

1199SEIU Benefit and Pension Funds

2018

Year in Review



“I have friends who can’t afford the care and the prescription medications that they need. But with my Benefit Fund, I can rest easy knowing that number one, I’m covered, and number two, I have access to all sorts of free wellness programs and services.”



– Althea Elliott
Mount Sinai Beth Israel

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Letter from the Executive Director



Dear Trustees:

On behalf of our seven 1199SEIU Benefit and Pension Funds, I am pleased to present this report on our Funds’ work in 2018, delivering health, pension and quality-of-life benefits to almost 425,000 working and retired members of 1199SEIU United Healthcare Workers East and their families.

As you will see in this review, in 2018, we remained focused on our primary mission of using employers’ contributions efficiently to help ensure 1199SEIU members have access to comprehensive medical benefits and to financial support in their retirement. We have also included a spotlight on the key initiatives overseen by our Trustees’ Care and Value Improvement Committee, which are critical to improving quality of care while keeping benefits affordable for the Benefit Funds, contributing employers and members. We also remained focused on managing our three Pension Funds with \$11.8 billion in assets amidst a volatile market, providing over 110,000 pensioners and beneficiaries with a defined benefit pension.

More than 1,200 Funds staff members work each day to support your members and employees who work across the healthcare spectrum, in hospitals, nursing homes, home care agencies and other healthcare settings. It is with the ongoing support and guidance of the Trustees of all of our Funds that we are able to ensure the highest level of service. We hope you enjoy reading about what we have accomplished together in 2018.

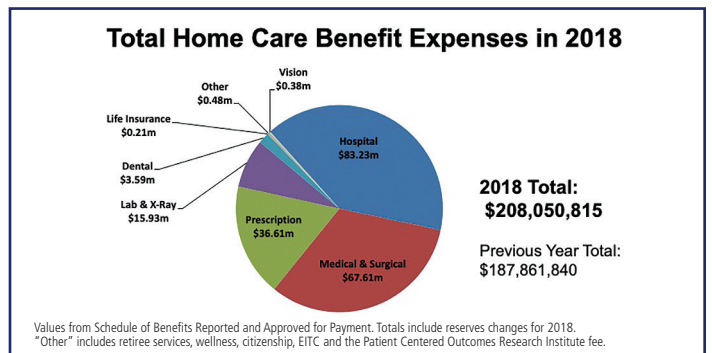
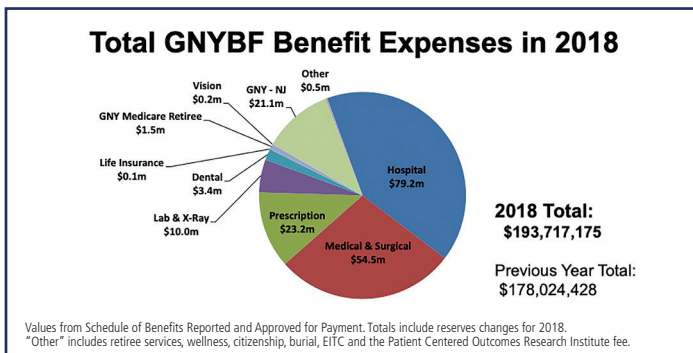
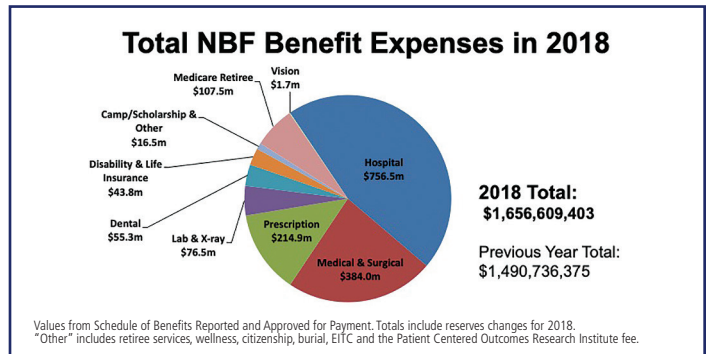
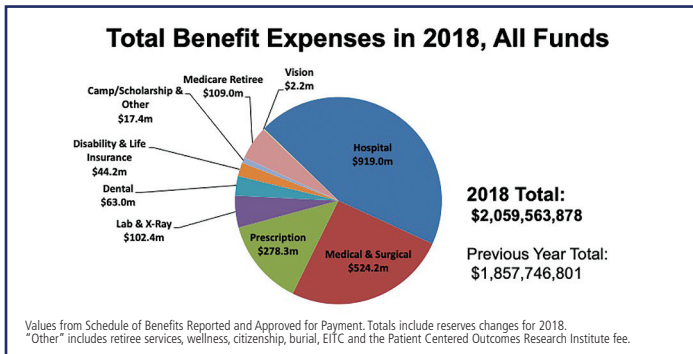
Sincerely,

Mitra Behroozi
Executive Director

Our Health Benefit Funds

In 2018, the 1199SEIU National Benefit Fund (NBF), the 1199SEIU Greater New York Benefit Fund (GNYBF) and the 1199SEIU Home Care Benefit Fund (HCBF) together paid more than \$2 billion in health claims for our 371,107 members, retirees and their families, covering nearly all costs in full. Our members paid virtually no premiums, no deductibles and no point-of-service costs for their healthcare benefits.

