Plumbers & Steamfitters Local 486
Medical Fund
Board of Trustees Meeting
February 11, 2019

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND

AGENDA

February 11, 2019

A. ROLL CALL

B. READING OF THE MINUTES - January 7, 2019

C. ADMINISTRATION REPORTS
1. Medical Fund Cash Balance - January 31, 2019
2. Medical Fund Schedules - January 31, 2019
3. Medical Fund Bills To Be Approved & Paid - February 11, 2019
4. Administrative Cash Balance - January 31, 2019
5. Principal Account Activity - January 31, 2019
6. Claims Analysis - January 2019
7. Claimant Usage Report - January 31, 2019
8. High Cost Medical Claims - January 2019
9. Bolton Partners - Projected vs. Actual - January 31, 2019

D. UNFINISHED BUSINESS
1. Delinquent Contractors

E. NEW BUSINESS
1. Deaths: Sally Simpson – 01/08/2019, age 71
   Audrey Jeanne Kaufman – 01/27/2019, age 90
2. Retirements: Kenneth Butler, Normal, Not Eligible
3. Bolton Annual Report
3. Vision Plan SMM
4. Delaware Valley Health Care Coalition
5. Video Production
6. Signature Card Update
7. RFP Subcommittee
8. Questions
9. Date of Next Meeting – March 11, 2019 at 2:00 p.m.
   April 8, 2019 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, C. Daniel, E. Eckstein, D. Fischer, A. George, K. Kahl, W. Welsh

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

The Trustees met on January 7, 2019 at the office of the Administrative Manager.

Co-Chairman Eckstein called the regular meeting to order at 2:03 p.m.

Election of Officers: The Trustees elected Trustee Eckstein as Chairman and Trustee Fischer as Co-Chairman, effective immediately.

Ms. Welch reported receipt of a written notification from John Prusak of the Mechanical Contractor Association of Maryland appointing Charles Daniel as a Management Trustee. Charles Daniel signed the Acceptance of Trusteeship.

A. The Minutes of the meeting of December 10, 2018 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 for December 2018 were accepted. Trustees receiving compensation recused themselves from the votes related to their payments.

   The Trustees requested that a separate Medical Claims Usage report be provided at the monthly Board meetings showing the medical claims usage for the participants that moved from AETNA to the self-funded Plan.

   Mr. Lynne reviewed the Projected vs. Actual Results for the twelve months ended December 31, 2018 assuming 2,600,000 hours.

C. Unfinished Business

1. Ms. Bradley reported on the current contribution delinquencies including Bay Area Mechanical Services, M&E Sales Inc., R.H. Lapp & Sons, South Mountain Mechanical, Statewide Mechanical, Stone Services, Verticon, and Wyle KBR. Ms. Bradley reported on the status of the federal lawsuit and issues with the bond claim against Verticon.

D. New Business

1. Deaths: Donald Schoppert – 11/29/2018, age 50
   Elizabeth Schumacher – 12/05/2018, age 85
   Rose Keller – 12/08/2018, age 55

2. No retirements for approval.

3. Ms. Welch noted that Open Enrollment ended December 1, 2018. She stated that 338 members that were previously eligible for AETNA enrolled in the self-insured Plan and 75 enrolled in Kaiser. Ms. Welch noted the additional monthly flat rate for the new participants that were added to the self-insured Plan from Kaiser would be $4,647.50 monthly.

4. Ms. Bradley discussed the informational video production that the Trustees approved at the Joint Funds Meeting. The Trustees requested that Ms. Bradley obtain two advertising agency proposals to be distributed at the February meeting.

5. Mr. McLean from Associated Administrators provided a demo of the Member XG online access service. The Trustees approved implementing the Member XG online access service effective March 7, 2019. The Trustees requested that Associated Administrators attend an upcoming Union Meeting to demonstrate the service to the participants.

6. Ms. Welch distributed and discussed the self-funded Vision Plan design Option 5 that was provided by National Vision Administrators (NVA) for the Trustees review. Ms. Welch noted that the Fund would be eligible to pay an administrative cost of $0.45 per member per month if the Fund joined the Delaware Valley Health Care Coalition (DVHCC) instead of the proposed administrative cost of $0.65 per member per month. The cost to join the DVHCC is a one-time initiation fee of $500 and a $250 annual membership fee.

The Trustees voted to join the DVHCC to take advantage of the savings, pending Fund Counsels review of the DVHCC documents they would be implementing by signing the membership application.

