

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

Carpenters Health and Welfare Trust Fund for California: Notice of Privacy Practices

Esta noticia es disponible en español si usted lo suplica. Por favor contacte el Funcionario de Privacidad (510-639-4301).

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

Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In this notice, the name “Carpenters Health and Welfare Fund” and the terms “we”, “us”, and “our” encompass not only this health plan itself but also Business Associates acting on behalf of the plan or providing services to the plan. These Business Associates may include a third party administrator, a pharmacy benefits manager, and professionals such as attorneys, auditors, and consultants. It does not include the Board of Trustees, the Plan Sponsor, which will be specified where appropriate.

DUTIES OF CARPENTERS HEALTH AND WELFARE FUND

We are required by law to maintain the privacy of your health information. We must provide you with this Notice of our legal duties and privacy practices with respect to your health information, we are required to notify you if there is a breach of your unsecured protected health information, and we are also required to abide by the terms of this Notice, which may be amended from time to time.

We reserve the right to change the terms of this Notice at any time in the future and to make the new provisions effective for all health information that we maintain. We will promptly revise our Notice and distribute it to all Plan Participants whenever we make material changes to our privacy policies and procedures within 60 days of such change. This Notice will also be provided to all new enrollees as required.

**HOW CARPENTERS HEALTH AND WELFARE FUND MAY USE OR DISCLOSE
YOUR HEALTH INFORMATION**

We are permitted by law to use or disclose your “health information” to conduct activities necessary for “payment” and “health care operations” (as those terms are defined in the attached Glossary). These are the main purposes for which we will use or disclose your health information. For each of these purposes we list below examples of these kinds of uses and disclosures. These are only examples and are not intended to be a complete list of all the ways we may use or disclose your health information.

Payment. We may use or disclose health information about you for purposes within the definition of “payment”. These include, but are not limited to, the following purposes and example:

- **Determining your eligibility for plan benefits.** For example, we may use information obtained from your employer to determine whether you have satisfied the plan’s requirements for active eligibility.

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- **Obtaining contributions from you or your employer.** For example, we may send your employer a request for payment of contributions on your behalf, and we may send you information about premiums for COBRA continuation coverage.
- **Pre-certifying or pre-authorizing health care services.** For example, we may consider a request from you or your physician to verify coverage for a specific hospital admission or surgical procedure.
- **Determining and fulfilling the plan's responsibility for benefits.** For example, we may review health care claims to determine if specific services that were provided by your physician are covered by the plan.
- **Providing reimbursement for the treatment and services you received from health care providers.** For example, we may send your physician a payment with an explanation of how the amount of the payment was determined.
- **Subrogating health claim benefits for which a third party is liable.** For example, we may exchange information about an accidental injury with your attorney who is pursuing reimbursement from another party.
- **Coordinating benefits with other plans under which you have health coverage.** For example, we may disclose information about your plan benefits to another group health plan in which you participate.
- **Obtaining payment under a contract of reinsurance.** For example, if the total amount of your claims exceeds a certain amount we may disclose information about your claims to our stop-loss insurance carrier.

Health Care Operations. We may use and disclose health information about you for purposes within the definition of "health care operations". These purposes include, but are not limited to:

- **Conducting quality assessment and improvement activities.** For example, a supervisor or quality specialist may review health care claims to determine the accuracy of a processor's work.
- **Case management and care coordination.** For example, a case manager may contact home health agencies to determine their ability to provide the specific services you need.
- **Contacting you regarding treatment alternatives or other benefits and services that may be of interest to you.** For example, a case manager may contact you to give you information about alternative treatments which are neither included nor excluded in the plan's documentation of benefits but which may nevertheless be available in your situation.
- **Contacting health care providers with information about treatment alternatives.** For example, a case manager may contact your physician to discuss moving you from an acute care facility to a more appropriate care setting.
- **Employee training.** For example, training of new claims processors may include processing of claims for health benefits under close supervision.

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- **Accreditation, certification, licensing, or credentialing activities.** For example, a company that provides professional services to the plan may disclose your health information to an auditor that is determining or verifying its compliance with standards for professional accreditation.
- **Securing or placing a contract for reinsurance of risk relating to claims for health care.** For example, your demographic information (such as age and sex) may be disclosed to carriers of stop loss insurance to obtain premium quotes.
- **Conducting or arranging for legal and auditing services.** For example, your health information may be disclosed to an auditor who is auditing the accuracy of claim adjudications.
- **Management activities relating to compliance with privacy regulations.** For example, the Privacy Officer may use your health information while investigating a complaint regarding a reported or suspected violation of your privacy.
- **Resolution of internal grievances.** For example, your health information may be used in the process of settling a dispute about whether or not a violation of our privacy policies and procedures actually occurred.

Disclosures to Plan Sponsor (Board of Trustees). In addition to the circumstances and examples described above, there are three types of health information about you that we may disclose to the Board of Trustees. The disclosures described below are included within the definitions of “payment” or “health care operations”.

- We may disclose to the Board of Trustees whether or not you have enrolled in, are participating in, or have disenrolled from this health plan.
- We may provide the Board of Trustees with “summary health information”, which includes claims totals without any personal identification except your ZIP code, for these two purposes:
 - To obtain health insurance premium bids from other health plans, or
 - To consider modifying, amending, or terminating the health plan.
- We may disclose your health information to the Board of Trustees for purposes of administering benefits under the plan. These purposes may include, but are not limited to:
 - Reviewing and making determinations regarding an appeal of a denial or reduction of benefits.
 - Evaluating situations involving suspected or actual fraudulent claims.
 - Monitoring benefit claims that may or do involve stop-loss insurance.

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Other Uses and Disclosures. The following categories describe other ways that Carpenters Health and Welfare Fund may use and disclose your health information. Each category is illustrated with one or more examples. Not every potential use or disclosure in each category will be listed, and those that are listed may never actually occur.

- **Involvement in Payment.** With your agreement, we may disclose your health information to a relative, friend, or other person designated by you as being involved in payment for your health care. For example, if we are discussing your health benefits with you, and you wish to include your spouse or child in the conversation, we may disclose information to that person during the course of the conversation.
- **Required by Law.** We will disclose your health information when required to do so by Federal, state, or local law. For example, we may disclose your information to a representative of the U.S. Department of Health and Human Services who is conducting a privacy regulations compliance review.
- **Public Health.** As permitted by law, we may disclose your health information as described below:
 - **To an authorized public health authority**, for purposes of preventing or controlling disease, injury or disability;
 - **To a government entity** authorized to receive reports of child abuse or neglect;
 - **To a person under the jurisdiction of the Food and Drug Administration**, for activities related to the quality, safety, or effectiveness of FDA-regulated products.
- **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system or compliance with civil rights laws. However, this permission to disclose your health information does not apply to any investigation of you which is directly related to your health care.
- **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding:
 - In response to an order of a court or administrative tribunal, or
 - In response to a subpoena, discovery request, or other lawful process.

Specific circumstances may require us to make reasonable efforts to notify you about the request or to obtain a court order protecting your health information.

- **Law Enforcement.** We may disclose your health information to a law enforcement official for various purposes, such as identifying or locating a suspect, fugitive, material witness or missing person.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, to facilitate such.

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**WHEN CARPENTERS HEALTH AND WELFARE FUND MAY NOT USE OR
DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. Specifically, most uses and disclosures of your psychotherapy notes (where appropriate), uses and disclosures of your protected health information for marketing purposes, and disclosures that constitute a sale of your protected health information require your written authorization. If you have authorized us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization. However, we will be unable to take back any disclosures we have already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer at the address shown below.

The Carpenters Health and Welfare Fund will not use or disclose your genetic health information for underwriting purposes. Additionally, you have the right to opt out of receiving any communications concerning fund raising activities in which the Carpenters Health and Welfare Fund may engage.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to restrictions that you request except if the disclosure involves payment or health care operations not required by law and the information pertains solely to a health care item or service that you have paid for out of pocket in full. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer at the address shown below.

Right to Request Confidential Communications. You have the right to ask us to communicate with you using an alternative means or at an alternative location. Requests for confidential communications must be submitted in writing to the Privacy Officer at the address shown below. We are not required to agree to your request unless disclosure of your health information could endanger you.

Right to Inspect and Copy. You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect or copy such information, you must submit your request in writing to the Privacy Officer at the address shown below. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

Right to Request Amendment. If you believe that we possess health information about you that is incorrect or incomplete, you have a right to ask us to change it. To request an amendment of health records, you must make your request in writing to the Privacy Officer at the address shown below. Your request must include a reason for the request. We are not required to change your health information. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial.

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Right to Accounting of Disclosures. You have the right to receive a list or “accounting” of disclosures of your health information made by us. However, we do not have to account for disclosures that were:

- made to you or were authorized by you, or
- for purposes of payment functions or health care operations.

Requests for an accounting of disclosures must be submitted in writing to the Privacy Officer at the address shown below. Your request should specify a time period within the last six years and may not include dates before April 14, 2003. We will provide one free list per twelve-month period, but we may charge you for additional lists.

Right to Paper Copy. You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Privacy Officer at the address shown below or you can download a copy at www.carpenterfunds.com.

Your Personal Representative

You may exercise your rights to your PHI by designating a personal representative. Your personal representative will be required to produce evidence of the authority to act on your behalf **before** the personal representative will be given access to your PHI or be allowed to take any action for you. Under this Plan, proof of such authority will include a completed, signed and approved form. You may obtain this form by contacting the Privacy Officer or his or her designee at their address listed on the first page of this Notice. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

This Plan will recognize certain individuals as Personal Representatives **without** you having to complete a Personal Representative form. You may however request that the Plan **not** automatically honor the following individuals as your Personal Representative by completing a form to Revoke a Personal Representative available from the Privacy Officer or their designee.

- For example, the Plan will automatically consider a spouse to be the personal representative of a Plan Participant and vice versa. The recognition of your spouse as your personal representative (and vice versa) is for the use and disclosure of PHI under this Plan and is not intended to expand such designation beyond what is necessary for this Plan to comply with HIPAA privacy regulations. You should also review the Plan’s Policy and Procedure regarding Personal Representatives (available from the Privacy Officer) for a more complete description of the circumstances where the Plan will automatically consider an individual to be a personal representative.

YOUR HEALTH INFORMATION PRIVACY RIGHTS

If you would like to obtain a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact:

HIPAA Privacy Officer
Carpenters Health and Welfare Trust Fund for California
P.O. Box 2280
Oakland, CA 94621-0181

**CARPENTERS HEALTH AND WELFARE
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Complaints. If you believe that your privacy rights have been violated by Carpenters Health and Welfare Trust Fund for California, or by anyone acting on our behalf, you may file a complaint. Complaints to us must be submitted in writing to the Privacy Officer at the above address. You may also file a complaint with the Secretary of the Department of Health and Human Services at:

200 Independence Avenue, SW
Washington, DC 20201

We will not retaliate against you in any way for filing a complaint.

Questions. If you have questions about any part of this Notice or if you want more information about the privacy practices at Carpenters Health and Welfare Fund, please contact the Privacy Officer at the above address.

**CARPENTERS ANNUITY TRUST FUND AND
CARPENTERS VACATION AND HOLIDAY TRUST FUND
FOR NORTHERN CALIFORNIA**

265 Hegenberger Road, Suite 100
Oakland, California 94621-0180

Tel. (510) 633-0333 ✧ (888) 547-2054 ✧ Fax (510) 633-0215
www.carpenterfunds.com ✧ benefitservices@carpenterfunds.com



April 17, 2018

**Re: Carpenters Annuity Trust Fund for Northern California
Carpenters Vacation and Holiday Trust Fund for Northern California
Fee to Locate Missing Participants**

Dear Participant and Beneficiary:

To ensure that you receive your benefits when eligible, the Trustees of the Carpenters Annuity Trust Fund and Vacation and Holiday Trust Fund have policies to locate and pay benefits to unenrolled and missing Participants or Beneficiaries of the Plans. The process of enrolling or locating missing Participants or Beneficiaries can include one or more of the following efforts, depending on the amount of the unpaid account balance:

- Write the Participant letters requesting enrollment in the Plan(s),
- Contact the Employer or former employer(s) to obtain an address,
- Contact the Union to obtain an address,
- Send information to an external commercial locator service that has access to a variety of sources to obtain an address.

In recognition of the cost of such efforts, the Plan(s) will assess Individual Account(s) a reasonable fee for the location services. To avoid an assessment for location efforts, simply keep the Fund Office apprised of your current address and if you have not yet done so, complete an Enrollment Form, which can be downloaded from the website, www.carpenterfunds.com, and mail, email, or fax it to the Carpenter Fund Office. You can also obtain a Form by calling the Fund Office at (888) 547-2054.

The Boards of Trustees maintain the right to change or discontinue the types and amounts of benefits under these Plans. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plans. Only the Full Boards of Trustees are authorized to interpret the Plans. The Boards have discretion to decide all questions about the Plans, 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 the Plans on behalf of the Boards or to act as an agent of the Boards.

Please keep this important notice with your Annuity and Vacation and Holiday benefit booklets. If you have any questions regarding this notice, please contact the Trust Fund Office at benefitservices@carpenterfunds.com, (510) 633-0333, or toll-free at (888) 547-2054.

Sincerely,

Carpenters Annuity Trust Fund Board of Trustees and
Carpenters Vacation Trust Fund Board of Trustees

Find a Network Dentist



It's easy to look for a Delta Dental dentist in your area. Whether you're on a laptop, desktop computer, tablet or smartphone, we've got you covered.

WEBSITE:

For computer or tablet

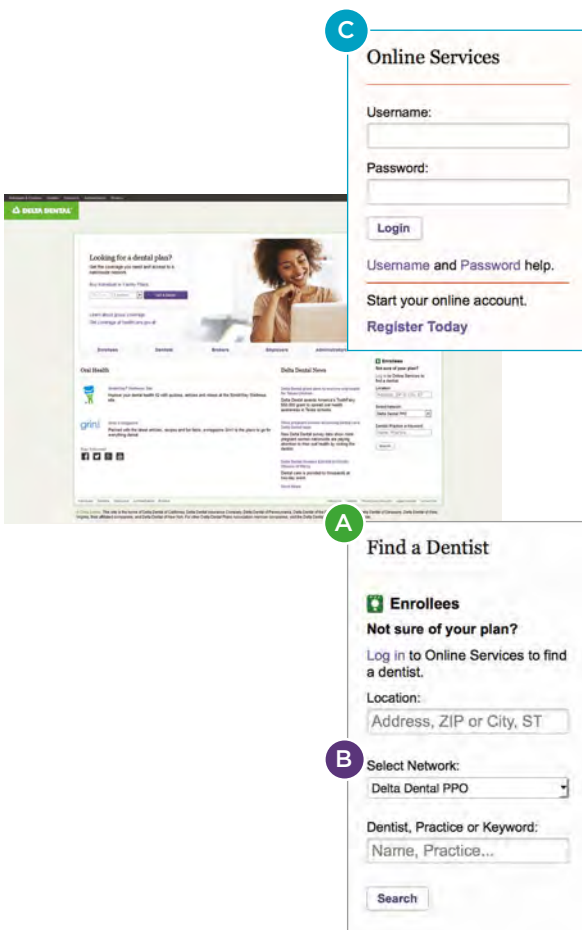
Go to **deltadentalins.com**.

A. Search for a dentist. Look for the **Find a Dentist** tool on the right. Enter a location (address, ZIP code or city and state), and select your plan from the drop-down menu. For a more targeted search, you can enter the name of your dentist or dental office. Click Search.

Optional: Filter your search results by categories such as specialty, language, gender, extended office hours and accessibility.

B. Current dentist. Want to see if your current dentist is in-network? Just search by the name of your dentist or dental office and location, and choose "All of the above" for network. The network(s) will be listed when you click on your dentist or dental office.

C. Find out your network. Don't know which network you're in? Log in to Online Services before searching. You can register for an account as soon as your coverage begins.



C Online Services

Username:

Password:

Login

Username and Password help.

Start your online account.
Register Today

A Find a Dentist

B Select Network:
Delta Dental PPO

Dentist, Practice or Keyword:
Name, Practice...

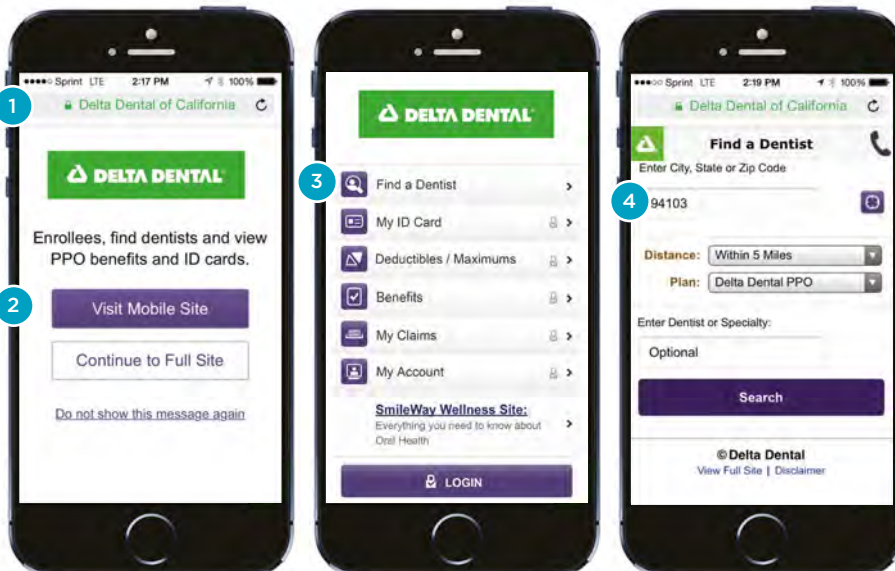
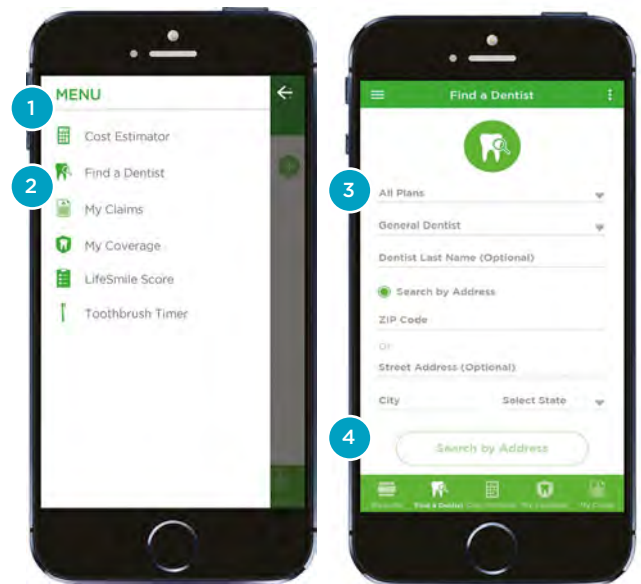
Search

MOBILE APP¹:

For smartphone or tablet

First, install the Delta Dental app from Google Play or the App Store.

1. Click on the menu in the top-left corner.
2. Select **Find a Dentist**.
3. Select your plan and the type of dentist you are searching for.
4. Click on **Search by Current Location** or **Search by Address**.



MOBILE-OPTIMIZED SITE¹:

For smartphone

1. Go to **deltadentalins.com**.
2. Click on **Visit Mobile Site**.
3. Click on **Find a Dentist**.
4. Enter your location, select a distance and plan (network) from the drop-down menu, optionally filter your search by dentist or specialty and click **Search**.

¹ Some features available to PPO and Premier enrollees only.