Unlike commercial health insurers, our Benefit Funds exist solely to help ensure 1199SEIU members have access to comprehensive medical benefits and services—not to turn a profit. We carefully steward our contribution dollars to provide robust hospital, medical, prescription, vision and dental coverage, as well as a telemedicine benefit. Through our Wellness Member Assistance Program, the Funds offer nutrition, stress management and prenatal workshops as well as worksite health fairs, lunch-break health education sessions and innovative programs addressing chronic conditions such as diabetes. Members’ behavioral health benefits are enhanced by access to support from Funds social workers and our new therapeutic telemedicine benefit. 1199SEIU members can also access a wide range of additional benefits, including help applying for U.S. citizenship; financial wellness workshops and programs; free tax preparation assistance; a legal clinic; and camp and scholarship opportunities for children. And recognizing the broad impact of financial stress, we expanded our financial wellness program by developing a new online curriculum that has already assisted over 1,200 members in its first year.



Total Covered Lives in 2018				
	NBF	GNYBF	HCBF	All Funds
Active Members	111,598*	19,775*	28,428	160,508**
Dependents	130,723	18,803	3,126	153,664
Retirees	54,114	2,821	—	56,935
Total Lives	296,435	41,399	31,554	371,107

* NBF includes Rochester members; GNYBF includes members employed in NJ

**Includes 1,719 NYC employees and family members who receive limited supplemental benefits from the LPN Welfare Fund

Supporting Our Members' Health: Wellness Member Assistance Program

Activity	All Funds
Worksite Clinics	1,495
Health Fairs	4,113
Nutrition Workshops	1,894
Prenatal Program	519
Prenatal Seminar	144
Health Awareness Days	5,555
“Ask the Wellness Experts” Sessions	6,581
Mental Health Workshops	2,579
Counseling and Referrals	4,008
Lifestyle Management Program (weight management and smoking cessation)	238
Diabetes Peer Mentoring	368
Teladoc Telemedicine Program	3,072



Supporting the Whole Member: Additional Programs

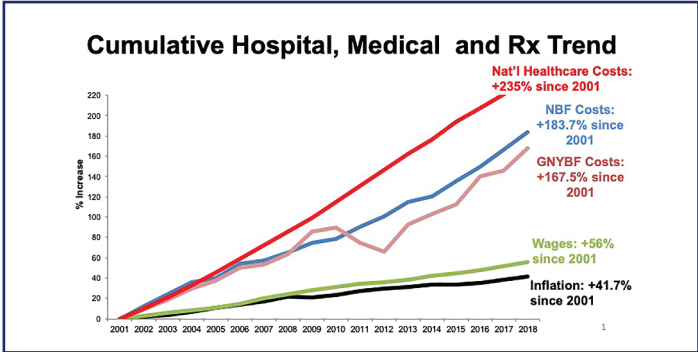
Program	Members Served in 2018
Home Mortgage (in-person workshops and assistance)	1,016
Online Financial Wellness Classes	1,210
Citizenship	1,422 members 510 new citizens
Tax Preparation Assistance	2,035 members \$5.4 million in refunds
Legal Clinic	477
Youth Programs (camp and scholarship) – NBF only	838 children attended camp 2,620 scholarships awarded



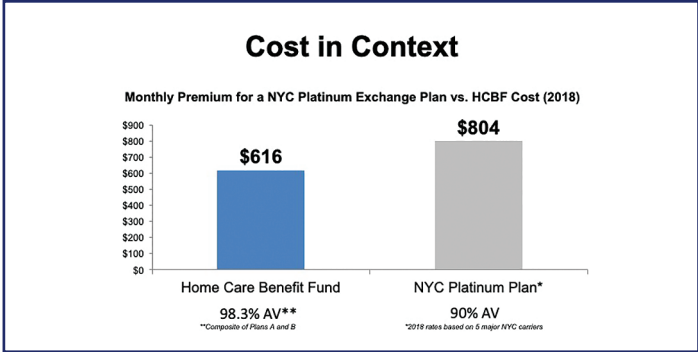
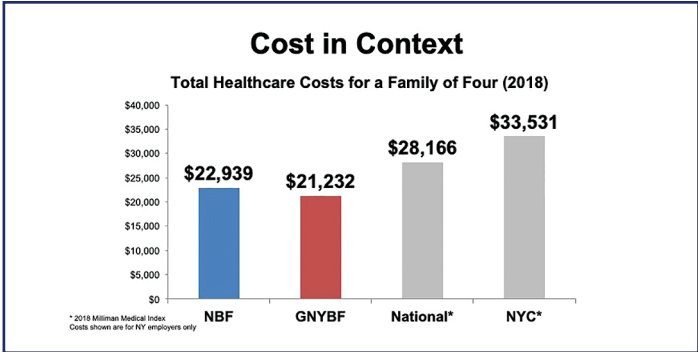
Managing Our Benefit Funds in Today's Healthcare Marketplace

