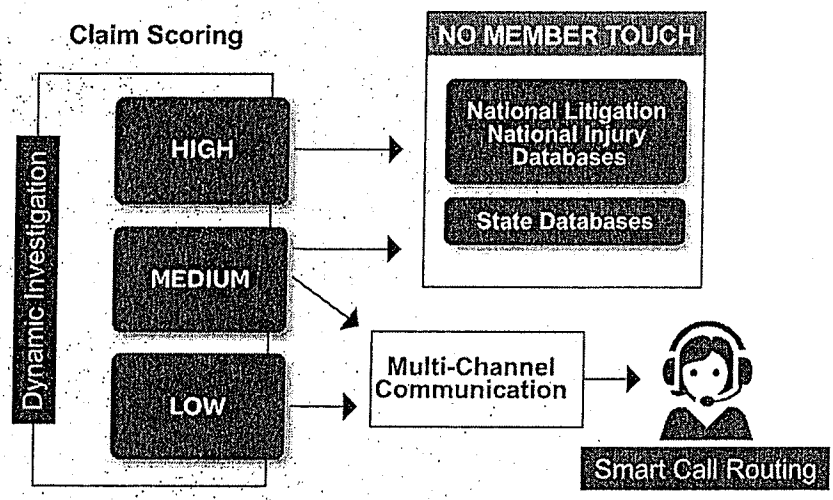
Dynamic Investigation & Claim Scoring

Equian continuous scoring utilizes several pieces of information to identify high value recovery opportunities. Our continuous scoring and continuous machine learning continue to achieve more accurate results with even greater speed and intelligence. Even in second-pass reviews, our solution identifies significant recovery opportunities left behind.

Our integration with databases (national and state) uses integrated data and analytics to remove false positives. If the information is available **without touching the member**, we obtain it using national databases, state databases, or social media.

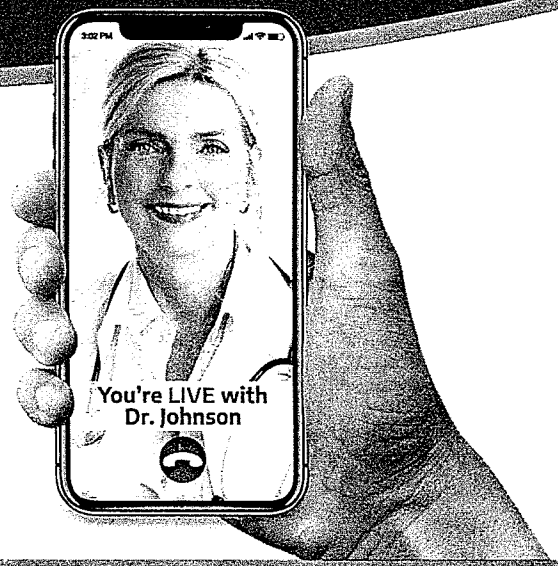
Our multi-channel engagement (Web, IVR, Mobile Enabled, Chat, Bots, Artificial Intelligence, etc) ensures that when we do contact a member, we spend minimal time with them for high-value-added tasks. We utilize resources that are trained in empathy and prepared to handle difficult conversations and offer several ways for members to engage.





Online doctor visits 24/7 are part of your health plan

Have consultations with health care professionals using your phone, tablet or computer.



ADVANTAGES OF HAVING AN ONLINE DOCTOR VISIT

- Average wait time for MDLIVE doctor visit is less than 15 min!
- Doctors have an average of 15 years of experience
- Prescriptions sent to the pharmacy of your choice
- Saves you time and money
- You can have your visit anytime, from anywhere

MDLIVE IS A GREAT OPTION FOR A WIDE RANGE OF CARE

Medical Conditions

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Respiratory problems
- Sinus infection
- UTI (Females, 18+)
- And more

Register now! Be ready whenever you or a family member need quick, convenient access to quality medical care.

Text IBXTPA to MDLIVE (635483)

Go online to mdlive.com/IBXTPA

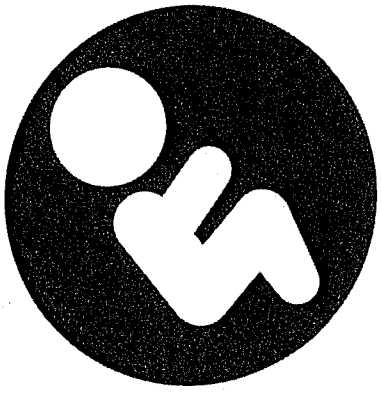
Call MDLIVE at 888.956.6411

Independence Administrators

MDLIVE®

MDLIVE is an independent company providing telemedicine services for Independence Administrators.
Independence Administrators is an independent licensee of the Blue Cross and Blue Shield Association.

