Plumbers & Steamfitters Local 486
Medical Fund

Board of Trustees Meeting

October 11, 2016

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND

AGENDA
October 11, 2016

A. ROLL CALL - New Trustee

B. READING OF THE MINUTES – September 12, 2016

C. ADMINISTRATION REPORTS

1. Medical Fund Cash Balance - September 30, 2016
2. Medical Fund Schedules - September 30, 2016
3. Medical Fund Bills To Be Approved & Paid – October 11, 2016
4. Administrative Cash Balance - September 30, 2016
5. Principal Account Activity - September 30, 2016
6. Claims Analysis - September 30, 2016
7. Claimant Usage Report – September 30, 2016
8. High Cost Claims – September 30, 2016
9. Bolton Partners – Projected vs. Actual – September 30, 2016

D. UNFINISHED BUSINESS

1. Delinquent Contractors
2. Redefining Retirement
3. Summary Material Modification (SMM)
4. HMO Open Enrollment – 2017
5. MRI/Imaging Specialty Networks

E. NEW BUSINESS

1. Deaths: Dameon Rone – 9/9/2016, age 41
   Joseph Righter – 9/29/2016, age 28
2. Retirements: Dale Gatton – Disability, age 54
   Guido Palermo – Service, age 61
   Raymond Shortt – Normal, age 63
3. Disability: Donald Schoppert, age 48
4. Creditable Coverage Notice
5. Women's Health and Cancer Rights Act Notice
6. Appeal
7. Questions
8. Date of Next Meeting – November 21, 2016 at 2:00 p.m.
   December 12, 2016 at 11:00 a.m.
   January 9, 2017 at 2:00 p.m.

Plumbers & Steamfitters Local 486
Medical Fund

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Sparks, Maryland 21152-9451
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www.associated-admin.com

Trustees Attending: E. Eckstein, D. Fischer, A. George, J. Livingston, P. Matusky, S. Weissenberger, W. Welsh

Others: Attending: K. Bradley, D. Jensen, M. Lynne, J. Maygers, D. Troll, D. Welch

The Trustees met on September 12, 2016 at the office of the Administrative Manager.

Chairman Weissenberger called the regular meeting to order at 2:01 p.m.

A. The minutes of the meeting of July 11, 2016 were approved as presented.

B. The Advice Forms, Investment Analysis, Fund Cash Balance, Fund Bills to Be Approved and Paid, Administrative Cash Balance, Flex Spending & Claims Analysis and Medical Claims Usage reports were accepted. Trustees receiving compensation recused themselves from the votes related to their payments.

   Mr. Lynne reviewed his Projected vs. Actual Results for the eight months ended August 31, 2016.

C. Unfinished Business

   1. Ms. Bradley reported on the current delinquencies, including LPC, South Mountain and Stone Services.

   2. The Trustees agreed to keep Redefining Retirement on the agenda.

   3. The Summary of Material Modification (SMM) regarding Eligibility For Retired Employees which was intended to modify the provisions found on page 6 of the SPD, was revisited and found to be in error. After discussion, the Trustees agreed that the reference to participation in the U.A. Local 782 Health Plan in the SMM is to be deleted. The SMM will be revised and distributed as revised.

4. The Trustees discussed what HMOs will be offered. Open Enrollment will be in October and November, 2016.

   Requests for competitive bids were sent to CareFirst, United Healthcare (UHC), Kaiser, Evergreen and CIGNA, in addition to Aetna. Aetna and Kaiser were the only carriers willing to quote as an option to the self-insured plan. Mr. Lynne distributed and explained his executive summary detailing the results of the HMO bid request responses. Aetna's renewal is at a 13.4% increase; Kaiser's renewal is at a 3.8% rate increase. Mr. Lynne is working to get the quotes reduced.

   The Trustees approved a motion (7-0) to offer, in addition to the self-insured plan, two HMO options, the Aetna HMO (single $421.68/ family $1,294.58) and the Kaiser improved benefit plan HMO (single $372.43/family $1,143.37), subject to any reductions.

5. At the request of Trustee Weissenberger, Mr. Lynne discussed an article entitled "A Baker's Dozen of Practical Ways to Reduce Medical Claims Costs" published in the International Foundation Benefits Magazine. Items 5, 6, 10, 11 and 12 of the article were discussed. The five topics Mr. Lynne addressed are:
   - Dependent Eligibility Audit
   - Coordination of Benefit – Prescription Drugs
   - Durable Medical Equipment Limitations
   - Divorce Checks Through Public Records
   - MRI/Imaging Specialty Networks

   The Trustees voted to have Bolton Partners perform a Dependent Eligibility Audit. The Trustees voted to authorize AALLC to share COB data with prescription drug vendors. The Trustees tabled discussions on MRI/Imaging Specialty Networks until a later date.