In 2018, the cost of a full package of health coverage (medical, hospital and prescription) for a family of four in the United States was \$28,166.¹ In New York City, the cost was \$33,531.² By contrast, the Benefit Funds delivered the same coverage at a much lower cost: \$22,939 per family in the NBF and \$21,232 in the GNYBF.³ In the HCBF, the Fund spent \$616 to cover an individual, compared with \$804 for the average New York City Platinum Plan on the New York State Exchange.

However, keeping costs in check is still an ongoing challenge in the current healthcare marketplace. From 2001-2018, our cumulative trend remained well below the national average by 15% in the NBF and 20% in the GNYBF. However, in the last few years, our trends have exceeded the national trend in all three health benefit funds. Like many other payers, the Funds are particularly challenged by rising costs for standard and specialty medications, as well as hospital services. A stark example of the cost increase for standard medications is insulin. The average annual per-patient cost doubled from \$2,864 in 2012, to \$5,705 in 2016, and continues to rise.⁴ The increase is so extreme that several states and Congress are considering legislative solutions.⁵ Meanwhile, new breakthrough treatments, like individualized cancer therapies, are coming to market at exorbitant costs.⁶ At the same time, costs for hospital services are rising as volume grows and hospital networks increasingly merge, consolidate and acquire physician practices and pressure payers for higher rates.^{7,8}



Keeping costs in check is still an ongoing challenge in the current healthcare marketplace. From 2001-2018, our cumulative trend remained well below the national average.



Spotlight on Care and Value Improvement: Our Philosophy and Programs

Despite the rising costs of healthcare services, over the past 15 years, the Benefit Funds have exerted all available controls on spending through cost containment methods that emphasize accessing the right care, by the right provider, at the right time, and at the best price. These strategies are developed to meet the mandated cost savings targets for the NBF, which are set by the League and Union collective bargainers, agreed to by the Trustees and monitored by the Trustees’ Care and Value Improvement Committee (CAVIC). In addition to meeting the NBF mandate, our programs generate savings across our jointly administered Benefit Funds. For the NBF specifically, these cost savings programs are projected to save an estimated \$4.5 billion of total hospital, medical and prescription drug claims from their inception in 2004, through the end of the current contract in 2021. In the GNYBF, the actuaries project savings of \$430 million by September 2021, and in the HCBF, \$182 million by December 2022.

Many employers and insurers typically approach maintaining healthcare costs by shifting costs to plan participants. But, there is increasing recognition that this strategy is counterproductive, particularly for a member population like ours. Studies have shown that a number of insured people will forgo care if the cost is too prohibitive.^{9,10,11} Research also finds that lower-wage plan participants are even more likely to forgo care because of cost than those who earn more.¹² And high co-payments and cost sharing may simply suppress short-term utilization, only to lead to more complex and costly health problems later on. Even before health reform legislation was passed, many major plans across the country recognized that removing patient costs for essential care resulted in greater compliance and healthier lives.^{13,14}

In contrast, our Benefit Funds have been able to maintain access to care by maximizing benefit dollars instead of shifting costs. We engage members in this effort and apply benefit rules and programs with discipline and rigor, but always with the priority of preserving our members’ care and upholding our mission of improving members’ health and health outcomes.

CBA Cost Containment Totals		
Fund	Total Savings since Inception	End Date
NBF	\$4.5 billion	August 2021
GNYBF	\$430 million	September 2021
HCBF	\$182 million	December 2022

The Power of \$0

Our Benefit Funds’ plan design provides members with access to free care if they follow plan rules. If members choose to use a non-preferred or out-of-network option, they are responsible for the full cost difference from what the Funds would pay. Members are incentivized to choose the free option rather than face what could potentially be hundreds of dollars in out-of-pocket costs. The promise of \$0 care effectively steers the Funds’ hundreds of thousands of covered lives, allowing us to negotiate and achieve the best price. Not only does this remove barriers to care, but it protects the Funds’ bottom line.