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a dental provider organization (DPO) plan.

DeltaCare USA is underwritten in these states by these entities: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY - Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV - Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX - Alpha Dental Programs, Inc.; NV - Alpha Dental of Nevada, Inc.; UT - Alpha Dental of Utah, Inc.; NM - Alpha Dental of New Mexico, Inc.; NY - Delta Dental of New York, Inc.; PA - Delta Dental of Pennsylvania; VA - Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 34.5 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 74 million people in the U.S.



CARPENTERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: 1 (888) 547-2054
Phone: (510) 633-0333

June 11, 2021

TO: All Participants and Beneficiaries

FROM: Board of Trustees

RE: Carpenters Pension Trust Fund for Northern California

- **Percentage of Contribution Accrual Factor**
- **Change to the Required Beginning Date**

This notice is to advise you of modifications that have been made to the Pension Plan for the Carpenters Pension Trust for Northern California.

Percentage of Contribution Accrual Factor

Effective July 1, 2021 and July 1, 2022, the Collective Bargaining Agreement provides for increases in the contributions paid into the Carpenters Pension Trust Fund for Northern California ("Pension Fund"). Even though the Scheduled Contribution Rate for Pension is increasing, in order to keep the Monthly Benefit at approximately the same amount each year, the Accrual Rate Percentage of Contribution Factor will continue to decrease as shown in the table below. The new money is intended to increase the financial stability of the Pension Fund by paying more towards unfunded liabilities. The same number of Hours in Covered Employment will continue to earn approximately the same dollar value benefit each year.

These changes do not affect benefits earned prior to July 2021. If you are currently retired and receiving a monthly benefit payment from the Pension Fund, your payments will continue uninterrupted.

Effective Dates	Scheduled Contribution Rate	Percentage of Contribution Accrual Factor	(Example) Monthly Benefit, Assuming 1,740 Hours
July 1, 2021 to June 30, 2022	\$10.95	1.10%	\$209.58
July 1, 2022 to June 30, 2023	\$11.10	1.085%	\$209.56

Change to the Required Beginning Date

The Required Beginning Date is the date as of which federal law requires Participants to commence benefits under the Plan. Participants who do not apply for benefits on or before their Required Beginning Date will be paid in the form of a 50% Joint and Survivor calculation and they cannot change to another payment election unless proven to be unmarried.

Effective January 1, 2020, if you were born on or after July 1, 1949, your Required Beginning Date is April 1 of the calendar year following the calendar year in which you attain age 72. If you were

born before July 1, 1949, your Required Beginning Date remains April 1 of the calendar year following the calendar year in which you attain age 70½.

If you die before your benefits have begun, federal law also states when your surviving Spouse (if any) is required to commence benefits under the Plan. Effective January 1, 2020, surviving Spouses of Participants born on or after July 1, 1949 are required to begin distributions by December 31 of the calendar year in which you would have reached 72. Surviving Spouses of Participants born before July 1, 1949, must still begin distributions by December 31 of the calendar year in which you would have reached age 70½.

Although the Required Beginning Date under the Plan has changed, you may still elect to begin receiving benefits at age 70½, even if you are employed in any capacity.

For more information about this notice or the Pension Plan in general, please contact the Trust Fund Office at benefitservices@carpenterfunds.com or by mail at Carpenter Funds Administrative Office of Northern California, Inc., 265 Hegenberger Rd., Suite 100, Oakland, CA 94621.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep it with your Summary Plan Description.



CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: (888) 547-2054
Phone: (510) 633-0333

October 1, 2021

TO: All Plan Participants and Beneficiaries

**FROM: BOARD OF TRUSTEES
Northern California Carpenters 401(k) Trust Fund**

RE: Plan Changes

- Rules For Participation
- Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE ACT)
- Coronavirus Aid, Relief and Economic Security Act (CARES Act)

The purpose of this Notice is to notify you of changes made to the Northern California Carpenters 401(k) Plan (the "401(k) Plan") due to changes in rules for participation in the 401(k) Plan, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act").

This Notice is a Summary of Material Modifications ("SMM") to the Summary Plan Description ("SPD"), and supplements the IRS Safe-Harbor Plan Notice previously distributed for the current Plan Year.

Please read this carefully and keep it with your copy of the SPD which was previously distributed to you. If you have questions, call John Hancock or the 401(k) Plan contact listed in your SPD.

CHANGES IN RULES FOR PARTICIPATION

Eligibility to Participate if you are working under a Collective Bargaining Agreement

If you are working under a Collective Bargaining Agreement, you are eligible to participate in the 401(k) Plan if your Employer is making a contribution to the Carpenters Annuity Trust Fund for Northern California that is at least 3% of your pay as reported on the Form W-2. If your Employer is not making any Annuity Contributions, or is making an Annuity Contribution that is less than 3% of your pay, you are not eligible to participate in the 401(k) Plan.

Eligibility to Participate if you are a Non-Collectively Bargained Employee working for an Employer who has signed a Collective Bargaining Agreement or Subscription Agreement allowing participation in the 401(k) Plan

If you are a Non-Collectively Bargained Employee working for an Employer who has signed a Collective Bargaining Agreement or Subscription Agreement allowing participation in the 401(k) Plan, you are eligible to participate in the 401(k) Plan if your Employer is making, or will make, a contribution to the Carpenters Annuity Trust Fund for Northern California and/or the 401(k) Plan that is at least 3% of your pay as reported on the Form W-2.

SECURE ACT CHANGES

Change to the Required Beginning Date:

The Required Beginning Date is the date which federal law requires that Participants begin receiving benefits under the 401(k) Plan. Effective January 1, 2020, if you were born on or after July 1, 1949, your Required Beginning Date is April 1 of the calendar year following the calendar year in which you attain age 72. If you were born before July 1, 1949, your Required Beginning Date remains April 1 of the calendar year following the calendar year in which you attain age 70½.

If a Participant dies without taking any distributions, federal law also stipulates the Required Beginning Date in which a surviving Spouse (if any) is required to begin receiving benefits under the Plan. Effective January 1, 2020, surviving Spouses of Participants born on or after July 1, 1949 are required to begin distributions by December 31 of the calendar year in which the Participant would have reached 72. Surviving Spouses of Participants born before July 1, 1949 must still begin distributions by December 31 of the calendar year in which the Participant would have reached age 70½.

Timing of Beneficiary Distributions:

Plan changes have been made regarding the timing of payments to be made to Beneficiaries when a Participant passes away before receiving his or her entire 401(k) account. These changes have been made to align with recent Federal Law.

Upon the death of a Participant, effective January 1, 2020, following is information regarding the options and timing of payment requirements that would apply to a Participant's Beneficiary (or Beneficiaries):

TYPE OF BENEFICIARY:	BENEFICIARY PAYMENT INFORMATION:
Spouse, Disabled Beneficiary, Chronically Ill Beneficiary, or a Beneficiary who is not more than 10 years younger	<u>Option 1:</u> The Beneficiary must have received the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Participant's death.
	<u>Option 2:</u> The Beneficiary can elect a life annuity, which must begin no later than December 31 of the year immediately preceding the Participant's Required Beginning Date. This option must be elected before September 30 in the year after the Participant's death.
Minor Child	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Minor Child reaching the age of majority.
Applicable Multi-Beneficiary Trust (AMBT)	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Participant's death, except in the case of an AMBT with disabled and/or chronically ill Beneficiaries, where a life annuity may be chosen if elected by September 30 in the year after the Participant's death.
Designated Beneficiary not mentioned above	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Participant's death
A Non-Designated Beneficiary	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 5th anniversary of the Participant's death.

CARES ACT CHANGES**Definition of Qualified Individual**

Certain changes to the 401(k) Plan apply only to those Participants who are defined as “Qualified Individuals” under the provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

A Participant of the 401(k) Plan would be a “Qualified Individual” upon certification of one of the following conditions any time during the period January 1, 2020 through December 31, 2020:

- The Participant, Participant’s spouse or dependent (as defined in Section 152 of the Internal Revenue Code) was diagnosed with the Virus SARS-CoV-2 or COVID-19 by a test approved by the Centers for Disease Control and Prevention, or
- the Participant has experienced adverse financial consequences because the Participant, his spouse, or a member of his household:
 - were quarantined, furloughed or laid off, or had work hours reduced due to COVID-19; or
 - were unable to work due to lack of childcare due to COVID-19; or
 - had a reduction in pay (or self-employment income), had a job offer rescinded or start date for a job delayed due to COVID-19; or
 - owned or operated a business which closed or hours were reduced due to COVID-19.

The IRS may, in the future, expand the definition of Qualified Individual.

Coronavirus-Related Distributions for Qualified Individuals

A Coronavirus-Related Distribution (“CRD”) is a distribution made from an eligible retirement plan to a Qualified Individual from January 1, 2020, to December 30, 2020, for up to a combined limit of \$100,000 from all eligible retirement plans and IRAs in which the Qualified Individual participates.

For federal income tax purposes, the amount of a CRD can be included as income in the year received, or over a three (3) year period (state tax treatment may differ). Note: Whichever method is chosen must be applied to all CRDs received in the taxable year and cannot be changed after the required date for filing your tax return (including extension) for the year of distribution. In addition, all or a portion of a CRD may be repaid to an eligible retirement plan that accepts such repayment or to an IRA, but only during the three (3) year period beginning on the day after the date the CRD was received (and prior federal income tax filings can be amended to reflect the repayment). Any repayment is treated under the 401(k) Plan as a rollover contribution. There is no 10% early withdrawal penalty tax and the CRD is subject to optional federal income tax withholding. State income tax and withholding may also apply.

If you are a Qualified Individual and you take a distribution other than a CRD (or have a loan offset) from the 401(k) Plan in 2020 and before December 30, 2020, you may also be able to treat that distribution as a CRD when you file your federal tax return. Consult your tax advisor for more information.

It is solely your responsibility to make sure that if you had a CRD from the Northern California 401(k) Plan, that it and any other CRDs from eligible retirement plans and IRAs in which you participate, do not exceed \$100,000.

CRDs will be made in accordance with procedures established by the Plan Administrator.

Suspension of Loan Repayments for Qualified Individuals

If you are a Qualified Individual and have a loan with the 401(k) Plan, you were permitted an option to request the suspension of loan repayments due between March 27, 2020 and December 2020. When loan repayments resumed again (early 2021), the repayment amounts would have been adjusted as the remaining loan repayments will be made up over the original term of the loan plus up to one year and will include accrued interest. For information concerning your loan or loan payment call John Hancock at the phone number provided in your SPD.

Suspension of 2020 Required Minimum Distributions ("RMDs") *See Secure Act Changes*

If 2019 was the first year you would have been required to receive an RMD and you received the 2019 RMD during the period of January 1, 2020 through April 1, 2020, you were permitted to roll over the distribution, to an eligible retirement plan that accepts rollovers or an IRA, until August 31, 2020.

If 2020 was not the first year of your RMD you would have received your 2020 RMD unless you had elected to suspend your 2020 RMD by contacting John Hancock.

If 2020 was the first year of your RMD you would not have received your 2020 RMD unless you had elected to do so by contacting John Hancock.

If you received a RMD in 2020, you were permitted to roll it over to an eligible retirement plan that accepts rollovers or an IRA. The rollover must have been made within 60 days of the distribution (or August 31, 2020, if later).

CARPENTERS HEALTH AND WELFARE TRUST FUND FOR CALIFORNIA

265 Hegenberger Road, Suite 100

P.O. Box 2280

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www.carpenterfunds.com



July 2022

To: All Active Participants and their Beneficiaries – Plan A and Plan R

**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 or 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.

 **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 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 or call 1-888-547-2054 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Contract <u>Provider</u> : \$128/individual per calendar year; \$256/family per calendar year. Non-Contract <u>Provider</u> : \$257/person per calendar year; \$514/family 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> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Mental health, chemical dependency (including detox), member assistance program visits, Contract <u>Provider</u> On-line physician visits up to \$49 per visit, and outpatient <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	There is no <u>out-of-pocket limit</u> on all types of <u>cost sharing</u> , but there is a \$1,289/person (\$2,578/family) on the amount of <u>coinsurance</u> that you must pay for covered services in a year.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, hearing examination and hearing aid expenses, penalties for failure to obtain precertification, <u>deductibles</u> , expenses from Non-Contract <u>providers</u> , outpatient retail/mail order <u>prescription drug</u> expenses, amounts over the reference-based pricing allowances and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.anthem.com/ca or call 1-888-547-2054 for a list of Contract <u>providers</u> in California. See www.bcbs.com 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>

Important Questions	Answers	Why This Matters:
		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.
Do you need a <u>referral</u> to see a <u>specialist</u>?	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 Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment. Plan pays 100% for physician online visits with a Contract <u>provider</u>.
	<u>Specialist</u> visit	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
	<u>Preventive care/screening/Immunization</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> For adults and children, benefits are limited to one routine physical exam in any 12-month period. For Employee and Spouse only, benefits include one routine Ob-Gyn examination within a 12-month period in addition to the routine physical. Coverage includes any x-rays and laboratory tests provided in connection with the physical examination, including a pap smear. 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 plan will pay for. Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Professional/physician charges may be billed separately (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment). Precertification is required for CT/CTA, MRI, Nuclear Cardiology, Pet Scans and Echocardiography.
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com or call 1-800-939-7093.	Generic drugs	Retail: \$15 <u>copay</u> /fill. Mail order: \$26 <u>copay</u> /fill	You pay 100% (unless there are no network pharmacies within 10 miles). <u>Plan</u> reimburses no more than it would have paid had you used an In-Network Retail pharmacy.	<ul style="list-style-type: none"> • Retail Pharmacy – 30-day supply • Mail Order Pharmacy – 90-day supply • <u>Deductible</u> does not apply to outpatient <u>prescription drugs</u>. • <u>Cost sharing</u> for outpatient <u>prescription drugs</u> does not count toward the <u>out-of-pocket limit</u>. • If the cost of the drug is less than the <u>copay</u>, you pay just the drug cost. • Some prescription drugs are subject to <u>preauthorization</u> (to avoid non-payment), or step therapy requirements. • Brand name Proton Pump Inhibitors (PPI) and Cholesterol drugs not covered. • For any new Brand Name Drug approved by the federal FDA, including injectable and infusion drugs, the <u>copay</u> is 50% of the cost of the drug for a minimum of 24 months after the drug has been approved. If the PBM determines that the new FDA-approved drug is a “must not add” drug, the <u>copay</u> will remain at 50% of the cost of the drug. • Mail Order is mandatory if more than 2 prescriptions are filled for maintenance medications.
	Preferred brand drugs (Formulary brand drugs)	Retail: \$15 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$53 <u>copay</u> /fill for single-source formulary brand. Mail order: \$26 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$106 <u>copay</u> /fill for single-source formulary brand.		
	Non-preferred brand drugs (Non-formulary brand drugs)	Retail: \$80 <u>copay</u> /fill; Mail Order: \$133 <u>copay</u> /fill		
	<u>Specialty drugs</u>	Subject to Retail Copays (30-day supply).	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u> plus any amounts over \$300	For certain outpatient surgeries, the Plan has a maximum benefit payable if services are done at a hospital facility instead of an ambulatory surgery center. To avoid Plan maximums, precertification is required for outpatient surgeries.
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	Medical: 10% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 30% coinsurance (10% coinsurance if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Professional/physician charges may be billed separately. (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment).
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u> .	Limited to emergency care or medically necessary inter-facility transfer to the nearest hospital, only. Services provided by an Emergency Medical Technician (EMT) without subsequent emergency transport are covered. *See Article 1 of the Plan Document for more information on emergency care.
	<u>Urgent care</u>	Medical: 10% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 30% coinsurance (10% coinsurance if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> • Precertification is required. • A maximum of \$30,000 is payable for the hospital facility charges associated with a single hip joint or knee joint replacement surgery. • In a Non-Contract Hospital, the <u>plan</u> covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used). • Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental Health: Office visit: No charge, <u>deductible</u> does not apply. Other outpatient services: 10% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply	30% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Plan pays 100% for physician online visits with a Contract <u>Provider</u>. Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
	Inpatient services	Mental Health: 10% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply.	30% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Precertification is required. In a Non-Contract Hospital, the <u>plan</u> covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used) Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
If you are pregnant	Office visits	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> Maternity care may include tests and services described somewhere else in the SBC (i.e., ultrasound). Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Precertification is required only if hospital stay is more than 48 hours for vaginal delivery or 96 hours for C-section. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
	<u>Rehabilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Habilitation services</u>	Not covered	Not covered	You pay 100% for this service, even in-network.

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Precertification is recommended. Limited to 70 days per confinement. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Rental covered up to reasonable purchase price.
	<u>Hospice services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered. Covered if terminally ill. Respite care is limited to 8 days.
If your child needs dental or eye care	Children's eye exam	\$10 <u>copayment</u>	\$10 <u>copayment</u>	Vision benefits are available through a separate vision <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .
	Children's glasses	\$25 <u>copayment</u> , plus all amounts over \$175 for frames	\$25 <u>copayment</u> , plus all amounts over \$35 for single vision lenses and amount over \$45 for frames	
	Children's dental check-up	No charge, a <u>deductible</u> does not apply to these services.		Limited to \$2,500/person for Contract and \$2,000/person for Non-Contract per calendar year. Dental benefits are available through a separate dental <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .

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"> • Cosmetic surgery • <u>Habilitation services</u> 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care 	<ul style="list-style-type: none"> • Private-duty nursing • Weight loss programs
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"> • Acupuncture (up to \$35/visit and 20 visits per calendar year) • Bariatric surgery (with precertification) • Chiropractic care (Employee and spouse only. Up to \$25/visit up to 20 visits per calendar year) 	<ul style="list-style-type: none"> • Dental care (Adult) (up to \$2,500 for Contract and \$2,000 for Non-Contract per calendar year) • Hearing aids (limited to \$800/ear in any 3-year period) 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Routine eye care (Adult) (under separate vision plan) • Routine foot care

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

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. 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 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.

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.