D. New Business

1. Deaths: Martha Spence – 5/13/2016, age 89
   Betty Woodall – 6/30/2016, age 67
   Madlyn Gourley – 7/16/2016, age 91
   Justin Smith – 7/22/2016, age 30
   Frank Engler – 7/25/2016, age 72
   Kenneth Johnson – 7/30/2016, age 77

Foster Wright – 8/10/2016, age 88
Floyd Ashburn – 8/13/2016, age 84
Carroll Warner – 8/24/2016, age 84

2. The Trustees approved the Retirement Status for:
   Richard Goodman – age 67, Not Eligible
   Joseph Hanbruch – age 58, Not Eligible
   Thomas Hendricks, age 62, Not Eligible
   Stephen Lowe Sr, - age 61
   David Pusey – age 61, Not Eligible
   Ronald Riley – age 62, Note Eligible
   Craig Silver – age 60
   Robert Spalding – age 64

3. The Trustees approved the Survivor Status for:
   Gail Bailey
   Linda Gizinski

4. Appeal 201609-1 The provider is appealing denial of coverage of Cyanocobatamine (B12). The participant's spouse states, "I have Crohn's Disease and due to that I am unable to absorb B12 from food or pills. My doctors have recommended that I take B12 injections weekly. I feel since this cannot be taken over the counter it should be covered."

   Medical records, received with the appeal, were sent to Conifer Health for review. Conifer Health advised the Fund office on August 15, 2016, that the injectable medication of Cyanocobatamine in the patient's home meets medical necessity criteria and is approved. The Trustees voted to approve the appeal.

5. Mr. Maygers distributed and reviewed with the Trustees the annual audited financial statements of the Medical Fund for the year ended December 31, 2015, along with internal control and management communication letters to the Trustees, formerly designated as SAS 114 and SAS 115. The audit was issued with an unmodified opinion, which is the highest level of assurance that can be rendered.

6. Mr. Maygers presented a proposed letter of understanding for the annual audit of the Medical Fund for each of the three years ending December 31, 2016, 2017 and 2017. The estimated fee for the audits is $17,500 for 2016,

$18,000 for 2017 and $18,000 for 2018. The Trustees approved a motion (mua) to accept the three year proposal.

7. Mr. Jensen discussed the Transitional Reinsurance reporting. The Trustees agreed to split the payment, 4/5th due in January 2017 and 1/5th due in November 2017 and to use the Snap Shot method to determine the participation count, the new rate for the third year reporting will be $27.00 per person.

8. The Trustees reviewed a memo to Third Party Administrators, from the Maryland Department of Health and Mental Hygiene, requesting the cooperation in conducting an automated eligibility data matches between the Fund's complete eligibility files. The Trustees noted that the request was not directed to the Plumbers and Steamfitters Local 486 Medical Fund. Therefore, no action is necessary at this time.

9. Mr. Troll reviewed with the Trustees the difference between the Initial Eligibility Requirements for medical benefits between the employee classification of Helper, which is a new classification created by the recently-negotiated Collective Bargaining Agreement, and the First Year Apprentice. The Trustees discussed that Initial Eligibility for a Helper is 1,000 hours and Initial Eligibility for a First Year Apprentice is 250 hours.

10. The Trustees reviewed a case where a Service Pensioner, later approved for a monthly Social Security Disability benefit, be refunded over paid self payments. The Trustees approved the refund of the over payment in accordance with their policy on requests for reimbursement of overpayments.

11. The Trustees reviewed a case where a Pensioner, later approved for Medicare, be refunded over paid self payments. The Trustees approved the refund of over payment in accordance with their policy on requests for reimbursement of overpayments.

12. Date of the next meetings:
    October 11, 2016 at 1:00 p.m.
    November 21, 2016 at 2:00 p.m.
    December 12, 2016 at 11:00 a.m.