Using Strategic Management Tools

As a self-administered, self-insured plan, the Benefit Funds develop networks and rules that balance access and cost. All 30,000 physicians in the network accept the Funds’ rigorous fee schedule as payment in full, thus protecting members from balance billing and encouraging them to stay in-network. The Funds only cover the most cost-effective and clinically appropriate care,¹⁵ which avoids excessive expenses. The Funds’ carefully designed Preferred Drug List directs members to generic or preferred brand medications for which we negotiate deep discounts and the highest rebates from pharmaceutical companies wherever possible. Similarly, the Funds’ exclusive and preferred contracts with laboratory, radiology and durable medical equipment (DME) networks steer members to these providers. And, the Funds’ employment of utilization management and other traditional care management tools, such as prior authorization, step therapy and provider privileging, continues to help ensure members receive the most appropriate care at the best value. A full description of these programs is included in the Appendix of this report.

As 1199SEIU healthcare workers, our members are more familiar with—and invested in—their Benefit Funds than commercial health plan participants.

Improving Care and Value

The Benefit Funds are committed to supporting members’ health through innovative clinical improvements and wellness programs. Our new medical telemedicine benefit allows members to get care from a board-certified physician by phone or video when their doctor is not available, thus improving access and avoiding unnecessary trips to an urgent care center or emergency room. And when a member does need to be admitted to a hospital, the Funds’ care management team will coordinate care upon discharge for complex medical conditions, including outreach to members to reduce costly hospital readmissions. In addition, the Funds’ Accountable Care Organization (ACO) arrangements with hospitals and physician groups have created important partnerships to help manage member care. Finally, the Funds have also introduced programs for members with chronic conditions like diabetes, including peer mentoring and an app that monitors and tracks blood glucose levels and provides alerts to members’ doctors.

Member Education and Buy-in Are Key

The Benefit Funds can only succeed in maintaining members’ access and in containing costs if members understand and support Fund programs. As 1199SEIU healthcare workers, our members are more familiar with—and invested in—their Benefit Funds than commercial health plan participants. They know that their Benefit Funds are not a traditional insurer, and exist solely to carefully manage their benefit dollars to provide them the coverage they need with no cost barriers. The Funds build ongoing relationships with members and engage them in using Benefit Fund programs and following plan rules through extensive, regular communications. These include traditional approaches (direct mail, flyers, phone calls and a quarterly member magazine) as well as digital communications (website, email and social media) and in-person outreach. Funds Outreach Coordinators are assigned to worksites, where they serve as expert resources for members by educating them about their benefits, assisting them in accessing benefits and services, and providing health education.

Member Communications and Outreach

Channel	Communication	2018 Engagement
Print	<i>For Your Benefit</i> member magazine	NBF (4 issues): 107,196 GNY (3 issues): 17,634 Home Care (2 issues): 55,678
Direct Mail	Mailers	665,739
Phone	Voiceblasts	112,758
Digital	Website	1.2 million visits
	Emails	238,560
Social Media	Facebook	5,492 followers
	Instagram	Coming in 2019
In-person	Outreach worksite visits	287,794*
	Worksite diabetes and hypertension education sessions	113 events 6,914 members

* Represents member contacts, not unique members

Our Pension Funds

Our three Pension Funds, the 1199SEIU Health Care Employees Pension Fund (HCEPF), the 1199SEIU Greater New York Pension Fund (GNYPF) and the 1199SEIU Home Care Pension Fund (HCPF), support 1199SEIU members’ financial security in retirement. Eligible retirees receive a defined benefit pension—a set monthly payment that fewer than one in five U.S. workers can count on today. As of December 31, 2018, our Pension Funds covered 110,292 retirees and beneficiaries. With combined assets of \$11.8 billion, our Pension Funds pay out \$982.7 million in benefits each year.

Pension Funds Snapshot 2018			
	Health Care Employees Pension Fund	Greater New York Pension Fund	Home Care Pension Fund
Total Assets*	\$10.7 billion	\$701.7 million	\$379.9 million
Number of Retirees	76,531	11,810	21,951
Total Pension Benefits Paid	\$887.3 million	\$74.0 million	\$21.4 million

*From Draft Financial Statements Net Assets Available for Benefits. The 2018 values are preliminary and may change in the final report.

In 2018, as directed by the Trustees, we continued to work toward improving members’ pension experience by taking steps to simplify the complex process and educate them about applying for pension benefits. Use of our expanded online pension services continues to grow. Members can request pension estimates online and receive them within 48 hours. They can also apply for their pension online. Our online virtual pension counseling videos, which walk members through the application process, are available to both NBF and GNY members. In 2018, over 5,000 members requested a pension estimate online, and we saw a 39% increase in online pension applications over 2017, when the online option was launched (426 in total). As usage grows, we continue to explore how to improve this experience and make members more comfortable with the online application process. Of course, we also continued to serve members in person. We held pension information sessions for 319 members, and 1,902 members met one-on-one with a Pension Counselor to start the retirement planning process.