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>	10%
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$128
Copayments	\$60
Coinsurance	\$1,250
What isn't covered	
Limits or exclusions	\$20
The total Peg would pay is	\$1,458

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>	10%
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$128
Copayments	\$330
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$678

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>	10%
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

This EXAMPLE event includes services like:

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

Total Example Cost	\$2,800
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In this example, Mia would pay:


Cost Sharing	
Deductibles	\$128
Copayments	\$10
Coinsurance	\$270
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$408



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, see www.kp.org/plandocuments or call 1-800-278-3296 (TTY: 711). 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.healthcare.gov/sbc-glossary/ or call 1-800-278-3296 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	Not Applicable.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$1,500 Individual / \$3,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , health care this <u>plan</u> doesn't cover, and services indicated in chart starting on page 2	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.kp.org or call 1-800-278-3296 (TTY: 711) for a list of <u>network providers</u> .	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>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 provider's 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.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes, but you may self-refer to certain <u>specialists</u> .	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not Covered	None
	<u>Specialist</u> visit	\$20 / visit	Not Covered	None
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.kp.org/formulary	Generic drugs	\$10 / prescription	Not Covered	Up to a 100-day supply retail and mail order. Subject to <u>formulary</u> guidelines. No Charge for Contraceptives.
	Preferred brand drugs	\$30 / prescription	Not Covered	Up to a 100-day supply retail and mail order. Subject to <u>formulary</u> guidelines. No Charge for Contraceptives.
	Non-preferred brand drugs	Same as preferred brand drugs	Not Covered	Same as preferred brand drugs when approved through exception process.
	<u>Specialty drugs</u>	20% <u>coinsurance</u> up to \$150 / prescription	Not Covered	Up to a 30-day supply retail. Subject to <u>formulary</u> guidelines.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$20 / procedure	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$50 / visit	\$50 / visit	None
	<u>Emergency medical transportation</u>	No Charge	No Charge	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
	<u>Urgent care</u>	\$20 / visit	\$20 / visit	<u>Non-Plan providers</u> covered when temporarily outside the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental / Behavioral Health: \$20 / individual visit. No charge for other outpatient services; Substance Abuse: \$20 / individual visit. \$5 / day for other outpatient services	Not Covered	Mental / Behavioral Health: \$10 / group visit; Substance Abuse: \$5 / group visit.
	Inpatient services	No Charge	Not Covered	None
If you are pregnant	Office visits	No Charge	Not Covered	Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	None
	Childbirth/delivery facility services	No Charge	Not Covered	None
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	Up to 2 hours maximum / visit, up to 3 visits maximum / day, up to 100 visits maximum / year.
	<u>Rehabilitation services</u>	Inpatient: No Charge; Outpatient: \$20 / visit	Not Covered	None
	<u>Habilitation services</u>	\$20 / visit	Not Covered	None
	<u>Skilled nursing care</u>	No Charge	Not Covered	Up to 100 days maximum / benefit period.
	<u>Durable medical equipment</u>	No Charge	Not Covered	Requires prior authorization.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
	<u>Hospice services</u>	No Charge	Not Covered	None
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	None
	Children's glasses	Frames: Amount in excess of \$150 allowance; Lenses: No charge	Not Covered	Frame allowance limited to once every 24 months. Lenses limited to CR-39 clear plastic or polycarbonate (single vision, flat top multifocal, or lenticular).
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)			
• Cosmetic surgery	• Non-emergency care when traveling outside the U.S	• Routine foot care	
• Dental care (Adult & child)	• Private-duty nursing	• Weight loss programs	
• Long-term care			
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)			
• Acupuncture (plan provider referred)	• Chiropractic care (30 visit limit / year)	• Infertility treatment	
• Bariatric surgery	• Hearing aids (\$2500 limit / ear every 36 months)	• Routine eye care (Adult)	

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 shown in the chart below. 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 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 agencies in the chart below.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Kaiser Permanente Member Services	1-800-278-3296 (TTY: 711) or www.kp.org/memberservices
Department of Labor's Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
California Department of Insurance	1-800-927-HELP (4357) or www.insurance.ca.gov
California Department of Managed Healthcare	1-888-466-2219 or www.healthhelp.ca.gov/

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 1-800-788-0616 (TTY: 711)

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-278-3296 (TTY: 711)

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-757-7585 (TTY: 711)

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-278-3296 (TTY: 711)

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

About these Coverage Examples:



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 <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist copayment</u>	\$20
■ Hospital (facility) <u>copayment</u>	\$0
■ Other (blood work) <u>copayment</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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$50
The total Peg would pay is	\$60

Managing Joe's Type 2 Diabetes

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist copayment</u>	\$20
■ Hospital (facility) <u>copayment</u>	\$0
■ Other (blood work) <u>copayment</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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$800
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$0
The total Joe would pay is	\$800

Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist copayment</u>	\$20
■ Hospital (facility) <u>copayment</u>	\$0
■ Other (x-ray) <u>copayment</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*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$200

The plan would be responsible for the other costs of these EXAMPLE covered services.

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



July 2022

To: All Active Participants and their Beneficiaries – Plan B and Flat Rate Plan

**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 or 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.


Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Carpenters Health & Welfare Trust Fund for California: Plans B and Flat Rate

Coverage Period: 09/01/2022 – 08/31/2023
Coverage for: Individual + Family | **Plan Type:** PPO

 **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 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 or call 1-888-547-2054 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Contract <u>Provider</u> : \$128/individual per calendar year; \$256/family per calendar year. Non-Contract <u>Provider</u> : \$257/person per calendar year; \$514/family 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> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Mental health, chemical dependency (including detox), member assistance program visits, Contract <u>Provider</u> On-line physician visits up to \$49 per visit, and outpatient <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	There is no <u>out-of-pocket limit</u> on all types of <u>cost sharing</u> , but there is a \$6,445/person (\$12,890/family) on the amount of <u>coinsurance</u> that you must pay for covered services in a year.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, hearing examination and hearing aid expenses, penalties for failure to obtain precertification, <u>deductibles</u> , expenses from Non-Contract <u>providers</u> , outpatient retail/mail order <u>prescription drug</u> expenses, amounts over the reference-based pricing allowances and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.anthem.com/ca or call 1-888-547-2054 for a list of Contract <u>providers</u> in California. See www.bcbs.com or call 1-800-	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>

Important Questions	Answers	Why This Matters:
	810-2583 for a list of Contract <u>providers</u> outside the state of California.	charge and what your <u>plan</u> pays (balance billing). 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.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	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 Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> Services from Non-Contract providers not registered with CMS are limited to \$100/appointment. Plan pays 100% for physician online visits with a Contract provider.
	<u>Specialist</u> visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract providers not registered with CMS are limited to \$100/appointment.
	<u>Preventive care/screening/Immunization</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> For adults and children, benefits are limited to one routine physical exam in any 12-month period. For Employee and Spouse only, benefits include one routine Ob-Gyn examination within a 12-month period in addition to the routine physical. Coverage includes any x-rays and laboratory tests provided in connection with the physical examination, including a pap smear. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. Services from Non-Contract providers not registered with CMS are limited to \$100/appointment.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Professional/physician charges may be billed separately (Services from Non-Contract providers not registered with CMS are limited to \$100/appointment). Precertification is required for CT/CTA, MRI, Nuclear Cardiology, Pet Scans and Echocardiography.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com or call 1-800-939-7093.	Generic drugs	Retail: \$15 <u>copay</u> /fill. Mail order: \$26 <u>copay</u> /fill	You pay 100% (unless there are no network pharmacies within 10 miles). <u>Plan</u> reimburses no more than it would have paid had you used an In-Network Retail pharmacy.	<ul style="list-style-type: none"> Retail Pharmacy – 30-day supply Mail Order Pharmacy – 90-day supply <u>Deductible</u> does not apply to outpatient <u>prescription drugs</u>. <u>Cost sharing</u> for outpatient <u>prescription drugs</u> does not count toward the <u>out-of-pocket limit</u>. If the cost of the drug is less than the <u>copay</u>, you pay just the drug cost. Some prescription drugs are subject to <u>preauthorization</u> (to avoid non-payment), or step therapy requirements. Brand name Proton Pump Inhibitors (PPI) and Cholesterol drugs not covered. For any new Brand Name Drug approved by the federal FDA, including injectable and infusion drugs, the <u>copay</u> is 50% of the cost of the drug for a minimum of 24 months after the drug has been approved. If the PBM determines that the new FDA-approved drug is a “must not add” drug, the <u>copay</u> will remain at 50% of the cost of the drug. Mail Order is mandatory if more than 2 prescriptions are filled for maintenance medications.
	Preferred brand drugs (Formulary brand drugs)	Retail: \$15 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$53 <u>copay</u> /fill for single-source formulary brand. Mail order: \$26 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$106 <u>copay</u> /fill for single-source formulary brand.		
	Non-preferred brand drugs (Non-formulary brand drugs)	Retail: \$80 <u>copay</u> /fill; Mail Order: \$133 <u>copay</u> /fill		
	<u>Specialty drugs</u>	Subject to Retail Copays (30-day supply).	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u> plus any amounts over \$300	For certain outpatient surgeries, the Plan has a maximum benefit payable if services are done at a hospital facility instead of an ambulatory surgery center. To avoid Plan maximums, precertification is required for outpatient surgeries.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract providers not registered with CMS are limited to \$100/appointment.

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	Medical: 20% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 40% coinsurance (20% coinsurance if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Professional/physician charges may be billed separately. (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment).
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u> .	Limited to emergency care or medically necessary inter-facility transfer to the nearest hospital, only. Services provided by an Emergency Medical Technician (EMT) without subsequent emergency transport are covered.*See Article 1 of the Plan Document for more information on emergency care.
	<u>Urgent care</u>	Medical: 20% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 40% coinsurance (20% coinsurance if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> • Precertification is required. • A maximum of \$30,000 is payable for the hospital facility charges associated with a single hip joint or knee joint replacement surgery. • In a Non-Contract Hospital, the <u>plan</u> covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used). • Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental Health: Office visit: No charge, <u>deductible</u> does not apply. Other outpatient services: 20% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply	40% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Plan pays 100% for physician online visits with a Contract <u>provider</u>. Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
	Inpatient services	Mental Health: 20% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply.	40% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Precertification is required. In a Non-Contract Hospital, the <u>plan</u> covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used) Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> Maternity care may include tests and services described somewhere else in the SBC (i.e., ultrasound). Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is required only if hospital stay is more than 48 hours for vaginal delivery or 96 hours for C-section. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Habilitation services</u>	Not covered	Not covered	You pay 100% for this service, even in-network.

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is recommended. Limited to 70 days per confinement. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Rental covered up to reasonable purchase price.
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered. Covered if terminally ill. Respite care is limited to 8 days.
If your child needs dental or eye care	Children's eye exam	\$10 <u>copayment</u>	\$10 <u>copayment</u>	Vision benefits are available through a separate vision <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .
	Children's glasses	\$25 <u>copayment</u> , plus all amounts over \$175 for frames	\$25 <u>copayment</u> , plus all amounts over \$35 for single vision lenses and amount over \$45 for frames	
	Children's dental check-up	No charge, a <u>deductible</u> does not apply to these services.		Limited to \$2,500/person for Contract and \$2,000/person for Non-Contract per calendar year. Dental benefits are available through a separate dental <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .

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"> • Cosmetic surgery • <u>Habilitation services</u> 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care 	<ul style="list-style-type: none"> • Private-duty nursing • Weight loss programs
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"> • Acupuncture (up to \$35/visit and 20 visits per calendar year) • Bariatric surgery (with precertification) • Chiropractic care (Employee and spouse only. Up to \$25/visit up to 20 visits per calendar year) 	<ul style="list-style-type: none"> • Dental care (Adult) (up to \$2,500 for Contract and \$2,000 for Non-Contract per calendar year) • Hearing aids (limited to \$800/ear in any 3-year period) 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Routine eye care (Adult) (under separate vision plan) • Routine foot care

* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

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. 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 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.

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.



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>	10%
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$128
Copayments	\$60
Coinsurance	\$2,500
What isn't covered	
Limits or exclusions	\$20
The total Peg would pay is	\$2,708

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>	10%
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$128
Copayments	\$330
Coinsurance	\$390
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$868

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>	10%
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

This EXAMPLE event includes services like:

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

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$128
Copayments	\$10
Coinsurance	\$530
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$668

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 09/01/2022-08/31/2023



KAISER PERMANENTE: Plan B and Flat Rate Plan


Coverage for: Individual / Family | Plan Type: HMO



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, see www.kp.org/plandocuments or call 1-800-278-3296 (TTY: 711). 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.healthcare.gov/sbc-glossary/ or call 1-800-278-3296 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	Not Applicable.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$1,500 Individual / \$3,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , health care this <u>plan</u> doesn't cover, and services indicated in chart starting on page 2	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.kp.org or call 1-800-278-3296 (TTY: 711) for a list of <u>network providers</u> .	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>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 provider's 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.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes, but you may self-refer to certain <u>specialists</u> .	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</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
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not Covered	None
	<u>Specialist</u> visit	\$20 / visit	Not Covered	None
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.kp.org/formulary	Generic drugs	Retail: \$10 / prescription; Mail order: \$20 / prescription	Not Covered	Up to a 30-day supply retail or 100-day supply mail order. Subject to <u>formulary</u> guidelines. No Charge for Contraceptives.
	Preferred brand drugs	Retail: \$30 / prescription; Mail order: \$60 / prescription	Not Covered	Up to a 30-day supply retail or 100-day supply mail order. Subject to <u>formulary</u> guidelines. No Charge for Contraceptives.
	Non-preferred brand drugs	Same as preferred brand drugs	Not Covered	Same as preferred brand drugs when approved through exception process.
	<u>Specialty drugs</u>	30% <u>coinsurance</u> up to \$150 / prescription	Not Covered	Up to a 30-day supply retail. Subject to <u>formulary</u> guidelines.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$20 / procedure	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	None
	<u>Emergency medical transportation</u>	No Charge	No Charge	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
	<u>Urgent care</u>	\$20 / visit	\$20 / visit	<u>Non-Plan providers</u> covered when temporarily outside the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 / admission	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental / Behavioral Health: \$20 / individual visit. No Charge for other outpatient services; Substance Abuse: \$20 / individual visit. \$5 / day for other outpatient services	Not Covered	Mental / Behavioral Health: \$10 / group visit; Substance Abuse: \$5 / group visit.
	Inpatient services	\$250 / admission	Not Covered	None
If you are pregnant	Office visits	No Charge	Not Covered	Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	None
	Childbirth/delivery facility services	\$250 / admission	Not Covered	None
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	Up to 2 hours maximum / visit, up to 3 visits maximum / day, up to 100 visits maximum / year.
	<u>Rehabilitation services</u>	Inpatient: \$250 / admission; Outpatient: \$20 / visit	Not Covered	None
	<u>Habilitation services</u>	\$20 / visit	Not Covered	None
	<u>Skilled nursing care</u>	\$250 / admission	Not Covered	Up to 100 days maximum / benefit period.
	<u>Durable medical equipment</u>	No Charge	Not Covered	Requires prior authorization.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
	<u>Hospice services</u>	No Charge	Not Covered	None
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	None
	Children's glasses	Frames: Amount in excess of \$150 allowance; Lenses: No charge	Not Covered	Frame allowance limited to once every 24 months. Lenses limited to CR-39 clear plastic or polycarbonate (single vision, flat top multifocal, or lenticular).
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)			
• Cosmetic surgery	• Non-emergency care when traveling outside the U.S	• Routine foot care	
• Dental Care (Adult & Child)	• Private-duty nursing	• Weight loss programs	
• Long-term care			
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)			
• Acupuncture (plan provider referred)	• Chiropractic care (30 visit limit / year)	• Infertility treatment	
• Bariatric surgery	• Hearing aids (\$2500 limit / ear every 36 months)	• Routine eye care (Adult)	

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 shown in the chart below. 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 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 agencies in the chart below.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Kaiser Permanente Member Services	1-800-278-3296 (TTY: 711) or www.kp.org/memberservices
Department of Labor's Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
California Department of Insurance	1-800-927-HELP (4357) or www.insurance.ca.gov
California Department of Managed Healthcare	1-888-466-2219 or www.healthhelp.ca.gov/

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 1-800-788-0616 (TTY: 711)

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-278-3296 (TTY: 711)

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-757-7585 (TTY: 711)

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-278-3296 (TTY: 711)

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

About these Coverage Examples:



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 <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> <u>copayment</u>	\$20
■ Hospital (facility) <u>copayment</u>	\$250
■ Other (blood work) <u>copayment</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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$50
The total Peg would pay is	\$350

Managing Joe's Type 2 Diabetes

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> <u>copayment</u>	\$20
■ Hospital (facility) <u>copayment</u>	\$250
■ Other (blood work) <u>copayment</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*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$800
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$0
The total Joe would pay is	\$800

Mia's Simple Fracture

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

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> <u>copayment</u>	\$20
■ Hospital (facility) <u>copayment</u>	\$250
■ Other (x-ray) <u>copayment</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*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

<u>Deductibles</u>	\$0
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$200

The plan would be responsible for the other costs of these EXAMPLE covered services.

SUMMARY ANNUAL REPORT FOR CARPENTERS HEALTH AND WELFARE TRUST FUND FOR CALIFORNIA

Plan Year – September 1, 2020 through August 31, 2021

This is a summary of the annual report for the Carpenters Health and Welfare Trust Fund for California, Employer Identification Number 94-1234856, a multiemployer health and welfare plan, for the period September 1, 2020 through August 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California has committed the Fund to pay certain Medical, Hospital, Dental, Orthodontia, Prescription Drug, Vision, Hearing Aid, Physical Examination, Weekly Disability, Mental Health and Substance Abuse claims under the terms of the Plan.

Insurance Information:

The Plan has contracts with Kaiser Foundation Health Plan, Inc. to pay certain medical, hospital, mental health, substance abuse, and prescription drug claims, Voya Financial, Inc. to pay all accidental death, dismemberment, life insurance claims, and all stop loss claims incurred under the terms of the plan. The total premiums paid for all contracts for the Plan year ending August 31, 2021 were \$293,341,241.

Basic Financial Statement:

The value of Plan assets, after subtracting liabilities of the Plan, was \$795,724,450 minus premiums and self-funded claims payable of \$74,292,391, minus claims incurred but not reported of \$29,165,457, minus bank of hours liability of \$157,715,000, equals \$534,551,602 as of August 31, 2021, compared to \$743,506,933 minus premiums and self-funded claims payable of \$71,448,658, minus claims incurred but not reported of \$27,442,000, minus bank of hours liability of \$161,833,000, equals \$482,783,275 as of September 1, 2020. During the Plan year, the Plan experienced an increase in its net assets of \$51,768,327. This increase included unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

During the plan year, the Plan had total income of \$540,474,219; including employer contributions of \$407,404,683, participant contributions of \$31,498,363, realized gains of \$41,189,910 from the sale of assets, earnings from investments of \$40,208,384, and other income of \$20,172,879.

Plan expenses were \$488,705,892. These expenses included \$13,711,927 in administrative expenses, \$1,657,128 in investment expenses, \$293,341,241 in premium costs, and \$179,995,596 in self-funded benefits paid directly to participants and beneficiaries or to service providers on their behalf.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 9/01/2020 \$482,783,275	As of 9/01/2019 \$396,717,592
Employer Contributions	\$407,404,683	\$434,869,382
Participant Contributions	\$31,498,363	\$31,417,512
Investments - Earnings	\$40,208,384	\$1,078,845
Sale of Assets - Earnings/Losses	\$41,189,910	\$43,619,115
Other Income	\$20,172,879	\$24,568,101
Plan Income	\$540,474,219	\$535,552,955
Insurance Premiums	\$293,341,241	\$288,691,387
Self-Funded Benefits	\$179,995,596	\$146,475,198
Administrative Fees	\$13,711,927	\$12,802,578
Investment Expenses	\$1,657,128	\$1,518,109
Total Expenses	\$488,705,892	\$449,487,272
Ending Balance Value of Net Plan Assets	As of 08/31/2021 \$534,551,602	As of 08/31/2020 \$482,783,275

Your Rights to Additional Information:

You have the right to receive a copy of the full annual report, or any part thereof, on request. The following items are included in that report: 1. an accountant's report; 2. financial information and information on payments to service providers; 3. assets held for investment; 4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan); 5. transactions in excess of 5 percent of the plan assets; and 6. insurance information including sales commissions paid by insurance carriers.

Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Carpenters Health and Welfare Trust Fund for California. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plans' Administrator, at 265 Hegenberger Road, Suite 100, Oakland, California 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

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SUMMARY ANNUAL REPORT FOR CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA

Plan Year – September 1, 2020 through August 31, 2021

This is a summary of the annual report for the Carpenters Annuity Trust Fund for Northern California, Employer Identification Number 94-6534591, for the period September 1, 2020 through August 31, 2021. The annual report has been filed with Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement:

Benefits under the Plan are provided by the Carpenters Annuity Trust Fund for Northern California. Plan expenses were \$128,976,538. These expenses included \$3,492,847 in administrative expenses, \$7,441,888 in investment expenses, and \$118,041,803 in benefits paid to participants and beneficiaries. A total of 64,733 persons were participants in or beneficiaries of the Plan at the end of the Plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$3,156,392,867 as of August 31, 2021, compared to \$2,744,317,137 as of September 1, 2020. During the Plan year, the Plan experienced an increase in its net assets of \$412,075,730. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2020 \$2,744,317,137	As of 09/01/2019 \$2,529,954,323
Employer Contributions	\$82,478,469	\$87,918,617
Investments - Earnings	\$379,642,252	\$185,510,307
Sale of Assets – Earnings	\$78,535,011	\$47,073,140
Other Income	\$396,536	\$1,146,382
Plan Income	\$541,052,268	\$321,648,446
Merger of Assets to the Fund	\$0	\$1,334
Benefits Paid	\$118,041,803	\$97,159,858
Administrative Fees	\$3,492,847	\$3,810,602
Investment Expenses	\$7,441,888	\$6,316,506
Total Expenses	\$128,976,538	\$107,286,966
Ending Balance Value of Net Plan Assets	As of 8/31/2021 \$3,156,392,867	As of 8/31/2020 \$2,744,317,137

The Plan had total income of \$541,052,268; including employer contributions of \$82,478,469, a net gain of \$78,535,011 from the sale of assets, earnings from investments of \$379,642,252 and other income of \$396,536.

Minimum Funding Standards:

Enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA.

Your Rights to Additional Information:

You have the right to receive a copy of the full annual report, or any part thereof, on request. The following items are included in that report: 1. an accountant's report; 2. financial information and information on payments to service providers; 3. assets held for investment; 4. fiduciary information; 5. transactions in excess of 5 percent of the plan assets; 6. insurance information; 7. information regarding any common or collective trusts and pooled separate accounts, in which the plan participates, and 8. actuarial information regarding the funding of the Plan.

Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Carpenters Annuity Trust Fund for Northern California. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plans' Administrator, at 265 Hegenberger Road, Suite 100, Oakland, California 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

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SUMMARY ANNUAL REPORT FOR CARPENTERS VACATION, HOLIDAY, AND SICK LEAVE TRUST FUND FOR NORTHERN CALIFORNIA

Plan Year – September 1, 2020 through August 31, 2021

This is a summary of the annual report for the Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern California, Employer Identification Number 94-6276537, a multiemployer Vacation, Holiday, and Sick Leave Plan, for the period September 1, 2020 through August 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern California has committed the Fund to pay all vacation, holiday, and sick leave benefits incurred under the terms of the Plan.

Basic Financial Statement:

The value of Plan assets, after subtracting liabilities of the Plan, was \$11,900,732 as of August 31, 2021, compared to \$8,462,170 as of September 1, 2020. During the Plan year, the Plan experienced an increase in its net assets of \$3,438,562. This increase included unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

During the plan year, the Plan had total income of \$108,406,886; including employer contributions of \$102,266,842, earnings (loss) from investments of (\$531,634), net realized gains on the sale of assets of \$5,875,477, and other income of \$796,201.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2020 \$8,462,170	As of 09/01/2019 \$9,525,943
Employer Contributions	\$102,266,842	\$111,336,988
Investments – Earnings/ Losses	(\$531,634)	\$1,747,713
Sale of Assets - Earnings/Losses	\$5,875,477	(\$419,119)
Other Income	\$796,201	\$710,026
Plan Income	\$108,406,886	\$113,375,608
Benefits Paid	\$102,804,367	\$112,057,083
Administrative Fees	\$2,154,537	\$2,363,876
Investment Expenses	\$9,420	\$18,422
Total Expenses	\$104,968,324	\$114,439,381
Ending Balance Value of Net Plan Assets	As of 08/31/2021 \$11,900,732	As of 08/31/2020 \$8,462,170

Plan expenses were \$104,968,324. These expenses included \$2,154,537 in administrative expenses, \$9,420 in investment expenses, and \$102,804,367 in benefits paid to participants. A total of 31,379 persons were participants in or beneficiaries of the Plan at the end of the Plan year, although not all of these persons had yet earned the right to receive benefits at this time.

Your Rights to Additional Information:

You have the right to receive a copy of the full annual report, or any part thereof, on request. The following items are included in that report: 1. an accountant's report; 2. financial information and information on payments to service providers; 3. assets held for investment; 4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan); 5. transactions in excess of 5 percent of plan assets.

Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern

California. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plans' Administrator, at 265 Hegenberger Road, Suite 100, Oakland, California, 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

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SUMMARY ANNUAL REPORT FOR NORTHERN CALIFORNIA CARPENTERS 401(K) TRUST FUND

Plan Year – September 1, 2020 through August 31, 2021

This is a summary of the annual report for the Northern California Carpenters 401(k) Trust Fund, Employer Identification Number 80-0204601, for the period September 1, 2020 through August 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement:

Benefits under the Plan are provided by the Northern California Carpenters 401(k) Trust Fund. Plan expenses were \$9,890,733. These expenses included \$379,258 in administrative expenses, \$261,167 in investment expenses, and \$9,250,308 in benefits paid to participants and beneficiaries. A total of 3,460 persons were participants in or beneficiaries of the Plan at the end of the Plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$166,168,492 as of August 31, 2021, compared to \$126,835,809 as of September 1, 2020. During the Plan year, the Plan experienced an increase in its net assets of \$39,332,683. This increase included unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

The Plan had total income of \$49,223,416; including employee contributions of \$18,162,686, employer contributions of \$489,910, other contributions of \$441,105, income from investments of \$30,129,715 and other income of \$0.

Your Rights to Additional Information:

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Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Northern California Carpenters 401(k) Trust Fund. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plan Administrator, at 265 Hegenberger

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2020 \$126,835,809	As of 09/01/2019 \$98,534,502
Participating Employee Contributions	\$18,162,686	\$17,292,061
Employer Contributions	\$489,910	\$582,360
Other Contributions	\$441,105	\$228,494
Investments – Earnings/Losses	\$30,129,715	\$19,625,375
Other Income	\$0	\$12,744
Plan Income	\$49,223,416	\$37,741,034
Benefits Paid	\$9,250,308	\$8,879,985
Administrative Fees	\$379,258	\$354,877
Investment Expenses	\$261,167	\$204,865
Total Expenses	\$9,890,733	\$9,439,727
Ending Balance Value of Net Plan Assets	As of 08/31/2021 \$166,168,492	As of 08/31/2020 \$126,835,809

Road, Suite 100, Oakland, California 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

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CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA
 (Enrollees of the Self Direct Investment Option)
and
NORTHERN CALIFORNIA CARPENTERS 401(K) TRUST FUND

Disclosure Document

As of March 31, 2022



This document includes important information to help you carefully compare the investment options available under your retirement Plan(s). To comply with federal regulations this information, which contains retirement plan fee information, is being distributed for **participant directed individual account plans**. *If you have not elected to self-direct investments in your Annuity Account or have not enrolled in the Northern California Carpenters 401(k) Plan, these investment options and fees do not apply.*

If you would like additional information about options to self-direct investments in your individual Carpenters Annuity Plan account or information regarding participation in the Northern California Carpenters 401(k) Plan, please contact John Hancock Retirement Plan Services or the Carpenter Funds Administrative Office - Benefit Services Department. For advisory help you may contact Pensionmark Retirement Services Group. Contact information is as follows:

John Hancock Retirement Plan Services ("John Hancock")

www.myplan.johnhancock.com or call (833) 388-6466 from 8:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days

Carpenter Funds Administrative Office of Northern California ("Fund Office")

265 Hegenberger Road, Suite 100, Oakland, California 94621

www.carpenterfunds.com or call (888) 547-2054 or email: benefitservices@carpenterfunds.com

Pensionmark Financial Group ("Pensionmark")

www.pensionmark.com or call (888) 201-5488 from 8:30AM to 5:00PM Pacific Time.

Si tiene preguntas acerca de esta información, llame al 1(888) 440-0022. Los Agentes de servicio a los participantes están disponibles de 10:00 a.m. a 8 p.m. Hora del Este, todos los días hábiles de la Bolsa de Valores de Nueva York. Para protección suya, todas las llamadas a nuestros agentes son grabadas.

DOCUMENT SUMMARY

This document consists of performance information for the Carpenters Annuity and 401(k) Plans, investment options available, and information regarding how well the investments have performed in the past. It includes the fees and expenses you will pay if you invest in an option as well as Plan related information applicable to each Plan.

- **Carpenters Annuity Trust Fund for Northern California (Sections 1-3)**
- **Northern California Carpenters 401(k) Plan (Sections 4-6)**

Carpenters Annuity Trust Fund for Northern California

Section 1 – Performance Information

The information in this table focuses on the performance of investment options that do not have a fixed or stated rate of return. It shows how these investments have performed in the past and allows you to compare them with appropriate benchmarks for the same time periods. Information about an option's principal risks is available through the following website, myplan.johnhancock.com/investment_info. Please enter code "LO1505" to view your plan investment option details.

Total returns include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower.

For funds with redemption fees, performance shown does not reflect the deduction of this fee which would reduce performance.

Investment options are grouped according to investment objective. Within each investment objective grouping, funds are listed in alphabetical order. For more specific information, please refer to the investments' specific disclosure information.

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. For the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at 833-388-6466.

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE	
Income											
Janus Henderson Developed World Bond Fund (Class N)	HFARX	-2.99	-5.82	-5.82	-3.87	2.67	3.34	N/A	3.88	11/30/2015	
BENCHMARK: Bloomberg Barclays Global Aggregate Bond Index (USD Hedged) ³		-2.16	-4.97	-4.97	-3.92	1.30	2.25	2.84	2.42		
John Hancock Income Fund (Class R6) ²	JSNWX	-0.94	-4.12	-4.12	-2.70	3.25	2.79	3.38	N/A	09/01/2011	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²⁰		-2.78	-5.93	-5.93	-4.15	1.69	2.14	2.24	N/A		
PGIM High-Yield Fund (Class R6)	PHYQX	-1.40	-4.67	-4.67	0.03	5.18	5.26	6.02	N/A	10/31/2011	
BENCHMARK: ICE BofA Merrill Lynch U.S. High Yield Index ²⁶		-0.93	-4.51	-4.51	-0.29	4.40	4.56	5.70	N/A		
Western Asset Core Plus Bond Fund (Class IS)	WAPSX	-3.79	-8.82	-8.82	-6.21	1.83	2.63	3.39	N/A	08/04/2008	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²⁰		-2.78	-5.93	-5.93	-4.15	1.69	2.14	2.24	N/A		
Target Date											
The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.											
Pensionmark Asset Allocation 2020		-0.86	-7.48	-7.48	-1.10	8.94	7.94	N/A	6.95	11/08/2012	
BENCHMARK: Morningstar Lifetime Moderate 2020 Index ⁵		-0.13	-5.67	-5.67	2.69	8.26	7.48	6.89	7.12		
Pensionmark Asset Allocation 2025		-0.22	-7.68	-7.68	-0.27	10.70	9.18	N/A	7.92	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2025 Index ⁶		0.05	-5.93	-5.93	2.92	8.85	8.06	7.60	8.01		
Pensionmark Asset Allocation 2030		0.28	-8.03	-8.03	0.32	12.30	10.31	N/A	8.90	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2030 Index ⁷		0.36	-5.98	-5.98	3.33	9.60	8.76	8.38	8.91		
Pensionmark Asset Allocation 2035		0.78	-8.22	-8.22	0.96	13.60	11.33	N/A	9.78	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2035 Index ⁸		0.78	-5.83	-5.83	3.89	10.42	9.44	9.03	9.64		
Pensionmark Asset Allocation 2040		1.21	-8.62	-8.62	1.29	15.05	12.33	N/A	10.67	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2040 Index ⁹		1.17	-5.60	-5.60	4.46	11.13	9.98	9.43	10.09		

Variable Rate Investments-Average Annual Total Returns (%)

INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
Pensionmark Asset Allocation 2045 BENCHMARK: Morningstar Lifetime Moderate 2045 Index ¹⁰		1.44 1.43	-9.00 -5.44	-9.00 -5.44	1.14 4.80	15.85 11.54	12.94 10.25	N/A 9.56	11.36 10.24	11/09/2012
Pensionmark Asset Allocation 2050 BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹¹		1.45 1.51	-9.32 -5.38	-9.32 -5.38	0.96 4.81	16.26 11.64	13.27 10.29	N/A 9.53	11.08 9.40	02/01/2013
Pensionmark Asset Allocation 2055 BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹¹		1.46 1.51	-9.31 -5.38	-9.31 -5.38	0.93 4.81	16.23 11.64	N/A 10.29	N/A 9.53	9.40 9.99	06/16/2017
Pensionmark Asset Allocation 2060 BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹¹		1.44 1.51	-9.32 -5.38	-9.32 -5.38	0.97 4.81	16.27 11.64	12.74 10.29	N/A 9.53	12.97 10.95	04/18/2016
Pensionmark Asset Allocation Income BENCHMARK: Morningstar Lifetime Moderate Income Index ⁴		-1.24 -0.23	-7.11 -4.14	-7.11 -4.14	-1.31 2.32	7.60 6.81	6.95 6.02	N/A 5.10	5.73 5.18	11/09/2012
Growth & Income										
American Funds - Washington Mutual Investors Fund (Class R6) BENCHMARK: S&P 500 Index ²⁷	RWMGX	3.46 3.71	-1.89 -4.60	-1.89 -4.60	16.43 15.65	15.94 18.92	14.10 15.99	13.51 14.64	N/A N/A	05/01/2009
Cohen & Steers Real Estate Securities (Class Z) BENCHMARK: FTSE NAREIT All Equity Index ¹²	CSZIX	6.72 7.07	-6.14 -5.26	-6.14 -5.26	23.59 23.58	13.97 11.72	11.96 10.69	N/A 10.51	12.48 10.68	10/01/2014
Columbia Dividend Income Fund (Institutional 3 Class) BENCHMARK: Russell 1000 Index ²¹	CDDYX	3.51 3.37	-2.59 -5.13	-2.59 -5.13	13.05 13.27	15.04 18.71	13.44 15.82	N/A 14.53	13.82 15.50	11/08/2012
Vanguard 500 Index Fund (Admiral Shares) BENCHMARK: S&P 500 Index ²⁷	VFIAX	3.70 3.71	-4.61 -4.60	-4.61 -4.60	15.60 15.65	18.89 18.92	15.95 15.99	14.60 14.64	N/A N/A	11/13/2000
Growth										
AB Large Cap Growth Fund (Class Z) BENCHMARK: Russell 1000 Growth Index ¹⁵	APGZX	1.59 3.91	-12.59 -9.04	-12.59 -9.04	11.48 14.98	20.60 23.60	20.07 20.88	N/A 17.04	17.16 18.08	06/30/2015
Carillon Eagle Mid Cap Growth Fund (Class R6) BENCHMARK: Russell Midcap Growth Index ¹⁸	HRAUX	3.80 1.61	-10.40 -12.58	-10.40 -12.58	1.28 -0.89	17.34 14.81	16.43 15.10	14.57 13.52	N/A N/A	08/15/2011
Franklin Small Cap Value Fund (Class R6) BENCHMARK: Russell 2000 Value Index ¹⁷	FRCSX	-1.15 1.96	-2.90 -2.40	-2.90 -2.40	1.86 3.32	13.84 12.73	9.91 8.57	N/A 10.54	10.66 9.83	05/01/2013
JPMorgan Small Cap Growth Fund (Class R6) BENCHMARK: Russell 2000 Growth Index ¹⁶	JGSMX	0.41 0.46	-13.84 -12.63	-13.84 -12.63	-17.75 -14.33	13.24 9.88	16.83 10.33	14.36 11.21	N/A N/A	11/30/2010
Janus Henderson Global Life Sciences Fund (Class I) BENCHMARK: S&P 500 Index ²⁷	JFNIX	3.59 3.71	-5.22 -4.60	-5.22 -4.60	4.05 15.65	13.04 18.92	13.49 15.99	16.41 14.64	N/A N/A	07/06/2009
Vanguard Mid-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Mid Cap 450 Index ²⁴	VIMAX	2.69 2.09	-6.32 -5.74	-6.32 -5.74	8.82 7.39	15.67 16.15	13.00 13.84	12.94 13.60	N/A N/A	11/12/2001
Vanguard Small-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Small Cap 1750 Index ²⁵	VSMAX	1.48 1.33	-5.74 -5.69	-5.74 -5.69	0.68 0.34	13.16 14.12	11.34 11.22	12.11 12.10	N/A N/A	11/13/2000
Victory Sycamore Established Value Fund (Class I) BENCHMARK: Russell Midcap Value Index ¹⁹	VEVIX	2.94 3.04	0.49 -1.82	0.49 -1.82	13.88 11.45	17.51 13.69	12.89 9.99	13.87 12.01	N/A N/A	03/01/2010

Variable Rate Investments-Average Annual Total Returns (%)

INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
International										
American Funds - New World Fund (Class R6)	RNWGX	0.14	-10.34	-10.34	-6.50	9.91	9.86	7.13	N/A	05/01/2009
BENCHMARK: MSCI Emerging Markets Free Index ¹³		-2.52	-7.32	-7.32	-13.27	2.57	3.56	0.92	N/A	
MFS International Intrinsic Value Fund (Class R6)	MINJX	-1.59	-13.07	-13.07	-2.07	9.23	9.57	10.09	N/A	05/01/2006
BENCHMARK: MSCI EAFE Index ²²		0.64	-5.91	-5.91	1.16	7.78	6.72	6.27	N/A	
T. Rowe Price Global Technology Fund (Class I)	PGTIX	-3.49	-25.40	-25.40	-18.31	17.05	17.08	N/A	18.98	11/29/2016
BENCHMARK: MSCI AC World Free Index ¹⁴		1.94	-5.73	-5.73	5.68	11.85	9.65	7.88	10.70	
Vanguard International Growth Fund (Admiral Shares)	VWILX	-1.76	-16.45	-16.45	-16.21	14.87	14.11	10.48	N/A	08/13/2001
BENCHMARK: MSCI EAFE Index ²²		0.64	-5.91	-5.91	1.16	7.78	6.72	6.27	N/A	

Total returns are historical and include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower. Note - This Investment Return report is designed to provide investors with an illustration of the performance of only those funds and/or investments in the Plan's lineup as of the report date provided at the top of the first page. This report does not report performance figures for those funds and/or investments that were once in the Plan's lineup, and have since been removed from the lineup prior to the report date at the top of the first page. Further, the performance returns reported on this document represents performance for each respective fund; however, this does not represent the actual performance experience of individual participants within the Plan, due to participant's variability in cash flows, timing of cash flows, etc. For actual performance experience, participants should refer to the Personal rate of Return function online at mylife.jhrps.com, our Voice Response System (VRS), John Hancock participant service center, or periodic participant statements.

²In addition to fees charged by JHRPS for its services to the plan, affiliates of JHRPS receive investment management and other fees from the John Hancock Funds and other funds advised or sub-advised by JHRPS's affiliates.

³Bloomberg Barclays Global Aggregate Bond Index (USD Hedged) provides a broad based measure of the global investment-grade fixed-rate debt markets and covers the most liquid portion of the global investment grade fixed-rate bond market, including government, credit and collateralized securities. It is not possible to invest directly in an index.

