

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.

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

Notice of Privacy Practices

- **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.

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

Notice of Privacy Practices

- **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.

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

Notice of Privacy Practices

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.

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

Notice of Privacy Practices

**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.

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

Notice of Privacy Practices

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
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

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.

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

265 Hegenberger Road, Suite 100 • P.O. Box 2280
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



January 9, 2015

NOTICE TO INTERESTED PARTIES

1. **Notice To:** All present employees covered by a collective bargaining agreement or participation agreement pursuant to which the Carpenters Pension Trust Fund for Northern California is maintained.

An application is to be made to the Internal Revenue Service for an advance determination on the qualification of the following employee pension benefit plan:

2. **Name of Plan:** Carpenters Pension Trust Fund for Northern California
3. **Plan Identification Number:** 001
4. **Name and Address of Applicant:** Board of Trustees, Carpenters Pension Trust Fund for Northern California, 265 Hegenberger Road, Oakland, CA 94621
5. **Applicant ID Number:** 94-6050970
6. **Name and Address of Plan Administrator:** Board of Trustees, Carpenters Pension Trust Fund for Northern California, 265 Hegenberger Road, Oakland, CA 94621
7. The application will be filed on **JANUARY 20, 2015** for an advance determination as to whether the plan meets the qualification requirements of § 401 (a) of the Internal Revenue Code of 1986, with respect to the plan's amendment. The application will be filed with:

EP Determinations
Internal Revenue Service
P.O. Box 12192
Covington, KY 41012-0192

8. The employees eligible to participate under the plan are employees covered by a collective bargaining agreement or participation agreement and on whose behalf contributions are required to the Plan pursuant to such agreement.
9. The Internal Revenue Service has previously issued a determination letter with respect to the qualification of this plan.

RIGHTS OF INTERESTED PARTIES

10. You have the right to submit to EP Determinations, at the above address, either individually or jointly with other interested parties, your comments as to whether this plan meets the qualification requirements of the Internal Revenue Code.

You may instead, individually or jointly with other interested parties, request the Department of Labor to submit, on your behalf, comments to EP Determinations regarding qualification of the plan. If the Department declines to comment on all or some of the matters you raise, you may, individually, or jointly if your request was made to the

Department jointly, submit your comments on these matters directly to EP Determinations.

REQUESTS FOR COMMENTS BY THE DEPARTMENT OF LABOR

11. The Department of Labor may not comment on behalf of interested parties unless requested to do so by the lessor of 10 employees or 10 percent of the employees who qualify as interested parties. The number of persons needed for the Department to comment with respect to this plan is 10. If you request the Department to comment, your request must be in writing and must specify the matters upon which comments are requested, and must also include:

- (1) the information contained in items 2 through 5 of this Notice; and
- (2) the number of persons needed for the Department to comment.

A request to the Department to comment should be addressed as follows:

Deputy Assistant Secretary
Employee Benefits Security Administration
ATTN: 3001 Comment Request
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

COMMENTS TO THE INTERNAL REVENUE SERVICE

12. Comments submitted by you to EP Determinations must be in writing and received by them by **MARCH 6, 2015**. However, if there are matters that you request the Department of Labor to comment upon on your behalf, and the Department declines, you may submit comments on these matters to EP Determinations to be received by them within 15 days from the time the Department notifies you that it will not comment on a particular matter, or by **MARCH 6, 2015**, whichever is later, but not after **MARCH 21, 2015**. A request to the Department to comment on your behalf must be received by it by **February 4, 2015** if you wish to preserve your right to comment on a matter upon which the Department declines to comment, or by **FEBRUARY 14, 2015** if you wish to waive that right.

ADDITIONAL INFORMATION

13. Detailed instructions regarding the requirements for notification of interested parties may be found in sections 17 and 18 of Rev. Proc. 2013-6. Additional information concerning this application (including, where applicable, an updated copy of the plan and related trust; the application for determination; any additional documents dealing with the application that have been submitted to the Service; and copies of section 17 of Rev. Proc. 2013-6 are available Monday through Friday at 265 Hegenberger Road, Oakland, CA 94621 for inspection and copying. (There is a nominal charge for copying and/or mailing.)

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

265 Hegenberger Road, Suite 100 • P.O. Box 2280
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



January 9, 2015

NOTICE TO INTERESTED PARTIES

1. **Notice To:** All present employees covered by a collective bargaining agreement or participation agreement pursuant to which the Carpenters Annuity Trust Fund for Northern California is maintained.

An application is to be made to the Internal Revenue Service for an advance determination on the qualification of the following employee pension benefit plan:

2. **Name of Plan:** Carpenters Annuity Trust Fund for Northern California
3. **Plan Identification Number:** 001
4. **Name and Address of Applicant:** Board of Trustees, Carpenters Annuity Trust Fund for Northern California, 265 Hegenberger Road, Oakland, CA 94621
5. **Applicant ID Number:** 94-6534591
6. **Name and Address of Plan Administrator:** Board of Trustees, Carpenters Annuity Trust Fund for Northern California, 265 Hegenberger Road, Oakland, CA 94621
7. The application will be filed on **JANUARY 20, 2015** for an advance determination as to whether the plan meets the qualification requirements of § 401 (a) of the Internal Revenue Code of 1986, with respect to the plan's amendment. The application will be filed with:

EP Determinations
Internal Revenue Service
P.O. Box 12192
Covington, KY 41012-0192

8. The employees eligible to participate under the plan are employees covered by a collective bargaining agreement or participation agreement and on whose behalf contributions are required to the Plan pursuant to such agreement.
9. The Internal Revenue Service has previously issued a determination letter with respect to the qualification of this plan.

RIGHTS OF INTERESTED PARTIES

10. You have the right to submit to EP Determinations, at the above address, either individually or jointly with other interested parties, your comments as to whether this plan meets the qualification requirements of the Internal Revenue Code.

You may instead, individually or jointly with other interested parties, request the Department of Labor to submit, on your behalf, comments to EP Determinations regarding qualification of the plan. If the Department declines to comment on all or some of the matters you raise, you may, individually, or jointly if your request was made to the

Department jointly, submit your comments on these matters directly to EP Determinations.

REQUESTS FOR COMMENTS BY THE DEPARTMENT OF LABOR

11. The Department of Labor may not comment on behalf of interested parties unless requested to do so by the lessor of 10 employees or 10 percent of the employees who qualify as interested parties. The number of persons needed for the Department to comment with respect to this plan is 10. If you request the Department to comment, your request must be in writing and must specify the matters upon which comments are requested, and must also include:

(1) the information contained in items 2 through 5 of this Notice; and

(2) the number of persons needed for the Department to comment.

A request to the Department to comment should be addressed as follows:

Deputy Assistant Secretary
Employee Benefits Security Administration
ATTN: 3001 Comment Request
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

COMMENTS TO THE INTERNAL REVENUE SERVICE

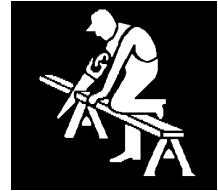
12. Comments submitted by you to EP Determinations must be in writing and received by them by **MARCH 6, 2015**. However, if there are matters that you request the Department of Labor to comment upon on your behalf, and the Department declines, you may submit comments on these matters to EP Determinations to be received by them within 15 days from the time the Department notifies you that it will not comment on a particular matter, or by **MARCH 6, 2015**, whichever is later, but not after **MARCH 21, 2015**. A request to the Department to comment on your behalf must be received by it by **February 4, 2015** if you wish to preserve your right to comment on a matter upon which the Department declines to comment, or by **FEBRUARY 14, 2015** if you wish to waive that right.

ADDITIONAL INFORMATION

13. Detailed instructions regarding the requirements for notification of interested parties may be found in sections 17 and 18 of Rev. Proc. 2013-6. Additional information concerning this application (including, where applicable, an updated copy of the plan and related trust; the application for determination; any additional documents dealing with the application that have been submitted to the Service; and copies of section 17 of Rev. Proc. 2013-6 are available Monday through Friday at 265 Hegenberger Road, Oakland, CA 94621 for inspection and copying. (There is a nominal charge for copying and/or mailing.)

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

265 Hegenberger Road, Suite 100 • P.O. Box 2280
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



January 9, 2015

NOTICE TO INTERESTED PARTIES

1. **Notice To:** All present employees covered by a collective bargaining agreement or participation agreement pursuant to which the Northern California Carpenters 401K Plan is maintained.

An application is to be made to the Internal Revenue Service for an advance determination on the qualification of the following employee pension benefit plan:

2. **Name of Plan:** Northern California Carpenters 401(k) Plan
3. **Plan Identification Number:** 001
4. **Name and Address of Applicant:** Board of Trustees, Northern California Carpenters 401K Plan, 265 Hegenberger Road, Oakland, CA 94621
5. **Applicant ID Number:** 80-0204601
6. **Name and Address of Plan Administrator:** Board of Trustees, Northern California Carpenters 401K Plan, 265 Hegenberger Road, Oakland, CA 94621
7. The application will be filed on **JANUARY 20, 2015** for an advance determination as to whether the plan meets the qualification requirements of § 401 (a) of the Internal Revenue Code of 1986, with respect to the plan's amendment. The application will be filed with:

EP Determinations
Internal Revenue Service
P.O. Box 12192
Covington, KY 41012-0192

8. The employees eligible to participate under the plan are employees covered by a collective bargaining agreement or participation agreement and on whose behalf contributions are required to the Plan pursuant to such agreement.
9. The Internal Revenue Service has previously issued a determination letter with respect to the qualification of this plan.

RIGHTS OF INTERESTED PARTIES

10. You have the right to submit to EP Determinations, at the above address, either individually or jointly with other interested parties, your comments as to whether this plan meets the qualification requirements of the Internal Revenue Code.

You may instead, individually or jointly with other interested parties, request the Department of Labor to submit, on your behalf, comments to EP Determinations regarding qualification of the plan. If the Department declines to comment on all or some of the matters you raise, you may, individually, or jointly if your request was made to the Department jointly, submit your comments on these matters directly to EP Determinations.

REQUESTS FOR COMMENTS BY THE DEPARTMENT OF LABOR

11. The Department of Labor may not comment on behalf of interested parties unless requested to do so by the lessor of 10 employees or 10 percent of the employees who qualify as interested parties. The number of persons needed for the Department to comment with respect to this plan is 10. If you request the Department to comment, your request must be in writing and must specify the matters upon which comments are requested, and must also include:

- (1) the information contained in items 2 through 5 of this Notice; and
- (2) the number of persons needed for the Department to comment.

A request to the Department to comment should be addressed as follows:

Deputy Assistant Secretary
Employee Benefits Security Administration
ATTN: 3001 Comment Request
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

COMMENTS TO THE INTERNAL REVENUE SERVICE

12. Comments submitted by you to EP Determinations must be in writing and received by them by **MARCH 6, 2015**. However, if there are matters that you request the Department of Labor to comment upon on your behalf, and the Department declines, you may submit comments on these matters to EP Determinations to be received by them within 15 days from the time the Department notifies you that it will not comment on a particular matter, or by **MARCH 6, 2015**, whichever is later, but not after **MARCH 21, 2015**. A request to the Department to comment on your behalf must be received by it by **February 4, 2015** if you wish to preserve your right to comment on a matter upon which the Department declines to comment, or by **FEBRUARY 14, 2015** if you wish to waive that right.

ADDITIONAL INFORMATION

13. Detailed instructions regarding the requirements for notification of interested parties may be found in sections 17 and 18 of Rev. Proc. 2013-6. Additional information concerning this application (including, where applicable, an updated copy of the plan and related trust; the application for determination; any additional documents dealing with the application that have been submitted to the Service; and copies of section 17 of Rev. Proc. 2013-6 are available Monday through Friday at 265 Hegenberger Road, Oakland, CA 94621 for inspection and copying. (There is a nominal charge for copying and/or mailing.)

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100
Oakland, California 94621-0180
Tel. (510) 633-0333 ♦ (888) 547-2054 ♦ Fax (510) 633-0215
www.carpenterfunds.com



June 27, 2017

To: All Active Plan Participants, Non-Medicare Retirees and their Dependents, including COBRA Beneficiaries

**From: BOARD OF TRUSTEES
Carpenters Health and Welfare Trust Fund for California**

Re: BENEFIT CHANGES – INDEMNITY MEDICAL PLAN

- **Health Dynamics Physical Exam and Health Coaching**
- **Trestle Tree Review of Claims and Health Coaching**

This Participant Notice will advise you of changes that have been made to your medical benefits. This information is very important to you and your dependents. Please take the time to read it carefully.

Effective July 1, 2017, the Board of Trustees of the Carpenters Health and Welfare Trust Fund modified Plan Rules and Regulations to include a new preventive care program to supplement the existing benefits of your plan. The Fund contracted with Health Dynamics and Trestle Tree to identify possible health problems and help you and your spouse maintain or improve your health.

This new benefit will permit you to elect one of the following options:

- Have a **comprehensive physical exam with Health Dynamics** at no charge to you and/or your spouse and participate in a health coaching session; or
- **Enroll with Trestle Tree: your medical claims/data** will be reviewed by Trestle Tree and their health coaches will reach out to you and/or your spouse.

HEALTH DYNAMICS PHYSICAL EXAM

If you and/or your spouse choose to have the FREE physical exam, please call Health Dynamics at 866-443-0164 to make an appointment. Your exam may include the following services depending on such things as your age or gender:

- Comprehensive health history questionnaire;
- Physician directed physical exam;
- Blood chemistry and/or urine analysis;
- Blood pressure measurement;
- Electrocardiogram;
- Cardiovascular fitness exam - bike or treadmill;
- Pap smear & screening mammogram;
- Prostate cancer screening;
- Colorectal cancer screening;
- Strength and flexibility assessment;
- Measurement of height, weight & body fat percentage;
- Pulmonary function (lung function) testing;
- Analysis of diet;
- Stress inventory; and
- A follow-up one-hour wellness coaching/consultation session scheduled a few weeks after your initial appointment.

TRESTLE TREE HEALTH COACHING

Under this coaching program, Trestle Tree will review the medical claims data for you and/or your spouse and a health coach will reach out to you and/or your spouse directly to discuss ways to improve your health. For example, you may discuss the following issues with your health coach:

- Weight Management;
- Tobacco Cessation;
- Exercise;
- Nutrition;
- Stress Management; or
- Management of an existing health condition.

Health Dynamics, Trestle Tree and the Fund will maintain the privacy of your health information and your claims data. Aggregate health information may be shared to help the Fund design a program based on identified health risks in the workplace. However, your individual information will not be shared with your employer.

* * * *

Grandfathered Health Plan: The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the Fund's Indemnity medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("the Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plan, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plans to change from grandfathered health plan status can be directed to the plan administrator or the Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. Please keep this notice with your benefit booklet. If you have any questions, please contact Benefit Services at the Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to benefitservices@carpenterfunds.com. Forms and information can be found on our website at www.carpenterfunds.com.

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

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100 ✧ P.O. Box 2280
Oakland, California 94621-0180
Tel. (510) 633-0333 ✧ (888) 547-2054 ✧ Fax (510) 633-0215



GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The Carpenters Health and Welfare Trust Fund for California (“Fund” or “Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Pauline Hann, Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Pauline Hann, Civil Rights Coordinator
Carpenter Funds Administrative Office of Northern California, Inc.
265 Hegenberger Rd., Suite 100
Oakland, CA 94621
Telephone number: (888) 547-2054, Fax: (510) 633-0215
Email: benefitservices@carpenterfunds.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pauline Hann, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (888) 547-2054. (TTY: 888-547-2054).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-547-2054 (TTY: 1-888-547-2054)。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-547-2054 (ATS : 1-888-547-2054).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-547-2054 (TTY: 1-888-547-2054).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-547-2054 (TTY: 1-888-547-2054).
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-547-2054 (TTY: 1-888-547-2054).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-547-2054 (TTY: 1-888-547-2054).
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-547-2054 (TTY: 1-888-547-2054) تماس بگیرید.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-547-2054 (TTY: 1-888-547-2054) पर कॉल करें।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-547-2054 (TTY: 1-888-547-2054).
Navajo	Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad , saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódííłnih 1-888-547-2054 (TTY: 1-888-547-2054).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-547-2054-1 (رقم هاتف الصم والبكم: 1-888-547-2054).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-547-2054 (TTY: 1-888-547-2054) 번으로 전화해 주십시오.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-547-2054 (TTY: 1-888-547-2054).
Lao	ໂປດ ຊາບ: ຖ້າ ວ່າ ທ່ານ ເວົ້າ ພາ ສາ ລາວ, ການ ບໍ່ ວິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາ ສາ, ໂດຍ ບໍ່ ເສັຽ ຄ່າ, ແມ່ນ ມີ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ ໑ 1-888-547-2054 (TTY: 1-888-547-2054).

