Plumbers & Steamfitters Local 486
Medical Fund

Board of Trustees Meeting

April 10, 2017

XPLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND

AGENDA

APRIL 10, 2017

A. ROLL CALL

B. READING OF THE MINUTES: March 13, 2017

C. ADMINISTRATION REPORTS

1. Medical Fund Balance Report – March 31, 2017
2. Medical Fund Schedules – March 31, 2017
3. Medical Fund Bills To Be Approved & Paid – April 10, 2017
4. Administrative Cash Balance – March 31, 2017
5. Principal Account Activity – March 31, 2017
6. Claims Analysis – March 31, 2017
7. Claims Usage Report – March 31, 2017
8. High Cost Medical Claims – March 2017
9. Bolton Partners – Projected vs. Actual

D. UNFINISHED BUSINESS

1. Delinquent Contractors
2. Subrogation
3. HIPPA Training

E. NEW BUSINESS

1. Deaths: Daniel Stein – 3/5/2017, age 67
   Mary Horne – 3/19/2017, age 90
2. Retirements: David Calligan – Service, age 55, Waived Coverage
   Scott Cunningham – Normal, age 62
   Ricky Eskridge - Early, age 60, Not Eligible
   Hugh Hambruch - Service, age 55
   Edward Lapaglia – Service, age 60
   David McNeal – Service, age 55, Waived Coverage
   Raymond Sine – Normal, age 71, Not Eligible
3. Appeals
4. Questions
5. Date of Next Meeting – May 8, 2017 & June 12, 2017

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

Trustees Attending: K. Cordell, E. Eckstein, A. George, K. Kahl, S. Shagoury, W. Welsh

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

The Trustees met on March 13, 2017 at the office of the Administrative Manager.

Chairman Eckstein called the regular meeting to order at 2:02 p.m.

Mr. Troll announced that Trustee Livingston has resigned and Mr. Kenneth Kahl has been appointed as a replacement. Kenneth Kahl signed the Acceptance of Trusteeship.

A. The minutes of the meeting of February 13, 2017 were approved as presented after discussion as to the purpose and function of maintaining minutes as part of an administrative record.

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 two months ended February 28, 2017, using 2.3 and 2.6 million hours. Mr. Lynne reviewed the grandfathered group of pre-Medicare retirees and their status based on the increases to the actives for the benefit of the new Trustees. For retirements after 4-1-2011, the cost to pre-Medicare retirees is based on a point system which is built upon the age at retirement plus service. Mr. Troll circulated the retiree self-pay increase spreadsheet as of July 2016 for discussion and education of the new Trustees.

C. Unfinished Business

   1. Ms. Bradley reported on the current delinquencies. Three employers are

currently making contributions pursuant to payment agreements: South Mountain, M&E Sales, and Stone Services.

2. When the Fund's investment rebalancing is complete, as recommended by Mr. Sichel, there will be 35% in Investment Grade Fixed Income, 50% in Short Duration High Yield Fixed Income, 10% in Real Estate and 5% in Cash Equivalents.

3. The Medical Fund now has a $2,000,000 investment with Boyd Watterson Asset Management, LLP and their GSA Fund, L.P., an open-end commingled real estate investment fund. Mr. Troll reported that all the documents were completed, signed and filed on time.

4. Mr. Troll reported that the fiduciary insurance coverage has been renewed with Chubb at the limit of $10 million of coverage, pursuant to Segal Select Insurance Services' recommendation and at the direction of the Trustees.

5. Ms. Bradley reviewed the status of subrogation under the Supreme Court's holding in the Montanile case. Generally, the law has evolved such that if the participant has spent money received in a settlement or judgment before paying it back to the Fund, the courts will not support the Fund's attempt to collect under ERISA. There are two choices for handling this procedure if the Trustees do not want to continue hearing requests for lien reductions: (1) eliminate subrogation benefits from the Plan or (2) participate in the personal injury litigation filed by the participant in each subrogation matter. This would include filing motions for temporary restraining orders to enjoin third parties from paying benefits until all amounts are received by the Fund, as well as other hearings and motions practice. The Trustees agreed to discuss subrogation issues at a future meeting.

D. New Business

1. Deaths: Cora Kaufman, 2/5/2017, age 85
   Frank Williams, 2/9/2017, age 92
   Cyril Moses, 2/17/2017, age 86

2. The Trustees approved the Retirement Status:
   George Campbell – Normal, age 63 – Not Eligible

James Tabak – Normal, age 66 – Not Eligible

3. The Trustees discussed required HIPAA training for new Trustees, as well as for any other Trustees who were interested in a refresher course regarding HIPAA and HITECH. The Trustees agreed to schedule the HIPAA training for Monday, April 10, at 12:30 p.m. at the Fund Office.

4. Dates of the next regular meetings:
   April 10, 2017 at 2:00 p.m.
   May 8, 2017 at 2:00 p.m.
   June 12, 2017 at 2:00 p.m.