After a discussion and a review of the information provided the Trustees approved the National Vision Administrators Vision Plan Option 5 effective March 1, 2019.

7. Dates of the next meetings:
   February 11, 2019 at 2:00 p.m.
   March 11, 2019 at 2:00 p.m.

8. Adjournment: 3:30 p.m.

Respectfully submitted,

Dawn R. Welch
Acting Secretary for the Meeting

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE ONE MONTH ENDED JANUARY 31, 2019

		Current Month	2019 Year To Date	2018 Year To Date
	Receipts:			
	Employer Contributions	$1,832,855.71	$1,832,855.71	$1,795,706
	Less Reciprocals Paid Out	(57,193.66)	(57,193.66)	(82,827)
	Reciprocal Contributions	185,045.36	185,045.36	61,501
	Employee Contributions	550.00	550.00	2,210
	Retiree Self Payments	118,311.64	118,311.64	108,341
	COBRA Contributions	0.00	0.00	797
	Investment Income	41,107.86	41,107.86	78,092
	Realized Gains & Losses	(2,470.61)	(2,470.61)	(21,545)
	Unclaimed Property	0.00	0.00	0
	Litigation Settlement Proceeds	0.00	0.00	0
		$2,118,206.30	$2,118,206.30	$1,942,275
Providers	**Disbursements:**			
	Medical Benefits	$772,893.08	$772,893.08	$697,439
	Transitional Reinsurrance Fees	$0.00	$0.00	$0
CareFirst BC/BS	Flexlink Fees	$5,710.06	$5,710.06	$5,656
Aetna	H. M. O.	35,577.27	35,577.27	585,104
Aetna	H. M. O. Rebate	(6,817.99)	(6,817.99)	(51,184)
Labor First	Labor First	224,574.10	224,574.10	216,790
OptumRx	Prescription Drugs	246,975.72	246,975.72	174,027
The Dental Network	Dental P. P. O.	0.00	0.00	4,008
NCAS	P. P. O.	5,837.40	5,837.40	4,381
Conifer	Utilization Reviews	2,196.00	2,196.00	2,006
Conifer	Health Management Fees	8,169.56	8,169.56	6,645
ASMED	Claims Repricing	0.00	0.00	4,408
		1,295,115.20	1,295,115.20	1,649,280
	Actuarial & Consulting	0.00	0.00	0
AA, LLC	Administration	25,272.81	25,272.81	25,296
WCS, CPA	Audit	800.00	800.00	1,600
IFEBP	Conference Expenses	0.00	0.00	1,826
NCCMP	Dues	0.00	0.00	177
Federal Ins. Co.	Fiduciary Liability Insurance	0.00	0.00	1,483
Zurich North America	Fidelity Bond	0.00	0.00	0
PNC/Chart/Col./Boyd	Investment Manager Fees	1,319.57	1,319.57	5,855
IPS	Investment Performance Fees	0.00	0.00	1,042
Abato, R & A	Legal Fees & Expenses	0.00	0.00	3,379
AA, LLC	Meeting Expenses	300.00	300.00	75
AA, LLC	Office Expenses	76.81	76.81	90
AA, LLC	Postage	1,637.67	1,637.67	688
Dept of Treasury	PCORI Fees	0.00	0.00	433
Schmitz Press	Printing Expenses	1,322.98	1,322.98	1,174
Recip. Admin. Svcs.	UA Reciprocity Program	0.00	0.00	101
PNC & BoA	Bank Charges	171.68	171.68	115
	Trustee Fees - Eric Eckstein	450.00	450.00	413
	Anthony George	450.00	450.00	413
	Kenneth Kahl	450.00	450.00	413
	Kari Cordell	450.00	450.00	413
		32,701.52	32,701.52	44,986.00
	Total Disbursements	$1,327,816.72	$1,327,816.72	$1,694,266.00
	Increase (Decrease) In Cash	$790,389.58	$790,389.58	$248,009
	Balance - December 31, 2018		26,298,316.35	
	Balance - January 31, 2019		$27,088,705.93	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$2,754,390.25	
	Cash - Principal Cash Account		950,000.00	
	PNC Bank - Marketable Securities At Cost		18,836,025.68	
	Boyd Watterson		4,548,290.00	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$27,088,705.93	

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE ONE MONTH ENDED JANUARY 31, 2019