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100 • P.O. Box 2280
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



December 20, 2017

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, 2016 – August 31, 2017**

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, 2016 and ending August 31, 2017 (“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	2016 Plan Year as of September 1, 2016	2015 Plan Year as of September 1, 2015	2014 Plan Year as of September 1, 2014
Funded Percentage	73.6%	72.7%	70.3%
Value of Assets	\$3,244,749,584	\$3,034,401,380	\$2,810,534,178
Value of Liabilities	\$4,409,199,516	\$4,175,399,026	\$4,000,425,831

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, 2017 ¹	August 31, 2016	August 31, 2015
Fair Market Value of Assets	\$3,435,683,582	\$3,072,933,152	\$2,874,781,916

¹ Unaudited figure, subject to change.

Endangered, Critical, or Critical and Declining Status

Under federal pension law, a plan generally is in “endangered” status if its funded percentage is less than 80 percent. A plan is in “critical” status if the funded percentage is less than 65 percent (other factors may also apply). A plan is in “critical and declining” status if it is in critical status and is projected to become insolvent (run out of money to pay benefits) within 15 years (or within 20 years if a special rule applies). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status or critical and declining status, the trustees of the plan are required to adopt a rehabilitation plan. Funding improvement and rehabilitation plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time. The plan sponsor of a plan in critical and declining status may apply for approval to amend the plan to reduce current and future payment obligations to participants and beneficiaries.

The Plan was in “critical” status in the Plan Year ending August 31, 2017 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 eighth 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. You may get this information by contacting the Plan administrator.

If the Plan is in endangered, critical, or critical and declining status for the Plan Year ending August 31, 2018, 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 46,682. Of this number, 23,279 were active participants and beneficiaries, 14,664 were retired or separated from service and receiving benefits, and 8,739 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, 2017	
Interest-bearing cash	1.06%
U.S. Government Securities	2.47%
Corporate Debt Instruments <ul style="list-style-type: none"> • Preferred • All Others 	10.51%
Corporate Stocks <ul style="list-style-type: none"> • Preferred • Common 	27.14%
Partnership/Joint Venture Interests	10.98%
Real Estate	.53%
Loans	.02%
Value of Interest in Common/Collective Trusts	24.09%
Value of Interest in Pooled Separate Accounts	1.71%
Value of Interest in 103-12 Investment Entities	4.69%
Other	16.80%
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.
P.O. Box 2280
Oakland, California 94621-1418
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, 2017 and ending on August 31, 2018, 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 US 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 US Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, NW, Room 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 2018.

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 that 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 ($.75 \times \$33$), or \$35.75. Thus, the participant's guaranteed monthly benefit is \$357.50 ($\35.75×10).

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 ($.75 \times \$9$), or \$17.75. Thus, the participant's guaranteed monthly benefit would be \$177.50 ($\17.75×10).

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.
P.O. Box 2280
Oakland, California 94621-1418
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).

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100 • P.O. Box 2280
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



December 20, 2017

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, 2017 – August 31, 2018**

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, 2017, 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, 2017. **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, 2017, the Plan is labeled as being in critical status because (1) the Plan has an accumulated funding deficiency within the next four Plan Years, (2) the Plan was in critical status last year and is projected to have an accumulated funding deficiency within the next ten Plan years and (3), the Plan did not have a projected insolvency.

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 ninth 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% Husband-and-Wife 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.
P.O. Box 2280
Oakland, California 94621-1418
Toll-Free: (888) 547-2054 or (510) 633-0333
benefitservices@carpenterfunds.com

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

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

265 Hegenberger Road, Suite 100
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



March 7, 2018

**RE: Carpenters Pension Trust Fund for Northern California
Carpenters Annuity Trust Fund for Northern California
Income Tax Withholding**

Dear Retiree/Beneficiary:

As a reminder, you may choose the number of withholding allowances used to determine how much Federal Income Tax is withheld from your retirement payments. You may also elect to have no withholding.

In 2018 the automatic Federal income tax withholding threshold for monthly benefits is \$1,990. If you wish to change your income tax deductions you must submit a new *Form W-4P Withholding Certificate for Pension or Annuity Payments*.

If your monthly Retirement Payments are less than \$1,990 per month in 2018

- We ***will not*** automatically withhold Federal taxes
- You may elect withholding if you like
- If you previously requested withholding, we will continue to withhold taxes

If your monthly Retirement Payments are greater than \$1,990 per month in 2018

We ***will*** automatically withhold Federal taxes assuming "Married, 3 exemptions" (IRS requirement). However, you may elect withholding based on the following:

- A different marital status, and/or
- A different number of exemptions, or
- No withholding at all
- If you previously requested withholding, we will continue to withhold taxes

Exception: If the Fund Office has no U.S. street address on record, a Retiree is subject to mandatory withholding at "Married, 3 exemptions" regardless of the Retiree's request for an alternative lower withholding rate.

If you are a California resident, we will automatically withhold state taxes if 10% of the amount of federal withholding is at least \$10. You may elect to withhold a different amount or no withholding at all for state personal income tax by completing a DE-4P form. If you elect to have state taxes withheld, you can change or cancel withholding instructions at any time.

To obtain a federal W-4P Withholding Form or California State DE-4P Form:

- Contact the Fund Office Benefit Services Department
Phone: (510) 633-0333 or Toll Free at (888) 547-2054
Email: benefitservices@carpenterfunds.com, or
Visit: www.carpenterfunds.com/par_downloads.html
- **Visit the Internal Revenue Service's website: www.irs.gov**
- **Visit the State of California website: www.edd.ca.gov**

If you request a change, it will be put into effect within 60 days after receipt of the form.

Withholding is one way for you to pay a portion of your income tax. If no tax, or not enough tax, is withheld from your benefits, you may have to pay estimated taxes during the year or a tax penalty at the end of the year. Of course, *whether you have to pay state or federal income tax on your benefit payments depends on the total amount of your taxable income. Your decision on withholding is an important one, and you may wish to discuss it with a qualified tax adviser.*

Sincerely,
Boards of Trustees

**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

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100 • P.O. Box 2280
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



June 13, 2018

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

FROM: Board of Trustees

**RE: Carpenters Pension Trust Fund for Northern California
Notice of Reduction in Future Accruals**

Effective July 1, 2018, the Collective Bargaining Agreement provides for increases in the Contributions paid into the Carpenters Pension Trust Fund for Northern California ("Pension Fund"). We have been advised that of the new money earmarked for benefits, \$0.45 is to be allocated to the Pension Fund. This increase in the Pension Fund contribution will not reduce wages. Even though many Employers are already party to the extended agreement, those Employers who do not sign the new extended agreement prior to July 1, 2018, will pay an additional \$1.00 per hour that will be allocated to Pension "off benefit". "Off benefit" means that the additional \$1.00 per hour will be applied to general Pension Fund liabilities and will not be reflected on individual Participant Pension Statements. Those employees working for non-extended employers will be credited in the same manner and at the same contribution rates as employees working for extended employers.

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. The new money is intended to increase the financial stability of the Pension Fund by paying more towards the Pension Fund's 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 2018. *If you are currently retired and receiving a monthly benefit payment from the Pension Fund, your payments will continue uninterrupted.*

Effective Date	Scheduled Contribution Rate	Accrual Rate Percentage of Contribution Factor	Monthly Benefit, Assuming 1,740 Hours (Sample)
July 1, 2018 to June 30, 2019	\$ 10.10	1.19%	\$ 209.13
July 1, 2019 to June 30, 2020	\$ 10.40	1.16%	\$ 209.91
July 1, 2020 to June 30, 2021	\$ 10.65	1.13%	\$ 209.40
July 1, 2021 to June 30, 2022	\$ 10.95	1.10%	\$ 209.58
July 1, 2022 to June 30, 2023	\$ 11.20	1.08%	\$ 210.47

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.
P.O. Box 2280
Oakland, California 94621-1418

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 20, 2018

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. The Plan is not allowed to customize much of the SBC. An SBC includes:


- A health plan comparison tool called “Coverage Examples.” These examples illustrate how the medical plan covers care for two common health scenarios: having a baby and diabetes care. These examples show the projected total costs associated with each of these two 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 <u>deductible</u>?	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 <u>deductible</u>?	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 <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>?	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 <u>out-of-pocket limit</u>?	<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 <u>network provider</u>?	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> might use an <u>out-of-network provider</u> for some services (such as lab

Important Questions	Answers	Why This Matters:
		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>	Services from Non-Contract providers not registered with CMS are limited to \$100/appointment.
	<u>Specialist</u> visit	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract providers 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 between ages 2 and 18, benefits are limited to one routine physical exam in any 12-month period. 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)	10% <u>coinsurance</u>	30% <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)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	

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)	
<p>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.</p>	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. • 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).		
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u> plus any amounts over \$300	For the hospital facility charge, a maximum of \$6,000 is payable for an arthroscopy, \$2,000 for cataract surgery, \$1,500 for colonoscopy, and \$1,000 for endoscopy. Precertification is recommended for outpatient surgery.
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract providers not registered with CMS are limited to \$100/appointment.

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 providers 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 providers 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 providers not registered with CMS are not covered.
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract providers not registered with CMS are not covered.

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.	Services from Non-Contract providers 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 providers 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 providers 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 providers 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 providers 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 providers 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 providers not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract providers not registered with CMS are not covered.
	<u>Habilitation services</u>	Not covered	Not covered	You pay 100% for this service, even in-network.
	<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 providers not

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)	
				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 providers not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract providers 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 \$150 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 excluded services.)

- Cosmetic surgery
- Habilitation services
- Infertility treatment
- Long-term care
- 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.)

- 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)
- 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)
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult) (under separate vision plan)
- Routine foot care

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 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

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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 deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 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	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$128
Copayments	\$90
Coinsurance	\$1,240
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$1,468

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 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	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$128
Copayments	\$580
Coinsurance	\$290
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,058

Mia's Simple Fracture
(in-network emergency room visit and follow up care)


- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 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	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$128
Copayments	\$0
Coinsurance	\$180
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$308

 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 <https://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 deductible ?	\$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Not Applicable.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,500 Individual / \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-800-278-3296 (TTY: 711) for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network providers might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



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 Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not Covered	None
	Specialist visit	\$20 / visit	Not Covered	Services related to infertility covered at \$20 / visit.
	Preventive care/ screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRI's)	No Charge	Not Covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary.	Generic drugs	\$10 / prescription for 1 to 100 days	Not Covered	In accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
	Preferred brand drugs	\$30 / prescription for 1 to 100 days	Not Covered	In accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
	Non-preferred brand drugs	Same as preferred brand drugs	Not Covered	Same as preferred brand drugs when approved through exception process.
	Specialty drugs	20% coinsurance / prescription up to \$150 maximum for 1 to 30 days	Not Covered	In accordance with formulary guidelines. Certain drugs may be covered at a different cost share.

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
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	Emergency room care	\$50 / visit	\$50 / visit	None
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	\$20 / visit	\$20 / visit	Non- Plan provider s covered when outside the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	None
	Physician/surgeon fee	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

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you are pregnant	Office visits	No Charge	Not covered	Depending on the type of services, a copayment , coinsurance , or deductible 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	Home health care	No Charge	Not Covered	Up to 2 hours maximum / visit, up to 3 visits maximum / day, up to 100 visits maximum / year.
	Rehabilitation services	Inpatient: No Charge; Outpatient: \$20 / visit	Not Covered	None
	Habilitation services	\$20 / visit	Not Covered	None
	Skilled nursing care	No Charge	Not Covered	Up to 100 days maximum / benefit period.
	Durable medical equipment	No Charge	Not Covered	Must be in accordance with formulary guidelines. Requires prior authorization.
	Hospice service	No Charge	Not Covered	Limited to diagnoses of a terminal illness with a life expectancy of twelve months or less.
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	None
	Children's glasses	Amount in excess of a \$125 allowance	Not Covered	Allowance limited to once every 24 months. You may have other optical coverage not described here. Refer to "Other Covered Services" for additional information.
	Children's dental check-up	Not Covered	Not Covered	You may have other dental coverage not described here.

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 excluded services .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care unless medically necessary • 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 (plan provider referred) • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care (30 visit limit / year) • Hearing aids (\$2500 limit / ear every 36 months) 	<ul style="list-style-type: none"> • Infertility treatment • 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 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 agency in the chart below. Additionally, a consumer assistance program can help you file your appeal. Contact the California Department of Managed Health Care and Department of Insurance at 980 9th St, Suite #500 Sacramento, CA 95814, 1-888-466-2219 or <http://www.HealthHelp.ca.gov>.

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

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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)	Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	Mia's Simple Fracture (in-network emergency room visit and follow up care)
<ul style="list-style-type: none"> ■ The plan's overall deductible \$0 ■ Specialist copayment \$20 ■ Hospital (facility) copayment \$0 ■ Other (blood work) copayment \$0 	<ul style="list-style-type: none"> ■ The plan's overall deductible \$0 ■ Specialist copayment \$20 ■ Hospital (facility) copayment \$0 ■ Other (blood work) copayment \$0 	<ul style="list-style-type: none"> ■ The plan's overall deductible \$0 ■ Specialist copayment \$20 ■ Hospital (facility) copayment \$0 ■ Other (x-ray) copayment \$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*)

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*)

This EXAMPLE event includes services like:
 Emergency room care (*including medical supplies*)
 Durable medical equipment (*crutches*)
 Diagnostic test (*x-ray*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$12,800	Total Example Cost	\$7,400	Total Example Cost	\$1,900
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copays	\$30	Copays	\$1,000	Copays	\$200
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered		What isn't covered	
Limits or exclusions	\$60	Limits or exclusions	\$50	Limits or exclusions	\$0
The total Peg would pay is	\$90	The total Joe would pay is	\$1,050	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 20, 2018

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. The Plan is not allowed to customize much of the SBC. An SBC includes:


- A health plan comparison tool called “Coverage Examples.” These examples illustrate how the medical plan covers care for two common health scenarios: having a baby and diabetes care. These examples show the projected total costs associated with each of these two 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 <u>deductible</u>?	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 <u>deductible</u>?	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 <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>?	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 <u>out-of-pocket limit</u>?	<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 <u>network provider</u>?	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	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:
	call 1-800-810-2583 for a list of Contract <u>providers</u> outside the state of California.	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>?	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>	Services from Non-Contract providers not registered with CMS are limited to \$100/appointment.
	<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 between ages 2 and 18, benefits are limited to one routine physical exam in any 12-month period. 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>	

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)	
<p>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.</p>	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. • 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	
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u> plus any amounts over \$300	For the hospital facility charge, a maximum of \$6,000 is payable for an arthroscopy, \$2,000 for cataract surgery, \$1,500 for colonoscopy, and \$1,000 for endoscopy. Precertification is recommended for outpatient surgery.
	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.

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 providers 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 providers 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 providers not registered with CMS are not covered.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract providers 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.	Services from Non-Contract providers 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 providers 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 providers 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 providers 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 providers 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 providers 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 providers not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract providers not registered with CMS are not covered.
	<u>Habilitation services</u>	Not covered	Not covered	You pay 100% for this service, even in-network.
	<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 providers not

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)	
				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 providers not registered with CMS are limited to \$100/appointment. Inpatient: Services from Non-Contract providers 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 \$150 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 excluded services.)

- Cosmetic surgery
- Habilitation services
- Infertility treatment
- Long-term care
- 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.)