5. Adjournment: 3:36 p.m.

Respectfully submitted,

Dale O. Troll, CEBS
Acting Secretary for the Meeting

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE THREE MONTHS ENDED MARCH 31, 2017

		Current Month	2017 Year To Date	2016 Year To Date
	Receipts:			
	Employer Contributions	$1,395,982.71	$4,331,069.40	$4,705,907
	Less Reciprocals Paid Out	0.00	(150,050.53)	(210,101)
	Reciprocal Contributions	108,290.11	376,869.69	203,010
	Employee Contributions	2,200.00	9,180.00	6,696
	Retiree Self Payments	116,480.48	351,036.64	355,225
	COBRA Contributions	1,096.98	1,096.98	2,241
	Investment Income	32,183.53	159,725.18	144,956
	Realized Gains & Losses	(32,852.80)	(68,809.51)	(91,647)
	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	145.98	145.98	0
		$1,623,526.99	$5,010,263.83	$5,116,287
Providers	**Disbursements:**			
	Medical Benefits	$813,399.13	$1,868,595.04	$1,521,362
	Transitional Reinsurrance Fees	$0.00	$34,192.80	$16,357
CareFirst BC/BS	Flexlink Fees	$2,160.64	$14,994.43	$12,799
Aetna	H. M. O.	495,608.61	1,481,448.42	1,229,281
Aetna	H. M. O. Rebate	0.00	0.00	(73,073)
Labor First	Labor First	213,150.53	635,570.44	597,906
OptumRx	Prescription Drugs	213,279.09	688,550.18	659,721
The Dental Network	Dental P. P. O.	1,551.00	9,688.97	16,853
NCAS	P. P. O.	3,910.40	11,764.10	12,652
Conifer	Utilization Reviews	1,796.00	5,497.00	7,460
Conifer	Health Management Fees	8,078.20	15,637.12	14,286
ASMED	Claims Repricing	4,903.81	10,126.24	11,243
		1,757,837.41	4,776,064.74	4,026,847
	Actuarial & Consulting	0.00	0.00	0
AA, LLC	Administration	23,946.17	71,620.68	70,110
WCS, CPA	Audit	0.00	5,600.00	4,396
	Audit - Hospital Admissions	0.00	0.00	0
IFEBP	Conference Expenses	0.00	3,597.20	3,997
NCCMP	Dues	0.00	700.00	506
Federal Ins. Co.	Fiduciary Liability Insurance	17,057.22	17,057.22	3,973
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	16,127.56	14,217
IPS	Investment Performance Fees	0.00	0.00	7,813
US Treasury	I.R.S. Filing Fees	0.00	0.00	0
Abato, R & A	Legal Fees & Expenses	0.00	5,599.04	5,230
	Medical Consulting Fees	0.00	0.00	0
AA, LLC	Meeting Expenses	0.00	0.00	150
AA, LLC	Office Expenses	16.25	66.08	316
AA, LLC	Postage	946.91	1,826.51	963
Dept of Treasury	PCORI Fees	0.00	0.00	1,144
Schmitz Press	Printing Expenses	1,496.90	2,380.48	891
	Programming Expenses	0.00	0.00	0
Recip. Admin. Svcs.	UA Reciprocity Program	0.00	238.68	238
PNC & BoA	Bank Charges	177.76	530.72	533
	Trustee Fees - Eric Eckstein	450.00	1,350.00	1,238
	Anthony George	450.00	1,350.00	1,238
	Kenneth Kahl	450.00	450.00	0
	Patricia Matusky	0.00	0.00	900
		44,991.21	128,494.17	117,853.00
	Total Disbursements	$1,802,828.62	$4,904,558.91	$4,144,700.00
	Increase (Decrease) In Cash	($179,301.63)	$105,704.92	$971,587
	Balance - December 31, 2016		20,623,707.55	
	Balance - March 31, 2017		$20,729,412.47	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$811,356.90	
	Cash - Principal Cash Account		876,000.00	
	PNC Bank - Marketable Securities At Cost		19,042,055.57	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$20,729,412.47	

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE THREE MONTHS ENDED MARCH 31, 2017

Investment Income:		
Dividend Income	$0.00	$0.00
Interest Income	32,183.53	$159,725.18
	$32,183.53	$159,725.18
Realized Gains	(32,852.80)	(68,809.51)
	($669.27)	$90,915.67

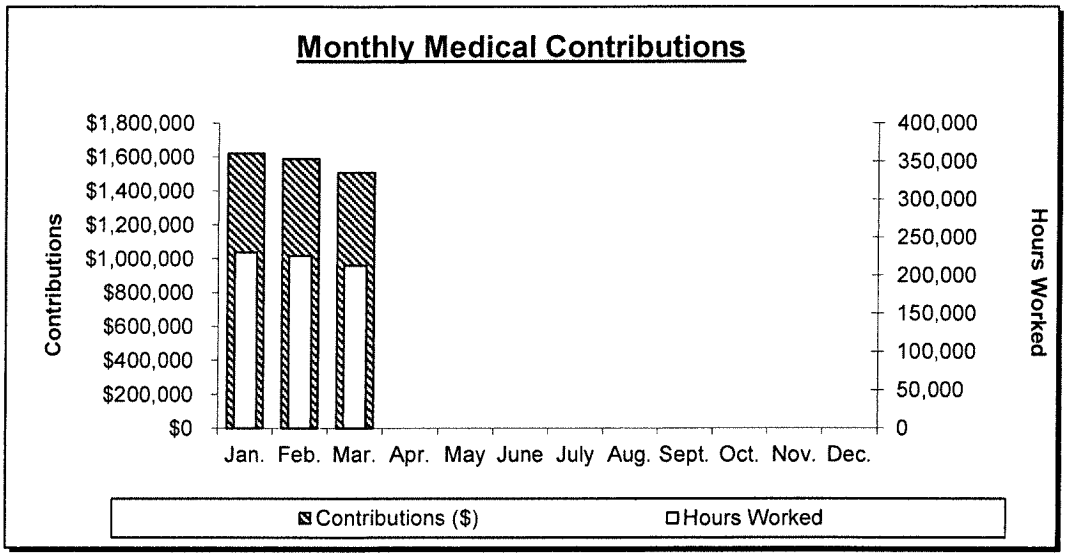
Market Value of Fund as of December 31, 2016	**$ 20,392,878.47**
Market Value of Fund as of **Mar 31, 2017**	20,554,451.43
Increase (Decrease) in Market Value of Fund	**161,572.96**
Less Net Income (Loss) on Cash Basis	105,704.92
Unrealized Gain or (Loss)	**$ 55,868.04**