⁴The Morningstar Lifetime Moderate Income Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target of moderate income. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁵The Morningstar Lifetime Moderate 2020 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2020. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁶The Morningstar Lifetime Moderate 2025 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2025. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁷The Morningstar Lifetime Moderate 2030 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2030. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁸The Morningstar Lifetime Moderate 2035 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2035. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁹The Morningstar Lifetime Moderate 2040 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2040. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

¹⁰The Morningstar Lifetime Moderate 2045 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2045. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

- ¹¹The Morningstar Lifetime Moderate 2050 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2050. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹²FTSE NAREIT All Equity REITs Index: The National Association of Real Estate Investment Trusts (NAREIT) All Equity Index is an unmanaged market weighted index of tax qualified REITs listed on the New York Stock Exchange, American Stock Exchange and the NASDAQ National Market System, including dividends. An investment cannot be made directly into an index.
- ¹³MSCI Emerging Markets Free Index is an unmanaged index of a sample of companies representative of the market structure of 26 Emerging Markets countries. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁴MSCI AC World Free Index is an unmanaged, market capitalization weighted index composed of companies representative of the market structure of 49 developed and emerging market countries. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁵Russell 1000 Growth Index: The Russell 1000 Growth Index is an unmanaged index that measures the performance of those Russell 1000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁶Russell 2000 Growth Index: The Russell 2000 Growth Index is an unmanaged index that measures the performance of those Russell 2000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁷Russell 2000 Value Index: The Russell 2000 Value Index is an unmanaged index that measures the performance of those Russell 2000 companies with lower price-to-book ratios and lower forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁸Russell Midcap Growth Index: The Russell Midcap Growth Index is an unmanaged index that measures the performance of those Russell Midcap companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁹Russell Midcap Value Index: A market-weighted total return index that measures the performance of companies within the Russell Midcap Index having lower price-to-book ratios and lower forecasted growth values. The Russell Midcap Index includes firms 201 through 1000, based on market capitalization, from the Russell 3000 Index. The Russell 3000 Index represents 98% of the of the investable US equity market. An investment cannot be made directly into an index.
- ²⁰Bloomberg Barclays US Aggregate Bond Index is an unmanaged market value-weighted performance benchmark for investment-grade or better fixed-rate debt issues, including government, corporate, asset-backed, and mortgage-backed securities, with maturities of at least one year. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²¹Russell 1000 Index: The Russell 1000 Index is an unmanaged index that measures the performance of the 1,000 largest companies in the Russell 3000 Index, which includes the 3,000 largest U.S. companies based on total market capitalization. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²²MSCI EAFE Index: The MSCI EAFE Index (Europe, Australasia, Far East) is a free float-adjusted market capitalization index that is designed to measure the equity market performance of developed markets, excluding the US & Canada. The MSCI EAFE Index consists of the 22 developed market country indices in Europe, Australasia and the Far East. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁴MSCI US Mid Cap 450 Index: The MSCI US Mid Cap 450 Index represents the universe of medium capitalization companies in the US equity market. This index targets for inclusion 450 companies and represents, as of October 29, 2004, approximately 15% of the capitalization of the US equity market. An investment cannot be made directly into an index.
- ²⁵MSCI US Small Cap 1750 Index: The MSCI US Small Cap 1750 Index represents the universe of small capitalization companies in the US equity market. This index targets for inclusion 1,750 companies and represents, as of October 29, 2004, approximately 12% of the capitalization of the US equity market. An investment cannot be made directly into an index.
- ²⁶BofA Merrill Lynch U.S. High Yield Master II Index is an unmanaged index which tracks the performance of below investment grade U.S. dollar-denominated corporate bonds publicly issued in the U.S. domestic market. An investment cannot be made directly into an index.
- ²⁷S&P 500 Index is an unmanaged index and is widely regarded as the standard for measuring large-cap U.S. stock market performance. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

An investment cannot be made directly into an index.

The mutual fund performance and statistical data included here is supplied by Morningstar, Inc. and was collected from company reports, financial reporting services, periodicals and other sources believed to be reliable. Although carefully verified, data are not guaranteed by Morningstar, Inc. or John Hancock Retirement Plan Services, LLC.

The following information focuses on the performance of investment options that have a fixed or stated rate of return. This table shows the annual rate of return of each such option, the term or length of time that you will earn this rate of return, and other information relevant to performance.

Fixed Return Investments			
NAME/TYPE OF OPTION	RETURNS	TERMS	OTHERS
Stable Value			
NYL Guaranteed Interest Account ¹ <i>myplan.johnhancock.com/investment_info</i>	2.25%	Semi-Annual	Rate credited through 06/30/2022

¹This investment option is not a mutual fund.

Carpenters Annuity Trust Fund for Northern California Section 2 – Fee and Expense Information

The following table shows fee and expense information for the plan's investment options. The Total Annual Operating Expenses are expenses that reduce the rates of return of the investment option. This table also shows any redemption fees charged by an investment option upon the sale or exchange of shares and the minimum number of days one must hold the investment in order to avoid a redemption fee.

Expense ratio (gross) does not include fee waivers or expense reimbursements which result in lower actual cost to the investor.

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Stable Value					
NYL Guaranteed Interest Account	0.05%	\$ 0.50	N/A	N/A	
Income					
Janus Henderson Developed World Bond Fund (Class N)	0.56%	\$ 5.60	N/A	N/A	
John Hancock Income Fund (Class R6)	0.41%	\$ 4.10	N/A	N/A	
PGIM High-Yield Fund (Class R6)	0.38%	\$ 3.80	N/A	N/A	
Western Asset Core Plus Bond Fund (Class IS)	0.42%	\$ 4.20	N/A	N/A	
Target Date					
Pensionmark Asset Allocation 2020	0.26%	\$ 2.60	N/A	N/A	
Pensionmark Asset Allocation 2025	0.23%	\$ 2.30	N/A	N/A	
Pensionmark Asset Allocation 2030	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2035	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation 2040	0.20%	\$ 2.00	N/A	N/A	
Pensionmark Asset Allocation 2045	0.20%	\$ 2.00	N/A	N/A	
Pensionmark Asset Allocation 2050	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation 2055	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation 2060	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation Income	0.26%	\$ 2.60	N/A	N/A	
Growth & Income					
American Funds - Washington Mutual Investors Fund (Class R6)	0.27%	\$ 2.70	N/A	N/A	

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Cohen & Steers Real Estate Securities (Class Z)	0.78%	\$ 7.80	N/A	N/A	
Columbia Dividend Income Fund (Institutional 3 Class)	0.56%	\$ 5.60	N/A	N/A	
Vanguard 500 Index Fund (Admiral Shares)	0.04%	\$ 0.40	N/A	N/A	
Growth					
AB Large Cap Growth Fund (Class Z)	0.53%	\$ 5.30	N/A	N/A	
Carillon Eagle Mid Cap Growth Fund (Class R6)	0.63%	\$ 6.30	N/A	N/A	
Franklin Small Cap Value Fund (Class R6)	0.69%	\$ 6.90	N/A	N/A	
JPMorgan Small Cap Growth Fund (Class R6)	0.74%	\$ 7.40	N/A	N/A	
Janus Henderson Global Life Sciences Fund (Class I)	0.75%	\$ 7.50	N/A	N/A	
Vanguard Mid-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Vanguard Small-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Victory Sycamore Established Value Fund (Class I)	0.58%	\$ 5.80	N/A	N/A	
International					
American Funds - New World Fund (Class R6)	0.57%	\$ 5.70	N/A	N/A	
MFS International Intrinsic Value Fund (Class R6)	0.62%	\$ 6.20	N/A	N/A	
T. Rowe Price Global Technology Fund (Class I)	0.75%	\$ 7.50	N/A	N/A	
Vanguard International Growth Fund (Admiral Shares)	0.32%	\$ 3.20	N/A	N/A	

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification>. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Please visit myplan.johnhancock.com for a glossary of investment terms relevant to this plan. The glossary is intended to help you better understand your options.

Carpenters Annuity Trust Fund for Northern California

Section 3 – Plan Related Information

PLAN ADMINISTRATIVE EXPENSES

Participant Directed: In addition to the total annual operating fees associated with the investments, an annual pro-rata administrative fee of approximately 0.28% will be deducted from participant accounts on a monthly basis. As an example: For an account balance of \$50,000 the monthly pro-rata fee would be approximately \$11.67. In addition, participants in the Plan pay a quarterly fixed administrative fee. As an example, for the last four quarters ending February 28, 2022, the fixed administrative fee was on average \$14.75 per quarter.

The Carpenters Annuity Plan may pay outside service providers for administrative services rendered during the year, such as recordkeeping and investment advisory services. Such amounts may be paid from a segregated account under the Annuity Plan and/or may be charged against participants' accounts on a pro-rata basis in accordance with the Amended and Restated Rules and Regulations of the Plan. Any amounts assessed against your account will be disclosed on a quarterly basis.

PARTICIPANT EXPENSES

To ensure that you receive your benefits when eligible, the Trustees of the Carpenters Annuity Trust Fund Trust Fund have a policy in place to locate and pay benefits to unenrolled and missing Participants or Beneficiaries of the Plan. The process of enrolling or locating missing Participants or Beneficiaries can include multiple efforts depending on the amount of the unpaid account balance and how long it takes to locate the individual. Each attempt made to contact such individuals will result in a fee assessment. The costs associated with location services may be revised from time-to-time, and currently include:

Participant Notice	\$6.86	Separation from Service Invalid Address Union Notice	\$5.28
Employer Notice	\$5.38	Separation from Service Invalid Address Locator Service	\$5.23
Union Notice	\$5.28	Separation from Service Follow Up Letter	\$5.23
Un-enrolled or Invalid Address Locator Service	\$5.23	Frozen Account Locator Service	\$5.23
Un-cashed Check(s) Letter	\$9.16	Frozen Account Reinstatement	\$0.06
Un-cashed Check(s) Locator Service	\$13.48	Separation from Service Invalid Address Second Follow Up	\$5.24
		Required Minimum Distribution Locator Service	\$5.39

To avoid an assessment for location efforts, simply keep the Fund Office apprised of your current address and if you have not yet done so, complete an enrollment form which can be downloaded from the website, www.carpenterfunds.com, fill it out and mail or fax it to the Carpenter Fund Office. You can also obtain a form by calling the Fund Office at (888) 547- 2054.

ACCESS TO INFORMATION

As a participant in the plan, you have the right to request paper copies, free of charge, of any information required to be available on the plan website. This includes past and current statements. To request this, you can contact a John Hancock participant service representative at 833-388-6466 from 08:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to our representatives are recorded. In addition, your past and current statements are available through our secure website at mylife.jhrps.com/statements.

ABILITY TO DIRECT INVESTMENTS

“Qualified” Participants have the option of selecting their own investment options from a select group of mutual funds. In order to become a qualified Participant, you must participate in a special education program to learn more about selecting your own investment options. Once qualified, you have the right to transfer into or out of any investment option in your Carpenters Annuity Plan at any time. Investment options in your Annuity Plan may have implemented restrictions such as short-term trading fees and/or trading blackout periods on certain transactions. If these apply to any of the options in the Annuity Plan, they will be explained in the Fees and Expenses section. Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. The plan's named fiduciary, or its delegate, exercises voting, tender and any similar rights associated with the plan's designated investment alternatives. To change any of your investments, you can go to myplan.johnhancock.com at any time, or you can call John Hancock at 1(833) 388-6466 from 8:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to a John Hancock Representative are recorded.

RESTRICTED INVESTMENTS

The following funds have restrictions as described below:

1) Trustee Directed Option: This investment may have restrictions regarding contributions and liquidations. Allocations in this investment may be limited to 0% of your account balance.

Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. Please review the funds' prospectuses for more information.

ABOUT RISK

All investing involves risk. It is possible that your investment objectives may not be met. All mutual funds are subject to market risk and may fluctuate in value.

Neither John Hancock Retirement Plan Services, LLC, its affiliates nor its representatives provide tax, legal or accounting advice. Please contact your own advisors.

Please contact John Hancock at 833-388-6466 for a prospectus, and, if available, a summary prospectus. Investors are asked to consider the investment objectives, risks, and charges and expenses of the investment carefully before investing. The prospectus or summary prospectus, contains this and other information about the investment company. Please read this information carefully before investing.

AVISO

Si usted tiene dificultad en entender alguna parte de este folleto, comuníquese con Carpenter Funds Administrative Office en 265 Hegenberger Road, Suite 100, Oakland, CA 94621. Las horas de oficina son de 8:00 a.m. a 5:00 p.m., lunes a viernes. Usted también puede llamar a la oficina del Plan, teléfono 888-547-2054, para ayuda.

Northern California Carpenters 401(k) Trust Fund

Section 4 – Performance Information

The information in this table focuses on the performance of investment options that do not have a fixed or stated rate of return. It shows how these investments have performed in the past and allows you to compare them with appropriate benchmarks for the same time periods. Information about an option's principal risks is available through the following website, myplan.johnhancock.com/investment_info. Please enter code "LO1502" to view your plan investment option details.

Total returns include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower.

For funds with redemption fees, performance shown does not reflect the deduction of this fee which would reduce performance.

Investment options are grouped according to investment objective. Within each investment objective grouping, funds are listed in alphabetical order. For more specific information, please refer to the investments' specific disclosure information.

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. For the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at 833-388-6466.

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE	
Income											
Janus Henderson Developed World Bond Fund (Class N)	HFARX	-2.99	-5.82	-5.82	-3.87	2.67	3.34	N/A	3.88	11/30/2015	
BENCHMARK: Bloomberg Barclays Global Aggregate Bond Index (USD Hedged)*		-2.16	-4.97	-4.97	-3.92	1.30	2.25	2.84	2.42		
John Hancock Income Fund (Class R6) ²	JSNWX	-0.94	-4.12	-4.12	-2.70	3.25	2.79	3.38	N/A	09/01/2011	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²²		-2.78	-5.93	-5.93	-4.15	1.69	2.14	2.24	N/A		
PGIM High-Yield Fund (Class R6)	PHYQX	-1.40	-4.67	-4.67	0.03	5.18	5.26	6.02	N/A	10/31/2011	
BENCHMARK: ICE BofA Merrill Lynch U.S. High Yield Index ²⁸		-0.93	-4.51	-4.51	-0.29	4.40	4.56	5.70	N/A		
Western Asset Core Plus Bond Fund (Class IS)	WAPSX	-3.79	-8.82	-8.82	-6.21	1.83	2.63	3.39	N/A	08/04/2008	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²²		-2.78	-5.93	-5.93	-4.15	1.69	2.14	2.24	N/A		
Asset Allocation											
New Northern California Carpenter Allocation Option		1.38	-5.09	-5.09	6.58	N/A	N/A	N/A	8.65	12/28/2020	
BENCHMARK: Morningstar Moderate Target Risk Index ⁵		0.07	-5.19	-5.19	2.26	8.88	8.02	7.35	4.23		
Target Date											
The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.											
Pensionmark Asset Allocation 2020		-0.85	-7.48	-7.48	-1.09	8.91	7.92	N/A	6.92	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2020 Index ⁷		-0.13	-5.67	-5.67	2.69	8.26	7.48	6.89	7.18		
Pensionmark Asset Allocation 2025		-0.23	-7.68	-7.68	-0.30	10.72	9.18	N/A	7.95	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2025 Index ⁸		0.05	-5.93	-5.93	2.92	8.85	8.06	7.60	8.01		
Pensionmark Asset Allocation 2030		0.29	-8.03	-8.03	0.31	12.29	10.31	N/A	8.88	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2030 Index ⁹		0.36	-5.98	-5.98	3.33	9.60	8.76	8.38	8.91		

Variable Rate Investments-Average Annual Total Returns (%)

INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
Pensionmark Asset Allocation 2035 BENCHMARK: Morningstar Lifetime Moderate 2035 Index ¹⁰		0.78 0.78	-8.21 -5.83	-8.21 -5.83	0.97 3.89	13.62 10.42	11.32 9.44	N/A 9.03	9.80 9.64	11/09/2012
Pensionmark Asset Allocation 2040 BENCHMARK: Morningstar Lifetime Moderate 2040 Index ¹¹		1.21 1.17	-8.62 -5.60	-8.62 -5.60	1.29 4.46	15.08 11.13	12.35 9.98	N/A 9.43	10.72 10.09	11/09/2012
Pensionmark Asset Allocation 2045 BENCHMARK: Morningstar Lifetime Moderate 2045 Index ¹²		1.41 1.43	-9.02 -5.44	-9.02 -5.44	1.11 4.80	15.85 11.54	12.93 10.25	N/A 9.56	11.38 10.24	11/09/2012
Pensionmark Asset Allocation 2050 BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹³		1.45 1.51	-9.32 -5.38	-9.32 -5.38	0.96 4.81	16.25 11.64	13.26 10.29	N/A 9.53	11.91 10.21	11/09/2012
Pensionmark Asset Allocation 2055 BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹³		1.45 1.51	-9.32 -5.38	-9.32 -5.38	0.95 4.81	16.26 11.64	13.40 10.29	N/A 9.53	11.56 8.97	06/10/2015
Pensionmark Asset Allocation 2060 BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹³		1.45 1.51	-9.32 -5.38	-9.32 -5.38	0.94 4.81	16.25 11.64	13.53 10.29	N/A 9.53	12.01 9.47	08/10/2015
Pensionmark Asset Allocation Income BENCHMARK: Morningstar Lifetime Moderate Income Index ⁶		-1.24 -0.23	-7.11 -4.14	-7.11 -4.14	-1.32 2.32	7.61 6.81	6.96 6.02	N/A 5.10	5.74 5.18	11/09/2012
Growth & Income										
American Funds - Washington Mutual Investors Fund (Class R6) BENCHMARK: S&P 500 Index ²⁹	RWMGX	3.46 3.71	-1.89 -4.60	-1.89 -4.60	16.43 15.65	15.94 18.92	14.10 15.99	13.51 14.64	N/A N/A	05/01/2009
Cohen & Steers Real Estate Securities (Class Z) BENCHMARK: FTSE NAREIT All Equity Index ¹⁴	CSZIX	6.72 7.07	-6.14 -5.26	-6.14 -5.26	23.59 23.58	13.97 11.72	11.96 10.69	N/A 10.51	12.48 10.68	10/01/2014
Columbia Dividend Income Fund (Institutional 3 Class) BENCHMARK: Russell 1000 Index ²³	CDDYX	3.51 3.37	-2.59 -5.13	-2.59 -5.13	13.05 13.27	15.04 18.71	13.44 15.82	N/A 14.53	13.82 15.50	11/08/2012
Vanguard 500 Index Fund (Admiral Shares) BENCHMARK: S&P 500 Index ²⁹	VFIAX	3.70 3.71	-4.61 -4.60	-4.61 -4.60	15.60 15.65	18.89 18.92	15.95 15.99	14.60 14.64	N/A N/A	11/13/2000
Growth										
AB Large Cap Growth Fund (Class Z) BENCHMARK: Russell 1000 Growth Index ¹⁷	APGZX	1.59 3.91	-12.59 -9.04	-12.59 -9.04	11.48 14.98	20.60 23.60	20.07 20.88	N/A 17.04	17.16 18.08	06/30/2015
Carillon Eagle Mid Cap Growth Fund (Class R6) BENCHMARK: Russell Midcap Growth Index ²⁰	HRAUX	3.80 1.61	-10.40 -12.58	-10.40 -12.58	1.28 -0.89	17.34 14.81	16.43 15.10	14.57 13.52	N/A N/A	08/15/2011
Franklin Small Cap Value Fund (Class R6) BENCHMARK: Russell 2000 Value Index ¹⁹	FRCSX	-1.15 1.96	-2.90 -2.40	-2.90 -2.40	1.86 3.32	13.84 12.73	9.91 8.57	N/A 10.54	10.66 9.83	05/01/2013
JPMorgan Small Cap Growth Fund (Class R6) BENCHMARK: Russell 2000 Growth Index ¹⁸	JGSMX	0.41 0.46	-13.84 -12.63	-13.84 -12.63	-17.75 -14.33	13.24 9.88	16.83 10.33	14.36 11.21	N/A N/A	11/30/2010
Janus Henderson Global Life Sciences Fund (Class I) BENCHMARK: S&P 500 Index ²⁹	JFNIX	3.59 3.71	-5.22 -4.60	-5.22 -4.60	4.05 15.65	13.04 18.92	13.49 15.99	16.41 14.64	N/A N/A	07/06/2009
Vanguard Mid-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Mid Cap 450 Index ²⁶	VIMAX	2.69 2.09	-6.32 -5.74	-6.32 -5.74	8.82 7.39	15.67 16.15	13.00 13.84	12.94 13.60	N/A N/A	11/12/2001