13. Adjournment: 5:08p.m.

Respectfully submitted,

Dale O. Troll, CEBS
Acting Secretary for the Meeting

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2016

		Current Month	2016 Year To Date	2015 Year To Date
	Receipts:			
	Employer Contributions	$1,456,678.53	$14,205,252.93	$12,829,190
	Less Reciprocals Paid Out	0.00	(773,001.76)	(201,188)
	Reciprocal Contributions	87,931.28	464,228.50	732,466
	Employee Contributions	3,939.34	17,768.67	44,927
	Retiree Self Payments	110,449.36	1,064,961.07	1,089,406
	COBRA Contributions	0.00	8,962.70	18,969
	Investment Income	0.00	385,197.79	366,323
	Realized Gains & Losses	0.00	(266,381.54)	(152,386)
	Interest & Liquidated Damages Revenue	0.00	0.00	0
	Medicare Part D Subsidy	0.00	0.00	0
	ERRP Subsidy	0.00	0.00	0
	Subrogation Proceeds	0.00	0.00	0
	Litigation Settlement Proceeds	0.00	0.00	0
		$1,658,998.51	$15,106,988.36	$14,727,707
Providers	**Disbursements:**			
	Medical Benefits	$481,311.76	$4,533,740.56	$4,424,750
	Transitional Reinsurrance Fees	$0.00	$49,071.00	$108,344
CareFirst BC/BS	Flexlink Fees	$7,131.98	$54,893.43	$38,347
Aetna	H. M. O.	415,894.91	3,715,866.17	3,557,281
Aetna	H. M. O. Rebate	(133,062.19)	(133,062.19)	(72,396)
Labor First	Labor First	200,765.74	1,799,798.28	1,786,947
OptumRx	Prescription Drugs	300,866.34	1,954,080.66	1,870,202
The Dental Network	Dental P. P. O.	5,668.20	50,574.76	47,741
NCAS	P. P. O.	3,851.52	38,236.21	37,196
Conifer	Utilization Reviews	1,742.00	24,421.64	36,108
Conifer	Health Management Fees	8,251.00	44,761.00	64,680
ASMED	Claims Repricing	1,037.93	39,965.47	35,169
		1,293,459.19	12,172,346.99	11,934,369
	Actuarial & Consulting	0.00	0.00	0
AA, LLC	Administration	23,594.97	207,204.24	206,754
WCS, CPA	Audit	0.00	14,976.55	13,230
	Audit - Hospital Admissions	0.00	0.00	0
IFEBP	Conference Expenses	(50.00)	10,896.07	15,737
NCCMP	Dues	0.00	875.00	1,485
Federal Ins. Co.	Fiduciary Liability Insurance	0.00	15,893.87	12,113
Zurich North America	Fidelity Bond	0.00	0.00	0
	HIPAA Compliance Fees	0.00	0.00	0
PNC/Chart/Columbia	Investment Manager Fees	0.00	41,374.31	32,981
IPS	Investment Performance Fees	0.00	18,750.00	14,063
US Treasury	I.R.S. Filing Fees	0.00	0.00	0
Abato, R & A	Legal Fees & Expenses	0.00	12,469.85	16,039
	Medical Consulting Fees	0.00	0.00	0
AA, LLC	Meeting Expenses	600.00	600.00	569
AA, LLC	Office Expenses	11.30	1,039.86	494
AA, LLC	Postage	679.63	2,733.80	1,049
Dept of Treasury	PCORI Fees	0.00	4,576.53	3,507
Schmitz Press	Printing Expenses	185.50	2,113.35	5,242
	Programming Expenses	0.00	0.00	498
Recip. Admin. Svcs.	UA Reciprocity Program	0.00	712.50	713
PNC & BoA	Bank Charges	178.40	1,609.44	1,630
	Trustee Fees - Eric Eckstein	450.00	3,600.00	4,388
	Anthony George	450.00	3,600.00	4,050
	Patricia Matusky	450.00	2,700.00	2,700
		26,549.80	345,725.37	337,242.00
	Total Disbursements	$1,320,008.99	$12,518,072.36	$12,271,611.00
	Increase (Decrease) In Cash	$338,989.52	$2,588,916.00	$2,456,096
	Balance - December 31, 2015		16,757,359.17	
	Balance - September 30, 2016		$19,346,275.17	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$722,446.68	
	Cash - Principal Cash Account		1,365,078.29	
	PNC Bank - Marketable Securities At Cost		17,258,750.20	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$19,346,275.17	

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
SCHEDULES
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2016

Investment Income:

Dividend Income	$0.00	$0.00
Interest Income	0.00	$385,197.79
	$0.00	$385,197.79
Realized Gains	0.00	(266,381.54)
	$0.00	$118,816.25

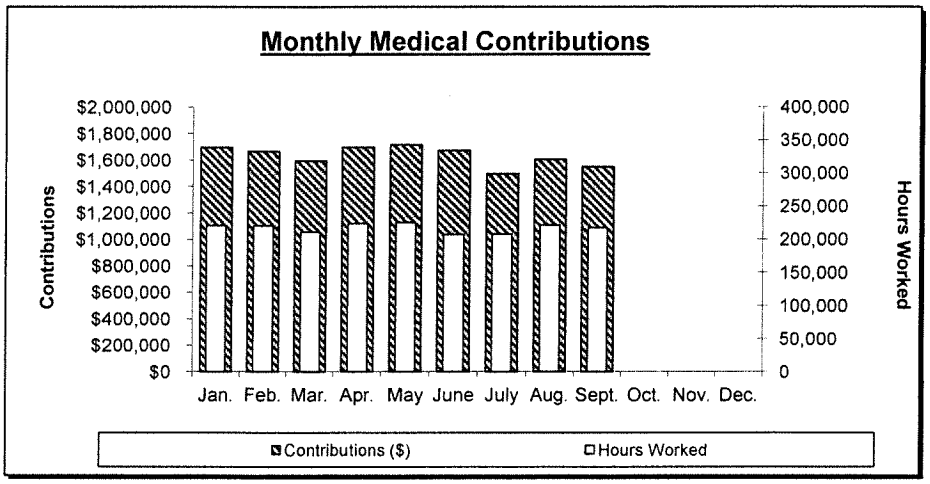
Market Value of Fund as of December 31, 2015	**$ 16,141,375.38**
Market Value of Fund as of **Aug 31, 2016**	19,212,516.83
Increase (Decrease) in Market Value of Fund	**3,071,141.45**
Less Net Income (Loss) on Cash Basis	2,588,916.00
Unrealized Gain or (Loss)	**$ 482,225.45**