Once retired, our members are staying active through our Retired Members Division (RMD). In 2018, nearly 9,000 retirees attended monthly meetings at one of the 23 RMD chapters in New York City, Florida and the Carolinas. And, more than 22,000 retirees participated in RMD activities like yoga, tai chi and other classes; annual gatherings in New York City and Florida; and the “Seniors Out Speaking” program, where 1199SEIU retirees help educate other seniors about how to get the most out of their Medicare and supplemental Benefit Fund coverage.

Over the past decade, the number of retirees served by the Pension Funds has almost doubled. Our invested assets and contributions have also grown. But our plans, like others across the country, are still recovering from the market collapse and losses of 2008, in an environment of continuing market volatility. Thus, in recent contract negotiations, the collective

bargainers have had to take steps to help ensure the stability of the Pension Funds. In fact, 2018 market performance fell far short of projected returns. While the Health Care Employees Pension Fund remained in the “Green Zone” (not Endangered or Critical Status) for 2018, employer pension contributions were raised and benefit changes made. The Greater New York Pension Fund remains in “Critical Status”; while the collective bargainers signed a Memorandum of Agreement (MOA) in December 2018 to increase the employer pension contribution rate, they are closely monitoring the situation to see if future action is required. Our Home Care Pension Fund remained in the “Green Zone” for 2018, and no further action is needed to maintain this status at this time.

2018 Pension Asset Returns	
HCEPF:	-2.5%
GNYPF:	-1.9%
Home Care PF:	-2.1%



APPENDIX: 1199SEIU Benefit Funds Cost Containment Programs

Prescription Programs

Members can access the medications they need with no out-of-pocket cost as long as they comply with the Benefit Funds' prescription programs:

- **The 1199SEIU 90-Day Rx Solution (for long-term medications)*:** Members order medications for chronic conditions in three-month supplies through a mail-order pharmacy. For members who prefer not to receive medication in the mail, the Funds negotiated a pharmacy option for members to pick up their three-month supply in person. Regardless of how a member receives his or her medication, the Funds always receive the same benefit of the lower cost for the 90-day supply.
- **Preferred Drug List*:** The Funds work closely with its pharmacy benefit manager to continuously update its Preferred Drug List (PDL) and leverage the deepest discounts and rebates possible. The PDL includes quality, cost-effective preferred choices for the medications used most by members. Members can access preferred drugs for free, but if they use a non-preferred drug, they must pay the full cost difference between the preferred drug and the non-preferred drug. This protects the Funds from higher costs more effectively than tiered plans, where the cost differential between tiers may be relatively small for the members but leaves the Funds exposed to the full differential amount, which can be significantly higher than the co-payment for the non-preferred tier.
- **Prior Authorization*:** Certain high-cost medications require prior authorization, aligned with national treatment guidelines, to help ensure members receive the most appropriate yet cost-effective treatment for their condition.
- **Step Therapy*:** Members must first try lower-cost alternatives before moving on to more expensive, brand-name medications. Step therapy steers members to less costly medications that are as clinically effective as their more expensive counterparts, and helps to ensure members use medications for their FDA-

approved use and that they are not being prescribed "off-label." Step therapy also helps to ensure members receive the most appropriate treatment for their conditions, based on national guidelines.

- **Dose Optimization*:** Medications for members must be prescribed in clinically effective dosages, leading to lower costs for the Funds and added convenience for members who benefit from a single daily dose of medication instead of two. These rules are based on FDA-recommended prescribing and safety information.
- **Dispensing and Quantity Management (DQM):** Physicians may prescribe only a specified quantity of a drug within a specified period of time, according to FDA guidelines. This helps to ensure drug therapies are prescribed only for a certain period of time, preventing abuse and overspending.
- **Non-covered Medications*:** The Funds do not cover over-the-counter drugs, cosmetic drugs or erectile dysfunction medications. It also does not cover certain prescription drugs that are available in over-the-counter dosages, such as cough and cold medications.
- **Fraud, Waste and Abuse:** The Funds review prescribing patterns to prevent inappropriate and unsafe use of medications, saving benefit dollars.

These programs were recognized by the Pharmacy Benefit Management Institute with a 2010 Prescription Benefit Innovation Award.

The Funds routinely re-bid the Pharmacy Benefit Manager (PBM) contract. In the most recent round of bidding in 2017, the current PBM still offered the most favorable prices, access and prescription programs, and in fact, the Funds achieved significantly lower prices for prescription drugs.