- 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)
- 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)
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult) (under separate vision plan)
- Routine foot care

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 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

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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 deductible **\$128**
- Specialist coinsurance **10%**
- Hospital (facility) coinsurance **10%**
- Other coinsurance **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	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$128
Copayments	\$90
Coinsurance	\$2,490
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$2,718

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$128**
- Specialist coinsurance **10%**
- Hospital (facility) coinsurance **10%**
- Other coinsurance **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	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$128
Copayments	\$580
Coinsurance	\$570
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,338

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$128**
- Specialist coinsurance **10%**
- Hospital (facility) coinsurance **10%**
- Other coinsurance **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	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$128
Copayments	\$0
Coinsurance	\$360
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$488

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

Coverage Period: 09/01/2018-08/31/2019

 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 <https://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 deductible ?	\$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Not Applicable.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,500 Individual / \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-800-278-3296 (TTY: 711) for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network providers might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



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 Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not Covered	None
	Specialist visit	\$20 / visit	Not Covered	Services related to infertility covered at \$20 / visit.
	Preventive care/ screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRI's)	No Charge	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary.	Generic drugs	Plan pharmacy: \$10 / prescription for 1 to 30 days; Mail order: Usually two times the plan pharmacy cost sharing for up to a 100-day supply	Not Covered	In accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
	Preferred brand drugs	Plan pharmacy: \$30 / prescription for 1 to 30 days; Mail order: Usually two times the plan pharmacy cost sharing for up to a 100-day supply	Not Covered	In accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
	Non-preferred brand drugs	Same as preferred brand drugs	Not Covered	Same as preferred brand drugs when approved through exception process.
	Specialty drugs	30% coinsurance / prescription up to \$150 maximum for 1 to 30 days	Not Covered	In accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
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	Emergency room care	\$100 / visit	\$100 / visit	None
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	\$20 / visit	\$20 / visit	Non- Plan provider s covered when outside the service area.

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 / admission	Not Covered	None
	Physician/surgeon fee	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 copayment , coinsurance , or deductible 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

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Up to 2 hours maximum / visit, up to 3 visits maximum / day, up to 100 visits maximum / year.
	Rehabilitation services	Inpatient: \$250 / admission; Outpatient: \$20 / visit	Not Covered	None
	Habilitation services	\$20 / visit	Not Covered	None
	Skilled nursing care	\$250 / admission	Not Covered	Up to 100 days maximum / benefit period.
	Durable medical equipment	No Charge	Not Covered	Must be in accordance with formulary guidelines. Requires prior authorization.
	Hospice service	No Charge	Not Covered	Limited to diagnoses of a terminal illness with a life expectancy of twelve months or less.
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	None
	Children's glasses	Amount in excess of a \$125 allowance	Not Covered	Allowance limited to once every 24 months. You may have other optical coverage not described here. Refer to "Other Covered Services" for additional information.
	Children's dental check-up	Not Covered	Not Covered	You may have other dental coverage not described here.

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 excluded services .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care unless medically necessary • 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 (plan provider referred) • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care (30 visit limit / year) • Hearing aids (\$2500 limit / ear every 36 months) 	<ul style="list-style-type: none"> • Infertility treatment • 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 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 agency in the chart below. Additionally, a consumer assistance program can help you file your appeal. Contact the California Department of Managed Health Care and Department of Insurance at 980 9th St, Suite #500 Sacramento, CA 95814, 1-888-466-2219 or <http://www.HealthHelp.ca.gov>.

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

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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)	Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	Mia's Simple Fracture (in-network emergency room visit and follow up care)
<ul style="list-style-type: none"> ■ The plan's overall deductible \$0 ■ Specialist copayment \$20 ■ Hospital (facility) copayment \$250 ■ Other (blood work) copayment \$0 	<ul style="list-style-type: none"> ■ The plan's overall deductible \$0 ■ Specialist copayment \$20 ■ Hospital (facility) copayment \$250 ■ Other (blood work) copayment \$0 	<ul style="list-style-type: none"> ■ The plan's overall deductible \$0 ■ Specialist copayment \$20 ■ Hospital (facility) copayment \$250 ■ Other (x-ray) copayment \$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*)

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*)

This EXAMPLE event includes services like:
 Emergency room care (*including medical supplies*)
 Durable medical equipment (*crutches*)
 Diagnostic test (*x-ray*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$12,800	Total Example Cost	\$7,400	Total Example Cost	\$1,900
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copays	\$800	Copays	\$1,000	Copays	\$200
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered		What isn't covered	
Limits or exclusions	\$60	Limits or exclusions	\$50	Limits or exclusions	\$0
The total Peg would pay is	\$860	The total Joe would pay is	\$1,050	The total Mia would pay is	\$200

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services

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

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 20, 2018

To: All Active Participants and Dependents of the Carpenters Health and Welfare Trust Fund for California, including COBRA Beneficiaries

From: Board of Trustees

**Re: Notice of Creditable Coverage
Important Information about Medicare Prescription Drug Program (Part D)**

**This notice is for people with Medicare or who may become eligible for Medicare.
Please read this notice carefully and keep it where you can find it.**

This Notice has information about your current prescription drug coverage with Carpenters Health and Welfare Trust Fund for California and the prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare prescription drug coverage. At the end of this notice is information on where you can get help to make a decision about Medicare's prescription drug coverage.

- **If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.**
- **If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

The Trust Fund has determined that the prescription drug coverage under the Carpenters Health and Welfare Trust Fund for California – Indemnity Medical Plan (as administered by Express Scripts) and the Kaiser Plan for Active Employees and Non-Medicare Retirees are “creditable.” (the Kaiser Senior Advantage is an actual Medicare Part D plan and this notice does not apply to Participants who are covered by this plan.)

Coverage is “Creditable” if the value of this Plan's prescription drug benefit equals or exceeds the value of the standard Medicare prescription drug coverage. In other words, the benefit is, on average for all plan participants, expected to pay out as much or more than the standard Medicare prescription drug coverage will pay.

Because the Plan option(s) noted above are, on average, at least as good as the standard Medicare prescription drug coverage, **you can keep your prescription drug coverage under the Carpenters Health and Welfare Trust Fund for California Indemnity Medical Plan, and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.** You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment penalty).

REMEMBER TO KEEP THIS NOTICE

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following three (3) times:

- when they first become eligible for Medicare; or
- during Medicare's annual election period (from October 15th through December 7th); or
- for beneficiaries leaving employer/union coverage, you may be eligible for a two-month Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

YOUR RIGHT TO RECEIVE A NOTICE

You will receive this notice at least every 12 months, and at other times in the future such if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

WHY CREDITABLE COVERAGE IS IMPORTANT (When you will pay a higher premium (penalty) to join a Medicare drug plan)

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a **non-creditable** prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage, you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This **late enrollment penalty** is described below:

If you go 63 continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.

For example, if 19 months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go 63 continuous days or longer without creditable prescription drug coverage you may also have to wait until the next October to enroll for Medicare prescription drug coverage.

WHAT ARE YOUR CHOICES?

You can choose either **one** of the following options:

OPTION 1

What you can do:

You can select or keep your current prescription drug coverage with Carpenters Health and Welfare Trust Fund for California Indemnity Medical Plan, and **you do not have to enroll in a Medicare prescription drug plan.**

What this option means to you:

You will continue to be able to use your prescription drug benefits through Carpenters Health and Welfare Trust Fund for California Indemnity Medical Plan.

- You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (during October 15 through December 7 of each year).
- As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment penalty) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.

OPTION 2

What you can do:

This option applies to Indemnity Medical Plan members only. You can select or keep your current Indemnity medical and prescription drug coverage with Carpenters Health and Welfare Trust Fund for California **and also enroll in a Medicare prescription drug plan.**

You will need to pay the Medicare Part D premium out of your own pocket.

What this option means to you:

For Indemnity Medical Plan Members Only: Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, and you are in the Indemnity Medical Plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. Having dual prescription drug coverage under the Indemnity Medical Plan and Medicare means that you will still be able to receive all your current health coverage and this Plan will coordinate its drug payments with Medicare. This group health plan pays primary and Medicare Part D coverage pays secondary.

Note that you may not drop just the prescription drug coverage under the Indemnity Medical Plan of the Carpenters Health and Welfare Trust Fund for California. That is because prescription drug coverage is part of the entire medical Plan.

Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as:

- PDPs may have different premium amounts;
- PDPs may cover different brand name drugs at different costs to you;
- PDPs may have different prescription drug deductibles and different drug copayments;
- PDPs may have different networks for retail pharmacies and mail order services.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE'S PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a "beneficiary") will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. (See your copy of the Medicare & You handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Para mas información sobre sus opciones bajo la cobertura de Medicare para recetas medicas.

Revise el manual "Medicare Y Usted" para información detallada sobre los planes de Medicare que ofrecen cobertura para recetas medicas. Visite www.medicare.gov por el Internet o llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben de llamar al 1-877-486-2048. Para más información sobre la ayuda adicional, visite la SSA en línea en www.socialsecurity.gov por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deben de llamar al 1-800-325-0778).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

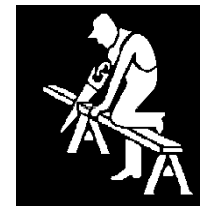
For more information about this notice or your current prescription drug coverage contact:

Contact: Benefit Services Department
Carpenters Health and Welfare Trust Fund for California
Address: 265 Hegenberger Road, Suite 100, Oakland, CA 94621
Phone Number: (888) 547-2054

As in all cases, the Carpenters Health and Welfare Trust Fund for California and, when applicable, the insurance companies of the insured medical plan options offered by the Trust Fund reserves the right to modify benefits at any time, in accordance with applicable law. This document dated **July 20, 2018** is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

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

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 20, 2018

To: All Active Participants and Dependents of the Carpenters Health and Welfare Trust Fund for California, including COBRA Beneficiaries

From: Board of Trustees

Re: Important Information about Your Medical Plan

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN YOUR HEALTH PLAN

Certain entities, including the trustees of a group health plan, are required by law to collect the Taxpayer Identification Number (TIN) or Social Security Number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. These entities are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a Social Security Number, visit <http://www.socialsecurity.gov/online/ss-5.pdf> for the form to request a SSN. Applying for a Social Security Number is FREE.

If you have not yet provided the Social Security Number (or other TIN) for each of your dependents enrolled in the health plan, please contact the Fund Office at (510) 633-0333 or toll free at (888) 547-2054.

OPTION TO DECLINE DENTAL PLAN AND/OR VISION PLAN COVERAGE

In accordance with Health Reform regulations, you have the option to decline the Plan's dental and vision coverage. To decline coverage, complete the portion of the Plan's Enrollment Form related to declining dental plan and/or vision plan coverage. Enrollment Forms are available from the Fund Office.

- Note that there is no additional compensation to you if you choose to decline/waive dental and/or vision coverage.
- If you decline dental and/or vision coverage you may re-enroll for such coverage after 12 months has lapsed, by contacting the Fund Office. Changes to the enrollment in dental plan and/or vision plan coverage are permitted once each 12 month period.

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

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Notice of Privacy Practices explains how the Carpenters Health and Welfare Trust Fund for California uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. To obtain another copy of this Notice write the Trust Fund Office in care of: HIPAA Privacy Officer, 265 Hegenberger Road, Suite 100, Oakland, CA 94621. You may also request a copy by calling (510) 633-0333, or toll free at (888) 547-2054 visiting our website at www.carpenterfunds.com, or emailing, benefitservices@carpenterfunds.com.

HIPAA Privacy Notices that pertain to the HMOs (prepaid medical and drug plans) may be obtained by contacting the HMO directly at the address provided in the Summary Plan Description or Evidence of Coverage, or by calling Kaiser at (800) 464-4000.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, copayments, and coinsurance applicable to other medical and surgical benefits under the various medical plans offered by the Carpenters Health and Welfare Trust Fund for California. For more information on WHCRA benefits, contact the Trust Fund Office or your medical plan directly at one of the following phone numbers:

Kaiser: 1(800) 464-4000
Indemnity: 1(888) 547-2054 (Claims Department)

SPECIAL EXTENSION OF COVERAGE FOR CERTAIN DEPENDENT STUDENTS ON A MEDICALLY NECESSARY LEAVE OF ABSENCE – MICHELLE’S LAW

This only applies to children of a Domestic Partner and children who are covered as a result of legal guardianship and must be full-time students in order to be covered after age 19.

If you have a dependent child that is over the age of 18 and is enrolled in a post-secondary institution (i.e. college or university) and the Plan receives a written certification from a covered child’s treating physician that:

- (1) the child is suffering from a serious illness or injury, and
- (2) a leave of absence (or other change in enrollment) from a post-secondary institution is medically necessary, and the loss of postsecondary student status would result in a loss of health coverage under the Plan, then

the Plan will extend the child’s coverage for up to one year.

This maximum one-year extension of coverage begins on the first day of the medically necessary leave of absence (or other change in enrollment) and ends on the date that is the **earlier** of (1) one year later, or (2) the date on which coverage would otherwise terminate under the terms of the Plan. Contact the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054 for more information.

HOSPITAL LENGTH OF STAY FOR CHILDBIRTH

Under federal law, group health plans, like this Plan, generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician, after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, the Plan may not, under federal law, require that a Physician obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-authorization.

DISCLOSURE OF “GRANDFATHERED” STATUS

This group health Plan believes that the Fund’s Indemnity Medical Plan is considered to be a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage already in effect when that law was enacted.

Being a grandfathered health plan means that certain consumer protections of the Affordable Care Act that apply to other plans may not be required. For example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office at (510) 633-0333 or Toll Free at (888) 547-2054. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT (ENROLLED IN THE KAISER PLANS ONLY)

The Kaiser medical plan generally allows the designation of a primary care provider (PCP). You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser at 1-800-464-4000. Medicare Advantage Plans are subject to many of their own requirements, be sure to contact Kaiser at 1-800-464-4000 for more information about your Medicare Advantage Plan.

DIRECT ACCESS TO OBSTETRICAL / GYNECOLOGICAL PROVIDERS (KAISER PLANS ONLY)

You do not need prior authorization (pre-approval) from Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological (OB/GYN) care from an in-network health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser at 1-800-464-4000. Medicare Advantage Plans are subject to many of their own requirements, be sure to contact Kaiser at 1-800-464-4000 for more information about your Medicare Advantage Plan.

REPORTING REQUIREMENTS UNDER THE AFFORDABLE CARE ACT

As required by the Affordable Care Act, each year, you will receive an IRS form (called Form 1095-B) in the mail if you or your dependents have been covered under a medical plan during the year. For each month of the calendar year that you were enrolled in a medical plan, Form 1095-B documents that you (and any enrolled family members) met the federal requirement to have "minimum essential coverage," meaning group medical plan coverage. Having minimum essential coverage means you and your family members may not have to pay a penalty (called the Individual Mandate penalty) when you file your personal income taxes. Visit the Health Insurance Marketplace at <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/> for detailed information on this penalty.

If you receive a 1095 form, you will want to keep this form in a safe place because you may need to produce it if requested by the IRS. (For large employers, a copy of the form 1095 will also be provided to the IRS.)

Reminder: if you have not been covered by a medical plan during the last calendar year you will not receive a Form 1095-B. If you have been covered by various medical plans during the calendar year, you may receive more than one IRS form.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following pages, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2018. Contact your State for further information on eligibility

ALABAMA – Medicaid	ALASKA – Medicaid	ARKANSAS - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid	GEORGIA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

INDIANA – Medicaid	IOWA – Medicaid	KANSAS – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	Website: http://www.kdheks.gov/hcf/ Phone: 785-296-3512
KENTUCKY – Medicaid	LOUISIANA – Medicaid	MAINE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: https://www.dss.mo.gov/mhd/participants/pages/hip.p.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid	NEVADA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Medicaid Website : https://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid	TEXAS – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Medicaid and CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	Website: http:// mywvhipp.com/ Toll-free Phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid		
Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531		

To see if any other States have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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

Plan Year – September 1, 2016 through August 31, 2017

This is a summary of the annual report for the Carpenters Health and Welfare Trust Fund for California, Employer Identification Number 94-1234856, a health and welfare plan, for the period September 1, 2016 through August 31, 2017. 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 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., and Health Net to provide medical and hospital coverage, Voya Financial, Inc. to provide accidental death, dismemberment, and life insurance benefits, and AIG Benefits Solutions to provide stop loss coverage. The total premiums paid for all contracts for the Plan year ending August 31, 2017 were \$274,805,956.

Basic Financial Statement:

The value of Plan assets, after subtracting liabilities of the Plan, was \$577,137,049 minus premiums and self-funded claims payable of \$80,816,087, minus claims incurred but not reported of \$11,916,000, minus bank of hours liability of \$163,122,000, equals \$321,282,962 as of August 31, 2017, compared to \$491,739,264 minus premiums and self-funded claims payable of \$71,572,054, minus claims incurred but not reported of \$10,819,000, minus bank of hours liability of \$142,368,000, equals \$266,980,210 as of September 1, 2016. During the Plan year, the Plan experienced an increase in its net assets of \$54,302,752. 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 \$490,860,871; including employer contributions of \$415,731,400, participant contributions of \$24,870,139, a gain of \$1,722,942 from the sale of assets, earnings from investments of \$32,611,825, and other income of \$15,924,565.