Variable Rate Investments-Average Annual Total Returns (%)

INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
Vanguard Small-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Small Cap 1750 Index ²⁷	VSMAX	1.48 1.33	-5.74 -5.69	-5.74 -5.69	0.68 0.34	13.16 14.12	11.34 11.22	12.11 12.10	N/A N/A	11/13/2000
Victory Sycamore Established Value Fund (Class I) BENCHMARK: Russell Midcap Value Index ²¹	VEVIX	2.94 3.04	0.49 -1.82	0.49 -1.82	13.88 11.45	17.51 13.69	12.89 9.99	13.87 12.01	N/A N/A	03/01/2010
International										
American Funds - New World Fund (Class R6) BENCHMARK: MSCI Emerging Markets Free Index ¹⁵	RNWGX	0.14 -2.52	-10.34 -7.32	-10.34 -7.32	-6.50 -13.27	9.91 2.57	9.86 3.56	7.13 0.92	N/A N/A	05/01/2009
MFS International Intrinsic Value Fund (Class R6) BENCHMARK: MSCI EAFE Index ²⁴	MINJX	-1.59 0.64	-13.07 -5.91	-13.07 -5.91	-2.07 1.16	9.23 7.78	9.57 6.72	10.09 6.27	N/A N/A	05/01/2006
T. Rowe Price Global Technology Fund (Class I) BENCHMARK: MSCI AC World Free Index ¹⁶	PGTIX	-3.49 1.94	-25.40 -5.73	-25.40 -5.73	-18.31 5.68	17.05 11.85	17.08 9.65	N/A 7.88	18.98 10.70	11/29/2016
Vanguard International Growth Fund (Admiral Shares) BENCHMARK: MSCI EAFE Index ²⁴	VWILX	-1.76 0.64	-16.45 -5.91	-16.45 -5.91	-16.21 1.16	14.87 7.78	14.11 6.72	10.48 6.27	N/A N/A	08/13/2001

Total returns are historical and include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower. Note - This Investment Return report is designed to provide investors with an illustration of the performance of only those funds and/or investments in the Plan's lineup as of the report date provided at the top of the first page. This report does not report performance figures for those funds and/or investments that were once in the Plan's lineup, and have since been removed from the lineup prior to the report date at the top of the first page. Further, the performance returns reported on this document represents performance for each respective fund; however, this does not represent the actual performance experience of individual participants within the Plan, due to participant's variability in cash flows, timing of cash flows, etc. For actual performance experience, participants should refer to the Personal rate of Return function online at mylife.jhrps.com, our Voice Response System (VRS), John Hancock participant service center, or periodic participant statements.

² In addition to fees charged by JHRPS for its services to the plan, affiliates of JHRPS receive investment management and other fees from the John Hancock Funds and other funds advised or sub-advised by JHRPS's affiliates.

⁴ Bloomberg Barclays Global Aggregate Bond Index (USD Hedged) provides a broad based measure of the global investment-grade fixed-rate debt markets and covers the most liquid portion of the global investment grade fixed-rate bond market, including government, credit and collateralized securities. It is not possible to invest directly in an index.

⁵ The Morningstar Moderate Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in a static allocation appropriate for U.S. investors who seek average exposure to equity market risk and returns. An investment cannot be made directly into an index.

⁶ The Morningstar Lifetime Moderate Income Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target of moderate income. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁷ The Morningstar Lifetime Moderate 2020 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2020. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁸ The Morningstar Lifetime Moderate 2025 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2025. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁹ The Morningstar Lifetime Moderate 2030 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2030. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

¹⁰ The Morningstar Lifetime Moderate 2035 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2035. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

- ¹¹The Morningstar Lifetime Moderate 2040 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2040. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹²The Morningstar Lifetime Moderate 2045 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2045. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹³The Morningstar Lifetime Moderate 2050 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2050. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁴FTSE NAREIT All Equity REITs Index: The National Association of Real Estate Investment Trusts (NAREIT) All Equity Index is an unmanaged market weighted index of tax qualified REITs listed on the New York Stock Exchange, American Stock Exchange and the NASDAQ National Market System, including dividends. An investment cannot be made directly into an index.
- ¹⁵MSCI Emerging Markets Free Index is an unmanaged index of a sample of companies representative of the market structure of 26 Emerging Markets countries. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁶MSCI AC World Free Index is an unmanaged, market capitalization weighted index composed of companies representative of the market structure of 49 developed and emerging market countries. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁷Russell 1000 Growth Index: The Russell 1000 Growth Index is an unmanaged index that measures the performance of those Russell 1000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁸Russell 2000 Growth Index: The Russell 2000 Growth Index is an unmanaged index that measures the performance of those Russell 2000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁹Russell 2000 Value Index: The Russell 2000 Value Index is an unmanaged index that measures the performance of those Russell 2000 companies with lower price-to-book ratios and lower forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁰Russell Midcap Growth Index: The Russell Midcap Growth Index is an unmanaged index that measures the performance of those Russell Midcap companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²¹Russell Midcap Value Index: A market-weighted total return index that measures the performance of companies within the Russell Midcap Index having lower price-to-book ratios and lower forecasted growth values. The Russell Midcap Index includes firms 201 through 1000, based on market capitalization, from the Russell 3000 Index. The Russell 3000 Index represents 98% of the of the investable US equity market. An investment cannot be made directly into an index.
- ²²Bloomberg Barclays US Aggregate Bond Index is an unmanaged market value-weighted performance benchmark for investment-grade or better fixed-rate debt issues, including government, corporate, asset-backed, and mortgage-backed securities, with maturities of at least one year. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²³Russell 1000 Index: The Russell 1000 Index is an unmanaged index that measures the performance of the 1,000 largest companies in the Russell 3000 Index, which includes the 3,000 largest U.S. companies based on total market capitalization. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁴MSCI EAFE Index: The MSCI EAFE Index (Europe, Australasia, Far East) is a free float-adjusted market capitalization index that is designed to measure the equity market performance of developed markets, excluding the US & Canada. The MSCI EAFE Index consists of the 22 developed market country indices in Europe, Australasia and the Far East. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁵MSCI US Mid Cap 450 Index: The MSCI US Mid Cap 450 Index represents the universe of medium capitalization companies in the US equity market. This index targets for inclusion 450 companies and represents, as of October 29, 2004, approximately 15% of the capitalization of the US equity market. An investment cannot be made directly into an index.
- ²⁷MSCI US Small Cap 1750 Index: The MSCI US Small Cap 1750 Index represents the universe of small capitalization companies in the US equity market. This index targets for inclusion 1,750 companies and represents, as of October 29, 2004, approximately 12% of the capitalization of the US equity market. An investment cannot be made directly into an index.
- ²⁸BofA Merrill Lynch U.S. High Yield Master II Index is an unmanaged index which tracks the performance of below investment grade U.S. dollar-denominated corporate bonds publicly issued in the U.S. domestic market. An investment cannot be made directly into an index.
- ²⁹S&P 500 Index is an unmanaged index and is widely regarded as the standard for measuring large-cap U.S. stock market performance. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

An investment cannot be made directly into an index.

The mutual fund performance and statistical data included here is supplied by Morningstar, Inc. and was collected from company reports, financial reporting services, periodicals and other sources believed to be reliable. Although carefully verified, data are not guaranteed by Morningstar, Inc. or John Hancock Retirement Plan Services, LLC.

The following information focuses on the performance of investment options that have a fixed or stated rate of return. This table shows the annual rate of return of each such option, the term or length of time that you will earn this rate of return, and other information relevant to performance.

Fixed Return Investments			
NAME/TYPE OF OPTION	RETURNS	TERMS	OTHERS
Stable Value			
NYL Guaranteed Interest Account ¹ <i>myplan.johnhancock.com/investment_info</i>	2.25%	Semi-Annual	Rate credited through 06/30/2022

¹This investment option is not a mutual fund.

Northern California Carpenters 401(k) Trust Fund

Section 5 – Fee and Expense Information

The following table shows fee and expense information for the plan's investment options. The Total Annual Operating Expenses are expenses that reduce the rates of return of the investment option. This table also shows any redemption fees charged by an investment option upon the sale or exchange of shares and the minimum number of days one must hold the investment in order to avoid a redemption fee.

Expense ratio (gross) does not include fee waivers or expense reimbursements which result in lower actual cost to the investor.

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Stable Value					
NYL Guaranteed Interest Account	0.05%	\$ 0.50	N/A	N/A	
Income					
Janus Henderson Developed World Bond Fund (Class N)	0.56%	\$ 5.60	N/A	N/A	
John Hancock Income Fund (Class R6)	0.41%	\$ 4.10	N/A	N/A	
PGIM High-Yield Fund (Class R6)	0.38%	\$ 3.80	N/A	N/A	
Western Asset Core Plus Bond Fund (Class IS)	0.42%	\$ 4.20	N/A	N/A	
Asset Allocation					
New Northern California Carpenter Allocation Option	0.59%	\$ 5.90	N/A	N/A	
Target Date					
Pensionmark Asset Allocation 2020	0.26%	\$ 2.60	N/A	N/A	
Pensionmark Asset Allocation 2025	0.23%	\$ 2.30	N/A	N/A	
Pensionmark Asset Allocation 2030	0.23%	\$ 2.30	N/A	N/A	
Pensionmark Asset Allocation 2035	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation 2040	0.20%	\$ 2.00	N/A	N/A	
Pensionmark Asset Allocation 2045	0.20%	\$ 2.00	N/A	N/A	
Pensionmark Asset Allocation 2050	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation 2055	0.21%	\$ 2.10	N/A	N/A	

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Pensionmark Asset Allocation 2060	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation Income	0.26%	\$ 2.60	N/A	N/A	
Growth & Income					
American Funds - Washington Mutual Investors Fund (Class R6)	0.27%	\$ 2.70	N/A	N/A	
Cohen & Steers Real Estate Securities (Class Z)	0.78%	\$ 7.80	N/A	N/A	
Columbia Dividend Income Fund (Institutional 3 Class)	0.56%	\$ 5.60	N/A	N/A	
Vanguard 500 Index Fund (Admiral Shares)	0.04%	\$ 0.40	N/A	N/A	
Growth					
AB Large Cap Growth Fund (Class Z)	0.53%	\$ 5.30	N/A	N/A	
Carillon Eagle Mid Cap Growth Fund (Class R6)	0.63%	\$ 6.30	N/A	N/A	
Franklin Small Cap Value Fund (Class R6)	0.69%	\$ 6.90	N/A	N/A	
JPMorgan Small Cap Growth Fund (Class R6)	0.74%	\$ 7.40	N/A	N/A	
Janus Henderson Global Life Sciences Fund (Class I)	0.75%	\$ 7.50	N/A	N/A	
Vanguard Mid-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Vanguard Small-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Victory Sycamore Established Value Fund (Class I)	0.58%	\$ 5.80	N/A	N/A	
International					
American Funds - New World Fund (Class R6)	0.57%	\$ 5.70	N/A	N/A	
MFS International Intrinsic Value Fund (Class R6)	0.62%	\$ 6.20	N/A	N/A	
T. Rowe Price Global Technology Fund (Class I)	0.75%	\$ 7.50	N/A	N/A	
Vanguard International Growth Fund (Admiral Shares)	0.32%	\$ 3.20	N/A	N/A	

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification>. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Please visit myplan.johnhancock.com for a glossary of investment terms relevant to this plan. The glossary is intended to help you better understand your options.

Northern California Carpenters 401(k) Trust Fund

Section 6 – Plan Related Information

PLAN ADMINISTRATIVE EXPENSES

In addition to the total annual operating fees associated with the investments, an annual administrative fee of approximately 0.30% will be paid by each participant. The fee is deducted from individual account balances on a pro-rata basis each month. As an example, if you have an account balance of \$50,000 you will pay a quarterly fee of approximately \$12.50 each month. In addition, participants in the Plan pay an annual fixed administrative fee of \$120. This fee is deducted from your account at a rate of approximately \$10 on a monthly basis.

The Northern California Carpenters 401(k) Plan may pay outside service providers for administrative services rendered during the year, such as recordkeeping and investment advisory services. Such amounts may be paid from a segregated account under the 401(k) Plan and/or may be charged against participants' accounts on a pro rata basis or as a specific dollar amount. Any amounts assessed against your account will be disclosed on a quarterly basis.

PARTICIPANT EXPENSES

The following expenses apply to all participants in the Northern California Carpenters 401(k) Plan if used by the participant. If any of these expenses apply to you, they will appear on your quarterly account statement. For more information regarding these expenses please refer to your Northern California Carpenters 401(k) Summary Plan Description (SPD). The SPD can be obtained by contacting John Hancock. Definitions of each of these expenses are included in the glossary described above and available at myplan.johnhancock.com.

Loan Fees	\$100
Hardship Withdrawal Fee	\$75
Insufficient Funds Fee	\$25

ABILITY TO DIRECT INVESTMENTS

You have the right to transfer into or out of any investment option in your plan at any time, provided such transfer is permitted by the investment offeror. Investment options in your plan may have implemented restrictions such as redemption fees or short-term trading prohibitions. If redemption fees apply to any of the options in this plan, those fees and the holding period required to avoid the fees will be listed in the Fees and Expenses section above. Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. The plan's named fiduciary, or its delegate, exercises voting, tender and any similar rights associated with the plan's designated investment alternatives unless the plan offers an employer stock investment alternative. In the case of employer stock, voting rights are generally exercised based upon participant instruction. Please review the funds' prospectuses for more information. To change any of your investments, you can go to myplan.johnhancock.com at any time, or you can call us at 833-388-6466 from 08:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to our Representatives are recorded.

RESTRICTED INVESTMENTS

Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. Please review the funds' prospectuses for more information.

ABOUT RISK

All investing involves risk. It is possible that your investment objectives may not be met. All mutual funds are subject to market risk and may fluctuate in value.

Neither John Hancock Retirement Plan Services, LLC, its affiliates nor its representatives provide tax, legal or accounting advice. Please contact your own advisors.

Please contact John Hancock at 833-388-6466 for a prospectus, and, if available, a summary prospectus. Investors are asked to consider the investment objectives, risks, and charges and expenses of the investment carefully before investing. The prospectus or summary prospectus, contains this and other information about the investment company. Please read this information carefully before investing.

AVISO

Si usted tiene dificultad en entender alguna parte de este folleto, comuníquese con Carpenter Funds Administrative Office en 265 Hegenberger Road, Suite 100, Oakland, CA 94621. Las horas de oficina son de 8:00 a.m. a 5:00 p.m., lunes a viernes. Usted también puede llamar a la oficina del Plan, teléfono 888-547-2054, para ayuda.

**IMPORTANT INFORMATION
REGARDING THE
NORTHERN CALIFORNIA CARPENTERS 401(k) PLAN**

To: All Participants

From: Plan Administrator of the Northern California Carpenters 401(k) Plan (the "Plan")

Plan Sponsor: Board of Trustees, Northern California Carpenters 401(k) Plan

Date: July 2022

This is an annual notice which only applies to the 2022 Plan Year.

Please read this notice carefully, as it contains important information about certain features of the Plan. To obtain more general information about the Plan, you should obtain a copy of the Plan's Summary Plan Description ("SPD"). See "FOR ADDITIONAL INFORMATION" below for information on how you can obtain a copy of the Plan's current SPD.

NOTE: Many of your Plan elections are made by contacting John Hancock Retirement Plan Services ("John Hancock"). If you wish to contact John Hancock, you may do so:

- 24 hours a day via either the internet at myplan.johnhancock.com or an automated telephone system at 833.388.6466.
- 8AM to 10PM Eastern Time by calling 833.388.6466 to speak with a Participant Service Representative.

QUALIFIED DEFAULT INVESTMENT ALTERNATIVE

You have the right to direct the investment of your account among any of the investment options available under the Plan. Information concerning the available options has been provided to you. If you become a participant in the Plan and do not have an investment election on file, any contribution made on your behalf will be invested in the Plan's qualified default investment, the Pensionmark Asset Allocation Portfolio, based on your year of birth, according to the chart below:

<u>Date of Birth</u>	<u>Default Investment</u>
On or before 1953	Pensionmark Asset Allocation Income
1954 - 1958	Pensionmark Asset Allocation 2020
1959 - 1963	Pensionmark Asset Allocation 2025
1964 - 1968	Pensionmark Asset Allocation 2030
1969 - 1973	Pensionmark Asset Allocation 2035
1974 - 1978	Pensionmark Asset Allocation 2040
1979 - 1983	Pensionmark Asset Allocation 2045
1984 - 1988	Pensionmark Asset Allocation 2050
1989 - 1993	Pensionmark Asset Allocation 2055
1994 or later	Pensionmark Asset Allocation 2060

If John Hancock does not have your date of birth on file, contributions will be invested instead in the Pensionmark Asset Allocation Income Portfolio until a valid date of birth is obtained by John Hancock.

**IMPORTANT INFORMATION
REGARDING THE
NORTHERN CALIFORNIA CARPENTERS 401(k) Plan**

This investment is intended to satisfy the requirements for a "qualified default investment alternative" ("QDIA") under the Employee Retirement Income Security Act of 1974 ("ERISA"). A copy of the Fund Fact Sheet for the Plan's default investment is attached to this Notice.

If you do not make an investment election and your account is invested in the QDIA, you may transfer all or any part of it from the QDIA into any other investment options by contacting John Hancock. Information regarding all of the Plan's investment options and procedures for changing investment elections is available by contacting John Hancock.

Amounts defaulted into the Plan's Stable Value Option prior to December 24, 2007 will also be considered a QDIA pursuant to a special QDIA transition rule.

About Risk

Investing in Target Date Funds: The "target date" in a target date fund is the approximate date an investor plans to start withdrawing money. Because target date funds are managed to specific retirement dates, investors may be taking on greater risk if the actual year of retirement differs dramatically from the original estimated date. Target date funds generally shift to a more conservative investment mix over time. While this may help to manage risk, it does not guarantee earnings growth nor is the fund's principal value guaranteed at any time including at the target date. You do not have the ability to actively manage the investments within target date funds. The portfolio managers control security selection and asset allocation. Target Date funds allocate their investments among multiple asset classes which can include U.S. and foreign equity and fixed income securities.

FOR ADDITIONAL INFORMATION

You should consult the Plan document and SPD for a complete explanation of the Plan's features and information. You may view and/or obtain a copy of the SPD by contacting John Hancock. You can also obtain additional information about the Plan by contacting John Hancock or by contacting the Plan Sponsor.

This Notice is not intended to, nor should you construe it as, modifying any aspect of the current Plan document or SPD.

John Hancock Retirement Plan Services, LLC offers plan administrative services and service programs through which a sponsor or administrator of a plan may invest in various investment options on behalf of plan participants. These investment options have not been individually selected by John Hancock Retirement Plan Services, LLC. John Hancock Trust Company, LLC provides trust and custodial services to such plans.