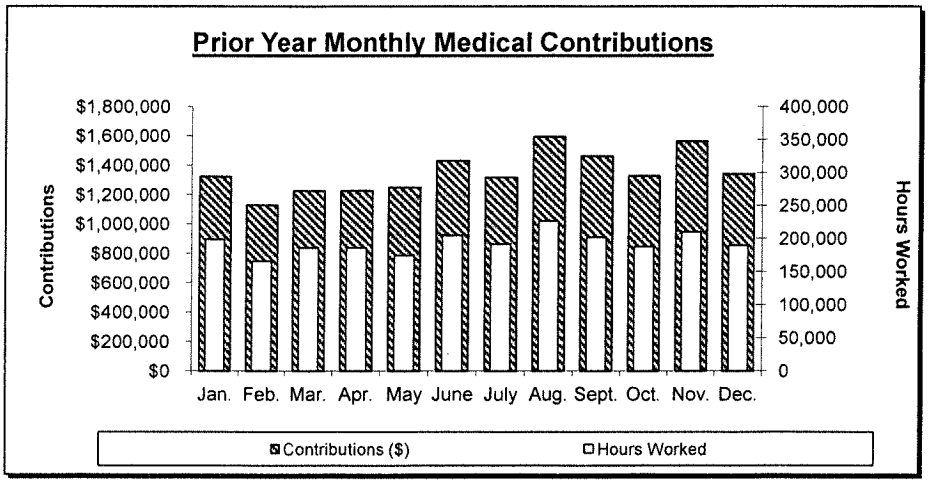
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 16,700,152.13**
(B) Monthly Average (A) ÷ 12	**1,391,679.34**
(C) Adjust for 9% Inflation (B) x 1.09	**1,516,930.48**
(D) Current Assets at Cost	19,346,275.17
Total Months Reserve (D) ÷ (C)	**12.75**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
SCHEDULES
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2016

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2015 & Prior	0.00	27,514.94	$0.00	$191,003.32
Dec. 2015 Hours	0.00	220,033.05	$0.00	$1,694,262.93
Jan. 2016 Hours	0.00	211,276.32	$0.00	$1,597,693.27
Feb. 2016 Hours	0.00	217,385.44	$0.00	$1,648,354.43
Mar. 2016 Hours	0.00	252,775.14	$0.00	$1,882,039.53
Apr. 2016 Hours	595.76	210,667.89	$3,240.93	$1,650,709.24
May 2016 Hours	952.50	200,425.50	$7,110.94	$1,597,660.61
June 2016 Hours	1,832.49	208,603.09	$6,027.80	$1,488,480.65
July 2016 Hours	17,927.11	211,821.94	$113,838.72	$1,518,715.36
Aug. 2016 Hours	196,440.30	196,440.30	$1,418,330.76	$1,418,330.76
	217,748.16	1,956,943.61	$1,548,549.15	$14,687,250.10
Average Hours Per Month		217,438.18		
Projected Hours This Year		2,609,258.16		
Average Contribution Rates			$7.11165	$7.50520
Average Contributions Per Month				$1,631,916.68
Projected Contributions This Year				$19,583,000.16





PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
October 11, 2016

1.	Plumbers & Steamfitters Joint Funds			
	Administration @ 54% Plus Direct Costs - September 30, 2016			$24,594.46
2.	Trustees Fee Checks - Trustees Meeting - September 12, 2016			
	Eric Eckstein @ $450.00			450.00
	Anthony George @ $450.00			450.00
	Patricia Matusky @ $450.00			450.00
3.	Plumbers & Steamfitters Local 486 Medical Fund			
	Transfer To PNC For Investment & Expenses - October 31, 2016			Blank
4.	Associated Administrators, LLC			
	Mailing - December 2015 - ACA Reporting			55.86
5.	Aetna			
	Monthly Premium - October 2016	394	Families	404,350.52
6.	NCAS			
	BC/BS Network Management - October 2016	853	Families	4,026.16
7.	The Dental Network			
	Monthly Premium - October 2016	199	Families	5,611.80
8.	laborfirst			
	Monthly Premium - October 2016	575	Bodies	198,298.14
9.	Kaiser Permanente			
	Monthly Premium - October 2016	18	Families	12,404.84
10.	Conifer Value-Based Care, LLC			
	October 2016 Data Warehouse Reporting @ $1.00 PEPM			Blank
	October 2016 Medical Management - Utilization Review @$2.00			Blank
	September 2016 Medical Management Services - MRIOA - Adjustment			Blank
	September Medical Services - Medical Management			Blank
	September Case Mangmt. - Personal Health Mangmt. @$135.00			Blank
				0.00
11.	Schmitz Press			
	Postage HMO Notice - Oct 2016			679.63
12.	Conference Expenses			
	W. Welsh - Advance - November 2016			600.00
13.	Investment Performance Services, LLC			
	Advisory Fees - July, August & September, 2016			6,250.00
14.	Weyrich, Cronin & Sorra, LLC			
	Progress Billing Related To Audit - Dec. 31, 2015			2,607.50
15.	ACA Transitional Reinsurance Program Annual Enrollment			
	2015 Payment			16,357.00