Plan expenses were \$436,558,119. These expenses included \$12,575,552 in administrative expenses, \$1,318,716 in investment expenses, \$274,805,956 in premium costs, and \$147,857,735 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 9/01/2015 \$233,692,912	As of 9/01/2016 \$266,980,210
Employer Contributions	\$373,224,435	\$415,731,400
Participant Contributions	\$24,589,405	\$24,870,139
Investments - Earnings	\$22,176,793	\$32,611,825
Sale of Assets - Earnings/Losses	-\$327,739	\$1,722,942
Other Income	\$12,481,667	\$15,924,565
Plan Income	\$432,144,561	\$490,860,871
Insurance Premiums	\$232,200,029	\$274,805,956
Self-Funded Benefits	\$152,915,545	\$147,857,735
Administrative Fees	\$12,630,095	\$12,575,552
Investment Expenses	\$1,111,594	\$1,318,876
Total Expenses	\$398,857,263	\$436,558,119
Ending Balance Value of Net Plan Assets	As of 08/31/2016 \$266,980,210	As of 08/31/2017 \$321,282,962

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) Insurance information including sales commission paid by insurance carriers, 3) Assets held for investments; and 4) Transactions in excess of five 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 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 per 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 a 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.

You also have the legally protected right to examine the annual report at the main office of the Plan, located at 265 Hegenberger Road, Suite 100, Oakland, California 94621 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor (upon payment of copying costs). Requests to the Department of Labor should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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.

**SUMMARY ANNUAL REPORT FOR
CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA**

Plan Year – September 1, 2016 through August 31, 2017

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, 2016 through August 31, 2017. 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 \$91,060,446. These expenses included \$3,522,537 in administrative expenses, \$5,547,143 in investment expenses, and \$81,990,766 in benefits paid to participants and beneficiaries. A total of 55,812 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 \$2,309,525,332 as of August 31, 2017, compared to \$2,140,111,933 as of September 1, 2016. During the Plan year, the Plan experienced an increase in its net assets of \$169,413,399. 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.

The Plan had total income of \$260,473,845; including employer contributions of \$84,963,134, a gain of \$29,902,961 from the sale of assets, earnings from investments of \$145,371,800, and other income of \$235,950.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2015 \$2,043,960,038	As of 09/01/2016 \$2,140,111,933
Employer Contributions	\$77,868,918	\$84,963,134
Investments - Earnings	\$120,167,720	\$145,371,800
Sale of Assets - Earnings/Losses	-\$4,480,902	\$29,902,961
Other Income	\$190,751	\$235,950
Plan Income	\$193,746,487	\$260,473,845
Benefits Paid	\$89,658,692	\$81,990,766
Administrative Fees	\$2,576,129	\$3,522,537
Investment Expenses	\$5,359,771	\$5,547,143
Total Expenses	\$97,594,592	\$91,060,446
Ending Balance Value of Net Plan Assets	As of 8/31/2016 \$2,140,111,933	As of 8/31/2017 \$2,309,525,332

Minimum Funding Standards:

The Plan received \$84,963,134 in employer contributions during the year ended August 31, 2017. The minimum funding standards of ERISA have been met.

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) Assets held for investment, 3) Transactions in excess of five percent of Plan assets, 4) Insurance information including sales commissions paid by insurance carriers; and 5) Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the Plan participates.

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 per 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 a 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.

You also have the legally protected right to examine the annual report at the main office of the Plan, located at 265 Hegenberger Road, Suite 100, Oakland, California 94621 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor (upon payment of copying costs). Requests to the Department of Labor should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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.

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

Plan Year – September 1, 2016 through August 31, 2017

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, 2016 through August 31, 2017. 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:

The value of Plan assets, after subtracting liabilities of the Plan, was \$67,971,583 as of August 31, 2017, compared to \$50,016,635 as of September 1, 2016. During the Plan year, the Plan experienced an increase in its net assets of \$17,954,948. 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 \$16,961,448; including employee contributions of \$10,636,570, employer match contributions of \$247,959, other contributions of \$215,543, income from investments of \$5,856,810, a merger of assets into the Fund of \$3,966,838, and other income of \$4,566.

Benefits under the Plan are provided by the Northern California Carpenters 401(k) Trust Fund. Plan expenses were \$2,973,338. These expenses included \$98,593 in administrative expenses, \$171,114 in investment expenses, and \$2,703,631 in benefits paid to participants and beneficiaries. A total of 1,825 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.

Minimum Funding Standards:

The Plan received \$10,636,570 in employee contributions during the year ended August 31, 2017. The minimum funding standards of ERISA have been met.

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) Assets held for investment; and 3) Transactions in excess of five percent of Plan assets.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2015 \$40,702,313	As of 09/01/2016 \$50,016,635
Participating Employee Contributions	\$8,148,658	\$10,636,570
Employer Contributions	\$314,186	\$247,959
Other Contributions	\$105,308	\$215,543
Investments – Earnings/Losses	\$3,417,449	\$5,856,810
Other Income	\$3,117	\$4,566
Plan Income	\$11,988,718	\$16,961,448
Merger of Assets to the Fund		\$3,966,838
Benefits Paid	\$2,438,120	\$2,703,631
Administrative Fees	\$89,829	\$98,593
Investment Expenses	\$146,447	\$171,114
Total Expenses	\$2,674,396	\$2,973,338
Ending Balance Value of Net Plan Assets	As of 08/31/2016 \$50,016,635	As of 08/31/2017 \$67,971,583

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 Road, Suite 100, Oakland, California 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 per 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 a 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.

You also have the legally protected right to examine the annual report at the main office of the Plan, located at 265 Hegenberger Road, Suite 100, Oakland, California 94621 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor (upon payment of copying costs). Requests to the Department of Labor should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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.

**SUMMARY ANNUAL REPORT FOR
CARPENTERS VACATION AND HOLIDAY TRUST FUND FOR NORTHERN CALIFORNIA**

Plan Year – September 1, 2016 through August 31, 2017

This is a summary of the annual report for the Carpenters Vacation and Holiday Trust Fund for Northern California, Employer Identification Number 94-6276537, a Vacation and Holiday Plan, for the period September 1, 2016 through August 31, 2017. 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 and Holiday Trust Fund for Northern California has committed the Fund to pay all vacation and holiday benefits incurred under the terms of the Plan.

Basic Financial Statement:

The value of Plan assets, after subtracting liabilities of the Plan, was \$5,466,576 as of August 31, 2017, compared to \$2,582,503 as of September 1, 2016. During the Plan year, the Plan experienced an increase in its net assets of \$2,884,073. 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 \$91,334,321; including employer contributions of \$87,425,369, income from investments of \$2,968,249, gains on the sale of assets of \$122,807, and other income of \$817,896.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2015 \$3,681,140	As of 09/01/2016 \$2,582,503
Employer Contributions	\$79,486,330	\$87,425,369
Investments – Earnings/ Losses	\$2,256,232	\$2,968,249
Sale of Assets - Earnings/Losses	-\$2,536,783	\$122,807
Other Income	\$99,268	\$817,896
Plan Income	\$79,305,047	\$91,334,321
Benefits Paid	\$78,610,224	\$86,534,031
Administrative Fees	\$1,784,472	\$1,906,570
Investment Expenses	\$8,988	\$9,647
Total Expenses	\$80,403,684	\$88,450,248
Ending Balance Value of Net Plan Assets	As of 08/31/2016 \$2,582,503	As of 08/31/2017 \$5,466,576

Plan expenses were \$88,450,248. These expenses included \$1,906,570 in administrative expenses, \$9,647 in investment expenses, and \$86,534,031 in benefits paid to participants. A total of 29,597 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) Assets held for investment; and 3) Transactions in excess of five 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 and Holiday 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 per 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 a 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.

You also have the legally protected right to examine the annual report at the main office of the Plan, located at 265 Hegenberger Road, Suite 100, Oakland, California 94621 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor (upon payment of copying costs). Requests to the Department of Labor should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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.

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 April 30, 2018

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.mylife.jhrps.com or call 1(800) 294-3575 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 1(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, mylife.jhrps.com/investment_info. Please enter code "LO1505" to view your Carpenters Annuity 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 mylife.jhrps.com or call a John Hancock representative at 800-294-3575.

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	CURRENT RETURNS AS OF 04/30/2018			STANDARD RETI RNS AS OF 03/31/2018				SINCE INCEPTION	INCEPTION DATE	
		1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS			
UnCategorized											
Cohen & Steers Real Estate Securities (Class Z)	CSZIX	0.62	-2.71	-5.90	-0.58	3.67	N/A	N/A	9.30	10/01/2014	
BENCHMARK: FTSE NAREIT Equity Index ¹⁴		0.52	-3.33	-6.18	-1.09	2.90	6.66	6.88	7.29		
Income											
AB Global Bond Fund (Class Z)	ANAZX	-0.36	-0.12	-0.49	2.04	2.55	N/A	N/A	3.93	10/15/2013	
BENCHMARK: Bloomberg Barclays Global Aggregate Index ¹⁵		-1.60	-1.44	-0.26	6.97	3.14	1.49	2.57	1.67		
John Hancock Income Fund (Class R6) ²	JSNWX	-0.18	-1.18	-0.75	2.33	2.15	2.56	N/A	4.00	09/01/2011	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²²		-0.74	-1.05	-2.19	1.20	1.20	1.82	3.63	2.29		
Prudential High-Yield Fund (Class Q)	PHYQX	0.50	-0.84	0.04	4.32	5.57	5.30	N/A	6.91	10/31/2011	
BENCHMARK: Credit Suisse High Yield Index ¹³		0.58	-0.86	-0.27	4.00	5.23	5.24	7.85	7.66		
Western Asset Core Plus Bond Fund (Class IS)	WAPSX	-1.18	-1.59	-2.24	3.85	3.22	3.56	N/A	6.71	08/04/2008	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²²		-0.74	-1.05	-2.19	1.20	1.20	1.82	3.63	3.87		
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		-0.36	-2.78	-0.56	8.60	5.55	5.79	N/A	6.34	11/08/2012	
BENCHMARK: Morningstar Lifetime Moderate 2020 Index ⁶		-0.08	-2.84	-0.90	8.19	5.20	6.12	N/A	7.00		
Pensionmark Asset Allocation 2025		-0.23	-3.28	-0.55	9.44	5.99	6.38	N/A	7.06	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2025 Index ⁷		0.01	-3.22	-0.85	9.31	5.84	7.00	N/A	8.23		
Pensionmark Asset Allocation 2030		-0.13	-3.75	-0.55	10.30	6.59	7.05	N/A	7.87	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2030 Index ⁸		0.17	-3.63	-0.68	10.66	6.61	7.92	N/A	9.40		
Pensionmark Asset Allocation 2035		-0.03	-4.11	-0.46	11.38	7.09	7.69	N/A	8.66	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2035 Index ⁹		0.37	-3.99	-0.46	11.95	7.31	8.65	N/A	10.28		

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 2040		0.05	-4.55	-0.48	12.16	7.61	8.30	N/A	9.43	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate 2040 Index ¹⁰		0.52	-4.22	-0.28	12.86	7.78	9.03	N/A	10.74	
Pensionmark Asset Allocation 2045		0.09	-4.81	-0.41	13.01	8.16	8.94	N/A	10.22	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate 2045 Index ¹¹		0.60	-4.32	-0.19	13.31	7.96	9.11	N/A	10.83	
Pensionmark Asset Allocation 2050		0.09	-4.98	-0.39	13.58	8.58	9.50	N/A	9.48	02/01/2013
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹²		0.63	-4.34	-0.16	13.47	7.98	9.05	N/A	9.34	
Pensionmark Asset Allocation 2055		0.00	-2.65	-2.65	N/A	N/A	N/A	N/A	-2.95	06/16/2017
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹²		0.63	-4.34	-0.16	13.47	7.98	9.05	N/A	9.85	
Pensionmark Asset Allocation 2060		0.07	-4.93	-0.14	14.62	N/A	N/A	N/A	14.45	04/18/2016
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹²		0.63	-4.34	-0.16	13.47	7.98	9.05	N/A	14.05	
Pensionmark Asset Allocation Income		-0.45	-2.40	-0.65	7.72	4.97	4.76	N/A	4.98	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate Income Index ⁵		-0.02	-1.74	-0.37	5.64	3.84	4.00	N/A	4.51	
Pensionmark Smart Lifecycle 2020 Fund Institutional Class ³		-0.10	-2.12	-1.13	6.20	N/A	N/A	N/A	4.39	05/01/2015
BENCHMARK: Dow Jones Target 2020 Index ⁴		-0.59	-1.93	-0.49	6.96	4.14	4.86	4.85	3.75	
Pensionmark Smart Lifecycle 2025 Fund Institutional Class ³		0.07	-2.47	-0.96	7.43	N/A	N/A	N/A	5.13	05/01/2015
BENCHMARK: Dow Jones Target 2025 Index ⁴		-0.41	-2.40	-0.31	8.34	5.00	6.00	5.52	4.62	
Pensionmark Smart Lifecycle 2030 Fund Institutional Class ³		0.20	-2.81	-0.90	8.44	N/A	N/A	N/A	5.77	05/01/2015
BENCHMARK: Dow Jones Target 2030 Index ⁴		-0.19	-2.91	-0.13	9.93	5.97	7.20	6.19	5.59	
Pensionmark Smart Lifecycle 2035 Fund Institutional Class ³		0.34	-3.10	-0.79	9.45	N/A	N/A	N/A	6.39	05/01/2015
BENCHMARK: Dow Jones Target 2035 Index ⁴		0.01	-3.37	0.01	11.35	6.71	8.19	6.73	6.36	
Pensionmark Smart Lifecycle 2040 Fund Institutional Class ³		0.47	-3.36	-0.70	10.35	N/A	N/A	N/A	6.94	05/01/2015
BENCHMARK: Dow Jones Target 2040 Index ⁴		0.18	-3.76	0.12	12.53	7.33	8.96	7.18	7.00	
Pensionmark Smart Lifecycle 2045 Fund Institutional Class ³		0.58	-3.50	-0.60	10.98	N/A	N/A	N/A	7.26	05/01/2015
BENCHMARK: Dow Jones Target 2045 Index ⁴		0.30	-4.04	0.20	13.36	7.77	9.46	7.48	7.45	
Pensionmark Smart Lifecycle 2050 Fund Institutional Class ³		0.63	-3.56	-0.55	11.20	N/A	N/A	N/A	7.35	05/01/2015
BENCHMARK: Dow Jones Target 2050 Index ⁴		0.36	-4.18	0.24	13.76	7.99	9.63	7.58	7.69	
Pensionmark Smart Lifecycle 2055 Fund Institutional Class ³		0.62	-3.56	-0.56	11.20	N/A	N/A	N/A	7.37	05/01/2015
BENCHMARK: Dow Jones Target 2055 Index ⁴		0.37	-4.19	0.24	13.79	8.01	9.64	7.58	7.70	
Pensionmark Smart Lifecycle 2060 Fund Institutional Class ³		0.63	-3.56	-0.55	11.20	N/A	N/A	N/A	7.36	05/01/2015
BENCHMARK: Dow Jones Target 2055 Index ⁴		0.37	-4.19	0.24	13.79	8.01	9.64	7.58	7.70	
Pensionmark Smart Lifecycle Retirement Fund Institutional Class ³		-0.19	-1.94	-1.24	5.30	N/A	N/A	N/A	3.95	05/01/2015
BENCHMARK: Dow Jones Target Today Index ⁴		-0.33	-0.96	-0.15	4.25	2.47	2.61	3.89	2.26	
Growth & Income										
American Funds - Washington Mutual Investors Fund (Class R6)	RWMGX	1.00	-5.23	-0.33	13.90	10.53	12.75	N/A	15.05	05/01/2009
BENCHMARK: S&P 500 Index ²⁸		0.38	-5.77	-0.38	13.99	10.78	13.31	9.49	15.62	
Vanguard 500 Index Fund (Admiral Shares)	VFIAX	0.38	-5.78	-0.39	13.95	10.75	13.27	9.49	N/A	11/13/2000
BENCHMARK: S&P 500 Index ²⁸		0.38	-5.77	-0.38	13.99	10.78	13.31	9.49	N/A	

INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
Growth										
AB Large Cap Growth Fund (Class Z)	APGZX	1.00	-3.69	3.15	22.45	N/A	N/A	N/A	13.88	06/30/2015
BENCHMARK: Russell 1000 Growth Index ¹⁸		0.35	-4.96	1.77	21.25	12.90	15.53	11.34	14.26	
Carillon Eagle Mid Cap Growth Fund (Class R6)	HRAUX	-1.73	-4.26	2.64	25.24	11.58	15.44	N/A	15.57	08/15/2011
BENCHMARK: Russell Midcap Growth Index ²⁰		-0.94	-4.21	1.21	19.74	9.17	13.31	10.61	14.79	
Janus Henderson Global Life Sciences Fund (Class I)	JFNIX	0.14	-3.75	3.90	13.73	2.26	17.30	N/A	18.69	07/06/2009
BENCHMARK: S&P 500 Index ¹⁸		0.38	-5.77	-0.38	13.99	10.78	13.31	9.49	15.56	
Nuveen Small Cap Value (Class R6)	FSCWX	0.54	-4.14	-2.45	3.88	N/A	N/A	N/A	14.60	06/30/2016
BENCHMARK: Russell 2000 Value Index ¹⁹		1.73	-2.16	-0.95	5.13	7.87	9.96	8.61	17.63	
TIAA-CREF Small Cap Equity Fund (Institutional Class)	TISEX	-0.42	-3.97	-1.10	10.87	9.26	12.85	10.38	N/A	10/01/2002
BENCHMARK: Russell 2000 Index ²³		0.86	-1.79	0.78	11.79	8.39	11.47	9.84	N/A	
Vanguard Mid-Cap Index Fund (Admiral Shares)	VIMAX	-0.15	-4.31	-0.14	12.31	7.86	12.26	10.14	N/A	11/12/2001
BENCHMARK: MSCI US Mid Cap 450 Index ²⁶		-0.22	-3.80	0.28	14.32	8.92	13.05	10.59	N/A	
Vanguard Small-Cap Index Fund (Admiral Shares)	VSMAX	0.34	-2.65	0.13	11.82	8.06	11.66	10.72	N/A	11/13/2000
BENCHMARK: MSCI US Small Cap 1750 Index ²⁷		0.78	-2.50	0.10	10.85	8.12	11.56	10.61	N/A	
Victory Sycamore Established Value Fund (Class I)	VEVIX	0.50	-3.67	-0.61	9.12	10.19	13.40	N/A	13.85	03/01/2010
BENCHMARK: Russell Midcap Value Index ²¹		0.50	-4.22	-2.02	6.50	7.23	11.11	9.81	13.37	
International										
American Funds - New World Fund (Class R6)	RNWGX	-0.60	-4.80	0.73	21.84	8.84	6.91	N/A	10.50	05/01/2009
BENCHMARK: MSCI Emerging Markets Free Index ¹⁶		-0.55	-7.19	0.52	22.17	6.31	2.50	0.59	6.59	
MFS International Value Fund (Class R6)	MINJX	-0.09	-4.24	-0.79	17.76	9.70	11.08	7.40	N/A	05/01/2006
BENCHMARK: MSCI EAFE Index ²⁴		2.28	-4.09	0.72	14.80	5.55	6.50	2.74	N/A	
T. Rowe Price Global Technology Fund (Class I)	PGTIX	-1.25	-6.70	3.33	30.91	N/A	N/A	N/A	35.78	11/29/2016
BENCHMARK: MSCI AC World Free Index ¹⁷		0.77	-5.90	-0.65	12.69	5.99	7.03	3.35	16.29	
Vanguard International Growth Fund (Admiral Shares)	VWILX	-0.22	-5.45	3.16	31.41	12.44	11.09	6.09	N/A	08/13/2001
BENCHMARK: MSCI EAFE Index ²⁴		2.28	-4.09	0.72	14.80	5.55	6.50	2.74	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.

³The fund is a collective investment fund and is privately offered. Therefore information on this investment is not available in local publications.

- ⁴The Dow Jones Target Date Indexes (each an "Index" or collectively the "Indexes") are a series of Indexes designed as benchmarks for multi-asset class portfolios with risk profiles that become more conservative over time. The Index weightings among the major asset classes are adjusted monthly based on a published set of Index rules. The Indexes with longer time horizons have higher allocations to equity securities, while the Indexes with shorter time horizons replace some of their stock allocations with allocations to fixed income securities and money market instruments. You cannot invest directly in an index.
- ⁵The Morningstar Lifetime Moderate Income Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is at least ten years into retirement. 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 2020 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about ten years away from retirement. 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 2025 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 15 years away from retirement. 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 2030 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 20 years away from retirement. 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 2035 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 25 years away from retirement. 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 2040 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 30 years away from retirement. 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 2045 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 35 years away from retirement. 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 2050 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 40 years away from retirement. 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.
- ¹³Credit Suisse High Yield Index is a market-weighted index that includes publicly traded bonds rated below BBB by S&P and Baa by Moody's. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁴NAREIT Equity Index: The National Association of Real Estate Investment Trusts (NAREIT) 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.
- ¹⁵Bloomberg Barclays Global Aggregate Index is a flagship measure of global investment grade debt from twenty-four local currency markets. This multi-currency benchmark includes treasury, government-related, corporate and securitized fixed-rate bonds from both developed and emerging markets issuers. It is not possible to invest directly in an index.
- ¹⁶MSCI 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.
- ¹⁷MSCI 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.
- Russell 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 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.

- ²² Bloomberg 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.
- ²³ Russell 2000 Index: The Russell 2000 Index is an unmanaged index that measures the performance of the 2,000 smallest 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.
- ²⁴ MSCI 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.
- ²⁵ MSCI 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.
- ²⁷ MSCI 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.
- ²⁸ S&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.

Returns for 1-month, 3-month and YTD are cumulative total returns. Returns for 1-year, 3-years, 5-years, 10-years and since inception are average annual total returns through the most recent calendar quarter.

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>mylife.jhrps.com/investment_info</i>	2.3%	Semi-Annual	Rate credited through 06/30/2018

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	
Uncategorized					
Cohen & Steers Real Estate Securities (Class Z)	0.80%	\$ 8.00	N/A	N/A	

NAME/TYPE OF OPTION	As a %	Per\$1,000	%	# Days	Additional Information
Stable Value					
NYL Guaranteed Interest Account	0.05%	\$ 0.50	N/A	N/A	
Income					
AB Global Bond Fund (Class Z)	0.52%	\$ 5.20	N/A	N/A	
John Hancock Income Fund (Class R6)	0.41%	\$ 4.10	N/A	N/A	
Prudential High-Yield Fund (Class Q)	0.41%	\$ 4.10	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	0.24%	\$ 2.40	N/A	N/A	
Pensionmark Asset Allocation 2030	0.23%	\$ 2.30	N/A	N/A	
Pensionmark Asset Allocation 2035	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2040	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation 2045	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2050	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2055	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2060	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation Income	0.27%	\$ 2.70	N/A	N/A	
Pensionmark Smart Lifecycle 2020 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2025 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2030 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2035 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2040 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2045 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2050 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2055 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2060 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle Retirement Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Growth & Income					
American Funds - Washington Mutual Investors Fund (Class R6)	0.30%	\$ 3.00	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)	0.65%	\$ 6.50	N/A	N/A	
Carillon Eagle Mid Cap Growth Fund (Class R6)	0.69%	\$ 6.90	N/A	N/A	

NAME/TYPE OF OPTION	As a %	Per\$1,000	%	# Days	Additional Information
Janus Henderson Global Life Sciences Fund (Class I)	0.77%	\$ 7.70	N/A	N/A	
Nuveen Small Cap Value (Class R6)	0.85%	\$ 8.50	N/A	N/A	
TIAA-CREF Small Cap Equity Fund (Institutional Class)	0.41%	\$ 4.10	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)	0.62%	\$ 6.20	N/A	N/A	
International					
American Funds - New World Fund (Class R6)	0.64%	\$ 6.40	N/A	N/A	
MFS International Value Fund (Class R6)	0.66%	\$ 6.60	N/A	N/A	
T. Rowe Price Global Technology Fund (Class I)	0.76%	\$ 7.60	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 http://www.dol.gov/ebsa/publications/401k_employee.html. 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 mylife.jhrps.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**

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.

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 0.33% 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 \$13.75. In addition, participants in the Plan pay a quarterly fixed administrative fee. As an example for the last four quarters ending May 31, 2018, the fixed administrative fee was approximately \$12.10 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	\$6.89	• 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.

RESTRICTED INVESTMENTS

The following funds have restrictions as described below: 1) Trustee Directed Option: This investment may have restrictions regarding contributions and liquidations. 2) 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.

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. To change any of your investments, you can go to mylife.jhrps.com at any time, or you can call John Hancock at 1(800)294-3575 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.

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 800-294-3575 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, mylife.jhrps.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 mylife.jhrps.com or call a John Hancock representative at 800-294-3575.

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	CURRENT RETURNS AS OF 04/30/2018			STANDARD RETURNS AS OF 03/31/2018				SINCE INCEPTION	INCEPTION DATE	
		1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS			
Uncategorized											
Cohen & Steers Real Estate Securities (Class Z)	CSZIX	0.62	-2.71	-5.90	-0.58	3.67	N/A	N/A	9.30	10/01/2014	
BENCHMARK: FTSE NAREIT Equity Index ¹⁵		0.52	-3.33	-6.18	-1.09	2.90	6.66	6.88	7.29		
Income											
AB Global Bond Fund (Class Z)	ANAZX	-0.36	-0.12	-0.49	2.04	2.55	N/A	N/A	3.93	10/15/2013	
BENCHMARK: Bloomberg Barclays Global Aggregate Index ¹⁶		-1.60	-1.44	-0.26	6.97	3.14	1.49	2.57	1.67		
John Hancock Income Fund (Class R6) ²	JSNWX	-0.18	-1.18	-0.75	2.33	2.15	2.56	N/A	4.00	09/01/2011	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²³		-0.74	-1.05	-2.19	1.20	1.20	1.82	3.63	2.29		
Prudential High-Yield Fund (Class Q)	PHYQX	0.50	-0.84	0.04	4.32	5.57	5.30	N/A	6.91	10/31/2011	
BENCHMARK: Credit Suisse High Yield Index ¹⁴		0.58	-0.86	-0.27	4.00	5.23	5.24	7.85	7.66		
Western Asset Core Plus Bond Fund (Class IS)	WAPSX	-1.18	-1.59	-2.24	3.85	3.22	3.56	N/A	6.71	08/04/2008	
BENCHMARK: Bloomberg Barclays US Aggregate Bond Index ²³		-0.74	-1.05	-2.19	1.20	1.20	1.82	3.63	3.87		
Asset Allocation											
Northern California Carpenter Allocation Option		0.24	-1.69	0.30	7.71	5.92	N/A	N/A	6.10	11/07/2014	
BENCHMARK: Morningstar Moderate Target Risk Index ⁵		0.10	-3.39	-0.77	9.09	6.13	6.69	N/A	5.86		
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		-0.36	-2.78	-0.56	8.60	5.55	5.77	N/A	6.30	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2020 Index ⁷		-0.08	-2.84	-0.90	8.19	5.20	6.12	N/A	7.10		
Pensionmark Asset Allocation 2025		-0.23	-3.28	-0.55	9.44	6.07	6.40	N/A	7.09	11/09/2012	
BENCHMARK: Morningstar Lifetime Moderate 2025 Index ⁸		0.01	-3.22	-0.85	9.31	5.84	7.00	N/A	8.23		

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 2030		-0.13	-3.75	-0.56	10.30	6.52	6.99	N/A	7.82	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate 2030 Index ⁹		0.17	-3.63	-0.68	10.66	6.61	7.92	N/A	9.40	
Pensionmark Asset Allocation 2035		-0.03	-4.11	-0.47	11.29	7.13	7.71	N/A	8.69	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate 2035 Index ¹⁰		0.37	-3.99	-0.46	11.95	7.31	8.65	N/A	10.28	
Pensionmark Asset Allocation 2040		0.05	-4.55	-0.48	12.17	7.69	8.37	N/A	9.51	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate 2040 Index ¹¹		0.52	-4.22	-0.28	12.86	7.78	9.03	N/A	10.74	
Pensionmark Asset Allocation 2045		0.09	-4.82	-0.41	12.98	8.25	8.96	N/A	10.25	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate 2045 Index ¹²		0.60	-4.32	-0.19	13.31	7.96	9.11	N/A	10.83	
Pensionmark Asset Allocation 2050		0.09	-4.97	-0.38	13.57	8.67	9.53	N/A	10.98	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹³		0.63	-4.34	-0.16	13.47	7.98	9.05	N/A	10.76	
Pensionmark Asset Allocation 2055		0.09	-4.97	-0.25	14.21	N/A	N/A	N/A	9.28	06/10/2015
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹³		0.63	-4.34	-0.16	13.47	7.98	9.05	N/A	8.25	
Pensionmark Asset Allocation 2060		0.10	-4.97	-0.18	14.52	N/A	N/A	N/A	10.12	08/10/2015
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹³		0.63	-4.34	-0.16	13.47	7.98	9.05	N/A	9.47	
Pensionmark Asset Allocation Income		-0.45	-2.40	-0.63	7.75	4.98	4.77	N/A	4.99	11/09/2012
BENCHMARK: Morningstar Lifetime Moderate Income Index ⁶		-0.02	-1.74	-0.37	5.64	3.84	4.00	N/A	4.51	
Pensionmark Smart Lifecycle 2020 Fund Institutional Class ³		-0.10	-2.12	-1.13	6.20	N/A	N/A	N/A	4.39	05/01/2015
BENCHMARK: Dow Jones Target 2020 Index ⁴		-0.59	-1.93	-0.49	6.96	4.14	4.86	4.85	3.75	
Pensionmark Smart Lifecycle 2025 Fund Institutional Class ³		0.07	-2.47	-0.96	7.43	N/A	N/A	N/A	5.13	05/01/2015
BENCHMARK: Dow Jones Target 2025 Index ⁴		-0.41	-2.40	-0.31	8.34	5.00	6.00	5.52	4.62	
Pensionmark Smart Lifecycle 2030 Fund Institutional Class ³		0.20	-2.81	-0.90	8.44	N/A	N/A	N/A	5.77	05/01/2015
BENCHMARK: Dow Jones Target 2030 Index ⁴		-0.19	-2.91	-0.13	9.93	5.97	7.20	6.19	5.59	
Pensionmark Smart Lifecycle 2035 Fund Institutional Class ³		0.34	-3.10	-0.79	9.45	N/A	N/A	N/A	6.39	05/01/2015
BENCHMARK: Dow Jones Target 2035 Index ⁴		0.01	-3.37	0.01	11.35	6.71	8.19	6.73	6.36	
Pensionmark Smart Lifecycle 2040 Fund Institutional Class ³		0.47	-3.36	-0.70	10.35	N/A	N/A	N/A	6.94	05/01/2015
BENCHMARK: Dow Jones Target 2040 Index ⁴		0.18	-3.76	0.12	12.53	7.33	8.96	7.18	7.00	
Pensionmark Smart Lifecycle 2045 Fund Institutional Class ³		0.58	-3.50	-0.60	10.98	N/A	N/A	N/A	7.26	05/01/2015
BENCHMARK: Dow Jones Target 2045 Index ⁴		0.30	-4.04	0.20	13.36	7.77	9.46	7.48	7.45	
Pensionmark Smart Lifecycle 2050 Fund Institutional Class ³		0.63	-3.56	-0.55	11.20	N/A	N/A	N/A	7.35	05/01/2015
BENCHMARK: Dow Jones Target 2050 Index ⁴		0.36	-4.18	0.24	13.76	7.99	9.63	7.58	7.69	
Pensionmark Smart Lifecycle 2055 Fund Institutional Class ³		0.62	-3.56	-0.56	11.20	N/A	N/A	N/A	7.37	05/01/2015
BENCHMARK: Dow Jones Target 2055 Index ⁴		0.37	-4.19	0.24	13.79	8.01	9.64	7.58	7.70	
Pensionmark Smart Lifecycle 2060 Fund Institutional Class ³		0.63	-3.56	-0.55	11.20	N/A	N/A	N/A	7.36	05/01/2015
BENCHMARK: Dow Jones Target 2055 Index ⁴		0.37	-4.19	0.24	13.79	8.01	9.64	7.58	7.70	
Pensionmark Smart Lifecycle Retirement Fund Institutional Class ³		-0.19	-1.94	-1.24	5.30	N/A	N/A	N/A	3.95	05/01/2015
BENCHMARK: Dow Jones Target Today Index ⁴		-0.33	-0.96	-0.15	4.25	2.47	2.61	3.89	2.26	

INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
Growth & Income										
American Funds - Washington Mutual Investors Fund (Class R6)	RWMGX	1.00	-5.23	-0.33	13.90	10.53	12.75	N/A	15.05	05/01/2009
BENCHMARK: S&P 500 Index ²⁹		0.38	-5.77	-0.38	13.99	10.78	13.31	9.49	15.62	
Vanguard 500 Index Fund (Admiral Shares)	VFIAX	0.38	-5.78	-0.39	13.95	10.75	13.27	9.49	N/A	11/13/2000
BENCHMARK: S&P 500 Index ²⁹		0.38	-5.77	-0.38	13.99	10.78	13.31	9.49	N/A	
Growth										
AB Large Cap Growth Fund (Class Z)	APGZX	1.00	-3.69	3.15	22.45	N/A	N/A	N/A	13.88	06/30/2015
BENCHMARK: Russell 1000 Growth Index ¹⁹		0.35	-4.96	1.77	21.25	12.90	15.53	11.34	14.26	
Carillon Eagle Mid Cap Growth Fund (Class R6)	HRAUX	-1.73	-4.26	2.64	25.24	11.58	15.44	N/A	15.57	08/15/2011
BENCHMARK: Russell Midcap Growth Index ²¹		-0.94	-4.21	1.21	19.74	9.17	13.31	10.61	14.79	
Janus Henderson Global Life Sciences Fund (Class I)	JFNIX	0.14	-3.75	3.90	13.73	2.26	17.30	N/A	18.69	07/06/2009
BENCHMARK: S&P 500 Index ²⁹		0.38	-5.77	-0.38	13.99	10.78	13.31	9.49	15.56	
Nuveen Small Cap Value (Class R6)	FSCWX	0.54	-4.14	-2.45	3.88	N/A	N/A	N/A	14.60	06/30/2016
BENCHMARK: Russell 2000 Value Index ²⁰		1.73	-2.16	-0.95	5.13	7.87	9.96	8.61	17.63	
TIAA-CREF Small Cap Equity Fund (Institutional Class)	TISEX	-0.42	-3.97	-1.10	10.87	9.26	12.85	10.38	N/A	10/01/2002
BENCHMARK: Russell 2000 Index ²⁴		0.86	-1.79	0.78	11.79	8.39	11.47	9.84	N/A	
Vanguard Mid-Cap Index Fund (Admiral Shares)	VIMAX	-0.15	-4.31	-0.14	12.31	7.86	12.26	10.14	N/A	11/12/2001
BENCHMARK: MSCI US Mid Cap 450 Index ²⁷		-0.22	-3.80	0.28	14.32	8.92	13.05	10.59	N/A	
Vanguard Small-Cap Index Fund (Admiral Shares)	VSMAX	0.34	-2.65	0.13	11.82	8.06	11.66	10.72	N/A	11/13/2000
BENCHMARK: MSCI US Small Cap 1750 Index ²⁸		0.78	-2.50	0.10	10.85	8.12	11.56	10.61	N/A	
Victory Sycamore Established Value Fund (Class I)	VEVIX	0.50	-3.67	-0.61	9.12	10.19	13.40	N/A	13.85	03/01/2010
BENCHMARK: Russell Midcap Value Index ²²		0.50	-4.22	-2.02	6.50	7.23	11.11	9.81	13.37	
International										
American Funds - New World Fund (Class R6)	RNWGX	-0.60	-4.80	0.73	21.84	8.84	6.91	N/A	10.50	05/01/2009
BENCHMARK: MSCI Emerging Markets Free Index ¹⁷		-0.55	-7.19	0.52	22.17	6.31	2.50	0.59	6.59	
MFS International Value Fund (Class R6)	MINJX	-0.09	-4.24	-0.79	17.76	9.70	11.08	7.40	N/A	05/01/2006
BENCHMARK: MSCI EAFE Index ²⁵		2.28	-4.09	0.72	14.80	5.55	6.50	2.74	N/A	
T. Rowe Price Global Technology Fund (Class I)	PGTIX	-1.25	-6.70	3.33	30.91	N/A	N/A	N/A	35.78	11/29/2016
BENCHMARK: MSCI AC World Free Index ¹⁸		0.77	-5.90	-0.65	12.69	5.99	7.03	3.35	16.29	
Vanguard International Growth Fund (Admiral Shares)	VWILX	-0.22	-5.45	3.16	31.41	12.44	11.09	6.09	N/A	08/13/2001
BENCHMARK: MSCI EAFE Index ²⁵		2.28	-4.09	0.72	14.80	5.55	6.50	2.74	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.
- ³The fund is a collective investment fund and is privately offered. Therefore information on this investment is not available in local publications.
- ⁴The Dow Jones Target Date Indexes (each an "Index" or collectively the "Indexes") are a series of Indexes designed as benchmarks for multi-asset class portfolios with risk profiles that become more conservative over time. The Index weightings among the major asset classes are adjusted monthly based on a published set of Index rules. The Indexes with longer time horizons have higher allocations to equity securities, while the Indexes with shorter time horizons replace some of their stock allocations with allocations to fixed income securities and money market instruments. You cannot invest directly in an index.
- ⁵The 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.
- ⁶The Morningstar Lifetime Moderate Income Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is at least ten years into retirement. 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 2020 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about ten years away from retirement. 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 2025 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 15 years away from retirement. 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 2030 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 20 years away from retirement. 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 2035 Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 25 years away from retirement. 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 represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 30 years away from retirement. 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 represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 35 years away from retirement. 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 represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a U.S. investor who is about 40 years away from retirement. 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.
- ¹⁴Credit Suisse High Yield Index is a market-weighted index that includes publicly traded bonds rated below BBB by S&P and Baa by Moody's. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁵NAREIT Equity Index: The National Association of Real Estate Investment Trusts (NAREIT) 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.
- ¹⁶Bloomberg Barclays Global Aggregate Index is a flagship measure of global investment grade debt from twenty-four local currency markets. This multi-currency benchmark includes treasury, government-related, corporate and securitized fixed-rate bonds from both developed and emerging markets issuers. It is not possible to invest directly in an index.
- ¹⁷MSCI 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.
- ¹⁸MSCI 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.
- ¹⁹Russell 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.
- ²⁰Russell 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.

- ²¹Russell 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.
- ²²Russell 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.
- ²³Bloomberg 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.
- ²⁴Russell 2000 Index: The Russell 2000 Index is an unmanaged index that measures the performance of the 2,000 smallest 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.
- ²⁵MSCI 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.
- ²⁶MSCI 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.
- ²⁸MSCI 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.
- 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.

Returns for 1-month, 3-month and YTD are cumulative total returns. Returns for 1-year, 3-years, 5-years, 10-years and since inception are average annual total returns through the most recent calendar quarter.

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>mylife.jhrps.com/investment_info</i>	2.3%	Semi-Annual	Rate credited through 06/30/2018

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.

NAME/TYPE OF OPTION	As a %	Per\$1,000	%	# Days	Additional Information
Uncategorized					
Cohen & Steers Real Estate Securities (Class Z)	0.80%	\$ 8.00	N/A	N/A	
Stable Value					
NYL Guaranteed Interest Account	0.05%	\$ 0.50	N/A	N/A	
Income					
AB Global Bond Fund (Class Z)	0.52%	\$ 5.20	N/A	N/A	
John Hancock Income Fund (Class R6)	0.41%	\$ 4.10	N/A	N/A	
Prudential High-Yield Fund (Class Q)	0.41%	\$ 4.10	N/A	N/A	
Western Asset Core Plus Bond Fund (Class IS)	0.42%	\$ 4.20	N/A	N/A	
Asset Allocation					
Northern California Carpenter Allocation Option	0.74%	\$ 7.40	N/A	N/A	
Target Date					
Pensionmark Asset Allocation 2020	0.26%	\$ 2.60	N/A	N/A	
Pensionmark Asset Allocation 2025	0.24%	\$ 2.40	N/A	N/A	
Pensionmark Asset Allocation 2030	0.23%	\$ 2.30	N/A	N/A	
Pensionmark Asset Allocation 2035	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2040	0.21%	\$ 2.10	N/A	N/A	
Pensionmark Asset Allocation 2045	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2050	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2055	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation 2060	0.22%	\$ 2.20	N/A	N/A	
Pensionmark Asset Allocation Income	0.27%	\$ 2.70	N/A	N/A	
Pensionmark Smart Lifecycle 2020 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2025 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2030 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2035 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2040 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2045 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2050 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2055 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle 2060 Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Pensionmark Smart Lifecycle Retirement Fund Institutional Class	0.29%	\$ 2.90	N/A	N/A	
Growth & Income					
American Funds - Washington Mutual Investors Fund (Class R6)	0.30%	\$ 3.00	N/A	N/A	

NAME/TYPE OF OPTION	As a %	Per\$1,000	%	# Days	Additional Information
Vanguard 500 Index Fund (Admiral Shares)	0.04%	\$ 0.40	N/A	N/A	
Growth					
AB Large Cap Growth Fund (Class Z)	0.65%	\$ 6.50	N/A	N/A	
Carillon Eagle Mid Cap Growth Fund (Class R6)	0.69%	\$ 6.90	N/A	N/A	
Janus Henderson Global Life Sciences Fund (Class I)	0.77%	\$ 7.70	N/A	N/A	
Nuveen Small Cap Value (Class R6)	0.85%	\$ 8.50	N/A	N/A	
TIAA-CREF Small Cap Equity Fund (Institutional Class)	0.41%	\$ 4.10	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)	0.62%	\$ 6.20	N/A	N/A	
International					
American Funds - New World Fund (Class R6)	0.64%	\$ 6.40	N/A	N/A	
MFS International Value Fund (Class R6)	0.66%	\$ 6.60	N/A	N/A	
T. Rowe Price Global Technology Fund (Class I)	0.76%	\$ 7.60	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 http://www.dol.gov/ebsa/publications/401k_employee.html. 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 mylife.jhrps.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 0.38% 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 \$15.83 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 \$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 mylife.jhrps.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 Northern California Carpenters 401(k) Plan at any time. Investment options in your 401(k) 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 401(k) Plan, they will be explained in the Fees and Expenses section. To change any of your investments, you can go to mylife.jhrps.com at any time, or you can call John Hancock at 1(800) 294-3575 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.

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, its affiliates, nor its representatives, provide tax, legal or accounting advice. Please contact your own advisors.

Please contact John Hancock at 800-294-3575 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.

Fund Change Notice

The purpose of this notice is to share information with you about fund changes that may affect your retirement investment options.

What is changing

Prudential has announced that their Prudential mutual funds will be renamed to PGIM mutual funds and its Class Q will be replaced by Class R6 effective on June 11, 2018.

This fund (and share class)...	...will change to fund (and share class)
Prudential High-Yield Fund (Class Q)	PGIM High-Yield Fund (Class R6)

Action to consider

It is important that you know about these changes so that you can make informed decisions when you review your retirement account. No action is required on your part as a result of these changes. However, you can review and change your investments at any time at mylife.jhrps.com or by calling 800.294.3575.

More information

For information about your retirement account or to review investment options, make investment changes, or access "My Learning Center," log into your account at www.mylife.jhrps.com. You can also speak to a representative by calling 800.294.3575.

About risk

- All mutual funds are subject to market risk and will fluctuate in value.
- An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the Fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the Fund.

A fund's investment objectives, risks, charges and expenses should be considered carefully before investing. The prospectus contains this and other important information about the fund. To obtain a prospectus, contact John Hancock Retirement Plan Services LLC at 800.294.3575 or visit our website at mylife.jhrps.com. Please read the prospectus carefully before investing or sending money. Prospectus may only be available in English.

John Hancock Retirement Plan Services LLC is also referred to as "John Hancock".

The content of this document is for general information only and is believed to be accurate and reliable as of posting date but may be subject to change. John Hancock does not provide investment, tax, or legal advice. Please consult your own independent advisor as to any investment, tax, or legal statements made herein.

John Hancock Retirement Plan Services, LLC offers plan administrative services and service programs through which a sponsor or administrator of a plan selects various investment options to offer in its retirement plan for investment. John Hancock Retirement Plan Services, LLC does not provide fiduciary investment advice. John Hancock Trust Company LLC provides trust and custodial services to such plans.

NOT FDIC INSURED | MAY LOSE VALUE | NOT BANK GUARANTEED

© 2017 All rights reserved

S-P29286-GE 07/16-30919 RS011116269984-4764

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

265 Hegenberger Road, Suite 100
Oakland, California 94621
(510) 633-0333 - (888) 547-2054
www.carpenterfunds.com



July 20, 2018

To: All Eligible Employees
From: Board of Trustees Northern California Carpenters 401(k) Plan (the "Plan")
Re: IMPORTANT INFORMATION REGARDING THE NORTHERN CALIFORNIA CARPENTERS 401(k) PLAN

The following information is required by law to be provided on an annual basis to all participants and employees eligible to participate in the 401(k) Plan.

Please read this notice carefully, as it contains important information about certain features of your 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, LLC ("John Hancock"). If you need to contact John Hancock, you may do so:

- 24 hours a day via the internet at mylife.jhrps.com, or by calling John Hancock's automated telephone system at: (800) 294-3575. To speak with a Service Representative, call (800) 294-3575 between 8:00AM to 10:00PM Eastern Time.
- For advisory help you may contact Pensionmark Retirement Group at www.pensionmark.com or by calling (888) 201-5488 between 8:30AM to 5:00PM Pacific Time.

Enroll in the Northern California Carpenters 401(k) Plan today!

Complete an Enrollment/Contribution Change Form indicating the hourly amount you wish to defer and return it to your employer to begin payroll contributions. The enrollment form is available online at www.carpenterfunds.com or you can contact the Trust Fund Office and request a copy.

IRS SAFE HARBOR NOTICE – 2018 PLAN YEAR

This notice is designed to, inform participants of their related rights and obligations under the Plan and, satisfy the requirements of the final regulations under Internal Revenue Code Sections 401(k) and 401(m).

Safe Harbor Non-Elective Contribution – 2018 Plan Year

If you are an eligible participant under the Plan, your employer will make a contribution on your behalf equal to at least 3% of your pay to either the Carpenters Annuity Trust Fund for Northern California or to the Northern California Carpenters 401(k) Plan as follows:

- **If you are a collectively bargained employee**, participating in the Carpenters Annuity Trust Fund for Northern California, the employer contribution you receive under that Plan for the Plan Year will be treated as your Safe Harbor Non-Elective Contribution for purposes of this Plan – provided it equals at least 3% of your pay for the Plan Year. You will not receive an additional three percent (3%) contribution to the Northern California Carpenters 401(k) Plan.
- **If you are a non-collectively bargained employee**, e.g., Owner, Partner, Superintendent, Stakeholder etc., to satisfy the 3% Safe Harbor Employer Contribution requirement, your required employer Annuity Contribution, must equal at least 3% of your W-2 compensable wages or the employer must make up the difference with an employer contribution to the 401(k) Plan.

Note: The employer Annuity Contribution, plus the employer 401(k) Contribution (if required), must equal 3% of the employee’s W-2 compensable wages in order to satisfy the 3% Safe Harbor Contribution requirement. In the event that Safe Harbor Compliance cannot be determined for a specific employee, that individual employee’s 401k contribution will be returned and participation to the 401(k) Plan will be suspended until the matter can be resolved.

For Example: Assume you are paid \$30,000 for the Plan Year. Your required employer contributions would be at least \$900 (3% x \$30,000) for the Plan Year, whether or not you elect to make any deferred contributions to the 401(k) Plan.

Other Employer Contributions

No additional employer contributions will be made under the Plan.

Type and Amount of Compensation that May Be Deferred

As a participant in the Plan, you may elect to defer a portion of your pay each Plan Year. Your employer will contribute this amount (your “deferral contributions”) to the Plan.