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S-P27617-GE 10/15-255636
RS101415255636

**IMPORTANT INFORMATION
REGARDING THE
CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA**

To: All Participants

From: Plan Administrator of the Carpenters Annuity Trust Fund for Northern California (the "Plan")

Plan Sponsor: Board of Trustees, Carpenters Annuity Trust Fund for Northern California

Date: July 2022

This is an annual notice which only applies to the 2022 Plan Year.

Please read this notice carefully, as it contains important information about certain features of the Plan. To obtain more general information about the Plan, you should obtain a copy of the Plan's Summary Plan Description ("SPD"). See "FOR ADDITIONAL INFORMATION" below for information on how you can obtain a copy of the Plan's current SPD.

NOTE: Many of your Plan elections are made by contacting John Hancock Retirement Plan Services ("John Hancock"). If you wish to contact John Hancock, you may do so:

- 24 hours a day via either the internet at myplan.johnhancock.com or an automated telephone system at 833.388.6466.
- 8AM to 10PM Eastern Time by calling 833.388.6466 to speak with a Participant Service Representative.

QUALIFIED DEFAULT INVESTMENT ALTERNATIVE

You have the right to direct the investment of your account among any of the investment options available under the Plan. Information concerning the available options has been provided to you. If you become a participant in the Plan and do not have an investment election on file, any contribution made on your behalf will be invested in the Plan's qualified default investment, the Pensionmark Asset Allocation Portfolio, based on your year of birth, according to the chart below:

<u>Date of Birth</u>	<u>Default Investment</u>
On or before 1953	Pensionmark Asset Allocation Income
1954 - 1958	Pensionmark Asset Allocation 2020
1959 - 1963	Pensionmark Asset Allocation 2025
1964 - 1968	Pensionmark Asset Allocation 2030
1969 - 1973	Pensionmark Asset Allocation 2035
1974 - 1978	Pensionmark Asset Allocation 2040
1979 - 1983	Pensionmark Asset Allocation 2045
1984 - 1988	Pensionmark Asset Allocation 2050
1989 - 1993	Pensionmark Asset Allocation 2055
1994 or later	Pensionmark Asset Allocation 2060

If John Hancock does not have your date of birth on file, contributions will be invested instead in the Pensionmark Asset Allocation Income Portfolio until a valid date of birth is obtained by John Hancock.

**IMPORTANT INFORMATION
REGARDING THE
CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA**

This investment is intended to satisfy the requirements for a "qualified default investment alternative" ("QDIA") under the Employee Retirement Income Security Act of 1974 ("ERISA"). A copy of the Fund Fact Sheet for the Plan's default investment is attached to this Notice.

If you do not make an investment election and your account is invested in the QDIA, you may transfer all or any part of it from the QDIA into any other investment options by contacting John Hancock. Information regarding all of the Plan's investment options and procedures for changing investment elections is available by contacting John Hancock.

Amounts defaulted into the Plan's Stable Value Option prior to December 24, 2007 will also be considered a QDIA pursuant to a special QDIA transition rule.

About Risk

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Pensionmark Asset Allocation 2020

AS OF 2022-06-30

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Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.26
Net Expense Ratio ^{f1} (%)	0.26
Fund Total Net Assets (\$M)	10.02

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Western Asset Core Plus Bd IS	35.98
Vanguard 500 Index Fd Admiral	17.26
NYL Guaranteed Int. Acct.	13.00
Vanguard Intl Growth Fund Adm	11.71
Vanguard Sm Cap Index Fd Adm	7.97
Vanguard Inf-Prot Secs (Inst)	6.71
American New World Fund R6	2.75
Janus Henderson Dev World Bd N	2.68
Cohen & Steers Real Est Sec Z	1.94

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk and Target Date. See disclosure for details.

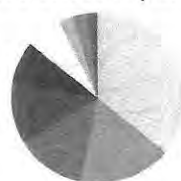
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2020	-17.36	-15.90	3.76	4.98	--	5.49
Morningstar Lifetime Moderate ⁸⁷	-16.70	-13.95	2.75	4.36	5.81	--

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

Portfolio Snapshot^{b2} (%)



35.98
17.26
13.00
11.71
7.97

Western Asset Core Plus Bd IS	6.71
Vanguard 500 Index Fd Admiral	2.75
NYL Guaranteed Int. Acct.	2.68
Vanguard Intl Growth Fund Adm	1.94
Vanguard Sm Cap Index Fd Adm	

Vanguard Inf-Prot Secs (Inst)
American New World Fund R6
Janus Henderson Dev World Bd N
Cohen & Steers Real Est Sec Z

f1. The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

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Pensionmark Asset Allocation 2025

AS OF 2022-06-30

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Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.23
Net Expense Ratio ^{f1} (%)	0.23
Fund Total Net Assets (\$M)	20.12

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Western Asset Core Plus Bd IS	26.09
Vanguard 500 Index Fd Admiral	23.47
Vanguard Intl Growth Fund Adm	15.82
NYL Guaranteed Int. Acct.	12.48
Vanguard Sm Cap Index Fd Adm	9.11
Vanguard Inf-Prot Secs (Inst)	5.10
American New World Fund R6	3.28
Cohen & Steers Real Est Sec Z	2.48
Janus Henderson Dev World Bd N	2.17

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk, Private Fund and Target Date. See disclosure for details.

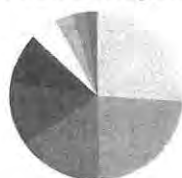
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2025	-18.49	-16.72	5.06	5.92	--	6.35
Morningstar Lifetime Moderate ⁸⁸	-17.74	-14.87	2.93	4.66	6.49	--

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Portfolio Snapshot^{b2} (%)



26.09	Western Asset Core Plus Bd IS	5.10	Vanguard Inf-Prot Secs (Inst)
23.47	Vanguard 500 Index Fd Admiral	3.28	American New World Fund R6
15.82	Vanguard Intl Growth Fund Adm	2.48	Cohen & Steers Real Est Sec Z
12.48	NYL Guaranteed Int. Acct.	2.17	Janus Henderson Dev World Bd N
9.11	Vanguard Sm Cap Index Fd Adm		

f1. The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

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Pensionmark Asset Allocation 2030

AS OF 2022-06-30

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Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.22
Net Expense Ratio ^{f1} (%)	0.22
Fund Total Net Assets (\$M)	20.79

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Vanguard 500 Index Fd Admiral	28.89
Vanguard Intl Growth Fund Adm	19.74
Western Asset Core Plus Bd IS	19.10
NYL Guaranteed Int. Acct.	10.06
Vanguard Sm Cap Index Fd Adm	9.76
American New World Fund R6	3.83
Cohen & Steers Real Est Sec Z	3.54
Vanguard Inf-Prot Secs (Inst)	3.43
Janus Henderson Dev World Bd N	1.65

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk, Private Fund and Target Date. See disclosure for details.

Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2030	-20.07	-18.01	5.97	6.62	--	7.07
Morningstar Lifetime Moderate ⁸⁹	-18.57	-15.55	3.30	5.07	7.23	--

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

Portfolio Snapshot^{b2} (%)



28.89	Vanguard 500 Index Fd Admiral	3.83	American New World Fund R6
19.74	Vanguard Intl Growth Fund Adm	3.54	Cohen & Steers Real Est Sec Z
19.10	Western Asset Core Plus Bd IS	3.43	Vanguard Inf-Prot Secs (Inst)
10.06	NYL Guaranteed Int. Acct.	1.65	Janus Henderson Dev World Bd N
9.76	Vanguard Sm Cap Index Fd Adm		

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Pensionmark Asset Allocation 2035

AS OF 2022-06-30

INVESTMENT STRATEGY: Target date portfolios are also offered as investment options in the Plan. Each portfolio is structured to achieve the highest potential rate of return for its objective and level of risk by allocating assets in varying percentages to different asset classes, represented by mutual funds and the Stable Value Option. The Portfolios themselves are not mutual funds. The underlying investment options that make up this portfolio were selected by a financial intermediary not associated with John Hancock Retirement Plan Services, LLC. This portfolio will be re-balanced quarterly by John Hancock Retirement Plan Services, LLC and reviewed annually by the intermediary to ensure that the allocation percentages continue to fit the Portfolio's objective.

Fund Category:
Balanced/Asset
Allocation

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.21
Net Expense Ratio ^{f1} (%)	0.21
Fund Total Net Assets (\$M)	14.37

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Vanguard 500 Index Fd Admiral	33.33
Vanguard Intl Growth Fund Adm	22.55
Western Asset Core Plus Bd IS	11.84
Vanguard Sm Cap Index Fd Adm	10.88
NYL Guaranteed Int. Acct.	8.97
Cohen & Steers Real Est Sec Z	4.62
American New World Fund R6	4.36
Vanguard Inf-Prot Secs (Inst)	2.33
Janus Henderson Dev World Bd N	1.12

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk and Target Date. See disclosure for details.

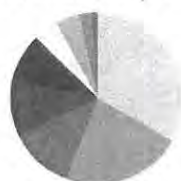
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2035	-21.10	-18.78	6.82	7.31	--	7.83
Morningstar Lifetime Moderate ⁹⁰	-19.07	-15.92	3.81	5.52	7.83	--

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Portfolio Snapshot^{b2} (%)



33.33	Vanguard 500 Index Fd Admiral	4.62	Cohen & Steers Real Est Sec Z
22.55	Vanguard Intl Growth Fund Adm	4.36	American New World Fund R6
11.84	Western Asset Core Plus Bd IS	2.33	Vanguard Inf-Prot Secs (Inst)
10.88	Vanguard Sm Cap Index Fd Adm	1.12	Janus Henderson Dev World Bd N
8.97	NYL Guaranteed Int. Acct.		

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Pensionmark Asset Allocation 2040

AS OF 2022-06-30

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Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.20
Net Expense Ratio ^{f1} (%)	0.20
Fund Total Net Assets (\$M)	12.04

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Vanguard 500 Index Fd Admiral	38.56
Vanguard Intl Growth Fund Adm	27.04
Vanguard Sm Cap Index Fd Adm	11.59
NYL Guaranteed Int. Acct.	6.49
Western Asset Core Plus Bd IS	5.47
Cohen & Steers Real Est Sec Z	5.22
American New World Fund R6	4.45
Vanguard Inf-Prot Secs (Inst)	1.18

PRINCIPAL RISKS

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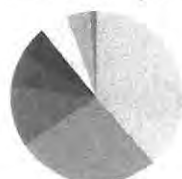
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2040	-22.49	-20.01	7.69	7.96	—	8.56
Morningstar Lifetime Moderate ^{f1}	-19.40	-16.14	4.27	5.87	8.18	--

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Portfolio Snapshot^{b2} (%)



38.56	Vanguard 500 Index Fd Admiral	5.47	Western Asset Core Plus Bd IS
27.04	Vanguard Intl Growth Fund Adm	5.22	Cohen & Steers Real Est Sec Z
11.59	Vanguard Sm Cap Index Fd Adm	4.45	American New World Fund R6
6.49	NYL Guaranteed Int. Acct.	1.18	Vanguard Inf-Prot Secs (Inst)

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Pensionmark Asset Allocation 2045

AS OF 2022-06-30

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Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.20
Net Expense Ratio ^{f1} (%)	0.20
Fund Total Net Assets (\$M)	9.34

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Vanguard 500 Index Fd Admiral	40.58
Vanguard Intl Growth Fund Adm	30.62
Vanguard Sm Cap Index Fd Adm	11.73
Cohen & Steers Real Est Sec Z	5.81
American New World Fund R6	5.01
NYL Guaranteed Int. Acct.	4.58
Western Asset Core Plus Bd IS	1.67

PRINCIPAL RISKS

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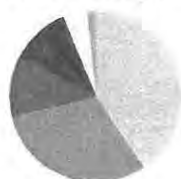
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2045	-23.50	-21.09	8.09	8.29	—	9.09
Morningstar Lifetime Moderate ⁹²	-19.58	-16.28	4.53	6.03	8.28	—

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Portfolio Snapshot^{b2} (%)



40.58	Vanguard 500 Index Fd Admiral	5.01	American New World Fund R6
30.62	Vanguard Intl Growth Fund Adm	4.58	NYL Guaranteed Int. Acct.
11.73	Vanguard Sm Cap Index Fd Adm	1.67	Western Asset Core Plus Bd IS
5.81	Cohen & Steers Real Est Sec Z		

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Pensionmark Asset Allocation 2050

AS OF 2022-06-30

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Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.20
Net Expense Ratio ^{f1} (%)	0.20
Fund Total Net Assets (\$M)	9.47

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Vanguard 500 Index Fd Admiral	41.99
Vanguard Intl Growth Fund Adm	32.30
Vanguard Sm Cap Index Fd Adm	12.35
Cohen & Steers Real Est Sec Z	5.86
American New World Fund R6	5.05
NYL Guaranteed Int. Acct.	1.32
Western Asset Core Plus Bd IS	1.13

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk, Private Fund and Target Date. See disclosure for details.

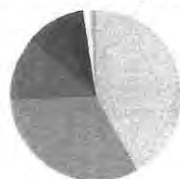
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2050	-24.23	-21.85	8.21	8.45	--	9.52
Morningstar Lifetime Moderate ⁹³	-19.63	-16.40	4.59	6.04	8.25	--

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

Portfolio Snapshot^{b2} (%)



41.99

Vanguard 500 Index Fd Admiral

5.05

American New World Fund R6

32.30

Vanguard Intl Growth Fund Adm

1.32

NYL Guaranteed Int. Acct.

12.35

Vanguard Sm Cap Index Fd Adm

1.13

Western Asset Core Plus Bd IS

5.86

Cohen & Steers Real Est Sec Z

f1. The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

Marketing support services are provided by John Hancock Distributors LLC.

The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.



Pensionmark Asset Allocation 2055

AS OF 2022-06-30

INVESTMENT STRATEGY: Target date portfolios are also offered as investment options in the Plan. Each portfolio is structured to achieve the highest potential rate of return for its objective and level of risk by allocating assets in varying percentages to different asset classes, represented by mutual funds and the Stable Value Option. The Portfolios themselves are not mutual funds. The underlying investment options that make up this portfolio were selected by a financial intermediary not associated with John Hancock Retirement Plan Services, LLC. This portfolio will be re-balanced quarterly by John Hancock Retirement Plan Services, LLC and reviewed annually by the intermediary to ensure that the allocation percentages continue to fit the Portfolio's objective.

Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2015-06-10
Gross Expense Ratio ^{f1} (%)	0.20
Net Expense Ratio ^{f1} (%)	0.20
Fund Total Net Assets (\$M)	3.99

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Vanguard 500 Index Fd Admiral	41.90
Vanguard Intl Growth Fund Adm	32.45
Vanguard Sm Cap Index Fd Adm	12.33
Cohen & Steers Real Est Sec Z	5.85
American New World Fund R6	5.05
NYL Guaranteed Int. Acct.	1.31
Western Asset Core Plus Bd IS	1.11

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk, Private Fund and Target Date. See disclosure for details.

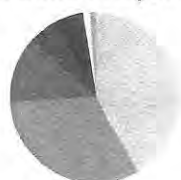
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2055	-24.23	-21.85	8.21	8.58	—	8.34
Morningstar Lifetime Moderate ⁹³	-19.63	-16.40	4.59	6.04	8.25	--

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

Portfolio Snapshot^{b2} (%)



41.90
32.45
12.33
5.85

Vanguard 500 Index Fd Admiral 5.05
Vanguard Intl Growth Fund Adm 1.31
Vanguard Sm Cap Index Fd Adm 1.11
Cohen & Steers Real Est Sec Z

American New World Fund R6
NYL Guaranteed Int. Acct.
Western Asset Core Plus Bd IS

f1. The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

Marketing support services are provided by John Hancock Distributors LLC.

The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.



Pensionmark Asset Allocation 2060

AS OF 2022-06-30

INVESTMENT STRATEGY: Target date portfolios are also offered as investment options in the Plan. Each portfolio is structured to achieve the highest potential rate of return for its objective and level of risk by allocating assets in varying percentages to different asset classes, represented by mutual funds and the Stable Value Option. The Portfolios themselves are not mutual funds. The underlying investment options that make up this portfolio were selected by a financial intermediary not associated with John Hancock Retirement Plan Services, LLC. This portfolio will be re-balanced quarterly by John Hancock Retirement Plan Services, LLC and reviewed annually by the intermediary to ensure that the allocation percentages continue to fit the Portfolio's objective.

Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2015-08-10
Gross Expense Ratio ^{f1} (%)	0.20
Net Expense Ratio ^{f1} (%)	0.20
Fund Total Net Assets (\$M)	2.03

Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation 2060	-24.23	-21.86	8.21	8.67	--	8.68
Morningstar Lifetime Moderate ^{f3}	-19.63	-16.40	4.59	6.04	8.25	--

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Vanguard 500 Index Fd Admiral	41.84
Vanguard Intl Growth Fund Adm	32.54
Vanguard Sm Cap Index Fd Adm	12.31
Cohen & Steers Real Est Sec Z	5.84
American New World Fund R6	5.05
NYL Guaranteed Int. Acct.	1.30
Western Asset Core Plus Bd IS	1.12

Portfolio Snapshot^{b2} (%)



41.84	Vanguard 500 Index Fd Admiral	5.05	American New World Fund R6
32.54	Vanguard Intl Growth Fund Adm	1.30	NYL Guaranteed Int. Acct.
12.31	Vanguard Sm Cap Index Fd Adm	1.12	Western Asset Core Plus Bd IS
5.84	Cohen & Steers Real Est Sec Z		

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk, Private Fund and Target Date. See disclosure for details.

^{f1} The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

Marketing support services are provided by John Hancock Distributors LLC.

The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.



Pensionmark Asset Allocation Income

AS OF 2022-06-30

INVESTMENT STRATEGY: Portfolios Asset Allocations are also offered as investment options in the Plan. Each Portfolio seeks to achieve the highest potential rate of return for its objective and level of risk by allocating assets in varying percentages to different asset classes, represented by the portfolio's investment vehicles. The percentage of assets allocated to each asset class will be rebalanced by John Hancock Retirement Plan Services, LLC according to the rebalancing rules provided by the client or financial intermediary. The Portfolios themselves are not mutual funds.

Fund Category:
**Balanced/Asset
Allocation**

PORTFOLIO DETAILS

Inception Date	2012-11-09
Gross Expense Ratio ^{f1} (%)	0.26
Net Expense Ratio ^{f1} (%)	0.26
Fund Total Net Assets (\$M)	4.95

TOP TEN HOLDINGS AS OF 2022-06-30

	% of Assets
Western Asset Core Plus Bd IS	41.90
Vanguard 500 Index Fd Admiral	14.21
NYL Guaranteed Int. Acct.	13.25
Vanguard Inf-Prot Secs (Inst)	8.75
Vanguard Intl Growth Fund Adm	8.09
Vanguard Sm Cap Index Fd Adm	7.42
Janus Henderson Dev World Bd N	3.15
American New World Fund R6	2.27
Cohen & Steers Real Est Sec Z	0.96

PRINCIPAL RISKS

Principal Risks include: Portfolio Risk and Target Date. See disclosure for details.