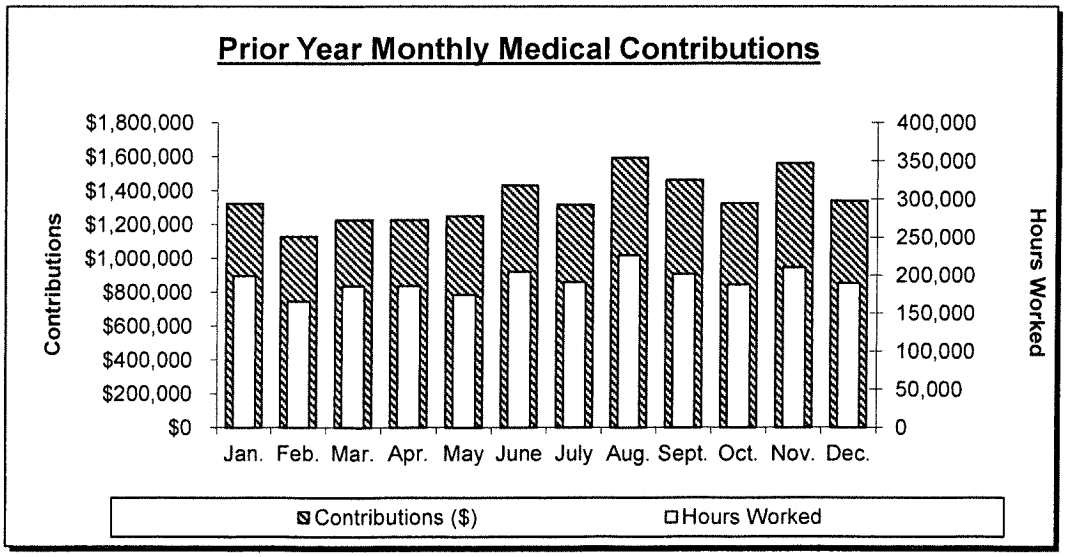
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 17,494,684.60**
(B) Monthly Average (A) ÷ 12	**1,457,890.38**
(C) Adjust for 8.25% Inflation (B) x 1.0825	**1,578,166.34**
(D) Current Assets at Cost	20,729,412.47
Total Months Reserve (D) ÷ (C)	**13.14**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE THREE MONTHS ENDED MARCH 31, 2017

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2016 & Prior	4,508.00	40,443.43	$35,061.21	$251,361.34
Dec. 2016 Hours	3,619.50	229,241.83	$21,956.09	$1,617,694.30
Jan. 2017 Hours	22,355.01	217,329.96	$137,719.75	$1,536,327.68
Feb. 2017 Hours	182,798.70	182,798.70	$1,311,735.77	$1,311,735.77
	213,281.21	669,813.92	1,506,472.82	$4,717,119.09
Average Hours Per Month		223,271.31		
Projected Hours This Year		2,679,255.72		
Average Contribution Rates			$7.06332	$7.04243
Average Contributions Per Month				$1,572,373.03
Projected Contributions This Year				$18,868,476.36





PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
April 10, 2017

1.	Plumbers & Steamfitters Joint Funds			
	Administration @ 54% Plus Direct Costs - March 31, 2017			$24,373.16
2.	Trustees Fee Checks - Trustees Meeting - April 10, 2017			
	Eric Eckstein @ $450.00			450.00
	Anthony George @ $450.00			450.00
	Kari Cordell @ $450.00			450.00
	Kari Cordell @ $450.00 - effective 2/13/2017			450.00
	Kari Cordell @ $450.00 - effective 3/13/2017			450.00
3.	Plumbers & Steamfitters Local 486 Medical Fund			
	Transfer To PNC For Investment & Expenses - April 30, 2017			Blank
4.	Associated Administrators, LLC			
	Refreshments - April 2017			Blank
	1095B Postage - January 2017			917.16
5.	Aetna			
	Monthly Premium - April 2017	412	Families	464,131.43
6.	NCAS			
	BC/BS Network Management - April 2017	868	Families	4,079.60
7.	The Dental Network			
	Monthly Premium - April 2017	131	Families	4,399.20
8.	laborfirst			
	Monthly Premium - April 2017	563	Bodies	215,842.39
9.	Kaiser Permanente			
	Monthly Premium - April 2017	28	Families	24,304.96
10.	Conifer Value-Based Care, LLC			
	March 2017 Data Warehouse Reporting @ $1.00 PEPM			Blank
	March 2017 Medical Management - Utilization Review @$2.00			Blank
	February 2017 Medical Management Services - MRIOA - Adjustment			Blank
	February .2017 Medical Services - Medical Management			Blank
	February 2017 Case Mangmt. - Personal Health Mangmt. @$135.00			Blank
11.	ASMED Health, LLC			
	Claims Repricing - Batch 358			2,220.98
12.	Investment Performance Services, LLC			
	Advisory Fees - Jan., Feb. and March 2017			6,250.00
13.	Weyrich, Cronin & Sorra, LLC			
	Progress Billing Related To Audit - Dec. 31, 2016			1,096.00