Accounting for July 2016 Checks

Plumbers & Steamfitters Local 486 Medical Fund		
Transfer To PNC For Investment & Expenses - September 30, 2016		1,123,000.00
Associated Administrators, LLC		
Refreshments - August 31, 2016		11.30
Conifer Value-Based Care, LLC		
September 2016 Data Warehouse Reporting @ $1.00 PEPM		871.00
September 2016 Medical Management - Utilization Review @$2.00		1,742.00
August 2016 Medical Management Services - MRIOA - Adjustment		0.00
August Medical Services - Medical Management		351.00
August Case Mangmt. - Personal Health Mangmt. @$135.00		7,029.00
		9,993.00

PLUMBERS & STEAMFITTERS LOCAL 486
M.C.A. of MD JOINT ADMINISTRATION
ADMINISTRATION CASH REPORT
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2016

		Y T D Budget	Current Month	Year To Date	
Balance - January 1, 2016					$24,595.96
Receipts:					
Medical Fund	- 54%	$217,866	23,594.97	$203,812.17	
Pension Fund	- 19%	88,381	9,948.78	84,565.89	
Annuity Fund	- 20%	84,927	9,562.26	81,565.63	
Credit Union	- 1%	4,046	446.81	4,004.95	
Training Fund	- 4%	16,186	1,787.25	16,019.80	
Dues Fund	- 1%	4,046	446.81	4,004.95	
Industry Fund	- 1%	4,046	446.82	4,004.94	
		$419,498	$46,234		397,978.33
					$422,574.29
Expenses:					
Administration		$390,474	43,386.00	$390,474.00	
Audit		2,775	0.00	3,350.00	
Meeting Expenses		0	0.00	0.00	
Office		0	0.00	0.00	
Printing		2,325	0.00	469.37	
Postage		1,125	27.61	1,570.14	
Postage - Medical		9,900	602.49	5,269.32	
Rent		0	0.00	0.00	
Bank Service Charges		900	0.00	545.68	
Record Destruction		0	0.00	0.00	
Employer Audits		12,000	5,225.00	8,144.00	
Total Expenses		$419,499	$49,241.10	$409,822.51	
Interest Income		0	0.00	0.00	
Net Expenses		$419,499	$49,241.10		409,822.51
Balance - September 30, 2016					$12,751.78

UNAUDITED FINANCIAL REPORT

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
SEPTEMBER 31, 2016

Balance - August 31, 2016	$0.00

No Activity Reported

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CLAIMS ANALYSIS REPORT
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2016

CLAIMS ANALYSIS

Description	Current Month	2016 - Year To Date $	%	2015 Year To Date	2015	%
Hospital	$55,783.59	$984,200.77	21.97%	$1,033,987.56	$1,378,650.08	23.30%
Out-patient Hosp.	79,936.34	700,846.83	15.65%	711,220.26	948,293.68	16.03%
Medicare	0.00	953.14	0.02%	6,473.99	8,631.98	0.15%
Lab & X-ray	61,027.47	498,336.87	11.13%	525,545.86	700,727.81	11.84%
Office Visit	75,023.50	529,697.78	11.83%	516,851.30	689,135.07	11.65%
Surgery	42,584.82	397,507.11	8.87%	433,353.02	577,804.02	9.77%
Alcohol Abuse	692.53	21,702.37	0.48%	16,378.66	21,838.21	0.37%
Drug Abuse	1,126.19	196,045.81	4.38%	179,324.51	239,099.34	4.04%
Mental & Nervous	16,801.57	141,932.14	3.17%	123,440.66	164,587.55	2.78%
Flex	0.00	0.00	0.00%	0.00	0.00	0.00%
Dental	35,218.00	339,675.19	7.58%	338,398.96	451,198.61	7.63%
Major Medical	28,651.82	280,749.48	6.27%	175,454.87	233,939.82	3.95%
Sudden & Serious	45,827.22	245,131.68	5.47%	259,359.96	345,813.28	5.84%
Accident	8,185.81	27,837.82	0.62%	22,544.99	30,059.98	0.51%
Immunizations	7,060.06	51,121.79	1.14%	55,875.41	74,500.54	1.26%
Catastrophic RX Reimb.	0.00	968.50	0.02%	382.13	509.50	0.01%
Loss Of Time	3,367.94	62,605.69	1.40%	39,082.06	52,109.41	0.88%
	$461,286.86	$4,479,312.97	100.00%	$4,437,674.20	$5,916,898.88	100.00%