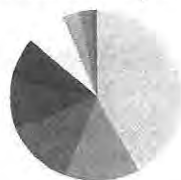
Average Annual Total Returns %

As of 2022-06-30

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Pensionmark Asset Allocation Income	-16.20	-14.82	2.86	4.30	--	4.47
Morningstar Lifetime Moderate ¹⁰⁴	-12.35	-10.02	2.79	3.85	4.25	--

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

Portfolio Snapshot^{b2} (%)



41.90	Western Asset Core Plus Bd IS	7.42	Vanguard Sm Cap Index Fd Adm
14.21	Vanguard 500 Index Fd Admiral	3.15	Janus Henderson Dev World Bd N
13.25	NYL Guaranteed Int. Acct.	2.27	American New World Fund R6
8.75	Vanguard Inf-Prot Secs (Inst)	0.96	Cohen & Steers Real Est Sec Z
8.09	Vanguard Intl Growth Fund Adm		

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The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.



Important Notes

Other:

b2. The portfolio composition, industry sectors, top ten holdings, and credit analysis are presented to illustrate examples of securities that the fund has bought and diversity of areas in which the fund may invest and may not be representative of the fund's current or future investments. The top ten holdings do not include money market instruments and/or futures contracts. The figures presented are as of date shown, do not include the fund's entire investment portfolio, and may change at any time.

Index Description:

i84. The Morningstar Lifetime Moderate Income Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2030.

i87. The Morningstar Lifetime Moderate 2020 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2020.

i88. The Morningstar Lifetime Moderate 2025 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2025.

i89. The Morningstar Lifetime Moderate 2030 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2030.

i90. The Morningstar Lifetime Moderate 2035 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2035.

i91. The Morningstar Lifetime Moderate 2040 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2040.

i92. The Morningstar Lifetime Moderate 2045 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2045.

i93. The Morningstar Lifetime Moderate 2050 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target retirement date of 2050.

Principal Risks

Portfolio Risk: This is not a mutual fund, prospectuses are not required, and prices are not available in local publications. The portfolio allocates its investments among multiple asset classes, which can include U.S. and foreign equity and fixed income securities. Foreign investing involves risks not associated with U.S. investments, including currency fluctuations and political and economic changes. These risks are likely to be greater for emerging markets than in developed markets. Portfolios that invest in bonds are subject to interest-rate risk and can lose principal value when interest rates rise. The portfolio may also allocate its investments in growth and value stocks, real estate investment trusts, and corporate and U.S. government bonds. Asset allocation does not ensure a profit or protection against a loss. Please note that asset allocation may not be appropriate for all participants particularly those interested in directing investment options on their own. Consider the investment objectives, risks, charges, and expenses of the fund carefully before investing. An investor should examine the asset allocation of the portfolio to ensure it is consistent with their own risk tolerance.

Private Fund: The fund is not a mutual fund and is privately offered. Prospectuses are not required and prices are not available in local publications.

Target Date: Target-date funds, also known as lifecycle funds, shift their asset allocation to become increasingly conservative as the target retirement year approaches. Still, investment in target-date funds may lose value near, at, or after the target retirement date, and there is no guarantee they will provide adequate income at retirement.



**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: (888) 547-2054
Phone: (510) 633-0333

December 21, 2022

**TO: All Participants, Beneficiaries, Participating Local Unions, and
Contributing Employers**

FROM: Board of Trustees

**RE: Carpenters Pension Trust Fund for Northern California
Notice of Critical Status – EIN #94-6050970
Plan Year: September 1, 2022 – August 31, 2023**

If you are currently retired and receiving a monthly benefit payment from the Pension Fund, your monthly check will continue uninterrupted.

The Pension Protection Act of 2006 (“PPA”) imposed rules designed to accelerate the funding of defined benefit plans like the Carpenters Pension Trust Fund for Northern California. Previously, plans were required to address funding issues only when a plan would not satisfy minimum funding standards for the current year, and could spread investment losses over longer periods of time. Alternatively, the PPA mandates that plans accelerate funding, anticipate future funding issues based upon projections, and for those certified to be in critical status to develop a “Rehabilitation Plan.”

Federal law requires that you receive this notice. Following the determination of critical status (“red zone”) for prior Plan Years, a Rehabilitation Plan was adopted that was designed to have the Pension Plan emerge from the red zone within the time frame allowed by law.

This is to inform you that on November 29, 2022, the actuary for the Carpenters Pension Trust Fund for Northern California (the “Plan”) certified to the U.S. Department of the Treasury and to the Board of Trustees, that the Plan remains in critical status (the “red zone”) for the Plan Year beginning September 1, 2022. **The certification also notified the IRS that the Plan is making the scheduled progress in meeting the requirement of its Rehabilitation Plan.**

Although the Pension Plan remains in critical (red zone) status, because the Rehabilitation Plan continues to address long term funding issues, no new changes are required at this time.

Critical Status

According to provisions of the PPA, for the Plan Year beginning September 1, 2022, the Plan is labeled as being in critical status because the Plan has an accumulated funding deficiency within the next four Plan years.

Rehabilitation Plan

The Plan’s actuary certified the Plan was in critical status for the first time for the Plan Year beginning September 1, 2009. Federal law requires that pension plans in critical status adopt a Rehabilitation Plan aimed at restoring the financial health of the plan. This is the fourteenth year the Plan has been in critical status. The law permits pension plans in critical status to reduce, or even eliminate, benefits called “adjustable benefits” as part of a Rehabilitation Plan. On July 27, 2010, the Board of Trustees adopted a Rehabilitation Plan consisting of two contribution rate/benefit schedules. All contributing employers and bargaining units adopted the Rehabilitation Plan’s “Preferred Schedule” which does not require elimination or reduction in “adjustable benefits.” To minimize the impact to participants and employers, it was anticipated that the adopted Rehabilitation Plan would address the long term funding issues over the full time frame allowed by law.

The Plan remains in critical status. At this time no further modification to the benefit levels under the Preferred Schedule of the Rehabilitation Plan have been made. The Plan is continuing to make scheduled progress in meeting the requirements of its Rehabilitation Plan.

If, in future years, the Trustees determine that future benefit reductions are necessary, you will receive a separate notice identifying and explaining the effect of those reductions. Any reduction of adjustable benefits (other than a repeal of a recent benefit increase) will not reduce the level of a participant's basic benefit payable at Normal Retirement Age.

Please be advised that whether or not the Plan reduces adjustable benefits in the future, the Plan has not been permitted to pay lump sum benefits (i.e., Level Income Option benefits) since it first provided Notice of Critical Status on December 23, 2009 and will not be permitted to do so while it continues to be in critical status.

Adjustable Benefits

During the rehabilitation period, the Plan continues to offer the following adjustable benefits:

- Disability Pension Benefits (if not yet in pay status);
- Service Pension Benefits;
- Early Retirement Pension Subsidies;
- 75% and 100% Joint-and-Survivor Pension;
- Pre-Retirement Death Benefit;
- 36 and 60 month Guarantee connected with Single-Life Pension.

If the existing Rehabilitation Plan has to be modified sometime in the future, adjustable benefits may be reduced or eliminated.

Employer Surcharge

The law requires that all contributing employers who have not agreed to a Collective Bargaining Agreement that implements the Rehabilitation Plan, pay to the Plan a surcharge to help correct the Plan's financial situation beginning 30 days after the employer is notified that the Plan is in critical status. If applicable, the surcharge would have been 5% of an employer's negotiated contribution rate applicable the first Plan Year in critical status (September 1, 2009 through August 31, 2010) and would have been increased to 10% beginning September 1, 2010 for each succeeding Plan year in which the Plan remains in critical status. **All contributing employers have agreed to a Collective Bargaining Agreement implementing the Rehabilitation Plan, therefore no surcharges have been assessed.**

What's Next

We understand that legally required notices like this one can create concern about the Plan's future. Be assured that the Board of Trustees takes very seriously its obligation to preserve the financial viability of the Plan and has been very proactive in addressing funding issues. Also, if you are currently retired and receiving a monthly benefit payment from the Pension Fund, your monthly check will continue uninterrupted.

With the assistance of the Plan's actuary, legal counsel and other professionals, and working with the contributing employers and the Union, the Trustees have developed a Rehabilitation Plan that addresses these issues. As a final note, since the Pension Plan is influenced by economic and financial variables beyond our control (such as market volatility and changes in employment and/or the number of contributing employers), unexpected developments can further affect the Plan's status and may require additional future corrective actions. Each year the Board of Trustees will review the Plan's progress with its professional advisors and adjust Plan rules as necessary to maintain the Plan's financial integrity.

Where To Get More Information

For more information about this notice or the Pension Plan in general, please contact the Trust Fund Office at the address or phone number below. You have a right to receive a copy of the Rehabilitation Plan from the Plan.

Carpenter Funds Administrative Office of Northern California, Inc.
265 Hegenberger Rd., Suite 100, Oakland, California 94621
Toll-Free: (888) 547-2054 or (510) 633-0333
benefitservices@carpenterfunds.com

<p><i>As required by law, this notice is being provided to the Pension Benefit Guaranty Corporation (PBGC) and the Department of Labor (DOL).</i></p>


**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
carpenterfunds.com

 265 Hegenberger Road, Suite 100
 Oakland, California 94621-1480
 Toll-Free: (888) 547-2054
 Phone: (510) 633-0333

December 21, 2022

TO: All Participants, Beneficiaries, Participating Local Unions, and Contributing Employers

FROM: Board of Trustees

RE: Carpenters Pension Trust Fund for Northern California
 Annual Funding Notice – EIN #94-6050970
 Plan Year: September 1, 2021 – August 31, 2022

Introduction

This notice, which is required by Federal law, includes important information about the funding status of your multiemployer Pension Plan (the “Plan”). It also includes general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”), a federal insurance agency. All traditional pension plans (called “defined benefit pension plans”) must provide this notice every year regardless of their funding status. This notice does not mean that the Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is for the Plan Year beginning September 1, 2021 and ending August 31, 2022 (“Plan Year”).

How Well Funded Is Your Plan

The law requires the administrator of the Plan to tell you how well the Plan is funded, using a measure called the “funded percentage.” The Plan divides its assets by its liabilities on the Valuation Date for the Plan Year to get this percentage. In general, the higher the percentage, the better funded the Plan. The Plan’s funded percentage for the Plan Year and each of the two preceding Plan Years is shown in the chart below. The chart also states the value of the Plan’s assets and liabilities for the same period.

Funded Percentage			
Valuation Date	2021 Plan Year as of September 1, 2021	2020 Plan Year as of September 1, 2020	2019 Plan Year as of September 1, 2019
Funded Percentage	83.7%	83.6%	79.3%
Value of Assets	\$4,995,259,395	\$4,502,646,134	\$4,132,954,062
Value of Liabilities	\$5,969,437,197	\$5,383,101,772	\$5,208,632,898

Year-End Fair Market Value of Assets

The asset values in the chart above are measured as of the Valuation Date. They also are “actuarial values.” Actuarial values differ from market values in that they do not fluctuate daily based on changes in the stock or other markets. Actuarial values smooth out those fluctuations and can allow for more predictable levels of future contributions. Despite the fluctuations, market values tend to show a clearer picture of a plan’s funded status at a given point in time. The asset values in the chart below are market values and are measured on the last day of the Plan Year. The chart also includes the year-end market value of the Plan’s assets for each of the two preceding Plan Years.

Market Value of Assets			
	August 31, 2022 ¹	August 31, 2021	August 31, 2020
Fair Market Value of Assets	\$5,112,873,298	\$ 5,469,802,769	\$4,546,768,942

¹ Unaudited figure, subject to change.

Critical Status

Under federal pension law, a plan generally is in “critical” status if the funded percentage is less than 65 percent (other factors may also apply). If a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time.

The Plan was in “critical” status in the Plan Year ending August 31, 2022, because (1) the Plan had an accumulated funding deficiency for the current Plan Year, and (2) the Plan was in critical status the prior Plan Year and was projected to have an accumulated funding deficiency within the next ten Plan years, and (3) the Plan did not have a projected insolvency. This was the thirteenth year that the Plan was in critical status.

On November 25, 2009, for the Plan Year beginning September 1, 2009, the Plan’s actuary certified the Plan to be in critical status for the first time. The Plan has continued to be certified to be in critical status for all Plan Years, including the Plan Year described in this Notice. Each year, all Participants, Beneficiaries, participating Employers, Local Unions, and the Pension Benefit Guaranty Corporation have been notified of the Plan’s critical status, the requirement that the Board of Trustees adopt a “Rehabilitation Plan” and the possibility that certain types of adjustable benefits could be eliminated under the Rehabilitation Plan.

On July 27, 2010, as required by Federal law for pension plans in critical status, a Rehabilitation Plan consisting of two contribution rate/benefit schedules aimed at restoring the financial health of the Plan was adopted by the Board of Trustees. All contributing employers and bargaining units adopted the Rehabilitation Plan’s “Preferred Schedule” which provided for a series of employer contribution increases and reductions in the future benefit accrual formula. However, no previously earned benefits or “adjustable benefits” were reduced or eliminated.

Annually, the Board of Trustees reviews and, if necessary, updates the Rehabilitation Plan. The Plan is continuing to make scheduled progress in meeting the requirements of its Rehabilitation Plan. Based on reasonable assumptions and the implemented Rehabilitation Plan, the Plan is currently projected to emerge from Critical Status by September 1, 2025.

You may get a copy of the Plan’s Rehabilitation Plan, any updates to the Plan and the actuarial and financial data that demonstrate any action taken by the Plan toward fiscal improvement by contacting the Plan administrator.

If the Plan is in endangered, critical, or critical and declining status for the Plan Year ending August 31, 2023, separate notification of that status will be provided.

Participant Information

The total number of participants in the Plan as of the Plan’s valuation date was 50,584. Of this number, 21,206 were active participant, 18,913 were retired or separated from service and receiving benefits, and 10,465 were retired or separated from service and entitled to future benefits.

Funding & Investment Policies

Every pension plan must have a procedure to establish a funding policy for plan objectives. A funding policy relates to how much money is needed to pay promised benefits. The funding policy of the Plan is based on collective bargaining agreements that provide for employer contributions on an agreed-upon cents-per-hour basis. There are no employee contributions.

Pension plans also have investment policies. These generally are written guidelines or general instructions for making investment management decisions. The investment policy of the Plan is to invest in a manner consistent with the fiduciary standards of ERISA, namely (1) to undertake all transactions in the sole interest of Plan Participants and Beneficiaries, (2) to provide benefits and defray reasonable expenses of Plan administration in a prudent manner, and (3) to diversify assets. All investments shall be made in compliance with relevant laws and the Trust Agreement governing the Trust.

Under the Plan's investment policy, the Plan's assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Allocation of Investments – Year End August 31, 2022	
Interest-bearing cash	0.21%
U.S. Government Securities	1.71%
Corporate Debt Instruments	13.52%
• Preferred	
• All Others	
Corporate Stocks	17.5%
• Preferred	
• Common	
Partnership/Joint Venture Interests	17.84%
Real Estate	0.40%
Loans (Other than to Participants)	0.62%
Value of Interest in Common/Collective Trusts	32.32%
Value of Interest in Pooled Separate Accounts	1.31%
Value of Interest in 103-12 Investment Entities	4.82%
Other	9.75%
TOTAL	100.00%

For information about the Plan's investment in any of the following types of investments, common/collective trusts, pooled separate accounts, or 103-12 investment entities – contact:

Carpenter Funds Administrative Office of Northern California, Inc.
 265 Hegenberger Rd. Suite 100, Oakland, California 94621
 Toll-Free: (888) 547-2054 or (510) 633-0333
benefitservices@carpenterfunds.com

Events Having a Material Effect on Assets or Liabilities

By law this notice must contain a written explanation of new events that have a material effect on plan liabilities or assets. This is because such events can significantly impact the funding condition of a plan. For the Plan Year beginning on September 1, 2022 and ending on August 31, 2023, the Plan does not expect there to be any such events.

Right to Request a Copy of the Annual Report

Pension plans must file annual reports with the U.S. Department of Labor. The report is called the "Form 5500." These reports contain financial and other information. You may obtain an electronic copy of your Plan's annual report by going to www.efast.dol.gov and using the search tool. Annual reports also are available from the U.S. Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, Rm N-1513, Washington DC 20210, or by calling 202-693-8673. Or you may obtain a copy of the Plan's annual report by making a written request to the plan administrator. A copy of the Annual Report will not be available until June 2023.

Annual reports do not contain personal information, such as the amount of your accrued benefit. You may contact your Plan administrator if you want information about your accrued benefits. Your Plan administrator is identified below under "Where to Get More Information."

Summary of Rules Governing Insolvent Plans

Federal law has a number of special rules that apply to financially troubled multiemployer plans that become insolvent, either as ongoing plans or plans terminated by mass withdrawal. The plan administrator is required by law to include a summary of these rules in the annual funding notice. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for the plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan's available resources. If such resources are not enough to pay benefits at the level specified by law (see "Benefit Payments Guaranteed by the PBGC" below), the plan must apply to the PBGC for financial assistance. The PBGC will loan the plan the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan's financial condition improves.

A plan that becomes insolvent must provide prompt notice of its status to participants and beneficiaries, contributing employers, labor unions representing participants, and PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected, including loss of a lump sum option.

Benefit Payments Guaranteed by the PBGC

The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans and multiemployer plans. Your Plan is covered by PBGC's multiemployer program. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first \$11 of the Plan's monthly benefit accrual rate, plus 75 percent of the next \$33 of the accrual rate, times each year of credited service. The PBGC's maximum guarantee, therefore, is \$35.75 per month times a participant's years of credited service.

Example 1: If a participant with 10 years of credited service has an accrued monthly benefit of \$600, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant's years of service (\$600/10), which equals \$60. The guaranteed amount for a \$60 monthly accrual rate is equal to the sum of \$11 plus \$24.75 (.75 x \$33), or 35.75. Thus, the participant's guaranteed monthly benefit is \$357.50 (\$35.75 x 10).

Example 2: If the participant in Example 1 has an accrued monthly benefit of \$200, the accrual rate for purposes of determining the guarantee would be \$20 (or \$200/10). The guaranteed amount for a \$20 monthly accrual rate is equal to the sum of \$11 plus \$6.75 (.75 x \$9), or \$17.75. Thus, the participant's guaranteed monthly benefit would be \$177.50 (\$17.75 x 10).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In addition, the PBGC guarantees qualified preretirement survivor benefits (which are preretirement death benefits payable to the surviving spouse of a participant who dies before starting to receive benefit payments). In calculating a person's monthly payment, the PBGC will disregard any benefit increases that were made under a plan within 60 months before the earlier of the plan's termination or insolvency (or benefits that were in effect for less than 60 months at the time of termination or insolvency). Similarly, the PBGC does not guarantee benefits above the normal retirement benefit, disability benefits not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay.

For additional information about the PBGC and the pension insurance program guarantees, go to the Multiemployer Page on PBGC's website at www.pbgc.gov/multiemployer. Please contact your employer or plan administrator for specific information about your Pension Plan or Pension Benefit. PBGC does not have that information. See "Where to Get More Information About Your Plan," below.

Where to Get More Information

For more information about this notice, or the Pension Plan in general, please contact the Trust Fund Office at:

Carpenter Funds Administrative Office of Northern California, Inc.
265 Hegenberger Rd., Suite 100, Oakland, California 94621
Toll-Free: (888) 547-2054 or (510) 633-0333
benefitservices@carpenterfunds.com

For identification purposes, the official Plan number is 001 and the Plan's employer identification number or "EIN" is 94-6050970. For more information about the PBGC and benefit guarantees, go to the PBGC's website, www.pbgc.gov, or call PBGC toll-free at 1(800) 400-7242 (TTY/TDD users may call the Federal Relay Service toll free at 1(800) 877-8339 and ask to be connected to 1(800) 400-7242).