Plumbers & Steamfitters Local 486
Medical Fund

Board of Trustees Meeting

June 12, 2017

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND

AGENDA

JUNE 12, 2017

A. ROLL CALL

B. READING OF THE MINUTES - May 8, 2017

C. ADMINISTRATION REPORTS
1. Medical Fund Cash Balance - May 31, 2017
2. Medical Fund Schedules - May 31, 2017
3. Medical Fund Bills To Be Approved & Paid – June 12, 2017
4. Administrative Cash Balance - May 31, 2017
5. Principal Account Activity - May 31, 2017
6. Claims Analysis Report - May 31, 2017
7. Claimant Usage Report – May 31, 2017
8. High Cost Medical Claims – May 2017
9. Bolton Partners – Projected vs. Actual – May 31, 2017

D. UNFINISHED BUSINESS
1. Delinquent Contractors
2. Subrogation
3. Health Insurance Dependent Eligibility Verification Audit

E. NEW BUSINESS
1. Deaths: Milton Shimmell – 5/17/2017, age 100
   John Snyder – 5/22/2017, age 81
   Raymond Porter – 6/5/2017, age 77
2. Medical Retirements: James Fleming – Normal, age 62
   Douglas Pusey – Service – not eligible for Medical
3. Appeals
4. Questions
5. Dates of next meetings:
   July 10, 2017 at 2:00 p.m.
   August 2017 – No Meeting
   September 11, 2017 at 2:00 p.m.
   October 10, 2017 at 2:00 p.m.

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, D. Fischer, A. George, K. Kahl, S. Shagoury, S. Weissenberger, W. Welsh

Others: Attending: S. Barnaskas, D. Jensen, M. Lynne, D. Troll, D. Welch

The Trustees met on May 8, 2017 at the office of the Administrative Manager.

Chairman Weissenberger called the regular meeting to order at 2:05 p.m.

A. The minutes of the meeting of April 10, 2017 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 four months ended April 30, 2017.

C. Unfinished Business

   1. Ms. Barnaskas reported on the current delinquencies. South Mountain, M&E Sales and Stone Services are current with their payment agreement installments.

   2. The Trustees discussed the language in the Summary Plan Description describing Subrogation Requirements and the Subrogation Agreement currently being used by the Medical Fund. It was noted that Participants and their legal counsel are both required to sign the Subrogation Agreement.

   3. Mr. Lynne reported that a letter and several pages explaining the Health Insurance Dependent Eligibility Verification Audit were mailed to 880 participant families. Several Trustees mentioned that they received telephone calls from Participants with questions about the program.

D. New Business

1. Deaths: Glenn Devage – 4/11/2017, age 72
   Frederick Grau – 4/15/2017, age 79
   Daniel Boone – 4/23/2017, age 84
   James Blake – 4/24/2017, age 76
   Clifton Wallace – 4/24/2017, age 91
   Lillian Clemons – 4/27/2017, age 89

2. The Trustees approved the Retirement Status:
   Kenneth Sellers – age 63, not eligible
   Brian Wilking – age 56

3. Mr. Lynne distributed his proposed Retiree Medical Self Payment increases to be effective July 1, 2017. The Trustees approved (8-0) new COBRA rates as follows:

	Current Rates		Proposed Rates	
	Indemnity	HMO	Indemnity	HMO
Individual	$548.49	$401.03	$554.01	$442.33
Family	$1,363.92	$1,231.16	$1,377.57	$1,357.97

   The Trustees approved the proposed "Tier Two" Surviving Spouses (after sixth year following the retiree's death, and prior to Medicare eligibility) from $344.00 to $382.00 per month (8-0).

   The Trustees approved the proposed no increase for the pre-Medicare retiree rates (8-0).

   After a discussion and questions the Trustees approved the increase for the Medicare retirees from $111.03 to $113.79 (7-1).