Investment Income:		
Dividend Income	$0.00	$0.00
Interest Income	$41,107.86	$41,107.86
	$41,107.86	$41,107.86
Realized Gains	(2,470.61)	(2,470.61)
	$38,637.25	$38,637.25

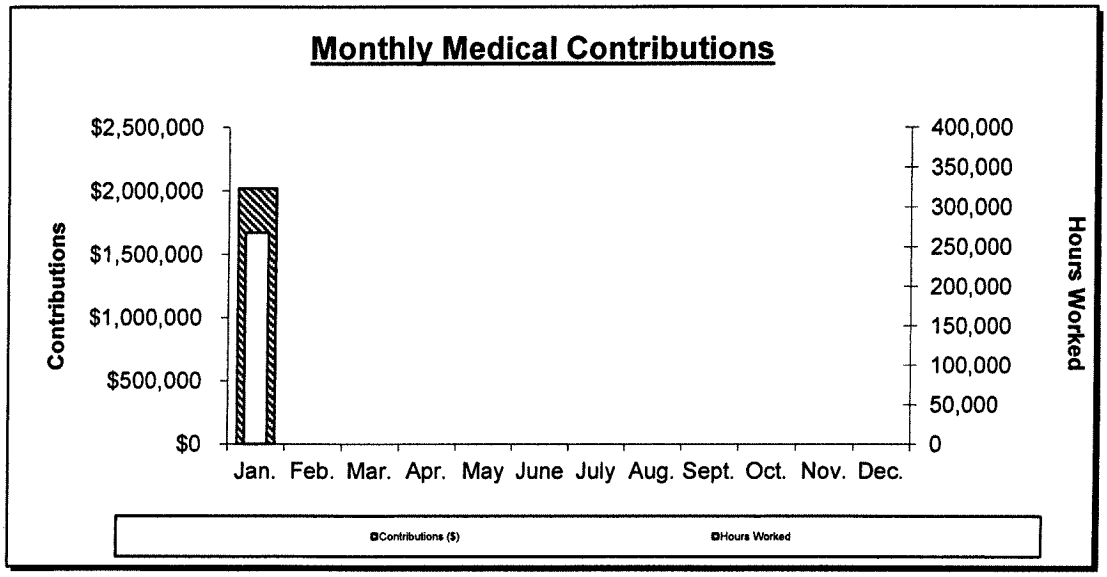
Market Value of Fund as of December 31, 2018	**$ 25,872,001.20**
Market Value of Fund as of **Jan 31, 2019**	26,349,682.47
Increase (Decrease) in Market Value of Fund	**477,681.27**
Less Net Income (Loss) on Cash Basis	790,389.58
Unrealized Gain or (Loss)	**$ (312,708.31)**

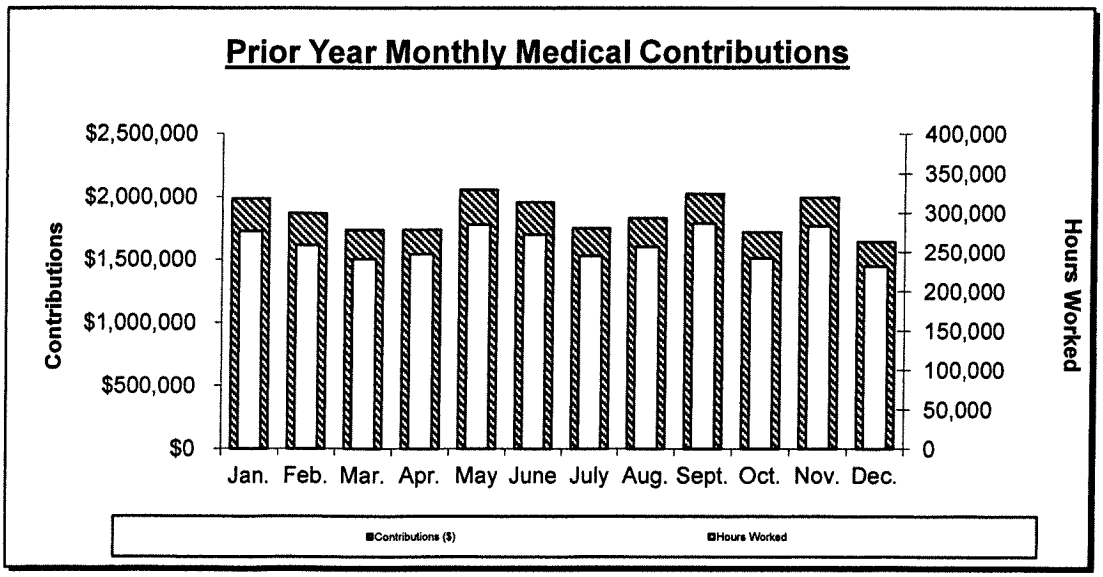
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 20,152,587.00**
(B) Monthly Average (A) ÷ 12	**1,679,382.25**
(C) Adjust for 8.16% Inflation (B) x 1.0816	**1,816,419.84**
(D) Current Assets at Cost	27,088,705.93
Total Months Reserve (D) ÷ (C)	**14.91**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE ONE MONTH ENDED JANUARY 31, 2019