In addition to the PBM programs listed above, the Funds manage drugs administered in physician offices and facilities through the following programs:

- **Medical Benefit Management*:** The Funds promote patient safety and prevent overspending for drugs administered by

physicians through a review process that helps ensure clinically effective and safe dosages.

- **Special Contracting for Hospital-administered Drugs*:** The Funds negotiated direct pass-through pricing on new, expensive specialty medications that can only be dispensed at an inpatient setting, like CAR T-cell therapy.

Medical and Hospital Programs

The Funds retain vendors to administer a number of the medical and hospital savings programs. These vendor contracts are re-bid routinely via an RFP process to help ensure the prices, access and quality of service provided by the vendor are the best available in the industry.

Network Management

Area Wrap-around Network*

The Funds contract with 30,000 providers in the New York City metropolitan area on a tight fee schedule. In geographic regions where the Funds have less member density, it has less ability to negotiate favorable rates with providers. To keep control over these provider prices, the Funds competitively bid out for a single wrap-around provider network, which gives it more negotiating power with doctors outside New York City. In 2015, the Funds re-bid this wrap-around provider network, and the results showed that the current network still had the most favorable access and discounts. In addition, the re-bidding process lowered the Funds' administrative fees significantly.

Preferred Provider Networks for Lab, Radiology and DME*

Using its base of 300,000 covered lives, the Funds negotiate competitive preferred rates for lab, radiology and durable medical equipment (DME) services.

- **Laboratory:** The Funds negotiated competitive fee schedules with two provider networks in exchange for a preferred agreement. While the Funds were initially willing to use one chain exclusively, two of the chain's largest competitors were subsequently able to offer matching and lower rates.

* Programs marked with an asterisk are enumerated programs monitored by CAVIC Trustees in order to meet the mandated savings targets.

- **Radiology.** The Funds steer all radiology utilization to one preferred network for competitive discounts in radiology fees. As a result of the re-bidding process, the Funds continue to achieve lower radiology fees.
- **Durable Medical Equipment.** The Funds negotiated a competitive fee schedule with an existing DME provider in exchange for a preferred agreement.

Telemedicine Program*

The Fund’s 24/7 telemedicine program gives members access to care for minor illnesses and injuries by phone or video when their regular provider is unavailable, at a lower cost than the potential alternative emergency room or urgent care visit.

Medical Management and Claims Management

Prior Authorization/Utilization Management*

The Funds can control costs and help ensure members receive appropriate care from qualified providers by requiring prior authorization and utilization management for certain services.

- Members must receive prior authorization for high-end imaging such as MRIs, MRAs, PET and CAT scans, and for certain genetic and molecular laboratory testing.
- The Medical Oncology Review Program and the Radiation Therapy Management Program sets oncology clinical “pathways” that define a complete episode of care based on the most current evidence-based treatment for each type and stage of cancer, providing the right treatment to the right patient at the right time.
- The Funds have also traditionally required pre-certification for all inpatient care (including mental health and substance

abuse) and certain ambulatory surgery admissions.

Pre-payment Claims Validation*

The Funds contract with different specialized vendors, each with their own specific clinical expertise, to review the accuracy of the codes submitted on claims prior to releasing payments.

- For certain inpatient claims, our vendor reviews the diagnosis and service listings submitted on claims and compares them with the actual medical chart submitted by the hospital, to help ensure payment is consistent with the services rendered.
- For infused drugs and genetic laboratory tests, specialized vendors review the appropriateness of the codes and quantities submitted on claims.
- For certain professional claims, our program reviews the codes submitted on claims and the appropriateness of the units dispensed, add-on services and unbundled services.

Audits for High-cost Claims

The Funds audit suspect high-cost claims and monitor physician practices that potentially represent inappropriate billing or patterns of abuse.

Case Management

Performed in-house, the Funds help coordinate care upon discharge for complex medical conditions, including outreach to members to reduce costly hospital readmissions.

Other Programs

1199SEIU Coordinated Care Programs (Accountable Care Organizations)*

The Funds partner with providers to move toward a system of value-based purchasing, allowing providers to maximize their ability

to improve quality and coordinate care for members. These programs have lowered the number of members who have gaps in their healthcare, and have improved compliance with clinical pathways.

Dependent Eligibility Verification Program*

By updating dependent eligibility and Coordination of Benefits records, the Funds help ensure benefits are provided only to eligible family members of active and retired members.

Medicare Coordination Programs

Medicare Advantage Plans for Retiree Health Benefits*

To the extent that the Funds provide supplemental retiree health benefits, it has offset its costs by leveraging the high volume of retirees living in New York City, Nassau and Suffolk Counties, Westchester and Florida to negotiate coverage via Medicare Advantage plans. The Funds regularly re-bid these plans to help ensure the most favorable premiums and access for members. As a result of this process, in January 2019, the Funds switched the New York City, Nassau, Suffolk and Westchester plan to a new carrier offering lower premiums, higher member satisfaction and increased access. This will lower our projected premiums for 2019 and future years significantly.