RETIREES

09:57:23 Oct 03 2016 C L A I M A N T U S A G E R E P O R T PAGE - 33

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range	# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS		0.0000		0.0000	1.0000		0.00		0.00	0.00%
50000.00 TO 99999.99	3	0.0077	154754.92	0.2495	1.0000	75	51584.97	2	77377.46	0.72%
20000.00 TO 49999.99	8	0.0207	169478.91	0.2733	0.7504	192	21184.86	5	33895.78	1.80%
15000.00 TO 19999.99	4	0.0103	36591.34	0.0590	0.4771	60	9147.84	2	18295.67	0.72%
10000.00 TO 14999.99	5	0.0129	35602.94	0.0574	0.4181	125	7120.59	3	11867.65	1.08%
5000.00 TO 9999.99	15	0.0388	65463.19	0.1055	0.3607	364	4364.21	9	7273.69	3.24%
2500.00 TO 4999.99	31	0.0803	58779.66	0.0947	0.2551	437	1896.12	16	3673.73	5.77%
1000.00 TO 2499.99	44	0.1139	44321.71	0.0714	0.1603	352	1007.31	28	1582.92	10.10%
500.00 TO 999.99	54	0.1398	23936.50	0.0386	0.0888	196	443.27	35	683.90	12.63%
10.00 TO 499.99	189	0.4896	31186.59	0.0502	0.0502	420	165.01	145	215.08	52.34%
0.00 TO 9.99	33	0.0854	0.00	0.0000	0.0000	117	0.00	32	0.00	11.55%
	386		620115.76			2338	1606.52	277	2238.69	100.00%
UNDER 0.00							0.00		0.00	0.00%
	386		620115.76			2338	1606.52	277	2238.69	100.00%

13

TOTAL

09:58:08 Oct 03 2016 C L A I M A N T U S A G E R E P O R T PAGE - 152

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range	# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS	6	0.0024	253371.68	0.0539	1.0000	264	42228.61	2	126685.84	0.16%
50000.00 TO 99999.99	34	0.0140	1185022.80	0.2521	0.9460	1122	34853.61	16	74063.93	1.31%
20000.00 TO 49999.99	79	0.0325	1043518.76	0.2220	0.6939	1794	13209.10	34	30691.73	2.78%
15000.00 TO 19999.99	75	0.0309	420581.00	0.0894	0.4718	1339	5607.75	24	17524.21	1.96%
10000.00 TO 14999.99	72	0.0296	296889.55	0.0631	0.3823	1226	4123.47	24	12370.40	1.96%
5000.00 TO 9999.99	236	0.0972	539951.30	0.1149	0.3191	2784	2287.93	78	6922.45	6.39%
2500.00 TO 4999.99	304	0.1252	408119.90	0.0868	0.2042	3460	1342.50	113	3611.68	9.26%
1000.00 TO 2499.99	509	0.2097	348295.97	0.0741	0.1174	3404	684.27	214	1627.55	17.54%
500.00 TO 999.99	322	0.1326	113789.56	0.0242	0.0433	1226	353.38	161	706.77	13.19%
10.00 TO 499.99	654	0.2694	89744.02	0.0190	0.0190	1581	137.22	427	210.17	35.00%
0.00 TO 9.99	136	0.0560	3.09	0.0000	0.0000	444	0.02	127	0.02	10.40%
	2427		4699287.63			18644	1936.25	1220	3851.88	100.00%
UNDER 0.00							0.00		0.00	0.00%
	2427		4699287.63			18644	1936.25	1220	3851.88	100.00%

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
HIGH COST MEDICAL CLAIMS
October 11, 2016
CLAIMS PROCESSED FROM SEPTEMBER 1, 2016 TO SEPTEMBER 30, 2016

DIAGNOSIS		AMOUNT
ATHEROSCLEROSIS		$38,446.98
LYMPHOMA		31,951.18
CELLULITIS		24,992.37
DIVERTICULITIS		19,565.31
KNEE REPLACEMENT		18,509.78
VAGINAL DELIVERY/ GESTATIONAL DIABETES		15,063.56
ORCHITIS		14,793.71
SCHIZOPHRENIA		10,741.89
GASTROENTERITIS		7,803.72
INTESTINAL OBSTRUCTION		7,446.82
TACHYCARDIA		7,148.52
CROHN'S DISEASE		6,107.90
SPONDYLOSIS		5,928.34
GASTROENTERITIS		5,616.61
LIVER CANCER		5,209.05
SKIN CANCER		5,060.36
	Total	**$224,386.10**

PLUMBERS & STEAMFITTERS LOCAL486 MEDICAL FUND
ELIGIBILITY REPORT

	Oct 1, 2016			Jul 1, 2016			Apr 1, 2016			Jan 1, 2016		
	BB	Mbrs		BB	Mbrs		BB	Mbrs		BB	Mbrs	
486AP 1st Year Apprentices	49	45		47	38		43	32		36	27	
486HMO HMO's	1,246	398		1,248	398		1,255	399		1,262	399	
486MCR Retired Medicare Retirees	510	331		515	333		511	333		508	331	
486MCR Survivor Medicare Survivors	76	76		80	80		82	82		90	90	
486ME Self Insured	1,938	824		1,898	785		1,905	786		1,906	784	
486PNRP Pensioner not on Medicare	125	50		132	52		133	51		128	48	
486SURP Survivors not on Medicare	7	5		7	5		5	2		7	4	
486TM Helpers	20	20		14	14		15	15		17	17	
Total	3,971	1,749		3,941	1,705		3,949	1,878		3,954	1,700	
Self Insured	2,139	944	54%	2,098	894	52%	2,101	886	52%	2,094	880	52%
HMO's	1,246	398	23%	1,248	398	23%	1,255	399	23%	1,262	399	23%
Labor First	586	407	23%	595	413	24%	593	415	24%	598	421	25%
Total	3,971	1,749	100%	3,941	1,705	99%	3,949	1,700	99%	3,954	1,700	100%