4. Appeal 201705-01; The Participant is appealing denial of coverage of injectable B12. The participant states, "My body does not make vitamin B. Without the proper vitamin B12 in my body, it [affects] my nervous system and effects the way I walk. . . I give myself a 1,000 mg injection two times a month. Optum Rx used to supply me with this prescription."

   Optum Rx advised they have no record of an order for this medication for the participant.

After the appeal was received, the Fund office advised the participant that a letter was needed from his physician to explain that injectable B12 is medically necessary in his case. The participant refused to request a letter of medical necessity from his physician. He stated that the order from his doctor for the medication is enough to prove that he needs it.

After review and consideration of the terms of the plan, the Trustees denied the appeal, (8-0).

5. Appeal 201705-02: The Participant's spouse is appealing a denial of retroactive dependent coverage for their son to be effective February 15, 2017 (his date of birth). The Participant's spouse states that her husband was working and attending evening classes as an apprentice after their son was born, and they had another child who was eighteen months old to care for. She states that their newborn was failing to gain weight, which required extra visits to the doctor. She states, "While these events are no excuse for our delayed return of [enrollment forms], it is my sincere hope that you can understand how life can sometimes take over and cause a mistake like this."

   Fund records indicate a completed enrollment form was received for the participant's son on April 13, 2017. The participant's son was set up for coverage effective April 1, 2017.

   The Trustees granted the appeal and directed (8-0) the Fund Office to contact the HMO to request a change to the dependent's initial eligibility date.

6. Lien Reduction Request: The attorney for the Participant's spouse, Mandi M. Porter, requested a one-third (1/3) reduction in the Fund's lien amount related to medical claims paid in connection with a third party accident on December 11, 2013. The spouse's attorney states, "We are requesting that your company approve a one-third reduction of the total lien amount. This would leave a balance of $6,723.34 that our office would forward to you upon settlement."

   The lien amount for paid medical claims for the participant's spouse in connection with a third party accident on December 11, 2013 is $10,085.01.

After review and consideration of the terms of the plan, the Trustees denied the appeal, (8-0).

