

**CARPENTERS HEALTH AND WELFARE TRUST FUND FOR CALIFORNIA**

265 Hegenberger Road, Suite 100

P.O. Box 2280

Oakland, California 94621-0180

Tel. (510) 633-0333 ♦ (888) 547-2054 ♦ Fax (510) 633-0215

[www.carpenterfunds.com](http://www.carpenterfunds.com)



July 2022

**To: All Retired Plan Participants and their Beneficiaries**

➤ *Indemnity Plan / Eligible for Medicare*

**From: BOARD OF TRUSTEES**

**Carpenters Health and Welfare Trust Fund for California**

**Re: SUMMARY OF BENEFITS AND COVERAGE (SBC) required by the Affordable Care Act (ACA)**

As required by law, group health plans like ours are providing plan participants with a Summary of Benefits and Coverage (SBC) as a way to help understand and compare medical benefits. The SBC provides a brief overview of the medical plan benefits provided by the Carpenters Health and Welfare Trust Fund for California. Please share this SBC with your family members who are also covered by the Plan.

Each SBC contains concise medical plan information in plain language about benefits and coverage. This includes what is covered, what you need to pay for various benefits, what is not covered, and where to go for more information or to get answers to questions. Government regulations are very specific about the information that can and cannot be included in each SBC so the Plan is not allowed to customize much of the form and content. The attached SBC includes:

- A health plan comparison tool called “Coverage Examples.” These examples illustrate how the medical plan covers care for three common health scenarios: having a baby, diabetes care and care for a fractured bone. These examples show the projected total costs associated with each of these three situations, how much of these costs the Plan covers and how much you, the Participant, need to pay. In these examples, it’s important to note that the costs are national averages and do not reflect what the actual services might cost in your area. Plus, the cost for your treatment might also be very different depending on your doctor’s approach, whether your doctor is an In-Network PPO Provider or a Non-PPO Provider, your age and any other health issues you may also have. These examples are there to help you compare how different health plans might cover the same condition—not for predicting your own actual costs.
- A link to a “Glossary” of common terms used in describing health benefits, including words such as “*deductible*,” “*co-payment*,” and “*co-insurance*.” The glossary is standard and cannot be customized by a Plan.
- Websites and toll-free phone numbers you can contact if you have questions or need assistance with benefits.

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



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.carpenterfunds.com](http://www.carpenterfunds.com) or call 1-888-547-2054. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.carpenterfunds.com](http://www.carpenterfunds.com) or call 1-888-547-2054 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	\$128/individual per calendar year	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
<b>Are there other deductibles for specific services?</b>	Yes. \$360/individual per calendar year for covered <u>prescription drugs</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	Not Applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Not Applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> or call 1-888-547-2054 for a list of Contract <u>providers</u> in California. See <a href="http://www.bcbs.com">www.bcbs.com</a> or call 1-800-810-2583 for a list of Contract <u>providers</u> outside the state of California.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract <u>Provider</u> (You will pay the least)	Non-Contract <u>Provider</u> (You will pay the most)	
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	<u>Specialist</u> visit	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	<u>Preventive care/screening/Immunization</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	<ul style="list-style-type: none"> <li>• Benefits paid by this Plan are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.</li> <li>• You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.</li> </ul>
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	<ul style="list-style-type: none"> <li>• Physician/provider's professional fees may be billed separately</li> <li>• Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.</li> </ul>
	Imaging (CT/PET scans, MRIs)	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract <u>Provider</u> (You will pay the least)	Non-Contract <u>Provider</u> (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call 1-800-939-7093.	Generic drugs (Initial Coverage Stage)	Retail Pharmacy (maximum 30-day supply): \$10 <u>copayment</u> /fill. Mail Order (90-day supply): \$20 <u>copayment</u> /fill.	You pay 100%	<ul style="list-style-type: none"> <li>Prescription drugs are subject to a separate \$360/individual <u>deductible</u> per calendar year.</li> <li>During the Coverage Gap Stage, you pay 40% <u>coinsurance</u> for Brand drugs and 51% <u>coinsurance</u> for Generic drugs</li> <li>After you pay \$4,850 out of pocket for Part D drugs, you move to the "Catastrophic Coverage Stage". During this stage, you pay the <b>greater</b> of either \$2.95 <u>copayment</u>/fill for a generic or preferred brand drug that is a multi-source drug and \$7.40 <u>copayment</u>/fill for all other drugs, with a maximum not to exceed the standard cost-sharing amount during the initial coverage stage; OR 5% <u>coinsurance</u> of the total cost.</li> </ul>
	Preferred brand drugs (Initial Coverage Stage)	Retail Pharmacy (30-day supply): \$40 <u>copayment</u> /fill. Mail Order (90-day supply): \$80 <u>copayment</u> /fill.		
	Non-preferred brand drugs (Initial Coverage Stage)	Retail Pharmacy (30-day supply): \$60 <u>copayment</u> /fill. Mail Order (90-day supply): \$120 <u>copayment</u> /fill		
	<u>Specialty drugs</u> (Initial Coverage Stage)	Retail and Mail Order: 25% <u>coinsurance</u> for a 30-day supply.	Not covered	Specialty drugs are available only from the Mail Order Pharmacy (except certain emergency drugs may be provided by a retail Participating Pharmacy).
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	Physician/surgeon fees	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	<ul style="list-style-type: none"> <li>Physician/<u>provider's</u> professional fees may be billed separately</li> <li>Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.</li> </ul>
	<u>Emergency medical transportation</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	
	<u>Urgent care</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract <u>Provider</u> (You will pay the least)	Non-Contract <u>Provider</u> (You will pay the most)	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge for the first 60 days of an admission	No charge for the first 60 days of an admission (if the <u>provider</u> accepted Medicare assignment of benefits).	The <u>Plan</u> will pay the Medicare Part A Hospital deductible for the first 60 days of each Medicare benefit period for covered Hospital services. Medicare Part A <u>Coinsurance</u> days are not covered by this Plan.
	Physician/surgeon fees	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	Inpatient services	No charge for the first 60 days of an admission.	No charge for the first 60 days of an admission (if the <u>provider</u> accepted Medicare assignment of benefits).	The <u>Plan</u> will pay the Medicare Part A Hospital deductible for the first 60 days of each Medicare benefit period for covered Hospital services. Medicare Part A <u>Coinsurance</u> days are not covered by this Plan.
<b>If you are pregnant</b>	Office visits(	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	<ul style="list-style-type: none"> <li>Benefits paid by this Plan are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.</li> <li>Maternity care may include tests and services described somewhere else in the SBC (i.e., ultrasound).</li> </ul>
	Childbirth/delivery professional services	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	Childbirth/delivery facility services	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	<u>Rehabilitation services</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	<u>Habilitation services</u>	Not covered	Not covered	You pay 100% for this service, even <u>in-network</u> .