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2018 & Prior	62,193.01	62,193.01	$460,371.04	$460,371.04
Dec. 2018 Hours	205,292.55	205,292.55	$1,558,080.03	$1,558,080.03
	267,485.56	267,485.56	2,018,451.07	$2,018,451.07
Average Hours Per Month		267,485.56		
Projected Hours This Year		3,209,826.72		
Average Contribution Rates			$7.54602	$7.54602
Average Contributions Per Month				$2,018,451.07
Projected Contributions This Year				$24,221,412.84





PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
February 11, 2019

1.	Plumbers & Steamfitters Joint Funds		
	Administration @ 54% Plus Direct Costs - January 2019		32,462.80
2.	Trustees Fee Checks - Trustees Meeting - February 11, 2019		
	Eric Eckstein @ $450.00		450.00
	Eric Eckstein @ $450.00 - Special Joint Fund Meeting 2/4/19		450.00
	Anthony George @ $450.00		450.00
	Anthony George @ $450.00 - Special Joint Fund Meeting 2/4/19		450.00
	Kari Cordell @ $450.00		450.00
	Kari Cordell @ $450.00 - Special Joint Fund Meeting 2/4/19		450.00
	Kenneth Kahl @ $450.00		450.00
	Kenneth Kahl @ $450.00 - Special Joint Fund Meeting 2/4/19		450.00
3.	Plumbers & Steamfitters Local 486 Medical Fund		
	Transfer To PNC For Investment & Expenses - February, 2019		Blank
4.	Associated Administrators, LLC		
	Refreshments - February 2019		Blank
5.	ASMED Health, LLC		
	Claims Repricing Batch 386		3,007.36
	Claims Repricing Batch 387		5,104.79
6.	Chartwell Investment Partners		
	Investment Management Fee for the Period Ending December 31, 2018		12,752.43
7.	Self-Pay Reimbusement		
	Cynthia L. Kutlik - Self-Pay reimbursement		117.58
8.	NCAS		
	BC/BS Network Management - February 2019	1290 Families	6,063.00
9.	Labor First, LLC.		
	Monthly Premium - February 2019	570 Bodies	228,237.52
10.	Kaiser Permanente		
	Monthly Premium - February 2018 (Jan. adjust.)	109 Families	193,706.48
11.	Conifer Value-Based Care, LLC		
	January 2019 Data Warehouse Reporting @1.03	#31521	1,518.22
	Medical Management Fees, Utilization Review - January 2019	#59057	3,016.00
12.	CIGNA Dental Health, Inc.		
	January 2019 Billing		2,507.12
	February 2019 Billing		2,507.12

PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
February 11, 2019

13.	Investment Performance Services, LLC	
	Advisory Fees - Oct., Nov. and Dec. 2018	6,250.00
14.	Abato, Rubenstein And Abato, P.A.	
	Retainer Fee For Months of January, February and March 2019	4,000.00
	Joint Funds Litigation Fees	4,400.00
	Expenses	344.75
15.	CUSTOM Plastic Card Company	
	Reorder of Medical Cards/Cardholders	420.00
16.	Rosedale Gardens	
	Benefits Presentation - Banquet Room Rental	300.00
17.	Associated Administrators, LLC	
	Refreshments - January 7, 2019	62.01
	UPS Billback - Custom Plastic Card Company	0.68
	New Hire Packets - January 2019	174.00
18.	Schmitz Press	
	Mailing - Educational Benefit Notice and Member XG Notice - Postage	1,057.38
	Mailing - Educational Benefit Notice and Member XG Notice	876.02
19.	Health Care Cost Containment Corporation - HCCCC	
	2019 - Continuation of Participation	1,085.25
20.	Delaware Valley Health Care Coalition - DVHCC	
	Initiation Fee and Annual Dues	750.00
21.	PNC Institutional Investments	
	Custody Fee for October, November, December 2018	1,383.40
22.	Reciprocals October 2018 & Prior	
	Plumbers and Steamfitters Local #155 H & W Fund	298.56
	Plumbers and Steamfitters Local #489 H & W Fund	3,157.74
	Plumbers and Steamfitters Local #5 H & W Fund	13,915.88
	Plumbers and Steamfitters Local #602 H & W Fund	25,831.19