7. Dates of the next meetings:
   June 12, 2017 at 2:00 p.m.
   July 10, 2017 at 2:00 p.m.

8. Adjournment: 3:25 p.m.

Respectfully submitted,

Dale O. Troll, CEBS
Acting Secretary for the Meeting

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

		Current Month	2017 Year To Date	2016 Year To Date
	Receipts:			
	Employer Contributions	$1,557,045.28	$7,442,091.21	$7,843,178
	Less Reciprocals Paid Out	(85,108.35)	(236,835.66)	(350,168)
	Reciprocal Contributions	141,590.95	655,554.89	338,350
	Employee Contributions	1,650.00	14,107.80	11,160
	Retiree Self Payments	117,409.36	591,769.49	592,042
	COBRA Contributions	548.49	2,193.96	3,734
	Investment Income	89,810.72	327,198.44	241,594
	Realized Gains & Losses	(12,032.65)	(98,187.46)	(152,744)
	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	145.98	0
		$1,810,913.80	$8,698,038.65	$8,527,146
Providers	**Disbursements:**			
	Medical Benefits	$731,041.19	$2,981,141.37	$2,535,604
	Transitional Reinsurrance Fees	$0.00	$34,192.80	$27,262
CareFirst BC/BS	Flexlink Fees	$4,884.55	$28,375.10	$21,332
Aetna	H. M. O.	492,165.52	2,462,050.33	2,048,802
Aetna	H. M. O. Rebate	0.00	0.00	(121,788)
Labor First	Labor First	213,616.88	1,065,029.71	996,510
OptumRx	Prescription Drugs	224,355.56	1,164,446.73	1,099,534
The Dental Network	Dental P. P. O.	3,609.60	17,697.77	28,088
NCAS	P. P. O.	4,084.30	19,928.00	21,086
Conifer	Utilization Reviews	1,900.00	9,201.00	12,433
Conifer	Health Management Fees	1,955.75	22,841.87	23,810
ASMED	Claims Repricing	0.00	12,347.22	18,739
		1,677,613.35	7,817,251.90	6,711,412
	Actuarial & Consulting	0.00	0.00	0
AA, LLC	Administration	23,638.61	119,632.45	116,849
WCS, CPA	Audit	0.00	5,600.00	7,327
	Audit - Hospital Admissions	0.00	0.00	0
IFEBP	Conference Expenses	0.00	3,597.20	6,662
NCCMP	Dues	0.00	700.00	844
Federal Ins. Co.	Fiduciary Liability Insurance	0.00	17,057.22	6,622
Zurich North America	Fidelity Bond	0.00	0.00	0
	HIPAA Compliance Fees	0.00	0.00	0
PNC/Chart/Col./Boyd	Investment Manager Fees	17,444.40	35,671.24	23,696
IPS	Investment Performance Fees	0.00	6,250.00	13,021
US Treasury	I.R.S. Filing Fees	0.00	0.00	0
Abato, R & A	Legal Fees & Expenses	7,581.25	13,180.29	8,717
	Medical Consulting Fees	0.00	0.00	0
AA, LLC	Meeting Expenses	0.00	0.00	250
AA, LLC	Office Expenses	8.19	78.26	527
AA, LLC	Postage	0.00	1,826.51	1,605
Dept of Treasury	PCORI Fees	0.00	0.00	1,907
Schmitz Press	Printing Expenses	0.00	2,380.48	1,486
	Programming Expenses	0.00	0.00	0
Recip. Admin. Svcs.	UA Reciprocity Program	266.04	504.72	396
PNC & BoA	Bank Charges	167.20	880.48	888
	Trustee Fees · Eric Eckstein	450.00	2,250.00	2,063
	Anthony George	450.00	2,250.00	2,063
	Kenneth Kahl	0.00	900.00	0
	Kari Cordell	450.00	1,800.00	0.00
	Patricia Matusky	0.00	0.00	1,500
		50,455.69	214,558.85	196,423.00
	Total Disbursements	$1,728,069.04	$8,031,810.75	$6,907,835.00
	Increase (Decrease) In Cash	$82,844.76	$666,227.90	$1,619,311
	Balance - December 31, 2016		20,623,707.55	
	Balance - May 31, 2017		$21,289,935.45	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$818,183.07	
	Cash - Principal Cash Account		1,010,000.00	
	PNC Bank - Marketable Securities At Cost		17,447,530.54	
	Boyd Watterson		2,014,221.84	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$21,289,935.45	

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

Investment Income:		
Dividend Income	$0.00	$0.00
Interest Income	89,810.72	$327,198.44
	$89,810.72	$327,198.44
Realized Gains	(12,032.65)	(98,187.46)
	$77,778.07	$229,010.98

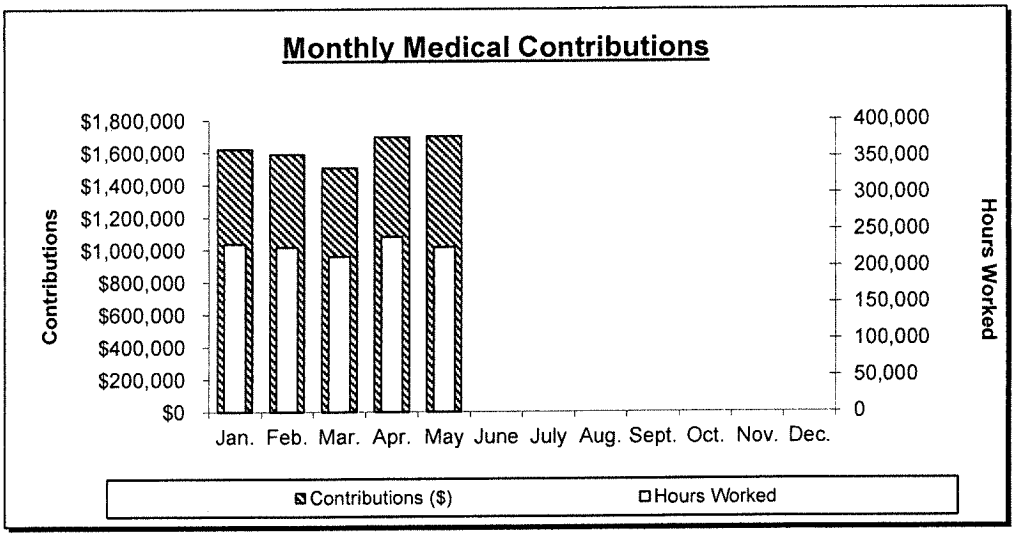
Market Value of Fund as of December 31, 2016		**$ 20,392,878.47**
Market Value of Fund as of **May 31, 2017**		21,211,548.50
Increase (Decrease) in Market Value of Fund		**818,670.03**
Less Net Income (Loss) on Cash Basis		666,227.90
Unrealized Gain or (Loss)		**$ 152,442.13**

