

ANNUAL REPORT

For the fiscal year ended June 30 20 18

East End Health Plan
(Name of Welfare Fund)

201 Sunrise Highway, Patchogue, NY 11772
(Address of Fund)

to the
SUPERINTENDENT OF INSURANCE
of the
STATE OF NEW YORK

STATEMENT OF CHANGES IN FUND BALANCE (RESERVE FOR FUTURE BENEFITS)

ADDITIONS TO FUND BALANCEItem

1. Contributions: (Exclude amounts entered in Item 2)	
(a) Employer (Schedule 1)	30,112,228
(b) Employee	2,022,589
(c) Other (Specify) Flex plan contributions	330,175
(d) Total Contributions	<u>32,464,992</u>
2. Dividends and Experience Rating Refunds from Insurance Companies	
3. Investment Income:	
(a) Interest	
(b) Dividends	
(c) Rents	
(d) Other (Specify)	
(e) Total Income from Investments	
4. Profit on disposal of investments	
5. Increase by adjustment in asset values of investments	
6. Other Additions: (Itemize)	
(a) Miscellaneous income	67,307
(b) Formulary Rebate & Stop Loss	2,362,007
(c) Total Other Additions	<u>2,429,314</u>
7. Total Additions	<u>34,894,306</u>

DEDUCTIONS FROM FUND BALANCE

8. Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans) - Employer group waiver & Stop Loss Ins.	2,556,748
9. Benefits Provided Directly by the Trust or Separately Maintained Fund - Hosp. & med, prescript, vision and flex	28,265,375
10. Payments to an Organization Maintained by the Plan for the Purpose of Providing Benefits to Participants (Attach latest operating statement of the Organization showing, detail of administrative expenses, supplies, fees,	
11. Payments of Contract Fees Paid to Independent Organizations or Individuals Providing Plan Benefits (Clinics, Hospitals, Doctors, etc.)	
12. Administrative Expenses:	
(a) Salaries (Schedule 2)	
(b) Allowances, Expenses, etc. (Schedule 2)	
(c) Taxes / Assessments - Excise tax	6,637
(d) Fees and Commissions (Schedule 3)	1,112,113
(e) Rent	
(f) Insurance Premiums	23,901
(g) Fidelity Bond Premiums	
(h) Other Administrative Expenses (Specify) Office, Postage & Supplies	2,822
(i) Total Administrative Expenses	<u>1,145,473</u>
13. Loss on disposal of investments	
14. Decrease by adjustment in asset values of investments	
15. Other Deductions: (Itemize)	
(a)	
(b)	
(c) Total Other Deductions	
16. Total Deductions	<u>31,967,596</u>

RECONCILEMENT OF FUND BALANCE

17. Fund Balance (Reserve for Future Benefits at Beginning of Year)	4,545,523
18. Total Additions During Year (Item 7)	34,894,306
19. Total Deductions During Year (Item 16)	(31,967,596)
20. Total Net Increase (Decrease)	<u>2,926,710</u>
21. Fund Balance (Reserve for Future Benefits) at End of Year (Item 14, Statement of Assets (Deficit) and Liabilities)	<u>7,472,233</u>

STATEMENT OF ASSETS AND LIABILITIES

<u>Item</u>	<u>ASSETS</u>	End of Reporting Year
1. Cash		9,721,112
2. Receivables:		
(a) Contributions:		
(1) Employer		
(2) Other (Specify) – Stop loss & other receivables		1,976,667
(b) Dividends or Experience Rating Refunds		
(c) Other (Specify) Formulary rebates		468,358
3. Investments (Other than Real Estate):		
(a) Bank Deposits At Interest and Deposits or Shares in Savings and Loan Associations		
(b) Stocks:		
(1) Preferred		
(2) Common		
(c) Bonds and Debentures:		
(1) Government Obligations		
(a) Federal		
(b) State and Municipal		
(2) Foreign Government Obligations		
(3) Non-Government Obligations		
(d) Common Trusts-		
(1) (Identify) _____		
(2) (Identify) _____		
I e) Subsidiary Organizations		
(Identify and Indicate Percentage of Ownership by this plan in the subsidiary)		
(1) _____ % _____		
(2) _____ % _____		
4. Real Estate Loans and Mortgages		
5. Loans and Notes Receivable: (Other than Real Estate)		
(a) Secured		
(b) Unsecured		
6. Real Estate:		
(a) Operated		
(b) Other Real Estate		
7. Other Assets:		
(a) Accrued Income		
(b) Prepaid		
(c) Other (Specify) _____		
8. Total Assets		12,166,137
	<u>LIABILITIES</u>	
9. Insurance and Annuity Premiums Payable		
10. Unpaid Claims (Not Covered by Insurance)		2,589,439
11. Accounts Payable		
12. Accrued Exp. & Payable to Claims Adm.		359,606
13. Other Liabilities (Specify) Advance premium contributions		1,744,859
14. Reserve for Future Benefits (Fund Balance)		7,472,233
15. Total Liabilities and Reserves		12,166,137

ADDITIONAL INFORMATION IS AVAILABLE

REPORT ON EXAMINATION: fund is subject to periodic examination by the New York State Insurance Department. All employee-members of the fund. All contributing employers and the Participating unions may inspect the Reports on Examination at the New York State Insurance Department upon presentation of proper credentials. If you wish to see the Report please contact the New York State Insurance Department Life Insurance Companies Bureau, 160 West Broadway, New York, NY 10013 – Telephone 212-602-0309

OTHER INFORMATION: Also available for inspection-to the public generally-are the annual statements and registration documents filed by the Fund. These may be inspected during working hours at the above address, or at the office of the Fund.

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STATE OF New York

COUNTY OF Suffolk

SS.

and

Trustees of the Fund and

affirm, under the penalties of perjury that the contents of this Annual Report are true and hereby subscribe thereto.

Employer trustee:

Paulette Ofrias

Richard Malone; Dr. Ronald Masera ; Ryan Ruf; Donald King;

Paulette Ofrias- Chairperson; Halsey Stevens

Paulette Ofrias

Employee trustee:

Nicholas Mangieri- Vice Chairperson; Cindy Goldsmith-Agosta; Ray

Stenberg; Susan Wright; Patti DiGregorio, Secretary; Lauren Porter