You may make either regular 401(k) deferrals (pre-tax) or Roth 401(k) deferrals (after-tax). Your election regarding the amount and type of deferrals is irrevocable with respect to any deferrals already withheld from your pay. If you make regular 401(k) deferrals, your deferrals are not subject to income tax until distributed from the Plan. If you make Roth 401(k) deferrals, your deferrals are subject to income tax at the time of deferral. However, if you satisfy certain distribution requirements, your Roth 401(k) deferrals and earnings on the deferrals will not be subject to income tax when distributed from the Plan. Both types of deferrals are subject to Social Security taxes at the time of deferral. Your employer will deduct Social Security taxes, and in the case of Roth deferrals will deduct income taxes, from your remaining pay.

You may defer up to \$11.25 per hour (not to exceed 100% of your pay) each Plan Year, but not more than the annual deferral limit in effect each calendar year (this limit is \$18,500 for 2018, and as indexed by the IRS for inflation thereafter). Participants who will be age 50 or older during 2018 can contribute additional “catch-up” contributions up to \$6,000 for 2018 (or up to \$15.00 per hour).

For purposes of your deferral election, “pay” (available for deferrals) is generally defined as your compensation reported on Form W-2, and any amounts deferred under this Plan, as well as under any cafeteria plan sponsored by your employer. However, under the federal tax laws, pay in excess of \$275,000 (for 2018) may not be taken into account for Plan purposes. Please refer to the SPD for additional information regarding the type and amount of pay that may be deferred.

See the “FOR ADDITIONAL INFORMATION” section of this notice to find out how to get a copy of the current SPD and other information about the Plan.

How to Make Cash or Deferred Elections

To defer a portion of your pay, you must complete and submit the appropriate enrollment form. The ***Northern California Carpenters 401(k) Plan Enrollment/Contribution Change Form*** is available from the Fund Office, found on our website at www.carpenterfunds.com, or found by scanning the QR barcode located at the end of this notice. Once enrolled, you must also contact John Hancock to make investment elections for future contributions.

You have the right to direct the investment of contributions in your account in any of the investment options available under the Plan. If you do not make an investment election, contributions made on your behalf will be invested in the Plan’s “default” fund which is the Pensionmark Asset Allocation portfolio that is based on your date of birth.

Periods Available for Making Cash or Deferred Elections

In accordance with Plan rules, you may change your deferral contribution election (pre-tax and/or Roth) at any time by completing and submitting the proper form to your employer. The ***Northern California Carpenters 401(k) Plan Enrollment/Contribution Change Form*** is available from the Fund Office, found on our website at www.carpenterfunds.com, or found by scanning the QR barcode located at the end of this notice. The change in contribution amount will be effective as soon as administratively possible (but no later than one month following the election to change). Participants can stop contributing by completing a Contribution Change Form. Contributions should stop as soon as administratively possible. (PLEASE NOTE: Even though the Plan rules allow an election change at any time, for administrative purposes your Employer may limit changes to once in a 30 day period.)

Applicable Vesting Provisions

You are always 100% vested in your deferral contributions (pre-tax and/or Roth), any rollover contributions you may have made, and any employer “safe harbor” non-elective contributions made on your behalf (adjusted for investment gains and losses).

Applicable Withdrawal Provisions

You generally may not withdraw your deferral contributions (pre-tax and/or Roth) or any safe harbor non-elective contributions except when one of the following events occurs: severance from employment with your employer, death, disability, or attainment of age 59½. You may, however, obtain a “hardship withdrawal” that includes your deferral contributions if you satisfy certain IRS requirements.

You may also withdraw any rollover contributions you may have made (adjusted for investment gains and losses) at any time. You may withdraw all or any portion of your vested account once you have attained age 59½. The minimum amount you can withdraw is \$500.

If you are a *collectively bargained employee*, you may request a distribution of your entire vested account if you have ceased working in “covered employment” (i.e., employment with an employer that allows participation in this Plan) for at least six (6) months. If you are *not a collectively bargained*

employee, you may request a distribution of your entire vested account immediately following your termination of employment. In either case, you may also elect to defer payment until a later date, as permitted by law.

All withdrawals are subject to rules and procedures as may be established by the Plan Administrator. These are described in more detail in the Plan's SPD.

See the section below "FOR ADDITIONAL INFORMATION" to find out how to get a copy of the current SPD and other information about the Plan.

Plan Amendment and Termination

The Trustees retain the right to amend the Plan, including the right to terminate the Plan and discontinue all contributions (including the safe harbor non-elective contribution) under the Plan. Termination of the Plan will not affect your right to receive any contributions you have accrued, adjusted for investment gains and losses, as of the effective date of the termination.

FOR ADDITIONAL INFORMATION

Consult the Plan document and SPD for a complete explanation of the Plan's features and information regarding your rights under the Plan. You may access the SPD online at www.carpenterfunds.com or by contacting John Hancock. You may access your account information online at (mylife.jhrps.com) or by phone at (800) 294-3575.

You can also obtain additional information about the Plan through John Hancock or by contacting the Board of Trustees, Northern California Carpenters 401(k) Plan (the "Trustees"). The Trustees also serve as the Plan Administrator and may be contacted at:

Board of Trustees, Northern California Carpenters 401(k) Plan
265 Hegenberger Road, Suite 100 - Oakland, CA 94621-0180

Phone: (510) 633-0333 or (888) 547-2054
www.carpenterfunds.com
EIN: 80-0204601

This Notice is not intended, nor should you construe it, to modify any aspect of the current Plan document or Summary Plan Description.

Forms and information can be found by accessing our website at: www.carpenterfunds.com

Scan the QR barcode below for a direct link to a
Northern California Carpenters 401(k) Plan Enrollment/Contribution Change Form



Note: In order to scan QR codes, your mobile device must have a QR code reader installed.
You may be able to find a QR code application online or bundled with your phone.

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100 ✦ P.O. Box 2280
Oakland, California 94621-0180
Tel. (510) 633-0333 ✦ (888) 547-2054 ✦ Fax (510) 633-0215



August 3, 2018

TO: All Active Plan Participants and their Dependents, including COBRA Beneficiaries (Plans A, B, R, and Flat Rate)

**FROM: BOARD OF TRUSTEES
Carpenters Health and Welfare Trust Fund for California**

**RE: Changes to Disability Claim and Appeal Procedures
Changes to Certain Indemnity Plan Benefits**

- Insulin Pen Products
- Hearing Exams
- Contact Lenses
- Routine Physical Exam

This Participant Notice will advise you of certain material modifications that have been made to your medical benefits for covered services. This information is important to you and your Dependents. Please take the time to read it carefully.

The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California modified the Plan Rules and Regulations for Active Participants and Dependents as follows:

CLAIMS AND APPEALS PROCEDURES FOR CERTAIN DISABILITY CLAIMS Filed on or after April 1, 2018:

The Department of Labor issued new regulations, which provide disability benefit claimants with greater protections for Disability claims under the Plan's Disability Extension benefit or Supplemental Weekly Disability benefit in limited circumstances. The new regulations apply when you reside in a state that does not provide a State Disability Insurance (SDI) benefit and your Physician provided a statement of your disability but the Plan nonetheless, denied your request for a Disability benefit.

The following is a brief description of each of the requirements that may impact you:

- 1) *Right to Review and Respond to New Information before Final Decision on a Review of a Denied Claim:*** You have a right to review and respond, in writing or by presenting testimony, to new evidence and rationales considered, relied upon, or generated by the Plan or at the Plan's direction while an appeal is pending (free of charge). This new evidence and/or rationale will be provided to you automatically, as soon as possible, and sufficiently before the deadline for you to file your notice to appeal. The Fund will allow you a reasonable opportunity to respond to new information by presenting written evidence and testimony. Disability claims will be decided within 45 days.
- 2) *Deemed Exhaustion of Claims and Appeals Processes:*** If the Fund makes an error with respect to following the new regulations discussed in this Notice, you may be able to file a lawsuit in court immediately, instead of going through the Fund's normal claims procedures (known legally as "exhausting your administrative remedies"). Your claim is legally deemed as denied by the Fund in that instance. You will not be deemed to have exhausted your administrative remedies, and must therefore go through the Fund's normal procedures if: (a)

the Fund's violation was *de minimis* (minor in nature) and did not cause prejudice or harm to you; (b) the violation was for good cause or due to matters beyond the control of the Fund; and (c) the violation occurred in the context of an ongoing, good faith exchange of information between the Fund and you, the claimant.

3) *Enhanced Disclosure Requirements for Benefit Denial Notices (Both Adverse Determination and Appeal Denial):* Disability benefit determinations disability benefit denials notices on appeal require, and will include, the following additional information:

- A statement that you, the claimant, are entitled to receive access to and copies of all relevant documents upon request and without charge.
- A discussion of the decision, including the basis for disagreeing with or not following the views of a treating physician or vocational professional, the views of medical or vocational experts obtained by the Fund, or a disability determination by the Social Security Administration.
- If the denial is based on a medical necessity or experimental treatment or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment for the determination as applied to the claimant's medical circumstances will be provided free of charge upon request.
- The internal rules, guidelines, protocols, standards or other similar criteria the Fund relied on in denying the claim, or a statement that none exist.

In addition, disability benefit denial on appeal notices require a description of any applicable contractual limitation periods and their expiration dates, in addition to the description of the claimant's right to bring an action under ERISA Section 502(a).

4) *Notices Must be Provided in Culturally and Linguistically Appropriate Manner:* The Fund must provide disability denial notices in a culturally and linguistically appropriate manner if your address is in a county where 10% or more of the population residing in that county are literate only in the same non-English language. In such situations, disability denial notices must:

- Include a prominent one-sentence statement in the relevant non-English language about the availability of language services.
- Provide a customer assistance process (such as a telephone hotline) with oral language services in the non-English language.
- Provide written notices in the non-English language upon request.

5) *Conflict of Interest:* Reviews of disability claims require a process that ensures independence and impartiality among decision-makers. Claim decisions may not be linked to the hiring, compensation, termination, promotion, or other similar matters related to decision-makers (e.g., bonuses based on benefit denials). In addition, the Fund will not contract with a medical expert based on the expert's reputation for outcomes in contested cases, rather than on his or her professional qualifications.

6) *Coverage Rescissions:* Rescissions of coverage, including retroactive terminations due to alleged misrepresentation of fact (e.g., errors in the application for coverage) must be treated as adverse benefit determinations, thereby triggering the plan's appeals procedures. This would be the case even if the affected participant was not receiving disability benefits at the time of the rescission. Retroactive terminations for non-payment of premiums are not covered by this provision.

INDEMNITY PLAN BENEFIT CHANGES

INSULIN PEN PRODUCTS

Beginning September 1, 2018, the Fund will no longer require preauthorization for insulin pen products. Medically necessary formulary insulin pen products will be covered by the Plan the same as any other covered outpatient prescription drug, subject to applicable outpatient drug copayments and all other applicable Plan provisions.

HEARING EXAMS

Effective January 1, 2018, the Fund will cover hearing exams when ordered by a Physician. Hearing exams will be paid by the Plan at 90% (Plan A and R) or 80% (Plan B or Flat Rate), following satisfaction of the calendar year Deductible for Contract Providers. The Plan will pay 70% (Plan A and R) or 60% (Plan B or Flat Rate) of Allowed Charges, following satisfaction of the calendar year Deductible for Non-Contract Providers. Hearing exam cost-sharing, when applicable, will apply to the Coinsurance Maximum.

To be eligible for coverage, the hearing exam must be medically necessary and performed by a Physician or healthcare practitioner with a master's or doctoral degree in audiology.

The Plan's coverage of hearing aids is otherwise unchanged, and continues to be limited to a maximum payment of \$800 per ear in any 3-year period for the covered costs of hearing aids, repairs and servicing combined.

CONTACT LENSES

Beginning September 1, 2018, the Fund will increase the benefit for contact lenses and pay up to a \$130 retail allowance for elective contact lenses and fitting and evaluation exam combined. This benefit will continue to be limited to once every 12 months, and is in lieu of any benefit for eye glasses (frames and lenses), and subject to any other applicable Plan provisions. As a reminder, when contact lenses are obtained, you will not be eligible for regular spectacle lenses again for 12 months and frames for 24 months.

ROUTINE PHYSICAL EXAM BENEFIT

Effective August 1, 2017, the Fund covers routine physical examinations for Dependent children of any age. This benefit will continue to be limited to one physical exam in any 12-month period, and subject to normal plan benefits including Deductible and Coinsurance.

* * * * *

Because this Plan is a "grandfathered health plan," we are required by law to provide this notice to you:

Grandfathered Health Plan: The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the Indemnity Medical Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("the Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination

of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator or the Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this notice with your benefit booklet. If you have any questions, please contact Benefit Services at the Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to benefitservices@carpenterfunds.com. Forms and information can be found on our website at www.carpenterfunds.com.

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

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.

Service Summary for

Carpenters Health and Welfare Trust Fund



The Anthem Member Assistance Program (MAP) provides solutions to help you balance work and life through confidential and easily accessible services. Anthem MAP puts convenient resources within your reach, and that helps you – and your household members – stay healthy. Anthem MAP services include:

Face-to-Face Counseling. You and your household members are eligible for up to 4 visits for each personal situation, as needed. You don't have to have Anthem insurance to qualify for this benefit. You can simply call the toll-free Anthem MAP number or access services online using the "Member Center."

Legal Assistance. You can receive a free 30 minute consultation in person or over the phone at a time that is convenient for you. You can even receive a discount on fees should you retain the attorney. Online resources include free legal forms, seminars and a full library of articles.

Financial Assistance. Our financial professionals provide free telephonic consultation on the financial topics that are important to you. Counseling sessions have no time limitations, and are available without appointment during regular business. Online resources include an assortment of financial calculators and access to PocketSmith, a budgeting and management tool.

ID Recovery. Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft. All services are provided to you free of charge. This may include completing any necessary paperwork, reporting to the consumer credit agencies, and negotiating with creditors to repair debt history. Our specialists will work with you to restore your financial identity to its pre-theft status.

Tobacco Cessation (Online and Coaching)

Online Program: LivingFree™ is a free 10 sessions, online training program which will help you learn how to break the tobacco habit. The program focuses on the root emotional and physical causes of using tobacco.

Telephonic Coaching: A free service provided via telephone or through instant messaging. The certified Coach will help you address the triggers of your tobacco use and how to overcome them as well as address issues related to weight management and fitness.

Dependent Care and Daily Living Resources. You and your household members can get information on child care, adoption, summer camps, college placement relocation, plus resources on elder care issues and assisted living by accessing the website's *Resources* or by calling the MAPs toll-free number and speaking with a work/life representative.

Other Web Resources. Full library of health and emotional well-being articles. Monthly webinars. Self-assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.

Crisis Consultation. If you have an emergency, simply call the Anthem toll-free number. Consultants are available 24/7/365 to help or just listen, depending on your needs.

To contact Anthem MAP, please call us toll-free at 800-999-7222 or visit us at www.anthemmap.com. Enter your company code: Carpenters Trust

Life

just got easier

Work. Home. Family. Friends. Fido. Balancing the demands of life can be stressful — the good news is we can help.

We're your Employee Assistance Program. And we're here to help make your life easier. We're the folks you turn to when life throws you some curve balls and you'd like a little help. We're a sympathetic ear and so much more.

We're an extra set of hands. At anthemeap.com, you'll find everyday legal forms at your fingertips: wills, rental agreements and more. Catch an online seminar and plan your dream vacation. Or, let us show you how to assemble supplies so you're prepared for natural disasters or emergencies.

We're your know-it-all neighbor. Looking for child care and summer camps for your kids? Come to us. If you're a caregiver for older loved ones, we've got the scoop on that, too. From home health care to support groups in your area, we'll track them down for you. And whether you're moving in or moving out of the neighborhood, you can count on us. Get tips on how to buy or sell a house and find a mover. Check out some great advice on buying a car. Find education opportunities — for your children and yourself.

We're your watch dog. Why worry about identity theft? Get identity monitoring for free. And keep an eye on your credit. Learn how to get your free annual credit report. Know more, worry less. Read up on household and online safety for yourself and your kids. We've got your real watch dog covered, too. We can help you find pet sitters and pet adoption services.



We're your coach. Take control of your life, accomplish your personal goals and make your dreams come true. We can help you make a plan, get you headed in the right direction and give you tips for making it all happen. We also can help you succeed on the job. We can teach you how to lead effective meetings and get credit for your work. Plus, you can test yourself on how well you can manage conflict in your personal relationships.