Maternity Management Incentive Program



Reducing Costs Associated with Managing Complex Pregnancies

Independence Administrators' Maternity Management Incentive Program utilizes early intervention to detect potential complications throughout a plan member's pregnancy. Early intervention is key to improving the clinical outcomes for mother and baby. It also greatly reduces costs. Expectant mothers complete risk assessments, and if those assessments suggest possible complications, a dedicated obstetrics nurse will be connected to the mother. That nurse will provide support and help coordinate care with their doctor.

Early intervention to help manage costs

Your plan members:

- manage their pregnancy every step of the way;
- get dollars towards deductible reimbursements; and
- enroll with ease – for free.

The Maternity Management Incentive Program Includes:

- the Baby Beginnings Preconception Program — which offers wellness, nutrition, and lifestyle resources — can help you make wise health decisions before your health plan member becomes pregnant;
- the new My Healthy Baby mobile app to track personalized pregnancy milestones, reminders, daily tips, discovery of resources and more;
- preconception risk assessment and education;
- nutrition consultation with a registered dietitian;
- pregnancy test kit; and
- 24/7 access to highly experienced nurses through BabyLine®.

Baby Beginnings Program

Baby Beginnings is a maternity management program specifically designed to help a plan member successfully manage their health before, during, and after their baby is born. A well-managed pregnancy is the best way to help mom and baby get a healthy start to life together and help manage health care costs.

Deductible Reimbursement

After enrollment in the Baby Beginnings Program, an enrolled plan member's dollars contributed towards deductible for delivery-related expenses will be reimbursed after the program ends. The program's end date is six weeks after a plan member's baby is born. Reimbursements will not exceed the plan member's deductible amount.

Enrollment and Eligibility

Enrollment is easy and there is no charge. The information a health plan member provides is confidential and secure. When a health plan member calls Independence Administrators to notify of pregnancy, Independence

Administrators will provide the Baby Beginnings phone number for the plan member to dial and enroll.

- The plan member must call Independence Administrators prior to enrolling with Baby Beginnings.
- The plan member must see her doctor all three trimesters and postpartum follow-up.
- The plan member must engage before her third trimester of pregnancy.

Connect with your Independence Administrators representative or broker to find out more about how maternity management can help lower costs and improve health.

1 Express Way Saint Louis 63121-1824 MO

800-332-5455

CHECK NO. 7353003

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	R00007004483	10.29.19	REBATE 07-01-2019-07-31-2019_	9627.05	0.00	9627.0
				9627.05	0.00	9627.05

AA LLC
NOV 07 2019

EPSFNCKU02 (09/04)

WARNING: Original document has an artificial watermark on reverse side, microline printing on border, and a void pantograph. Please endorse check on back.

Express Scripts
St Louis MO 63121

PNC Bank, N.A. 070

56-389
412

CHECK NO. 7353003

DATE 10.29.19

AMOUNT $ ********9,627.05

PAY NINE THOUSAND SIX HUNDRED TWENTY SEVEN DOLLARS AND 5 CENTS ONLY

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
ATTN: MARK LYNNE
911 RIDGEBROOK ROAD
SPARKS MD US 21152

AUTHORIZED SIGNATURE

VOID VOID VOID

⑈07353003⑈ ⑆041203895⑆ -31-1647206?⑈

Express Scripts Inc.
1 Express Way Saint Louis 63121-1824 MO

118088 R00007004483 CHECK NO.
800-332-5455 7362004

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	R00007004483	11.28.19	REBATE 08-01-2019-08-31-2019_	14001.19	0.00	14001.19
				14001.19	0.00	14001.19

DEC 11 2019
AA LLC

EPSFNCKU02 (09/04)

WARNING: Original document has an artificial watermark on reverse side; microline printing on border; and a void pantograph. Please endorse check on back.