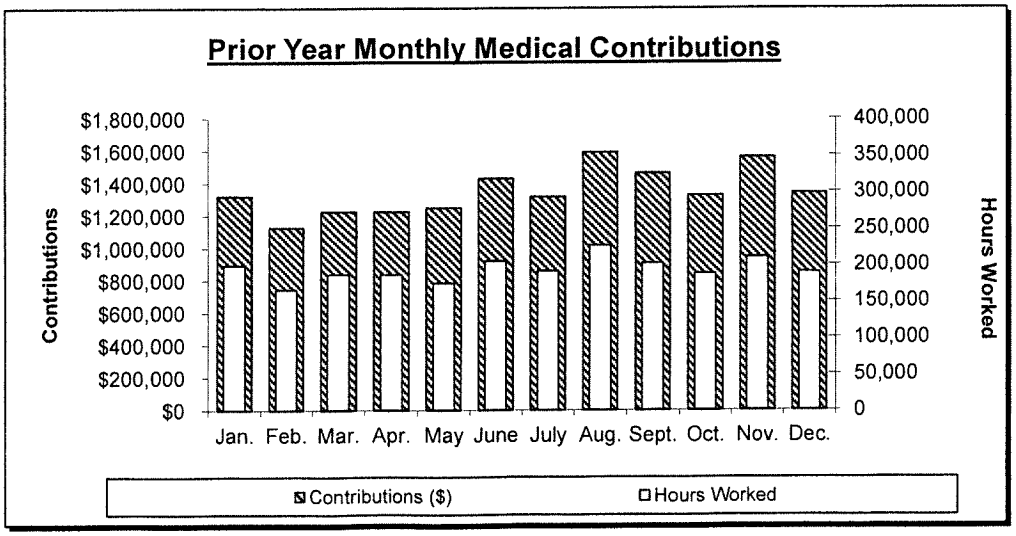
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 17,857,591.57**
(B) Monthly Average (A) ÷ 12	**1,488,132.63**
(C) Adjust for 8.25% Inflation (B) x 1.0825	**1,610,903.57**
(D) Current Assets at Cost	21,289,935.45
Total Months Reserve (D) ÷ (C)	**13.22**

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

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2016 & Prior	0.00	41,860.93	($0.01)	$258,924.23
Dec. 2016 Hours	199.50	230,068.08	$1,597.99	$1,622,985.42
Jan. 2017 Hours	56.00	220,716.96	$448.56	$1,562,343.39
Feb. 2017 Hours	944.00	214,288.32	$6,012.14	$1,504,559.58
Mar. 2017 Hours	35,213.87	239,525.56	$211,193.25	$1,681,906.98
Apr. 2017 Hours	189,502.51	189,502.51	$1,481,034.30	$1,481,034.30
	225,915.88	1,135,962.36	1,700,286.23	$8,111,753.90
Average Hours Per Month		227,192.47		
Projected Hours This Year		2,726,309.64		
Average Contribution Rates			$7.52619	$7.14087
Average Contributions Per Month				$1,622,350.78
Projected Contributions This Year				$19,468,209.36





PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
June 12, 2017

1.	Plumbers & Steamfitters Joint Funds			
	Administration @ 54% Plus Direct Costs - May 31, 2017			$23,607.23
2.	Trustees Fee Checks - Trustees Meeting - June 12, 2017			
	Eric Eckstein @ $450.00			450.00
	Anthony George @ $450.00			450.00
	Kenneth Kahl @ $450.00 -			450.00
3.	Plumbers & Steamfitters Local 486 Medical Fund			
	Transfer To PNC For Investment & Expenses - June 30, 2017			Blank
4.	Associated Administrators, LLC			
	Refreshments - June 2017			Blank
5.	Aetna			
	Monthly Premium - June 2017	411	Families	467,807.16
6.	NCAS			
	BC/BS Network Management - May 2017	849	Families	3,990.30
7.	The Dental Network			
	Monthly Premium - June 2017	129	Families	3,581.40
8.	laborfirst			
	Monthly Premium - June 2017	560	Bodies	211,738.48
9.	Kaiser Permanente			
	Monthly Premium - June 2017	28	Families	25,846.84
10.	Conifer Value-Based Care, LLC			
	June 2017 Data Warehouse Reporting @ $1.00 PEPM			Blank
	June 2017 Medical Management - Utilization Review @$2.00			Blank
	May 2017 Medical Management Services - MRIOA - Adjustment			Blank
	May 2017 Medical Services - Medical Management			Blank
	May 2017 Case Mangmt. - Personal Health Mangmt. @$135.00			Blank
11.	ASMED Health, LLC			
	Claims Repricing - Batch 359			8,269.44
12.	National Coordinating Committee for Multiemployer Plans			
	Associate Affiliate Dues - June 2017 - May 2018			875.00
13.	Conference Expenses			
	S. Weissenberger - Air Fare, Car Rental, Hotel Deposit - October 2017			1,286.94
14.	Investment Performance Services, LLC			
	Advisory Fees - April, May & June, 2017			6,250.00
15.	Reciprocals - October, November & December 2016			
	Southern CA Pipe Trades Loc 403			1,676.78

Accounting for May 2017 Checks

Plumbers & Steamfitters Local 486 Medical Fund	
Transfer To PNC For Investment & Expenses - May 31, 2017	1,010,000.00
Associated Administrators, LLC	
Refreshments - May 2017	8.19
Conifer Value-Based Care, LLC	
May 2017 Data Warehouse Reporting @ $1.00 PEPM	950.00
May 2017 Medical Management - Utilization Review @$2.00	1,900.00
March 2017 Medical Management Services - MRIOA - Adjustment	22.50
April 2017 Medical Services - Medical Management	27.00
April 2017 Case Mangmt. - Personal Health Mangmt. @$135.00	956.25
	3,855.75

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

		Y T D Budget	Current Month	Year To Date	
Balance - May 1, 2017					$14,804.01
Receipts:					
Medical Fund	54%	$123,101	23,638.61	$119,632.45	
Pension Fund	19%	50,296	9,556.63	49,270.75	
Annuity Fund	20%	48,440	9,182.42	47,391.24	
Credit Union	1%	2,311	459.12	2,287.16	
Training Fund	4%	9,244	1,836.49	9,148.67	
Dues Fund	1%	2,311	459.12	2,287.17	
Industry Fund	1%	2,311	459.12	2,287.17	
		$238,014	$45,591.51		232,304.61
					$247,108.62
Expenses:					
Administration		$223,555	44,711.08	$223,555.44	
Audit		1,542	0.00	0.00	
Meeting Expenses		0	0.00	0.00	
Office		0	0.00	124.92	
Printing		833	314.03	1,220.31	
Postage		833	0.00	1,077.07	
Postage - Medical		4,167	486.71	2,525.56	
Rent		0	0.00	0.00	
Bank Service Charges		417	0.00	0.00	
Programming		0	0.00	0.00	
Record Destruction		0	0.00	0.00	
Employer Audits		6,667	0.00	2,124.25	
Total Expenses		$238,014	$45,511.82	$230,627.55	
Interest Income		0	0.00	0.00	
Net Expenses		$238,014	$45,511.82		230,627.55
Balance -May 31, 2017					$16,481.07