Accounting for March 2017 Checks

Plumbers & Steamfitters Local 486 Medical Fund		
Transfer To PNC For Investment & Expenses - March 31, 2017		876,000.00
Associated Administrators, LLC		
Refreshments - March 2017		16.25
Conifer Value-Based Care, LLC		
March 2017 Data Warehouse Reporting @ $1.00 PEPM		898.00
March 2017 Medical Management - Utilization Review @$2.00		1,796.00
February 2017 Medical Management Services - MRIOA - Adjustment		596.70
February .2017 Medical Services - Medical Management		1,158.75
February 2017 Case Mangmt. - Personal Health Mangmt. @$135.00		5,424.75
		9,874.20

PLUMBERS & STEAMFITTERS LOCAL 486
M.C.A. of MD JOINT ADMINISTRATION
ADMINISTRATION CASH REPORT
FOR THE THREE MONTHS ENDED MARCH 31, 2017

		Y T D Budget	Current Month	Year To Date	
Balance - March 1, 2017					$14,804.01
Receipts:					
Medical Fund	54%	$73,861	23,946.17	$71,620.68	
Pension Fund	19%	30,178	9,791.67	29,837.33	
Annuity Fund	20%	29,064	9,080.35	28,373.91	
Credit Union	1%	1,387	454.01	1,368.61	
Training Fund	4%	5,546	1,816.07	5,474.45	
Dues Fund	1%	1,387	454.02	1,368.62	
Industry Fund	1%	1,387	454.01	1,368.61	
		$142,810	$45,996.30		139,412.21
					$154,216.22
Expenses:					
Administration		$134,133	44,711.08	$134,133.32	
Audit		925	0.00	0.00	
Meeting Expenses		0	0.00	0.00	
Office		0	0.00	124.92	
Printing		500	0.00	906.28	
Postage		500	450.22	658.07	
Postage - Medical		2,500	532.87	1,577.42	
Rent		0	0.00	0.00	
Bank Service Charges		250	0.00	0.00	
Programming		0	0.00	0.00	
Record Destruction		0	0.00	0.00	
Employer Audits		4,000	1,938.75	2,124.25	
Total Expenses		$142,808	$47,632.92	$139,524.26	
Interest Income		0	0.00	0.00	
Net Expenses		$142,808	$47,632.92		139,524.26
Balance - March 31, 2017					$14,691.96

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
MARCH 31, 2017

Balance - February 28, 2017 $0.00

					Receipts
a.	3/1	Sales and Maturities	(cost	$2,824,583.55)	$2,824,583.55
b.	3/1	Interest Income			1,016.24
c.	3/1	Cash Transferred From Fund Office			950,000.00
					$3,775,599.79

			Disbursements
a.	3/1	Purchases	$741,062.33
b.	3/6	Cash Transferred To Claims Checking Account	125,000.00
c.	3/7	Wire to Optum Rx	101,247.35
d.	3/7	Wire to CareFirst - Flexlink Claims	11,705.66
e.	3/7	Wire to CareFirst - Flexlink Claims	9,046.27
f.	3/10	Wire to CareFirst - Flexlink Claims	30,953.91
g.	3/10	Cash Transferred To Claims Checking Account	179,000.00
h.	3/17	Wire to Optum Rx	112,031.74
i.	3/17	Cash Transferred To Claims Checking Account	47,000.00
j.	3/17	Wire to CareFirst - Flexlink Claims	4,337.49
k.	3/24	Wire to CareFirst - Flexlink Claims	2,980.05
l.	3/24	Cash Transferred To Claims Checking Account	146,000.00
m.	3/24	Wire to CareFirst - Flexlink Admin	1,755.42
n.	3/31	Cash Transferred To Claims Checking Account	248,000.00
o.	3/31	Wire to CareFirst - Flexlink Claims	15,479.57
p.	3/1	Transfer Funds	2,000,000.00
			$3,775,599.79

Balance - March 31, 2017 $0.00

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CLAIMS ANALYSIS REPORT
FOR THE THREE MONTHS ENDED MARCH 31, 2017

CLAIMS ANALYSIS

Description	Current Month	2017 - Year To Date $	%	2016 Year To Date	2016	%
Hospital	$117,867.21	$297,829.90	16.35%	$312,529.52	$1,250,118.06	20.65%
Out-patient Hosp.	207,030.08	427,709.62	23.48%	242,468.00	969,871.98	16.02%
Medicare	0.00	0.00	0.00%	270.71	1,082.84	0.02%
Lab & X-ray	89,695.54	212,771.71	11.68%	179,079.61	716,318.43	11.83%
Office Visit	70,734.34	186,094.20	10.22%	179,762.13	719,048.50	11.88%
Surgery	63,784.65	151,530.25	8.32%	134,817.49	539,269.96	8.91%
Alcohol Abuse	35,080.00	35,907.60	1.97%	15,644.46	62,577.82	1.03%
Drug Abuse	7,312.59	30,557.27	1.68%	61,593.60	246,374.38	4.07%
Mental & Nervous	27,510.44	57,673.48	3.17%	47,782.16	191,128.65	3.16%
Flex	0.00	0.00	0.00%	0.00	0.00	0.00%
Dental	44,110.30	112,662.91	6.19%	110,296.40	441,185.59	7.29%
Major Medical	60,389.80	170,594.86	9.37%	91,358.82	365,435.26	6.04%
Sudden & Serious	52,041.10	95,213.46	5.23%	87,388.31	349,553.23	5.77%
Accident	3,284.50	13,107.26	0.72%	11,106.84	44,427.35	0.73%
Immunizations	6,738.65	21,585.20	1.19%	19,000.27	76,001.06	1.26%
Catastrophic RX Reimb.	0.00	0.00	0.00%	242.13	968.50	0.02%
Loss Of Time	2,491.35	8,080.42	0.44%	19,969.38	79,877.50	1.32%
	$788,070.55	$1,821,318.14	100.00%	$1,513,309.83	$6,053,239.11	100.00%