Accounting for December 2018 Checks

Plumbers & Steamfitters Local 486 Medical Fund	
Transfer To PNC For Investment & Expenses - January 31, 2019	950,000.00
Conifer Value-Based Care, LLC	
Medical Management Fees - Personal Health Management - December 2018	6,466.50
Associated Administrators, LLC	
Refreshments - November 14, 2018	20.75
Refreshments - December 10, 2018	35.03

PLUMBERS & STEAMFITTERS LOCAL 486
M.C.A. of MD JOINT ADMINISTRATION
ADMINISTRATION CASH REPORT
FOR THE ONE MONTH ENDED JANUARY 31, 2019

		Y T D Budget	Current Month	Year To Date	
Balance - January 1, 2019					$13,475.94
Receipts:					
Medical Fund	54%	$307,098	25,272.81	$25,272.81	
Pension Fund	19%	108,053	10,081.71	10,081.71	
Annuity Fund	20%	113,740	9,735.13	9,735.13	
Credit Union	1%	5,687	486.76	486.76	
Training Fund	4%	22,748	1,947.02	1,947.02	
Dues Fund	1%	5,687	486.76	486.76	
Industry Fund	1%	5,687	486.76	486.76	
		$568,700	$48,497		48,496.95
					$61,972.89
Expenses:					
Administration		$558,588	51,196.50	$51,196.50	
Audit		3,650	4,000.00	4,000.00	
Meeting Expenses		0	0.00	0.00	
Office		0	0.00	0.00	
Printing		2,000	0.00	0.00	
Postage		167	105.35	105.35	
Postage - Medical		7,000	706.87	706.87	
Rent		0	0.00	0.00	
Bank Service Charges		2,462	0.00	0.00	
Programming		0	0.00	0.00	
Record Destruction		0	0.00	0.00	
Employer Audits		30,000	2,844.50	2,844.50	
Total Expenses		$603,867	$58,853.22	$58,853.22	
Interest Income		0	0.00	0.00	
Net Expenses		$603,867	$58,853.22		58,853.22
Balance - January 31.2019					$3,119.67

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
JANUARY 31, 2019

Balance - December 31, 2018 $0.00

					Receipts
a.	1/1	Sales and Maturities	(cost	$1,023,552.06)	$1,023,552.06
b.	1/1	Interest Income			2,376.88
c.	1/1	Cash Transferred From Fund Office			1,300,000.00
					$2,325,928.94

			Disbursements
a.	1/1	Purchases	$1,300,000.00
b.	1/3	Wire to CareFirst - Flexlink Claims	17,701.08
c.	1/3	Wire to Optum Rx	129,423.95
d.	1/4	Cash Transferred To Claims Checking Account	135,000.00
e.	1/11	Cash Transferred To Claims Checking Account	119,000.00
f.	1/11	Wire to CareFirst - Flexlink Claims	24,852.91
g.	1/15	Wire to CareFirst - Flexlink Claims	39,277.90
h.	1/15	Cash Transferred To Claims Checking Account	175,000.00
i.	1/23	Wire to CareFirst - Flexlink Claims	7,764.80
j.	1/23	Wire to Optum Rx	117,551.77
k.	1/25	Cash Transferred To Claims Checking Account	79,000.00
l.	1/29	Wire to CareFirst - Flexlink Claims	31,821.62
m.	1/31	Cash Transferred To Claims Checking Account	146,000.00
n.	1/31	Wire to CareFirst - Flexlink Admin	3,534.91
			$2,325,928.94