UNAUDITED FINANCIAL REPORT

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

Balance - April 30, 2017 $0.00

					Receipts
a.	5/1	Sales and Maturities	(cost	$993,954.97)	$993,954.97
b.	5/1	Interest Income			657.77
c.	5/1	Cash Transferred From Fund Office			1,048,000.00
d.	5/1	Interfund Transfer			0.00
					$2,042,612.74

			Disbursements
a.	5/2	Purchases	$1,048,657.77
b.	5/5	Cash Transferred To Claims Checking Account	131,000.00
c.	5/5	Wire to CareFirst - Flexlink Claims	9,049.16
d.	5/5	Wire to Optum Rx	121,476.04
e.	5/5	Wire to CareFirst - Flexlink Claims	18,680.93
f.	5/8	Cash Transferred To Claims Checking Account	102,000.00
g.	5/15	Wire to CareFirst - Flexlink Claims	36.26
h.	5/15	Cash Transferred To Claims Checking Account	229,000.00
i.	5/22	Wire to CareFirst - Flexlink Claims	10,896.32
j.	5/22	Wire to Optum Rx	139,101.36
k.	5/22	Cash Transferred To Claims Checking Account	79,000.00
l.	5/26	Wire to CareFirst - Flexlink Claims	12,184.28
m.	5/26	Cash Transferred To Claims Checking Account	139,000.00
n.	5/26	Wire to CareFirst - Flexlink Admin	2,530.62
			$2,042,612.74

Balance - May 31, 2017 $0.00

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

CLAIMS ANALYSIS

Description	Current Month	2017 - Year To Date $	%	2016 Year To Date	2016	%
Hospital	$176,052.12	$488,017.36	16.75%	$520,882.53	$1,250,118.06	20.65%
Out-patient Hosp.	156,448.24	669,218.27	22.97%	404,113.33	969,871.98	16.02%
Medicare	0.00	0.00	0.00%	451.18	1,082.84	0.02%
Lab & X-ray	79,807.92	343,554.00	11.79%	298,466.01	716,318.43	11.83%
Office Visit	70,701.43	313,870.49	10.78%	299,603.54	719,048.50	11.88%
Surgery	51,812.62	245,581.31	8.43%	224,695.82	539,269.96	8.91%
Alcohol Abuse	0.00	35,921.47	1.23%	26,074.09	62,577.82	1.03%
Drug Abuse	53,859.67	100,251.53	3.44%	102,655.99	246,374.38	4.07%
Mental & Nervous	20,507.35	96,579.67	3.32%	79,636.94	191,128.65	3.16%
Flex	0.00	0.00	0.00%	0.00	0.00	0.00%
Dental	37,276.90	184,623.73	6.34%	183,827.33	441,185.59	7.29%
Major Medical	28,979.94	211,481.23	7.26%	152,264.69	365,435.26	6.04%
Sudden & Serious	44,799.83	148,192.90	5.09%	145,647.18	349,553.23	5.77%
Accident	6,000.20	20,163.58	0.69%	18,511.40	44,427.35	0.73%
Immunizations	7,912.41	35,188.67	1.21%	31,667.11	76,001.06	1.26%
Catastrophic RX Reimb.	0.00	0.00	0.00%	403.54	968.50	0.02%
Loss Of Time	8,073.77	20,192.33	0.69%	33,282.29	79,877.50	1.32%
	$742,232.40	$2,912,836.54	100.00%	$2,522,182.97	$6,053,239.11	100.00%