RETIREE

09:53:31 Apr 03 2017 C L A I M A N T U S A G E R E P O R T PAGE - 22

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	1	0.0048	67470.71	0.2187	1.0000	18	67470.71	1	67470.71	0.61%
20000.00 TO	49999.99	6	0.0288	118508.25	0.3841	0.7812	146	19751.38	4	29627.06	2.45%
15000.00 TO	19999.99	3	0.0144	36101.09	0.1170	0.3971	48	12033.70	2	18050.55	1.22%
10000.00 TO	14999.99	1	0.0048	10223.43	0.0331	0.2801	13	10223.43	1	10223.43	0.61%
5000.00 TO	9999.99	1	0.0048	5728.24	0.0185	0.2469	8	5728.24	1	5728.24	0.61%
2500.00 TO	4999.99	10	0.0480	24983.32	0.0809	0.2284	118	2498.33	7	3569.05	4.29%
1000.00 TO	2499.99	22	0.1057	20550.60	0.0666	0.1474	111	934.12	13	1580.82	7.97%
500.00 TO	999.99	18	0.0865	8341.35	0.0270	0.0808	59	463.41	13	641.64	7.97%
10.00 TO	499.99	135	0.6490	16592.48	0.0537	0.0537	224	122.91	110	150.84	67.48%
0.00 TO	9.99	11	0.0528	0.00	0.0000	0.0000	19	0.00	11	0.00	6.74%
		208		308499.47			764	1483.17	163	1892.63	100.00%
UNDER 0.00								0.00		0.00	0.00%
		208		308499.47			764	1483.17	163	1892.63	100.00%

11

TOTAL

09:54:13 Apr 03 2017 C L A I M A N T U S A G E R E P O R T PAGE - 102

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	10	0.0067	308486.24	0.1899	1.0000	106	30848.62	4	77121.56	0.46%
20000.00 TO	49999.99	35	0.0236	443945.34	0.2733	0.8100	507	12684.15	14	31710.38	1.62%
15000.00 TO	19999.99	7	0.0047	70167.83	0.0432	0.5367	60	10023.98	4	17541.96	0.46%
10000.00 TO	14999.99	27	0.0182	107483.30	0.0661	0.4935	214	3980.86	9	11942.59	1.04%
5000.00 TO	9999.99	50	0.0338	155698.87	0.0958	0.4273	344	3113.98	22	7077.22	2.56%
2500.00 TO	4999.99	131	0.0886	197615.46	0.1216	0.3314	819	1508.51	58	3407.16	6.75%
1000.00 TO	2499.99	233	0.1576	174212.65	0.1072	0.2097	1237	747.69	106	1643.52	12.33%
500.00 TO	999.99	239	0.1617	82577.61	0.0508	0.1025	766	345.51	119	693.93	13.85%
10.00 TO	499.99	662	0.4479	83872.34	0.0516	0.0516	1308	126.70	449	186.80	52.27%
0.00 TO	9.99	84	0.0568	49.72	0.0000	0.0000	138	0.59	74	0.67	8.61%
		1478		1624109.36			5499	1098.86	859	1890.70	100.00%
UNDER 0.00								0.00		0.00	0.00%
		1478		1624109.36			5499	1098.86	859	1890.70	100.00%

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
HIGH COST MEDICAL CLAIMS
April 10, 2017
CLAIMS PROCESSED FROM MARCH 1, 2017 TO MARCH 31, 2017

DIAGNOSIS		AMOUNT
NEUROENDOCRINE CANCER		$58,049.76
ALCOHOL DEPENDENCE		47,080.00
LYMPHOMA		40,977.25
BRAIN CANCER		38,606.65
KNEE REPLACEMENT		37,557.37
MYASTHENIA GRAVIS		31,041.43
LYMPHOMA		26,959.65
BACK SURGERY		26,467.69
OSTEOARTHRITIS		26,034.79
PROSTATE CANCER		20,010.32
ATHEROSCLEROSIS		17,017.12
BIPOLAR DISORDER		16,954.63
SPINAL STENOSIS		15,644.00
HEART FAILURE		15,573.63
SPINA BIFIDA		13,219.19
OPIOID DEPENDENCE		12,143.43
PANCREATITIS		9,803.31
APPENDICITIS		8,551.83
DYSMENORRHEA		7,831.49
TORN ROTATOR CUFF		7,766.26
OVARIAN CYST		7,669.12
VAGINAL DELIVERY		7,323.06
DIVERTICULOSIS		7,147.29
LARYNGEAL CANCER		6,446.33
COLON CANCER		6,111.52
ATHEROSCLEROSIS		6,052.01
TOXOPLASMA CHORIORETINITIS		5,604.55
VENTRAL HERNIA		5,253.60
	Total	**$528,897.28**