Balance - January 31, 2019 $0.00

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CLAIMS ANALYSIS REPORT
FOR THE ONE MONTH ENDED JANUARY 31, 2019

CLAIMS ANALYSIS

Description	Current Month	2019 - Year To Date $	%	2018 Year To Date	2018	%
Hospital	$275,576.12	$275,576.12	36.10%	$135,407.96	$1,624,895.52	20.65%
Out-patient Hosp.	91,007.61	91,007.61	11.92%	121,847.25	1,462,167.02	16.02%
Medicare	0.00	0.00	0.00%	0.00	0.00	0.02%
Lab & X-ray	61,991.00	61,991.00	8.12%	68,904.80	826,857.62	11.83%
Office Visit	79,837.14	79,837.14	10.46%	76,302.31	915,627.66	11.88%
Surgery	62,971.39	62,971.39	8.25%	69,423.21	833,078.50	8.91%
Alcohol Abuse	0.00	0.00	0.00%	4,118.38	49,420.60	1.03%
Drug Abuse	26,137.86	26,137.86	3.42%	42,147.35	505,768.14	4.07%
Mental & Nervous	17,411.73	17,411.73	2.28%	31,214.05	374,568.59	3.16%
Flex	0.00	0.00	0.00%	0.00	0.00	0.00%
Dental	28,303.88	28,303.88	3.71%	43,404.12	520,849.39	7.29%
Major Medical	44,695.11	44,695.11	5.86%	45,419.04	545,028.53	6.04%
Sudden & Serious	33,379.32	33,379.32	4.37%	33,759.22	405,110.66	5.77%
Accident	324.53	324.53	0.04%	4,179.16	50,149.90	0.73%
Immunizations	32,932.73	32,932.73	4.31%	15,616.27	187,395.25	1.26%
Catastrophic RX Reimb.	0.00	0.00	0.00%	0.00	0.00	0.02%
Loss Of Time	8,795.39	8,795.39	1.15%	8,886.20	106,634.36	1.32%
	$763,363.81	$763,363.81	100.00%	$700,629.32	$8,407,551.74	100.00%

RETIREES

10:17:16 Feb 04 2019 C L A I M A N T U S A G E R E P O R T PAGE - 13

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		0.0000		0.0000	1.0000		0.00		0.00	0.00%
20000.00 TO 49999.99		0.0000		0.0000	1.0000		0.00		0.00	0.00%
15000.00 TO 19999.99	1	0.0113	17544.13	0.3322	1.0000	2	17544.13	1	17544.13	1.28%
10000.00 TO 14999.99		0.0000		0.0000	0.6677		0.00		0.00	0.00%
5000.00 TO 9999.99	2	0.0227	6308.10	0.1194	0.6677	6	3154.05	1	6308.10	1.28%
2500.00 TO 4999.99	3	0.0340	7034.20	0.1332	0.5483	21	2344.73	2	3517.10	2.56%
1000.00 TO 2499.99	7	0.0795	9022.81	0.1708	0.4151	56	1288.97	5	1804.56	6.41%
500.00 TO 999.99	7	0.0795	4626.24	0.0876	0.2442	23	660.89	6	771.04	7.69%
10.00 TO 499.99	59	0.6704	8267.09	0.1565	0.1566	88	140.12	54	153.09	69.23%
0.00 TO 9.99	9	0.1022	4.54	0.0000	0.0000	11	0.50	9	0.50	11.53%
	88		52807.11			207	600.08	78	677.01	100.00%
UNDER 0.00							0.00		0.00	0.00%
	88		52807.11			207	600.08	78	677.01	100.00%

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TOTAL

10:19:07 Feb 04 2019 C L A I M A N T U S A G E R E P O R T PAGE - 78

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	0.0009	65419.61	0.0834	1.0000	12	65419.61	1	65419.61	0.14%
20000.00 TO 49999.99	12	0.0112	242796.21	0.3098	0.9165	114	20233.02	9	26977.36	1.26%
15000.00 TO 19999.99	6	0.0056	67411.32	0.0860	0.6066	25	11235.22	4	16852.83	0.56%
10000.00 TO 14999.99	12	0.0112	57065.46	0.0728	0.5206	77	4755.46	5	11413.09	0.70%
5000.00 TO 9999.99	12	0.0112	59812.37	0.0763	0.4477	49	4984.36	9	6645.82	1.26%
2500.00 TO 4999.99	38	0.0356	61441.29	0.0784	0.3714	210	1616.88	18	3413.41	2.52%
1000.00 TO 2499.99	110	0.1031	83734.73	0.1068	0.2930	410	761.22	55	1522.45	7.71%
500.00 TO 999.99	162	0.1519	66831.37	0.0852	0.1861	496	412.54	94	710.97	13.18%
10.00 TO 499.99	627	0.5881	78966.47	0.1007	0.1008	1112	125.94	438	180.29	61.43%
0.00 TO 9.99	86	0.0806	78.35	0.0001	0.0001	104	0.91	80	0.98	11.22%
	1066		783557.18			2609	735.04	713	1098.96	100.00%
UNDER 0.00							0.00		0.00	0.00%
	1066		783557.18			2609	735.04	713	1098.96	100.00%