Express Scripts
St Louis MO 63121

PNC Bank, N.A. 070 56-389/412

CHECK NO. 7362004

DATE 11.29.19

AMOUNT $ *******14,001.19

VOID VOID VOID

PAY FOURTEEN THOUSAND ONE DOLLARS AND 19 CENTS ONLY

TO THE ORDER OF
CARPENTERS LOCAL 491 H&W FUND
ATTN: MARK LYNNE
911 RIDGEBROOK ROAD
SPARKS MD US 21152

Benjamin F Chestnut
AUTHORIZED SIGNATURE

⑈07362004⑈ ⑆041203895⑆ 4●●●647206 7⑈

Carpenters Local No. 491 Health and Welfare Fund

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

2018 Summary Annual Report For

CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND

This is a summary of the annual report for the CARPENTERS LOCAL NO. 491 HEALTH AND WELFARE FUND, (Employer Identification No. 52-1252611, Plan No. 501) for the period January 1, 2018, to December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtraction of the liabilities of the plan, was $9,718,627 as of December 31, 2018, compared to $9,594,416 as of January 1, 2018. During the plan year the plan experienced an increase in its net assets of $124,211. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of $5,561,332. This income included employer contributions of $4,573,559, employee contributions of $1,174,703, interest income of $2,585, dividends of $289,505, other income of 7,632 and depreciation on investments of $486,652.

Plan expenses were $5,437,121. These expenses included $404,968 in administrative expenses and $5,032,153 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;

2. Assets held for investment;

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

Associated Administrators, LLC (Administrative Manager)
911 Ridgebrook Road
Sparks, MD 21152-9541
52-1252611 (EIN – Medical Fund)
1-888-494-4443

The charge to cover copying costs will be $0.25 per page for any part thereof.

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

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

Associated Administrators, LLC (Administrative Manager)
911 Ridgebrook Road
Sparks, MD 21152-9451

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

The BOARD OF TRUSTEES

NAME: **SS#:**
REGARDING:

Carpenters' Local No. 491 Health and Welfare Plan

LOCAL: 491
STATUS: Full Time

ISSUE: Medical – Emergency Services #M19/118-8087

FUND RULE:
"Covered Medical Expenses include the following charges:
- Emergency illness and accident expense benefit: the usual, customary, and reasonable charges for facility expenses incurred as a result of an accident provided the expenses are incurred within 72 hours of the accident, for facility expenses incurred as a result of an emergency illness benefits are payable only if the expenses are incurred within 72 hours of the onset of the illness. The Plan does not require pre-authorization for emergency services, further, the Plan will not increase coinsurance or copayment requirements for out-of-network emergency services, for an illness, emergency care is defined as the sudden onset of a medical condition resulting in: (i) placing the patient's health in danger, (ii) causing other serious medical problems, (iii) causing serious impairment to bodily functions, or (iv) causing serious and permanent damage to any body part, if the patient arrives at the hospital unconscious or in acute pain, this will be considered an emergency, however, visits for colds, flu, childhood diseases and nausea would not be considered emergency care within the intent of the Plan and if a visit is not considered an emergency, it will be paid as a doctor office visit only..."
(Carpenters' Local No. 491 Health and Welfare Plan SPD, Pages 22-23)

SUMMARY:

Date(s) of Service:	July 4, 2019
Received:	July 22, 2019
Denied:	July 25, 2019
Appeal Received:	November 18, 2019

The **provider,** MedStar Good Samaritan Hospital, is appealing for payment of an emergency room claim for the participant's spouse that was denied. The provider states that the services were medically necessary.

Fund records indicate MedStar Good Samaritan Hospital submitted a claim for emergency room facility charges with the diagnosis "Unspecified acute conjunctivitis - right eye." Washington Hospital Center Physicians submitted a claim for emergency room physician charges with the same diagnosis, adding "Acute pharyngitis, and unspecified disorder of eye and adnexa." The emergency room physician charges were processed and paid, up to the limits of the Plan. The emergency room facility charges were denied because the visit was not considered emergency treatment within the extent of the Plan based on the diagnoses submitted.

Medical records received with the provider's appeal indicate the participant's spouse presented to the emergency room on Thursday, July 4, 2019 at 9:42 AM with a chief complaint of a sore throat since "last week," and eye irritation since "yesterday." It was noted that the participant's spouse was seen at Patient First for the sore throat and a rapid strep test was negative. The participant's spouse indicated that her sore throat was better, in general, but she still had some mild pain to the left side. The participant's spouse was evaluated, given a prescription for antibiotic eye drops, and subsequently discharged home at 10:58 AM. After review, the claim remained denied.

