



November 14, 2008

TO: All Active Participants

FROM: Board of Trustees
Carpenters Health and Welfare Trust Fund for California

RE: BENEFIT IMPROVEMENTS

- Indemnity Medical Plan Change
- Delta Dental Benefit Enhancement for Pregnant Women

The Board of Trustees is pleased to announce the following benefit improvements.

Effective September 1, 2008 ~ Participants in the Indemnity Medical Plan

Non-Contract Hospital Emergency Services. Effective for services received on or after September 1, 2008, covered emergency room services provided in a Non-Contract Hospital will be payable as if the hospital were a Contract Provider **if you had no choice in the hospital used due to the emergency.** If you are admitted to the hospital from the emergency room, covered inpatient charges will also be paid at the Contract Provider benefit level.

Benefits will be paid at 90% of Customary and Reasonable Charges for Plans A and R and subject to the \$100 deductible and \$1,000 annual out of pocket limit. For Plan B and the Flat Rate Plan, benefits will be paid at 80% of Customary and Reasonable charges and subject to the \$100 deductible and \$10,000 annual out-of-pocket limit (\$5,000 out-of-pocket limit effective January 1, 2009). You will still be responsible for any billed charges over the Customary and Reasonable allowance in addition to your 10% (or 20% for Plan B and Flat Rate Plan) coinsurance.

For inpatient confinements, you may be required to transfer to a Contract Hospital upon the advice of a Physician that it is medically safe to transfer you and the acute emergency period has ended. If you remain in the Non-Contract Hospital after the acute emergency period, the benefit payable will be 70% (for Plan A) or 60% (for Plan B and Flat Rate Plan) of the Customary and Reasonable Charge for the period of confinement after the emergency period has ended.

Effective January 1, 2009 ~ All Participants

Delta Dental Benefit Enhancement for Pregnant Women. Effective January 1, 2009, the Delta Dental Plan will provide enhanced benefits to improve oral health for pregnant women. Under this enhanced benefit, the Plan will pay for the following services each calendar year:

- One additional oral exam
- Either one additional routine cleaning or one additional periodontal scaling and root planning per quadrant (up to four quadrants) or an additional periodontal maintenance procedure if you have completed active periodontal treatment at least three months earlier

When submitting your claim, you must include written confirmation of your pregnancy.

Please keep this notice with your benefit booklet. If you have any questions, please call the Benefits Department at the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an e-mail to benefitservices@carpenterfunds.com.

The Board of Trustees maintains the right to change or discontinue the types and amounts of benefits under this Plan. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plan. Only the full Board of Trustees is authorized to interpret the Plan. The Board has discretion to decide all questions about the Plan, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret this Plan on behalf of the Board or to act as an agent of the Board.



November 14, 2008

TO: All Retired Participants

FROM: Board of Trustees
Carpenters Health and Welfare Trust Fund for California

RE: BENEFIT IMPROVEMENTS

- **Indemnity Medical Plan Change (Non-Medicare Retirees)**
- **Medicare Supplement Benefit (Medicare Retirees)**
- **Delta Dental Benefit Enhancement for Pregnant Women (Retirees enrolled in the Voluntary Delta Indemnity Dental Plan Group #1533)**

The Board of Trustees is pleased to announce the following benefit improvements.

Effective September 1, 2008 ~ Indemnity Medical Plan – Non-Medicare Retirees

Non-Contract Hospital Emergency Services. Effective for services received on or after September 1, 2008, covered emergency room services provided in a Non-Contract Hospital will be payable as if the hospital were a Contract Provider **if you had no choice in the hospital used due to the emergency.** If you are admitted to the hospital from the emergency room, covered inpatient charges will also be paid at the Contract Provider benefit level.

Benefits will be paid at 90% of Customary and Reasonable Charges and subject to the \$100 deductible and \$1,000 annual out of pocket limit. You will still be responsible for any billed charges over the Customary and Reasonable allowance in addition to your 10% coinsurance.

For inpatient confinements, you may be required to transfer to a Contract Hospital upon the advice of a Physician that it is medically safe to transfer you and the acute emergency period has ended. If you remain in the Non-Contract Hospital after the acute emergency period, the benefit payable will be 70% of the Customary and Reasonable Charge for the period of confinement after the emergency period has ended.

Effective September 1, 2008 ~ Indemnity Medical Plan – Medicare Retirees

Supplemental Medical Benefits for Outpatient Hospital/Facility Services. Effective September 1, 2008, if you receive outpatient medical or surgical treatment in a Hospital or Facility of the type for which benefits are provided by Part B of Medicare, the Plan will pay the remainder of the Medicare allowable charge for the Hospital or Facility charge after Medicare's payment.

Effective January 1, 2009 ~ Retirees Enrolled in the Voluntary Delta Indemnity Dental Plan Group #1533)

Delta Dental Benefit Enhancement for Pregnant Women. Effective January 1, 2009, the Delta Dental Plan will provide enhanced benefits to improve oral health for pregnant women. Under this enhanced benefit, the Plan will pay for the following services each calendar year:

- One additional oral exam
- Either one additional routine cleaning *or* one additional periodontal scaling and root planning per quadrant (up to four quadrants) *or* an additional periodontal maintenance procedure if you have completed active periodontal treatment at least three months earlier

When submitting your claim, you must include written confirmation of your pregnancy.

Please keep this notice with your benefit booklet. If you have any questions, please call the Benefits Department at the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an e-mail to benefitservices@carpenterfunds.com.

The Board of Trustees maintains the right to change or discontinue the types and amounts of benefits under this Plan. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plan. Only the full Board of Trustees is authorized to interpret the Plan. The Board has discretion to decide all questions about the Plan, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret this Plan on behalf of the Board or to act as an agent of the Board.