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
DECEMBER HIGH COST MEDICAL CLAIMS
February 11, 2019

DIAGNOSIS	AMOUNT
SPINAL STENOSIS	$65,419.61
OVARIAN CANCER	43,892.58
KNEE REPLACEMENT	35,460.01
OSTEOPHYTE	27,643.14
CHEST PAIN	27,167.19
VASCULAR MYELOPATHIES	25,215.62
MULTIPLE SCLEROSIS	21,754.96
FRACTURED HAND	20,620.03
LIVER CANCER	20,458.64
MYASTHENIA GRAVIS	20,368.19
KNEE REPLACEMENT	19,177.57
GLOTTIS CANCER	17,544.13
PREMATURE DELIVERY	15,402.87
ESOPHAGEAL CANCER	15,156.29
ATRIAL FIBRILLATION	14,074.81
LEUKEMIA	11,388.58
KIDNEY FAILURE	10,328.83
HAMMER TOE	9,761.38
ATHEROSCLEROSIS	8,954.72
ALCOHOL DEPENDENCE	8,822.00
RHEUMATOID ARTHRITIS	7,249.39
PNEUMONIA	6,130.93
TWIN DELIVERY	5,928.54
OPIOID DEPENDENCE	5,880.02
ULCERATIVE PANCOLITIS	5,668.57
ARTHRITIC PSORIASIS	5,350.88
ALCOHOL DEPENDENCE	5,200.00
Total	**$480,019.48**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
DELINQUENT CONTRACTORS
AS OF JANUARY 31, 2019

Delinquent Contractors:	Work Month	Amount	Date Received
1. Allied Power Services LLC	Dec-18		
2. Arctic Refrigeration, Inc.	Dec-18	$17,745.88	2/7/2019
3. Babcock & Wilcox Construction	Dec-18		
4. Bay Area Mechanical Services	Oct-18		
Bay Area Mechanical Services	Nov-18		
Bay Area Mechanical Services	Dec-18		
5. Capitol Refrigeration, Inc.	Dec-18		
6. M&E Sales, Inc	Dec-18		
7. R.H. Lapp & Sons	Nov-18		
R.H. Lapp & Sons	Dec-18		
8. South Mountain Mechanical	Nov-18		
South Mountain Mechanical	Dec-18		
9. Stone Services, Inc.	Dec-18		
10. W.L. Gary Co., Inc.	Dec-18	$2,886.45	2/4/2019
11. Warder, R.F. Co. , Inc.	Dec-18	$23,481.48	2/8/2019
12. Verticon, Inc.	Mar-18	In Litigation	
Verticon, Inc.	Apr-18	In Litigation	
Verticon, Inc.	May-18	In Litigation	
Verticon, Inc.	Jun-18	In Litigation	
Verticon, Inc.	Jul-18	In Litigation	

Plumbers & Steamfitters Local 486
Medical Fund

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

MARCH 2019

SUMMARY OF MATERIAL MODIFICATIONS

52-1059733 Plan 501

The Board of Trustees of the Plumbers and Steamfitters Local 486 Medical Fund hereby adopts this Summary of Material Modifications (SMM) to the Plumber and Steamfitters Local Medical Plan ("the Plan"). The purpose of the SMM is to revise and update the Plan to reflect amendments to the Summary Plan Description (SPD) to be effective on the date identified below. The Trustees are pleased to be able to provide this improvement in benefits to you at this time.

Effective March 1, 2019, certain provisions of the SPD have been revised as follows:

New Vision Plan

Effective March 1, 2019 all Medical Fund participants will be provided a new vision benefit. The plan will be administered by National Vision Administrators (NVA). The benefits provided under the new vision plan are as follows:

- Vision Examination (once every calendar year) for a $10 copayment in-network
- Lenses, standard glass or plastic (once every calendar year) for a $10 copayment in-network
- Frames (once every two calendar years), covered up to a $150 retail allowance in-network
- Contact lenses (in lieu of lenses; once every 12 months) covered up to a $150 retail allowance in-network

Benefits are available from providers who are not in the NVA network, but at a higher cost to you.