PLUMBERS & STEAMFITTERS LOCAL486 MEDICAL FUND
ELIGIBILITY REPORT

	Apr 1, 2017			Jan 1, 2017			Oct 1, 2016			Jul 1, 2016		
	BB	Mbrs		BB	Mbrs		BB	Mbrs		BB	Mbrs	
486AP 1st Year Apprentices	75	63		49	55		49	45		47	38	
486HMO HMO's	1,327	423		1,331	426		1,246	398		1,248	398	
486MCR Retired Medicare Retirees	498	326		501	328		510	331		515	333	
486MCR Survivor Medicare Survivors	70	69		69	69		76	76		80	80	
486ME Self Insured	1,905	803		1,897	787		1,938	824		1,898	785	
486PNRP Pensioner not on Medicare	124	47		123	49		125	50		132	52	
486SURP Survivors not on Medicare	6	5		7	5		7	5		7	5	
486TM Helpers	31	31		20	20		20	20		14	14	
Total	4,036	1,767		3,997	1,739		3,971	1,749		3,941	1,705	
Self Insured	2,141	949	54%	2,096	916	53%	2,139	944	54%	2,098	894	52%
HMO's	1,327	423	24%	1,331	426	24%	1,246	398	23%	1,248	398	23%
Labor First	568	395	22%	570	397	23%	586	407	23%	595	413	24%
Total	4,036	1,767	100%	3,997	1,739	100%	3,971	1,749	100%	3,941	1,705	99%

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
DELINQUENT CONTRACTORS
AS OF MARCH 31, 2017

Delinquent Contractors:	Work Month	Amount	Date Received
1. Bay Area Mechanical Services	Feb-17		
2. CRW Mechanical Inc.	Feb-17	No Men	
3. Noyes Air Conditioning Co.	Feb-17	$5,862.64	4/1/2017
4. RIG Construction	Feb-17		
5. South Mountain Mechanical	Sep-16		Agreement
South Mountain Mechanical	Oct-16		Agreement
6. Statewide Mechanical Inc.	Feb-17		
7. Stone Services, Inc.	Jul-16		Agreement
Stone Services, Inc.	Aug-16		Agreement
Stone Services, Inc.	Feb-17	$5,726.26	4/6/2017
8. Trane - Baltimore	Feb-17		
9. Truskey Inc.	Feb-17		
10. Wilking Mechancial System	Feb-17	No Men	

MEDICARE COORDINATION

Because this Plan may coordinate its coverage with your Medicare benefits, it would be wise to visit an office of the Social Security Administration during the three-month period prior to your 65th birthday to learn all about Medicare. For additional information or for help in comparing benefits offered by this Plan and Medicare, please contact the Administrator.

ACTIVE EMPLOYEES AND DEPENDENTS AT AGE 65

Upon reaching age 65, you are entitled to coverage under Medicare even if you don't retire (see page 24). As an active employee, even though you are covered under Medicare, this Plan will pay your claim before Medicare does.

RETIRED DISABLED EMPLOYEES AND DEPENDENTS

When active employees or covered dependents become entitled to Medicare because they are totally and permanently disabled, coverage under this Plan is primary to Medicare coverage. It is important to remember that this rule applies whether or not you or your covered dependent is enrolled in Medicare.

RETIREES

When any retired employee or his or her spouse reaches age 65 and is eligible for Medicare benefits, coverage under this Plan is coordinated with Medicare coverage, whether or not such person is enrolled under Medicare. After your enrollment in Medicare, all medical claims are submitted to Medicare first. In order for expenses to be covered under this Plan, they must be Medicare-eligible expenses.

SUBROGATION

If you or one of your Dependents and/or Dependent Parent(s) is injured directly or indirectly by a third party, the Plan will pay covered benefits under the following circumstances. If you receive a payment from the third party, and/or from an insurance company, employer, or other agent, assign, or relative of the third party as a result of settlement or award for your injuries, the Plan will have the right to an equitable lien over the payment, and the Plan will have a right of first recovery from the payment, without deduction of attorneys' fees or costs, up to the full amount of the recovery. The Plan's right of first recovery shall apply regardless of whether the award is designated for medical benefits, damages, pain and suffering or any other designation related to the injuries. The common fund and make whole doctrines are specifically rejected, for the purposes of this section. No benefits will be paid by the Plan under this section until a fully executed Subrogation Agreement is completed by

the participant, the injured party and the injured party's attorney, if applicable. The Subrogation Agreement requires, among other things, that you and your attorney must cooperate with the Plan and provide all information regarding your lawsuit or settlement to the Plan's Administrator and/or Plan Counsel.

For example, suppose that you and your spouse are injured in an automobile accident that was another person's or entity's fault and that the Plan pays $1,000 in benefits to you for injuries resulting from the accident. If you and your spouse receive money from the other person or entity, or from the insurer of that person or entity, as a result of a legal suit or settlement, the Plan is entitled to receive up to $1,000 of the money awarded to you as reimbursement for the benefits provided by the Plan.

If you file a claim for workers' compensation benefits and your claim is contested, you may receive benefits from the Plan until your workers' compensation claim is resolved. In order to receive these benefits from the Plan, you must sign an Indemnity Agreement, stating that if you later are awarded temporary total workers' compensation benefits or workers' compensation medical benefits, you must repay all benefits you received from the Plan for any period to which your workers' compensation award applies. If you fail to reimburse the Fund under this section, the amount owed to the Fund may be offset by future benefits.