Medicare Part D Coordination for Out-of-Area Retirees*

The Funds provide retirees outside our Medicare Advantage plan areas with a group Part D prescription plan to maximize available Medicare subsidies.

* Programs marked with an asterisk are enumerated programs monitored by CAVIC Trustees in order to meet the mandated savings targets.

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 3 Milliman, Inc. 2018 costs for a family of four: National Benefit Fund and Greater New York Benefit Fund. Letter addressed to the Funds, dated May 22, 2019. These numbers reflect Wage/Eligibility Class I coverage. NBF excludes Rochester members and GNY excludes members employed in NJ.
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 13 Mahoney, J. J. (2005). Reducing patient drug acquisition costs can lower diabetes health claims. *The American Journal of Managed Care*, 11(5 Suppl), S170-6.
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 15 In no case will the Benefit Funds cover care that has no health promotion value, such as cosmetic surgery.

Our Funds' 2018 Trustees

National Benefit Fund

Jacqueline Alleyne

1199SEIU United Healthcare Workers East
Camp and Scholarship Committee

Norma Amsterdam

1199SEIU United Healthcare Workers East
Appeals Committee, Camp and Scholarship
Committee, Executive Committee,
Investment Committee

Yvonne Armstrong

1199SEIU United Healthcare Workers East
Appeals Committee, Camp and Scholarship
Committee, Executive Committee

Michael Ashby

1199SEIU United Healthcare Workers East
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Susan Bornstein

Menorah Center for Rehabilitation
& Nursing Care

David Brodsky

Montefiore Medical Center

Lisa Brown

1199SEIU United Healthcare Workers East

James Carey

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Maria Castaneda

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Collections Committee, Cost Containment
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Howard Green Consultants
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Committee, Investment Committee

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1199SEIU United Healthcare Workers East
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Committee, Executive Committee,
Investment Committee

Steve Kramer

1199SEIU United Healthcare Workers East
Executive Committee

Marc Leff

Riverside Health System

Bruce McIver

League of Voluntary Hospitals and Homes
of New York
Appeals Committee, Audit Committee,
Collections Committee, Cost Containment
Committee, Executive Committee,
Investment Committee

Guy Mennonna

The Brooklyn Hospital Center

Joyce Neil

1199SEIU United Healthcare Workers East
Appeals Committee

Bruce Popper

1199SEIU United Healthcare Workers East

Jordy Rabinowitz

Westchester Medical Center

Victor Rivera

1199SEIU United Healthcare Workers East

Michael N. Rosenblut

Parker Jewish Institute

Helen Schaub

1199SEIU United Healthcare Workers East

Carmen Suardy

NYU Langone Medical Center
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Committee

Veronica Turner

1199SEIU United Healthcare Workers East

Laurie Vallone

1199SEIU United Healthcare Workers East
Appeals Committee

Estela Vazquez

1199SEIU United Healthcare Workers East

Audrey Wathen

Jewish Home Lifecare
Appeals Committee

Stacie Williams

NewYork-Presbyterian Hospital
Executive Committee

Nadine Williamson

1199SEIU United Healthcare Workers East

Keith Wolf

St. Barnabas Hospital

Health Care Employees Pension Fund

Jacqueline Alleyne

1199SEIU United Healthcare Workers East

Norma Amsterdam

1199SEIU United Healthcare Workers East
Executive Committee, Retirement Committee

Yvonne Armstrong

1199SEIU United Healthcare Workers East
Executive Committee, Investment
Committee, Retirement Committee

Lisa Brown

1199SEIU United Healthcare Workers East

Maria Castaneda

1199SEIU United Healthcare Workers East
Audit Committee, Collections Committee,
Cost Containment Committee, Executive
Committee, Investment Committee,
Retirement Committee

Lucy Chen

1199SEIU United Healthcare Workers East
Audit Committee

Nerissa Chin

Montefiore Medical Center
Retirement Committee

Jeffrey Cohen

Mount Sinai Medical Center
Executive Committee, Retirement Committee

Mary DiGangi

Isabella Geriatric Center
Retirement Committee

Rebecca Gordon

Northwell Health
Executive Committee

Howard Green

Howard Green Consultants
Audit Committee, Cost Containment
Committee, Executive Committee,
Investment Committee

George Gresham

1199SEIU United Healthcare Workers East
Audit Committee, Cost Containment
Committee, Executive Committee,
Investment Committee

Steve Kramer

1199SEIU United Healthcare Workers East
Executive Committee

William Lee

NewYork-Presbyterian Hospital
Investment Committee

Bruce McIver

League of Voluntary Hospitals and Homes
of New York
Audit Committee, Collections Committee,
Cost Containment Committee, Executive
Committee, Investment Committee,
Retirement Committee

Guy Mennonna

The Brooklyn Hospital Center

Joseph Moscola

Northwell Health

Joyce Neil

1199SEIU United Healthcare Workers East
Investment Committee, Retirement Committee

Robert Oliver Jr.