\* For more information about limitations and exceptions, see the plan or policy document at [www.carpenterfunds.com](http://www.carpenterfunds.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract <u>Provider</u> (You will pay the least)	Non-Contract <u>Provider</u> (You will pay the most)	
	<u>Skilled nursing care</u>	Not covered	Not covered	Plan pays only the Medicare Part A <u>Deductible</u> . You pay 100% for this service, even <u>in-network</u> .
	<u>Durable medical equipment</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	<u>Hospice services</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Vision benefits are available through a separate vision <u>plan</u> .
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	If you elect to purchase a Voluntary Dental <u>Plan</u> , it will be provided under a separate policy.

#### Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Cosmetic surgery</li> </ul>	<ul style="list-style-type: none"> <li><u>Habilitation services</u></li> <li>Infertility treatment</li> <li>Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing</li> <li><u>Skilled Nursing Care</u></li> <li>Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> <li>Chiropractic care</li> <li>Dental care (Adult, Child) (if you elect the optional Dental Plan)</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids (limited to \$800/ear in any 3-year period)</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>Routine eye care (Adult, Child) (under separate vision plan)</li> <li>Routine foot care</li> </ul>



**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Trust Fund Office at 1-888-547-2054. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-547-2054.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-547-2054.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-547-2054.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**IMPORTANT:**

The results of the coverage examples for this Medicare Supplement Plan shown on the next page assume the following:

- (1) Medicare is the primary payer and that participants are enrolled in Medicare Part A, B and D.
- (2) The plan uses the coordination method to integrate with Medicare.
- (3) The allowed amounts used in the examples are assumed to be the same as allowed under Medicare.
- (5) The Plan only pays the eligible portion of covered services that Medicare does not pay.



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$128
■ <u>Specialist coinsurance</u>	0%
■ <u>Hospital (facility) coinsurance</u>	0%
■ <u>Other coinsurance</u>	0%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$180
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$200</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$128
■ <u>Specialist coinsurance</u>	0%
■ <u>Hospital (facility) coinsurance</u>	0%
■ <u>Other coinsurance</u>	0%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$488
Copayments	\$640
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,148</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$128
■ <u>Specialist coinsurance</u>	0%
■ <u>Hospital (facility) coinsurance</u>	0%
■ <u>Other coinsurance</u>	0%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$130
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$130</b>