CLAIMS PROCEDURES

OBTAINING AND COMPLETING CLAIM FORMS

1. The prompt filing of any required claim form will result in faster payment of your claim.
2. You may get the required claim forms from the Administrator. All fully completed claim forms and bills should be sent directly to the Administrator.
3. Your claim must be submitted to the Administrator in writing. It must give proof of the nature and extent of the loss. All claims should be reported promptly. The deadline for filing a claim for any benefits is 90 days after the date of the loss. If, through no fault of your own, you are unable to meet the deadline for filing a claim, your claim will still be accepted if you file as soon as possible, but not later than 24 months from the date incurred, unless you are legally incapacitated. Otherwise, late claims will not be covered.
4. *Hospital Confinement*: If possible, get a claim form from the Administrator before you are admitted to the hospital. This form will make your admission easier, and any cash deposit usually required will be waived.
5. *Doctor's Bills*: Complete the "patient & insurer information" section. Then have the bottom portion completed by your doctor, or attach a bill/receipt to a completed form, making sure the following information is on the bill/receipt:
   a. employee's full name,

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

SUBROGATION AGREEMENT

I, _____, have submitted a claim(s) to the Plumbers & Steamfitters Local 486 Medical Fund (hereinafter called the "Claim"). I may have legal rights on account of the acts or omissions of a third party (or parties) which caused or contributed to the illness or injury which resulted in the claim. I also may be entitled to benefits or payments on account of such injury or illness, irrespective of a third party's act of omission. In consideration of the Fund's payment of benefits with respect to the Claim, I agree to reimburse (or direct others to reimburse) the Fund for the entire amount it paid with respect to the Claim out of *any* money I receive or am entitled to receive from third party, its insurer, or any other person or entity (public or private) which is attributable to or related in any manner to such illness or injury. This repayment obligation applies to the recovery of any money, regardless of whether the payment is characterized as compensation for pain and suffering or something else. Further, all parties to this Agreement agree that the Participant's or Dependent(s)' obligation to repay the Fund has priority over other obligations they may have, including any obligation to pay attorneys' fees out of the recovery. Neither the Participant, Dependent(s), nor the undersigned attorney may reduce the amount due the Fund to account for payment of attorneys' fees or other obligations.

I further agree that I will notify the Fund or any attorney, insurance company representative, or other person whom I have contacted or will contact to assist me in seeking money on account of the claim and I will direct such person to release all information to and fully cooperate with the Fund. I agree that this Agreement irrevocably directs such attorney, insurance company representative, or other person to pay the Fund the entire amount owed to the Fund under this Agreement out of any settlement, judgment, or other recovery, whether or not the said settlement, judgment, or other recovery includes or specifically excludes payment to me for medical care and treatment or weekly disability benefits paid to me on my behalf by the Fund.

I represent that I have not accepted any money with respect to the illness or injury which resulted in the Claim. I agree that until the Fund is reimbursed in full for the benefits it paid which are attributable to the Claim, I will not accept any money with respect to such illness or injury without the Fund's written consent.

I also agree that the Fund has the right to pursue its reimbursement claim directly against the third party and upon the Fund's request, I agree to assign to the Fund any right of recovery or cause of action in tort, or any other claim or cause of action which I have or may have, to the extent of the amount of benefits paid by the Fund with respect to the Claim. I agree to cooperate fully with and assist the Fund in any action it may take pursuant to this Agreement.

PARTIES TO THIS SUBROGATION AGREEMENT

1. Name of Participant: _____
2. Date of Accident: _____
3. Name(s) of all persons injured in accident (participant, spouse, dependent children)

   Name: _____

   Name: _____

   Name: _____

   Name: _____
4. Name and address of Attorney representing Participant or Dependent(s):

   _____

   _____

   _____
5. Phone number of Attorney representing Participant or Dependent(s): _____

_____ _____

Signature of Participant Witness

_____ _____

Signature of Dependent (if injured in accident) Witness

Date: _____

_____ _____

Signature of Attorney Witness

Date: _____

PLEASE NOTE: BENEFIT PAYMENTS WILL NOT BE ADVANCED BY THE FUND UNTIL THIS AGREEMENT IS COMPLETED AND FULLY EXECUTED.

Plumbers & Steamfitters Local 486
Medical Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
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APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

DAVID A CALLIGAN
Name (First, Middle initial, Last)

Social Security Number

1043 5th St GLEN BURNIE Md 21060
Address City State Zip Code

08/29/1961 410 320 2946 10/20/1984
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 7/24/1992

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)
2	SON	ZACHERY CALLIGAN		6-26-1994
1	WIFE	CHARLENE CALLIGAN		2-12-1967

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 31 day of MARCH 2017.

David Calligan
Signature

1/31/17
Date

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

Retirement Effective Date: 4/1/2017 Type of Retirement: SERVICE Age: 55 + 30 = 85

Approved for Retirement Status: ☒ Normal ☐ Disability EFF 12/1/2017

Chiarman _____ Date _____

JAN 31 2017

AAIC

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

Scott J. Cunningham
Name (First, Middle initial, Last) | **Social Security Number**

22 Brandywine Drive | Shrewsbury | Pa. | 17361 -1804
Address | **City** | **State** | **Zip Code**

12/15/1954 | 717 235 6234 | 09/23/1985
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 01/26/1974

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	Linda		09/22/1955

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 17 th day of June 20 16 .