RETIREES

08:05:17 Jun 01 2017 C L A I M A N T U S A G E R E P O R T PAGE - 29

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	1	0.0032	118094.44	0.2169	1.0000	36	118094.44	1	118094.44	0.42%
50000.00 TO 99999.99		0.0000		0.0000	0.7830		0.00		0.00	0.00%
20000.00 TO 49999.99	10	0.0327	230816.06	0.4240	0.7830	314	23081.61	7	32973.72	3.00%
15000.00 TO 19999.99	2	0.0065	16278.25	0.0299	0.3589	35	8139.13	1	16278.25	0.42%
10000.00 TO 14999.99	4	0.0131	36120.15	0.0663	0.3290	65	9030.04	3	12040.05	1.28%
5000.00 TO 9999.99	9	0.0295	40837.58	0.0750	0.2626	152	4537.51	6	6806.26	2.57%
2500.00 TO 4999.99	13	0.0426	31174.83	0.0572	0.1876	135	2398.06	8	3896.85	3.43%
1000.00 TO 2499.99	35	0.1147	33381.55	0.0613	0.1303	235	953.76	20	1669.08	8.58%
500.00 TO 999.99	29	0.0950	16234.79	0.0298	0.0690	128	559.82	24	676.45	10.30%
10.00 TO 499.99	184	0.6032	21344.84	0.0392	0.0392	272	116.00	145	147.21	62.23%
0.00 TO 9.99	18	0.0590	8.42	0.0000	0.0000	48	0.47	18	0.47	7.72%
	305		544290.91			1420	1784.56	233	2336.01	100.00%
UNDER 0.00							0.00		0.00	0.00%
	305		544290.91			1420	1784.56	233	2336.01	100.00%

12

TOTAL

08:05:42 Jun 01 2017 C L A I M A N T U S A G E R E P O R T PAGE - 130

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	12	0.0061	596451.07	0.2005	1.0000	228	49704.26	4	149112.77	0.38%
50000.00 TO 99999.99	13	0.0066	266917.94	0.0897	0.7994	228	20532.15	4	66729.49	0.38%
20000.00 TO 49999.99	43	0.0221	680349.77	0.2287	0.7097	983	15822.09	20	34017.49	1.91%
15000.00 TO 19999.99	29	0.0149	152287.40	0.0512	0.4809	350	5251.29	9	16920.82	0.85%
10000.00 TO 14999.99	30	0.0154	171182.42	0.0575	0.4297	368	5706.08	14	12227.32	1.33%
5000.00 TO 9999.99	115	0.0591	338760.80	0.1139	0.3721	1347	2945.75	47	7207.68	4.48%
2500.00 TO 4999.99	221	0.1136	300539.66	0.1010	0.2582	1620	1359.91	86	3494.65	8.21%
1000.00 TO 2499.99	410	0.2109	268024.33	0.0901	0.1572	2287	653.72	169	1585.94	16.14%
500.00 TO 999.99	303	0.1558	113147.04	0.0380	0.0671	1103	373.42	155	729.98	14.80%
10.00 TO 499.99	691	0.3554	86464.24	0.0290	0.0290	1317	125.13	467	185.15	44.60%
0.00 TO 9.99	77	0.0396	24.57	0.0000	0.0000	187	0.32	72	0.34	6.87%
	1944		2974149.24			10018	1529.91	1047	2840.64	100.00%
UNDER 0.00							0.00		0.00	0.00%
	1944		2974149.24			10018	1529.91	1047	2840.64	100.00%

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
HIGH COST MEDICAL CLAIMS
June 12, 2017