League of Voluntary Hospitals and Homes
of New York
Investment Committee

Hugo Pizarro

ArchCare

Debra Pucci

1199SEIU United Healthcare Workers East

Michael N. Rosenblut

Parker Jewish Institute
Investment Committee

Milagros Silva

1199SEIU United Healthcare Workers East

Shaun Smith

NewYork-Presbyterian Hospital

Carmen Suardy

NYU Langone Medical Center

Drew Swiss

Montefiore Medical Center
Audit Committee, Investment Committee

Veronica Turner

1199SEIU United Healthcare Workers East

Laurie Vallone

1199SEIU United Healthcare Workers East
Retirement Committee

Estela Vazquez

1199SEIU United Healthcare Workers East
Investment Committee

Audrey Wathen

Jewish Home Lifecare

Greater New York Benefit Fund

Yvonne Armstrong

1199SEIU United Healthcare Workers East
Collections Committee, Executive
Committee, Investment Committee

Michael Balboni

Greater New York Health Care Facilities
Association
Audit Committee, Collections Committee,
Cost Containment Committee, Executive
Committee, Investment Committee

Maria Castaneda

1199SEIU United Healthcare Workers East
Audit Committee, Cost Containment
Committee, Executive Committee

Ronald McCalla

1199SEIU United Healthcare Workers East
Collections Committee

William Pascocello

Appeals Committee

Robin Rosen

Greater New York Health Care Facilities
Association
Audit Committee, Collections Committee,
Investment Committee

Allan Sherman

1199SEIU United Healthcare Workers East
Collections Committee, Investment Committee

Milagros Silva

1199SEIU United Healthcare Workers East

Howard Sukoff

Creative Management

Julio Vives

1199SEIU United Healthcare Workers East

Doug Wissmann

Hillside Manor Rehabilitation and
Extended Care Center
Appeals Committee, Cost Containment
Committee, Investment Committee

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1199SEIU United Healthcare Workers East

Greater New York Pension Fund

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1199SEIU United Healthcare Workers East
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Committee, Investment Committee

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Committee, Investment Committee

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Audit Committee, Cost Containment
Committee, Executive Committee

Joseph Chinae

1199SEIU United Healthcare Workers East
Audit Committee

William Kee

1199SEIU United Healthcare Workers East
Appeals Committee

William Pascocello

Appeals Committee

Timothy Rodgers

1199SEIU United Healthcare Workers East

Robin Rosen

Greater New York Health Care Facilities
Association
Audit Committee, Collections Committee,
Investment Committee

Allan Sherman

1199SEIU United Healthcare Workers East
Collections Committee, Investment
Committee

Julio Vives

1199SEIU United Healthcare Workers East

Doug Wissmann

Hillside Manor Rehabilitation and
Extended Care Center
Appeals Committee, Cost Containment
Committee, Investment Committee

National Benefit Fund for Home Care Employees

Yvonne Armstrong

1199SEIU United Healthcare Workers East

Guadalupe Astacio

1199SEIU United Healthcare Workers East
Appeals Committee

James Carey

R.A.I.N. Home Attendant Services
Appeals Committee, Audit Committee,
Collections Committee, Cost Containment
Committee, Executive Committee,
Investment Committee

Gladys Confident

Home Care Services for Independent Living

Jessica Cummings

Partners in Care

Harold Fong-Sam

1199SEIU United Healthcare Workers East
Cost Containment Committee

Vladimir Fortunny

1199SEIU United Healthcare Workers East
Audit Committee, Investment Committee

Kwai (David) Ho

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Collections Committee, Cost Containment
Committee, Investment Committee

Keith Joseph

1199SEIU United Healthcare Workers East
Audit Committee

Ling Ma

Chinese-American Planning Council
Investment Committee

Bruce McIver

League of Voluntary Hospitals and Homes
of New York
Audit Committee, Cost Containment
Committee

Leah Nelson

1199SEIU United Healthcare Workers East

Adria Powell

Cooperative Home Care Associates

Rona Shapiro

1199SEIU United Healthcare Workers East
Appeals Committee, Collections
Committee, Executive Committee,
Investment Committee

Andrea Thomas

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Home Care Employees Pension Fund

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Appeals Committee, Audit Committee,
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Sunnyside Community Services
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Benicia Williams

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