Scott Cunningham
Signature

June 17, 2016
Date

NOV 17 2016

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

AA LLC

Retirement Effective Date: 2/1/2017 Type of Retirement: Normal Age: 62 +31 = 93

Approved for Retirement Status: ☒ Normal ☐ Disability

Eff 3/1/2017

43013
N L
86026

Chiarman _____ Date _____

Plumbers & Steamfitters Local 486
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT PENSION

NAME: Ricky (First) Lee (Middle) Eskridge (Last)

ADDRESS: 10617 WALLER RD

Laurel (CITY) DE (STATE) 19956-3626 (ZIP CODE)

SOCIAL SECURITY NC ___-___-___ PHONE NO. 302-344-5865 (Cell)
302-629-6313 (Hom

DATE OF BIRTH 11/22/56 (Copy of Birth Certificate Required)

INITIATION DATE 2-13-1989

DATE I STOPPED WORK UNDER 486's JURISDICTION 12/30/2016

CHECK ONE: ___ PLUMBER X STEAMFITTER

MARITAL STATUS: ☐ Married ☐ Widowed ☐ Never Been Married ☐ Separated ☒ Divorced- If divorced or separated, is there any judgment or order that required the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? ☒ No ☐ Yes- If so, include a copy of the document.

SPOUSE'S NAME ___

SPOUSE'S DATE OF BIRTH ___ (Copy of Birth Certificate Required)
(Month) (Day) (Year)

I CERTIFY THAT I WILL ***RETIRE AND PERMANENTLY WITHDRAW*** from employment in the Plumbers & Steamfitters Industry within the State of Maryland and any intersecting metropolitan areas on the 1st day of JANUARY 2017.

X 1-18-17 Date

X Ricky L. Eskridge Signature of Applicant

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

THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $ 1599 .00 PER MONTH & LUMP SUM OF $ — STARTING ON THE FIRST DAY OF April, 2017.

APPROVAL DATE: 3/23/2017

CHAIRMAN: Mark Jahnke

SECRETARY: Stephen Weisenberger

NOT FILED FOR MEDICAL

4/1/17

JAN 20 2017

AA LLC

9

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

Hugh Michael Hambruch
Name (First, Middle initial, Last) — Social Security Number

1218 Ripley Road Crownsville MD 21032 - 1504
Address — City — State — Zip Code

03/08/1962 — Date of Birth (mm/dd/yyyy)
410-923-2810 — Phone Number
03/09/1981 — Date of Initiation (mm/dd/yyyy)

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

Date of Marriage N/A

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)
	N/A		

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 31 day of MARCH 20 16.

Signature — Date 1/24/17

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

Retirement Effective Date: 4/1/2017 Type of Retirement: SERVICE Age: 55 +36 = 91

Approved for Retirement Status: ☒ Normal (SERVICE) ☐ Disability

Chiarman _____ Date _____ EHF 12/1/17

Plumbers & Steamfitters Local 486
Medical Fund

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

JAN 18 2017
AA LLC

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

Edward R. LaPaglia, JR
Name (First, Middle initial, Last)

Social Security Number

5001 Sweet Air Rd. Baldwin MD 21013-9727
Address City State Zip Code

08/15/1958
Date of Birth (mm/dd/yyyy)

H (410) 592-3507
C (443) 324-6174
Phone Number

03
Date of Initiation (mm/dd/yyyy)

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

Date of Marriage May 23, 1980

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	Mary R. LaPaglia		07/16/1959

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 31 day of March 2017.

Signature

January 12, 2017
Date

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

Retirement Effective Date: 4/1/2017 Type of Retirement: Service Age: 60 +38.5 = 98

Approved for Retirement Status: ☑ Normal ☐ Disability

EFF 12/1/2017

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

David McNeal — 3335

Name (First, Middle initial, Last) **Social Security Number**

Address **City** **State** **Zip Code**

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 _____

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)

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 31 day of March 20 17.

David McNeal

Signature Date

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

Retirement Effective Date: 4/1/2017 Type of Retirement: SERVICE Age: 55 +32 -87

Approved for Retirement Status: ☒ Normal ☐ Disability EFF 4/1/2017

JAN 25 2017

Chiarman _____ Date _____

AA LLC

Plumbers & Steamfitters Local 486
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(888) 494-4443
www.associated-admin.com

S-Norm

4/1/17 DOTZ

JAN 17 2017

AA LLC

APPLICATION FOR RETIREMENT PENSION

NAME: Raymond (First) William (Middle) Sine (Last)

ADDRESS: 21951 ACADEMY LN

HAGERSTOWN (CITY) MD (STATE) 21740-1803 (ZIP CODE)

SOCIAL SECURITY N ___-___-___ PHONE NO. 301-730-0672

DATE OF BIRTH 9-5-44 (Copy of Birth Certificate Required)

INITIATION DATE 1-1-17

DATE I STOPPED WORK UNDER 486's JURISDICTION April 1 2016

CHECK ONE: ___ PLUMBER ✓ STEAMFITTER

MARITAL STATUS: ☑ Married ☐ Widowed ☐ Never Been Married ☐ Separated ☐ Divorced- If divorced or separated, is there any judgment or order that required the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? ☐ No ☐ Yes- If so, include a copy of the document.

SPOUSE'S NAME Carolyn Elizabeth Sine

SPOUSE'S DATE OF BIRTH April (Month) 11 (Day) 1941 (Year) (Copy of Birth Certificate Required)

I CERTIFY THAT I WILL ***RETIRE AND PERMANENTLY WITHDRAW*** from employment in the Plumbers & Steamfitters Industry within the State of Maryland and any intersecting metropolitan areas on the 1st day of Jan 1 20 17

1-6-17
12-14-16
Date

Raymond W. Sine
Signature of Applicant

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

THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $ 5666 .00 PER MONTH & LUMP SUM OF $ ___ STARTING ON THE FIRST DAY OF April, 20 17.

APPROVAL DATE: 3/23/2017

CHAIRMAN: Mark Jahnke

SECRETARY: Stephen Weisenberg

NOT ELIGIBLE FOR MEDICAL