DIAGNOSIS		AMOUNT
SPINA BIFIDA		$171,745.59
DEPRESSION / DRUG DEPENDENCE		34,028.46
LYMPHOMA		32,467.78
BREAST CANCER		28,020.10
OPIOID DEPENDENCE		23,011.14
KNEE REPLACEMENT		21,086.06
LYMPHOMA		19,311.43
LYMPHOMA		18,540.96
MYASTHENIA GRAVIS		18,352.53
HYPERTENSION		15,831.06
FRACTURED LEG (SURGICAL REPAIR)		13,318.14
BRAIN CANCER		10,681.87
PANCREATITIS		10,090.22
SPINAL STENOSIS		9,345.76
ROTATOR CUFF REPAIR		8,868.70
SINUS SURGERY		8,506.12
ATHEROSCLEROSIS		8,047.36
DEPRESSION		7,754.94
VENOUS INSUFFIENCY		7,229.67
DIABETES		6,956.17
GALLBLADDER REMOVAL		6,652.89
SCHIZOPHRENIA		6,575.86
SHORTNESS OF BREATH		5,845.77
	Total	**$492,268.58**

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

Delinquent Contractors:	Work Month	Amount	Date Received
1. Capitol Refrigeration Inc.	Apr-17		
2. Crockett Facilities Service	Apr-17	$8,316.00	6/8/2017
3. CRW Mechanical Inc.	Apr-17	No Men	
4. Envise	Mar-17	No Men	
Envise	Apr-17	No Men	
5. Excel Mechanical Contractors	Apr-17		
6. Flour Maintenance Service	Apr-17		
7. James P. Kruger & Associates	Apr-17	No Men	
8. M&E Sales Inc.	Apr-17		
9. Milton J Wood	Apr-17		
10. RSC Electrical & Mechanical	Apr-17		
11. South Mountain Mechanical	Sep-16		Agreement
South Mountain Mechanical	Oct-16		Agreement
12. Statewide Mechanical Inc.	Apr-17		
13. Stone Services, Inc.	Jul-16		Agreement
Stone Services, Inc.	Aug-16		Agreement
Stone Services, Inc.	Apr-17		

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

James C. Fleming — Name (First, Middle initial, Last)

1248 — Social Security Number

8665 Mormon Church Rd. — Address

Waynesboro — City

Pa. — State

17268 — Zip Code

11-23-1954 — Date of Birth (mm/dd/yyyy)

717-830-9259 — Phone Number

1-14-2000 — Date of Initiation (mm/dd/yyyy)

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

Date of Marriage ~~10~~

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)
Daughter	Jessica Katy Fleming	-2439	10-2-1993
Daughter	Angelica Marie Fleming	0667	10-2-1993
Son	Ryan James Durleth		1-21-1987

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 May 20 17.

J. C. Fleming — Signature

2/9/2017 — Date

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

Retirement Effective Date: May 1, 2017

Type of Retirement Normal

Age: 62

Approved for Retirement Status: ☒ Normal ☐ Disability

HMO ATENA EFF 9/11/2017

17 FEB 13 2017 AA LLC

79 = 614.48

Chairman _____ 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: Douglas (First) Clayton (Middle) Pusey (Last)

ADDRESS: 32897 Bi State Blvd

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

SOCIAL SECURITY NO. ___-___-8189 PHONE NO. 302-875-2737

DATE OF BIRTH 2/7/1956 (Copy of Birth Certificate Required)

INITIATION DATE 4/14/1981 DATE I STOPPED WORK UNDER 486's JURISDICTION 6/30/2017

CIRCLE ONE: PLUMBER (STEAMFITTER)

CIRCLE TYPE OF RETIREMENT:

NORMAL (Age 62)	EARLY REDUCED (Age 55-61)	(SERVICE (55 w/ 30 credits))	DISABILITY (Provide Social Security Disability Award)

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 Susan Elaine Pusey

SPOUSE'S DATE OF BIRTH 9/8/1956 (Month) (Day) (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 July 2017.

3/12/2017 Date

Douglas C Pusey 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 $ 2117 .00 PER MONTH & LUMP SUM OF $ -0- STARTING ON THE FIRST DAY OF July, 2017.

APPROVAL DATE: 5-25-17

CHAIRMAN: Mark Graham

SECRETARY:

NOT ELIGIBLE FOR MEDICAL RETIREMENT

UDW: 6/30/17

DOR: 7/1/17

MAY 30 2017 OTTA