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
DELINQUENT CONTRACTORS
AS OF SEPTEMBER 30, 2016

Delinquent Contractors:	Work Month	Amount	Date Received
1. BBR Mechanical Services	Aug-16		
2. Capitol Refrigeration Inc	Aug-16		
3. Excel Mechanical Contractors	Aug-16		
4. James P. Kruger & Associates	Aug-16		
5. M&E Sales, Inc.	Nov-15		Agreement
6. Pepco Government Services	Aug-16		
7. South Mountain Mechanical	Jun-16		
South Mountain Mechanical	Jul-16		
South Mountain Mechanical	Aug-16		
8. Statewide Mechanical	Jul-16		
Statewide Mechanical	Aug-16		
9. Stone Services, Inc.	May-15		Agreement
Stone Services, Inc.	May-16		
Stone Services, Inc.	Jun-16		
Stone Services, Inc.	Jul-16		
Stone Services, Inc.	Aug-16		
10. Triad Mechanical Services	Aug-16		

Plumbers & Steamfitters Local 486
Medical Fund

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

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

Dale L. Gatton, Jr. ____
Name (First, Middle initial, Last) **Social Security Number**

8001 Long Hill Road Pasadena Maryland 21122
Address **City** **State** **Zip Code**

05/31/1962 410-255-2795 ____
Date of Birth (mm/dd/yyyy) **Phone Number** **Date of Initiation (mm/dd/yyyy)**

Marital Status: ☑ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

Date of Marriage May 11, 1985

Coverage Desired: ☐ Individual ☐ Parent-Child ☐ Family ☑ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)
Spouse	Susan K. Gatton		02/28/1965

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name
N/A			

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the 30 day of June 2013

Dale L Gatton Jr 8/8/2016
Signature Date

M/C A 4/1/15
M/C B 8/1/16

For Office Use Only – Please Do Not Write in Spaces Below

Retirement Effective Date: 9/1/2016 Type of Retirement: DISB Age: 54 + 33 3/4 = 87 3/4

Approved for Retirement Status: ☐ Normal ☒ Disability Eff 10/1/2016 MCR AET = 49158 111.03

Chiarman _____ Date _____ 60261

AUG 10 2016

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Plumbers & Steamfitters Local 486
Medical Fund

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

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

GUIDO R. PALERMO
Name (First, Middle initial, Last)

3440 WINTER MOSS CT. ABINGDON MD. 21009
Address City State Zip Code

09-16-1955 410-245-5989 03-09-1976
Date of Birth (mm/dd/yyyy) Phone Number Date of Initiation (mm/dd/yyyy)

Marital Status: ☑ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

Date of Marriage 10-31-1975

Coverage Desired: ☐ Individual ☐ Parent-Child ☐ Family ☑ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)
WIFE	DONNA. A. PALERMO		10-18-1956

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the 1ST day of OCTOBER 20 16.

Guido R. Palermo 7-22-16
Signature Date

For Office Use Only – Please Do Not Write in Spaces Below

Retirement Effective Date: 10/1/2016 Type of Retirement: SERVICE Age: 61 + 41 = 102

Approved for Retirement Status: ☑ Normal ☐ Disability

368.68
368.68
737.36

Chiarman _____ Date _____

Plumbers & Steamfitters Local 486
Medical Fund

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

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

Raymond R Shortt — Name (First, Middle initial, Last)

___ - ___ - ____ — Social Security Number

30 Shirley Lane — Address
Littlestown — City
PA — State
17340 — Zip Code

02-31-1953 — Date of Birth (mm/dd/yyyy)
443 240-3081 — Phone Number
05-13-1980 — Date of Initiation (mm/dd/yyyy)

Marital Status: ☒ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

Date of Marriage 02-26-1975

Coverage Desired: ☐ Individual ☐ Parent-Child ☐ Family ☒ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)
wife	Joan Shortt		11-16-1955

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the 01 day of ~~August~~ September 2016.

Raymond R Shortt — Signature
06-08-16 — Date

For Office Use Only – Please Do Not Write in Spaces Below

Retirement Effective Date: 10/1/2016 — Type of Retirement: Norm — Age: 63+37 3/4 = 100 3/4

Approved for Retirement Status: ☒ Normal ☐ Disability

368.68
368.68
737.36

Chiarman _____ Date _____

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND

911Ridgebrook Road
Sparks, Maryland 21152

APPLICATION FOR DISABILITY RETIREMENT STATUS

NAME Donald (First) Wesley (Middle) SchoppeiT (Last)

ADDRESS 1315 ARTISTS LN CITY & STATE BeL AIR MD

ZIP CODE 21015 SOCIAL SECURITY NO. [redacted]

PHONE 443-931-9301 DATE OF BIRTH 5 (Month) 18 (Day) 68 (Year)

INITIATION DATE 6 (Month) 1 (Day) 2000 (Year)

DEPENDENTS Joshua Lee SchoppeiT DATE OF BIRTH 12-19-1999

I CERTIFY THAT the above persons listed as dependents are my wife and/or my minor children (not yet age 19) and that I have been disabled from active employment under Plumbers & Steamfitters Local 486 since the 20TH day of March 2015.