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

NAME: **SS#:**

Carpenters' Local No. 491 Health and Welfare Plan

LOCAL: 491
STATUS: Full Time

ISSUE: Medical – Emergency Services #M19/116-4002

FUND RULE:
"Covered Medical Expenses include the following charges:
- Emergency illness and accident expense benefit: the usual, customary, and reasonable charges for facility expenses incurred as a result of an accident provided the expenses are incurred within 72 hours of the accident, for facility expenses incurred as a result of an emergency illness benefits are payable only if the expenses are incurred within 72 hours of the onset of the illness. The Plan does not require pre-authorization for emergency services, further, the Plan will not increase coinsurance or copayment requirements for out-of-network emergency services, for an illness, emergency care is defined as the sudden onset of a medical condition resulting in: (i) placing the patient's health in danger, (ii) causing other serious medical problems, (iii) causing serious impairment to bodily functions, or (iv) causing serious and permanent damage to any body part, if the patient arrives at the hospital unconscious or in acute pain, this will be considered an emergency, however, visits for colds, flu, childhood diseases and nausea would not be considered emergency care within the intent of the Plan and if a visit is not considered an emergency, it will be paid as a doctor office visit only..."
(Carpenters' Local No. 491 Health and Welfare Plan SPD, Pages 22-23)

SUMMARY:

Date(s) of Service:	October 6, 2019
Received:	October 25, 2019
Denied:	October 25, 2019
Appeal Received:	November 15, 2019

The **participant** is appealing for payment of an emergency room claim that was denied.

Fund records indicate Franklin Square Hospital submitted a claim for emergency room facility charges with the diagnoses "Low back pain, and pain in right hip." Washington Hospital Center Physicians (Muns Weisman, DO) also submitted a claim for emergency room physician charges, and Advanced Radiology submitted claims for spine and hip x-rays, with the same diagnoses. The emergency room physician and x-ray charges were processed and paid, up to the limits of the Plan. The emergency room facility charges were denied because the visit was not considered emergency treatment within the extent of the Plan based on the diagnoses submitted.

The participant states in his appeal that he went to the emergency room on Sunday, October 6, 2019 because he was in excruciating pain which was so severe that it felt like his leg was "falling off" from his hip area. The participant further states that he didn't want to spend six hours in the emergency room but didn't know where else to go or what else to do.

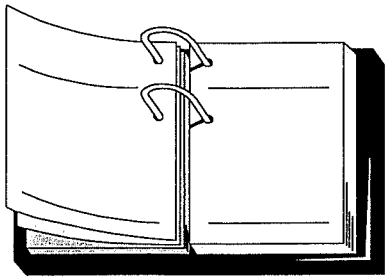
After the appeal was received, letters were mailed to the participant and Franklin Square Hospital on November 20, 2019 and December 6, 2019 requesting complete medical records for this visit. Medical records received on December 13, 2019 indicate the participant presented to the emergency room at 7:41 PM with a chief complaint of "right hip pain for five weeks." The participant was evaluated, an x-ray was performed, and he was subsequently discharged home at 11:23 PM with a prescription for Oxycodone and instructions to follow up with an orthopaedic physician.

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

CARPENTERS LOCAL NO. 491 VACATION BENEFIT
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2019

	July	August	September	Year To Date
Additions				
Employer Contributions	$ 101,384.55	$ 52,852.80	$ 62,778.24	$ 757,618.81
Interest Income	82.71	96.91	116.91	550.80
Total Additions	101,467.26	52,949.71	62,895.15	758,169.61
Deductions				
Audit Fees	-	-	-	-
Benefits Paid	-	-	(969.12)	(969.12)
Interest Paid	-	-	-	-
Legal Fees	-	-	-	-
Office Expenses	-	-	-	-
Postage	-	-	-	-
Printing	-	-	-	-
Bank Service Charges	-	-	-	-
Total Deductions	-	-	(969.12)	(969.12)
Net Increase (Decrease)	$ 101,467.26	$ 52,949.71	$ 63,864.27	$ 759,138.73
Fund Balance - December 31, 2018				217,593.28
Fund Balance - September 30, 2019				$ 976,732.01

Statement of Fund Balance - Cost Basis	
Cash - Bank of America - Vacation Payment	$ (19,728.42)
Cash - Madison Bank - Ultimate Checking	996,460.43
	$ 976,732.01



MEETING NOTES