

ANNUAL REPORT

For the fiscal year ended June 30 20 19

.....
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 BALANCE

<u>Item</u>	
1. Contributions: (Exclude amounts entered in Item 2)	
(a) Employer (Schedule 1)	30,889,472
(b) Employee	1,988,977
(c) Other (Specify) Flex plan contributions	354,149
(d) Total Contributions	<u>33,232,598</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	81,521
(b) <u>Formulary Rebate & Stop Loss</u>	1,192,672
(c) Total Other Additions	<u>1,274,193</u>
7. Total Additions	<u>34,506,791</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.	2,798,226
9. Benefits Provided Directly by the Trust or Separately Maintained Fund - Hosp. & med, prescript, vision and flex	<u>29,210,223</u>
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	6,806
(d) Fees and Commissions (Schedule 3)	1,279,317
(e) Rent	_____
(f) Insurance Premiums	18,670
(g) Fidelity Bond Premiums	_____
(h) Other Administrative Expenses (Specify) <u>Office, Postage & Supplies</u>	2,229
(i) Total Administrative Expenses	<u>1,307,022</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>33,315,471</u>

RECONCILEMENT OF FUND BALANCE

17. Fund Balance (Reserve for Future Benefits at Beginning of Year)	7,472,233
18. Total Additions During Year (Item 7)	34,506,791
19. Total Deductions During Year (Item 16)	<u>(33,315,471)</u>
20. Total Net Increase (Decrease)	1,191,320
21. Fund Balance (Reserve for Future Benefits) at End of Year (Item 14, Statement of Assets (Deficit) and Liabilities)	<u>8,663,553</u>

STATEMENT OF ASSETS AND LIABILITIES

<u>Item</u>	<u>ASSETS</u>	<u>End of Reporting Year</u>
1. Cash		12,920,633
2. Receivables:		
(a) Contributions:		
(1) Employer		
(2) Other (Specify) – Stop loss & other receivables		46,826
(b) Dividends or Experience Rating Refunds		
(c) Other (Specify) <u>Formulary rebates</u>		498,623
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		13,466,082
	<u>LIABILITIES</u>	
9. Insurance and Annuity Premiums Payable		
10. Unpaid Claims (Not Covered by Insurance)		2,601,526
11. Accounts Payable		
12. Accrued Exp. & Payable to Claims Adm.		520,028
13. Other Liabilities (Specify) <u>Advance premium contributions</u>		1,680,975
14. Reserve for Future Benefits (Fund Balance)		8,663,553
15. Total Liabilities and Reserves		13,466,082

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:

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

Paulette Ofrias- Chairperson; Halsey Stevens

Employee trustee:

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

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

Employer Trustee Signature *Paulette Ofrias*
Paulette Ofrias

Employer Trustee Signature *Richard Malone*
Richard Malone

Employee Trustee Signature *Patti DiGregorio*
Patti DiGregorio

Employee Trustee Signature *Cindy Goldsmith-Agosta*
Cindy Goldsmith-Agosta