Date 9-9-16 Donald Wesley Schoppeit
(Signature of Applicant)

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN SPACES BELOW

Retirement Eff. Date _____ Type of Retirement SS Disability Age 48

This Year's Hours		Last Year's Hours	
Current Quarter		Current Quarter	
1st Prev. Quarter		1st Prev. Quarter	
2nd Prev. Quarter		2nd Prev. Quarter	
3rd Prev. Quarter		3rd Prev. Quarter	

Type of coverage at Retirement SS Disa 15 3/4 Pension Credits

Approved for Disabled Employee Status

Chairman _____ Date _____

Plumbers & Steamfitters Local 486
Medical Fund

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

September 2016

Notice of Creditable Coverage Regarding Your Prescription Drug Benefit

The following Notice of Creditable Coverage applies to all Medicare-eligible participants, retirees, and/or dependent spouses.

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the Plumbers & Steamfitters Local 486 Medical Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The Plumbers & Steamfitters Local 486 Medical Fund has determined that the prescription drug coverage offered by the Fund is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can I Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To My Current Coverage If I Decide to Join A Medicare Drug Plan?
If you choose to go ahead and enroll in Medicare Part D at this time, your coverage through this Fund will be coordinated with Medicare Part D according to the Medicare coordination of benefit rules. Generally, if you are an active employee or the dependent of an active employee, your coverage through this Fund will be primary and Medicare will be secondary. In addition, your coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription

drug benefits if you choose to enroll in a Medicare prescription drug plan. Each individual is different, but in most cases it will not be cost effective to enroll in Medicare Part D while you have Fund coverage. However, the decision to enroll is yours alone. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

When Will I Pay A Higher Premium (Penalty) to Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

How Can I Get More Information?
Contact the Fund office for further information at (888) 494-4443. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Fund changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September, 2016
Name of Entity/Sender:	Plumbers & Steamfitters Local 486 Medical Fund
Contact--Position/Office:	Administrative Manager
Address:	911 Ridgebrook Road, Sparks, MD 21152-9451
Phone Number:	(888) 494-4443

Plumbers & Steamfitters Local 486
Medical Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

September 2016

Dear Participant:

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

NAME: **SS#:**
REGARDING:

Plumbers & Steamfitters Local 486 Medical Fund

LOCAL: 486
STATUS: Full Time

ISSUE: Eligibility - Dependent Coverage #E16/128-2666

FUND RULE:
"DEPENDENTS
For your dependents to be eligible for coverage under the Plan, you must be an eligible employee. Coverage for your eligible dependents begins on the latest of:
• the effective date of the Plan;
• the date your coverage becomes effective; or
• the date you acquire the dependent.

...You must notify the Board of Trustees within 30 days from the date you acquire a new dependent. You may obtain the proper forms from the Administrator."
(Plumbers and Steamfitters Local 486 Medical Plan SPD, Page 4)

"Proof of Dependency
In cases where eligibility of a dependent cannot be determined by the Plan Administrator through standard enrollment procedures, you may be required to furnish additional proof of dependent status. Some examples of acceptable evidence are the following:
• a certified copy of the birth certificate;
• a certified copy of adoption papers;
• for incapacitated unmarried children age 26 or over, a statement by the dependent's physician certifying incapacity;
• marriage certificate."
(Plumbers and Steamfitters Local 486 Medical Plan SPD, Page 6)

"A COPY OF YOUR MARRIAGE LICENSE AND/OR DEPENDENT'S BIRTH CERTIFICATE MUST BE INCLUDED WITH THIS APPLICATION"
(Quoted from the Plumbers and Steamfitters Local 486 Enrollment form)

SUMMARY: Appeal Received: September 15, 2016

The **participant** is appealing for retroactive dependent coverage for his son (DOB: 09/14/2015) (to be effective September 14, 2015). The participant states, "For the past six months I have tried tirelessly to resolve outstanding bills for services provided to my son from the time of his birth through May of 2016."

Fund records indicate a completed enrollment form was received for the participant's son on May 25, 2016. A copy of the birth certificate was not received with the enrollment form; consequently, a letter requesting the birth certificate was mailed to the participant that same day. The participant advised by phone on June 6, 2016 that he did not have a copy of his son's birth certificate. When a copy of the birth certificate was received on July 19, 2016, the participant's son was set up for coverage effective May 1, 2016.

(continued)

After the appeal was received, it was determined that claims for the participant's son were not received by the Fund office. The Fund office contacted GBMC Physicians and obtained copies of the claims for processing. The claims were entered and denied for untimely filing, and for no coverage on the date of service.

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