In addition, there are discounts available for certain lens options (such as anti-reflective coatings, polycarbonate and tinting) and for Lasik surgery.

Enclosed is a more detailed description of the new vision plan.

You will also be receiving information from NVA directly, including an identification card and a listing of providers located near your residence.

P+S L486 SMM/01-19/rp

National Vision Administrators, L.L.C.

Your NVA Vision Benefit Summary

Plumbers and Steamfitters Local 486 Medical Plan

Effective 03/01/2019
Group Number #1325

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider (Reimbursed Amounts)
Examination Once Every Calendar Year	Covered 100% after $10 copay	Up to $38
Lenses Once Every Calendar Year	Standard Glass or Plastic	Standard Glass or Plastic
▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular	Covered 100% after $10 copay	▪ Up to $30 ▪ Up to $40 ▪ Up to $50 ▪ Up to $75
Frame Once Every Two Calendar Years	Retail Allowance Up to $150 (20% discount off balance)*	Up to $75
Contact Lenses Once Every Calendar Year	In lieu of Lenses	In lieu of Lenses
Elective Contact Lenses	▪ Up to $150 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**	▪ Up to $105
Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear Specialty Wear	 ▪ Covered 100% ▪ Covered 100% ▪ Covered 100%	 ▪ Up to $20 ▪ Up to $30 ▪ Up to $50
Medically Necessary****	▪ Covered 100%	▪ Up to $210

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination, and one (1) pair of lenses once every calendar year and a frame once every two calendar years, or contact lenses and contact lens evaluation/fitting once every calendar year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.
Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at www.e-nva.com or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 1325000001 or the group number on the identification card and enter in your search parameters. It's that easy!

*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands. **Does not apply to Wal-Mart/Sam's Club, Contact Fill (NVA Mail Order) and may be prohibited by some manufacturers. ***Only covered if you choose Contact Lenses. ****Pre-approval from NVA required.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- $10 Solid Tint
- $12 Fashion / Gradient Tint
- $10 Standard Scratch-Resistant Coating
- $12 Ultraviolet Coating
- $40 Standard Anti-Reflective
- $20 Glass Photogrey (Single Vision)
- $30 Glass Photogrey (Multi-Focal)
- $75 Polarized
- $50 Progressive Lenses Standard
- $100 Progressive Lenses Premium
- $65 Transitions Single Vision Standard
- $70 Transitions Multi-Focal Standard
- $25 Polycarbonate (Single Vision)
- $30 Polycarbonate (Multi-Focal)
- $30 Blended Bifocal (Segment)
- $55 High Index

For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Get a Better View

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants: -Locate a nearby participating provider by name, zip code, or city/state; verify eligibility for you or a dependent; view benefit program and specific detail; review claims; print ID cards; nominate a non-participating provider to join the NVA network.

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to **NVA Claims Dept, P.O. Box 2187, Clifton, NJ 07015.**

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount: You will receive up to 30-60% off retail at participating provider locations through EPIC Hearing.

Discounts: In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only

Service	Participating Provider	Lens Options
	Member Cost:	
Eye Examination:	Retail Less $10	$12 Solid Tint/ Gradient Tint
		$50 Standard Progressive Lenses
Contact Lens Fitting:	Retail Less 10%	$75 Polarized Lenses
		$65 Transitions Single Vision Standard
		$70 Transitions Multi-Focal Standard
Lenses:	Glass or Plastic	$15 Standard Scratch Coating
Single Vision	$35.00	$12 UV Coating
Bifocal	$55.00	$35 Polycarbonate
Trifocal or Lenticular	$70.00	$45 Standard Anti-Reflective
Frame:	Retail Less 35%	
Contact Lenses*:	**Member Cost:**	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price.

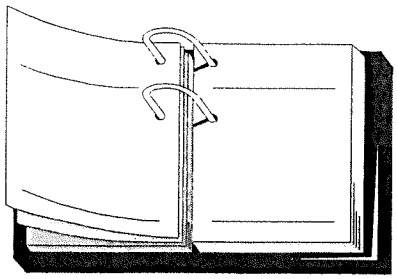
Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

At NVA, We Work Only for Our Clients.

Exclusions / Limitations: No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

National Vision Administrators, L.L.C. ▫ PO Box 2187 ▫ Clifton, NJ 07015
Web: www.e-nva.com ▫ Toll-Free: 1.800.672.7723

This document is intended as a program overview only and is not a certified document of the individual plan parameters.



MEETING NOTES