And yes, we're good listeners. We're here for you by phone and online. You get 24/7 toll-free access to counselors. You can speak with a legal or financial expert for help on divorce, custody, consumer issues and more. Call 800-999-7222 to get confidential help. And when you're on anthemeap.com and need help, we're there too.

Keeping a healthy, balanced life has never been easier. Let your Employee Assistance Program help.

Put your Employee Assistance Program to work and balance your life like a pro.

Visit anthemeap.com. Login: Carpenters Trust



Get help with whatever you need:

- Finding child care or summer camps
- Elder care resources
- Free identity theft monitoring
- Vacation planning tips
- Budgeting tools
- Legal forms
- Pet care resources
- Car and home buying advice
- Career advice
- College planning tips



It's like having a personal assistant for your life
Employee Assistance Program website

Do you have a hectic schedule? Is your to-do list getting longer each day? If so, your Employee Assistance Program (EAP) website at anthemeap.com can help.

For example, the EAP website has easy-to-use tools that can help you:

- Find day care for children and elder care for parents
- Set goals for your retirement
- Choose a pet sitter when you go away on a vacation

Do you need help with a challenging problem?

If you want to talk with someone about an issue, you can call your EAP 24 hours a day, seven days a week at 800-999-7222. If you need to meet with a licensed counselor, we can make an appointment for you. If you have money or legal problems, we can put you in touch with a financial advisor or lawyer.

We understand how important privacy is when it comes to subjects like these. So, rest assured that your friends, family and employer can't find out about your use of EAP services, unless you give your written permission.*

You can use the website to find resources near where you live or work. Just put in your ZIP code in the search feature.

The website is ready 24/7, so when you need help, just go to anthemeap.com and enter Carpenters Trust. You can find other resources, such as:

- Online tools and seminars for living healthier
- Articles about educational choices for you or your children
- Tips for balancing your personal life and work
- LiveCONNECT instant messaging for live chats with work/life consultants if you have questions or just want to talk about your situation

These services are provided at no cost to you and everyone who lives in your home. There's no need to sign up — you're automatically enrolled.

*In accordance with federal and state law, and professional ethical standards.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

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**.

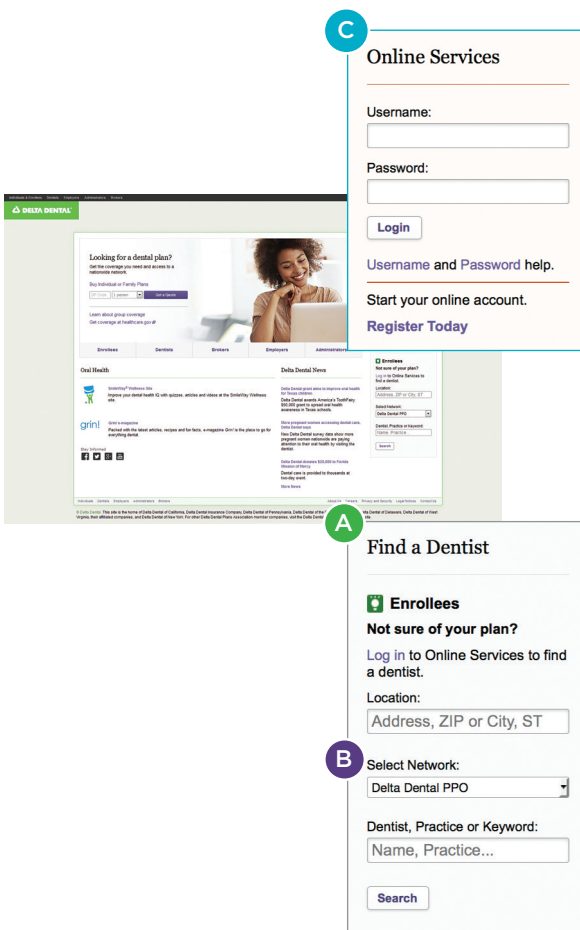
A. Search for a dentist. Look for the **Find a Dentist**

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

Enrollees

Not sure of your plan?

Log in to Online Services to find a dentist.

Location:

B Select Network:

Delta Dental PPO

Dentist, Practice or Keyword:

Search

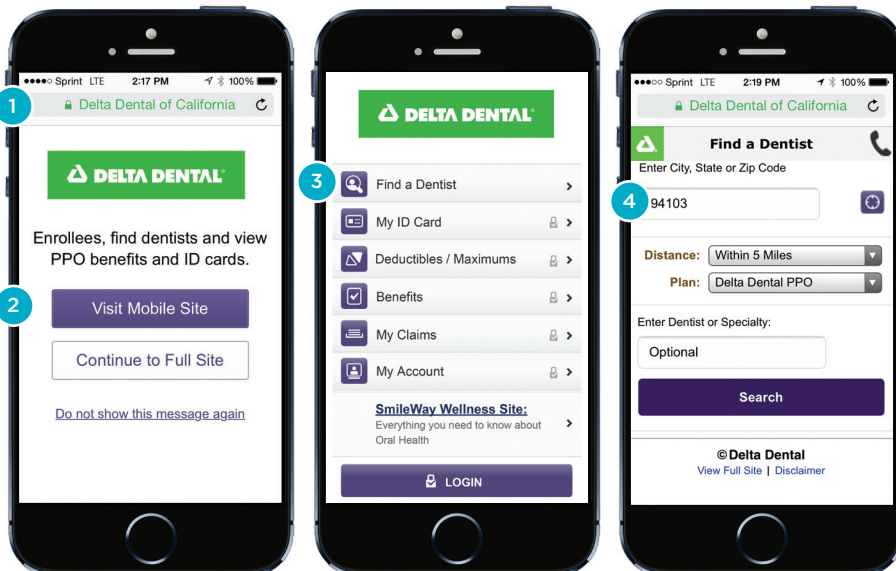
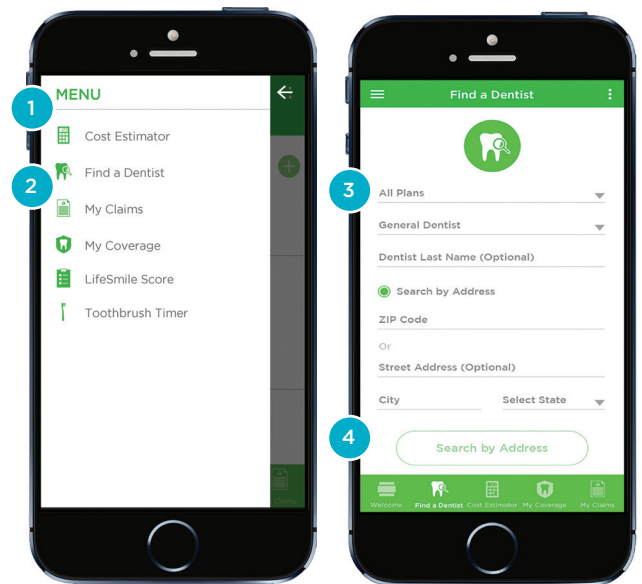


MOBILE APP¹:

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.

Value-based purchasing

Hip and knee joint replacement

Value-based purchasing design (VBPD)

Carpenters Health and Welfare Trust Fund for California and Anthem Blue Cross (Anthem) are working together to design a hip and knee joint replacement program. If you will be scheduling a hip or knee joint replacement, this program is for you. It has been designed to keep your overall out-of-pocket costs down, while limiting the overall increase in medical costs.

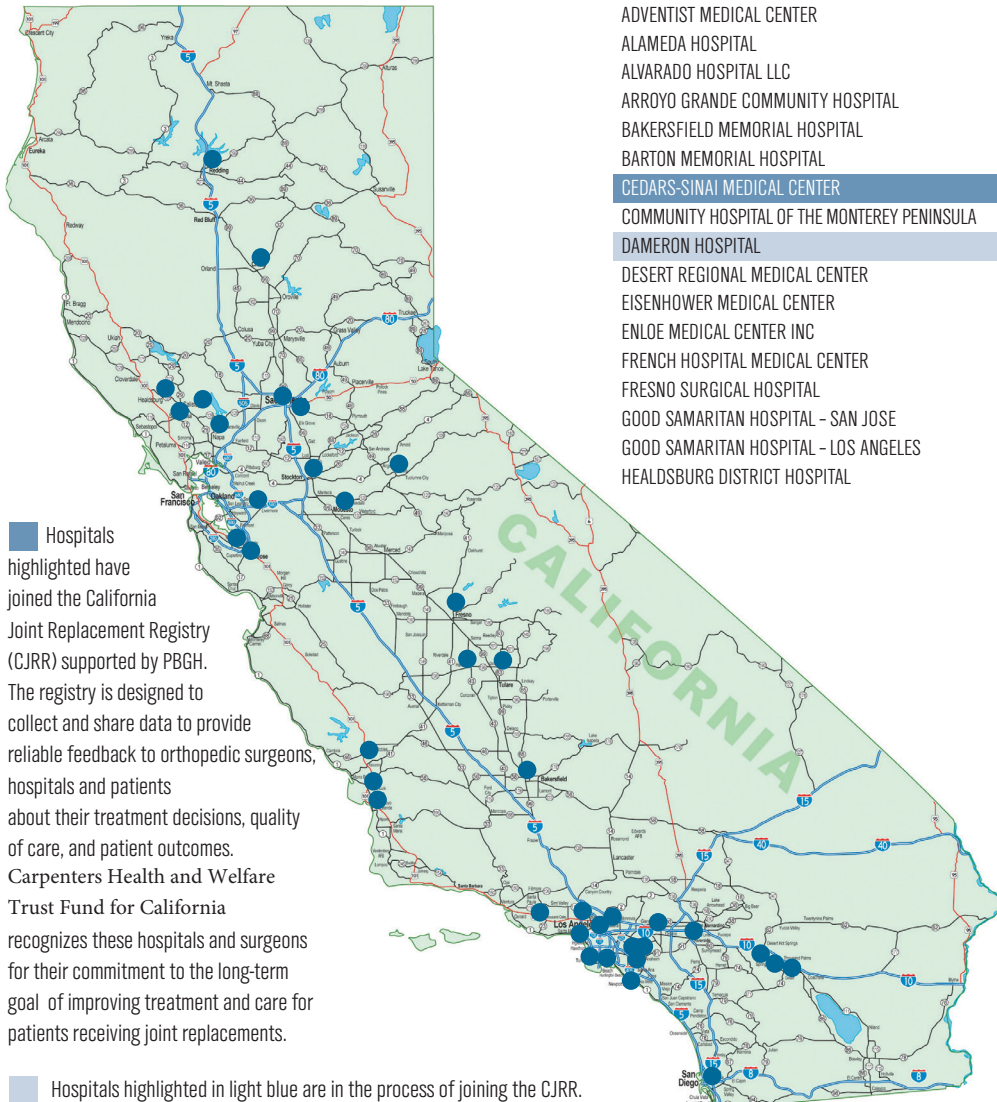
This program limits payment to \$30,000 maximum for single hip joint replacement or single knee joint replacement surgeries. **Carpenters Health and Welfare Trust Fund for California** and Anthem have identified 53 facilities throughout California where you can have these surgeries done with little to no out-of-pocket costs beyond the plan's deductible and coinsurance.

If you have a single hip or single knee joint replacement at a facility that isn't on the list below, you'll be responsible for any charges above \$30,000. You'll also be responsible for any deductible and coinsurance.

As a Participating Provider Organization plan member, you have the option to choose any facility, but if you get care from one of the 53 facilities listed below, you can lower your out-of-pocket costs.

Please refer to your *Evidence of Coverage* booklet for more info.

Value Based Sites of Care for designated Hospitals



ADVENTIST MEDICAL CENTER
 ALAMEDA HOSPITAL
 ALVARADO HOSPITAL LLC
 ARROYO GRANDE COMMUNITY HOSPITAL
 BAKERSFIELD MEMORIAL HOSPITAL
 BARTON MEMORIAL HOSPITAL
CEDARS-SINAI MEDICAL CENTER
 COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA
DAMERON HOSPITAL
 DESERT REGIONAL MEDICAL CENTER
 EISENHOWER MEDICAL CENTER
 ENLOE MEDICAL CENTER INC
 FRENCH HOSPITAL MEDICAL CENTER
 FRESNO SURGICAL HOSPITAL
 GOOD SAMARITAN HOSPITAL - SAN JOSE
 GOOD SAMARITAN HOSPITAL - LOS ANGELES
 HEALDSBURG DISTRICT HOSPITAL

HOAG ORTHOPEDIC INSTITUTE
 HUNTINGTON MEMORIAL HOSPITAL
 JOHN F KENNEDY MEMORIAL HOSPITAL
 JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS
 JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS
 KAWEAH DELTA MEDICAL CENTER
 LOMA LINDA UNIVERSITY MEDICAL CENTER
 LONG BEACH MEMORIAL MEDICAL CENTER
 MERCY MEDICAL CENTER - REDDING
METHODIST HOSPITAL OF SACRAMENTO
 NATIVIDAD MEDICAL CENTER
 O'CONNOR HOSPITAL
 PLACENTIA LINDA HOSPITAL
 QUEEN OF THE VALLEY MEDICAL CENTER
 SAN ANTONIO COMMUNITY HOSPITAL
 SAN JOAQUIN COMMUNITY HOSPITAL
 SANTA MONICA UCLA MEDICAL CENTER
 SANTA ROSA MEMORIAL HOSPITAL
 SIERRA VISTA REGIONAL MEDICAL CENTER
 SONORA REGIONAL MEDICAL CENTER
 ST AGNES MEDICAL CENTER
 ST HELENA HOSPITAL
 ST JOHN'S HOSPITAL AND HEALTH CENTER
 ST JOSEPH HOSPITAL - ORANGE
 ST JUDE MEDICAL CENTER
 ST MARYS MEDICAL CENTER
 ST VINCENT MEDICAL CENTER
STANFORD UNIVERSITY HOSPITAL
 STANISLAUS SURGICAL HOSPITAL
 THOUSAND OAKS SURGICAL HOSPITAL
TORRANCE MEMORIAL MEDICAL CENTER
 TWIN CITIES COMMUNITY HOSPITAL INC
 UC DAVIS MEDICAL CENTER
 UCSD MEDICAL CENTER
 VALLEY PRESBYTERIAN HOSPITAL
 VALLEYCARE MEDICAL CENTER

For more information about the CJRR, please visit caljrr.org.

To learn more, please visit anthem.com/ca.

AMENDMENT NO. 2
To the
Carpenters Health and Welfare Trust Fund for California
Rules and Regulations
Combined For Plan A, B, R and Flat Rate Plans
Amended and Restated Effective November 1, 2016

- A. Effective January 1, 2017, the following changes are made to Article 7, Supplemental Weekly Disability Benefits:**
- 1. The following new Subsection 7.03.j. is added as follows:**
 - j. A Participant who is in receipt of a monthly Pension benefit from the Carpenters Pension Trust Fund for Northern California.
- B. Effective January 1, 2017, the following changes are made to Article 8, Indemnity Medical Plan Benefits:**
- 1. Subsection 8.01.x. is restated as follows:**
 - x. Non-surgical services for weight loss.
- C. Effective June 1, 2017, the following changes are made to Article 3, Indemnity Medical Plan Benefits:**
- 1. The following new Subsection 3.01.g. is added as follows:**
 - g. The deductible does not apply to screening services provided by Health Dynamics.
 - 2. The following new Subsection 3.01.h. is added as follows:**
 - h. The deductible does not apply to health coaching services provided by Trestle Tree.
 - 3. The following new Subsection 3.02.c.(3)(e) is added as follows:**
 - e. The benefit payable for screening services by Health Dynamics is 100% of the negotiated fees as set forth in Subsection 3.05.f.
 - 4. The following new Subsection 3.02.c.(4)(e) is added as follows:**
 - e. The benefit payable for screening services provided by Health Dynamics is 100% of the negotiated fees as set forth in Subsection 3.05.f.
 - 5. The following new Subsection 3.02.c.(3)(f) is added as follows:**
 - f. The benefit payable for health coaching services provided by Trestle Tree is 100% of the amount charged by Trestle Tree as set forth in Subsection 3.07.o.
 - 6. The following new Subsection 3.02.c.(4)(f) is added as follows:**
 - f. The benefit payable for health coaching services by Trestle Tree is 100% of the amount charged by Trestle Tree as set forth in Subsection 3.07.o.
 - 7. The following new Subsection 3.05.f. is added as follows:**
 - f. Health Dynamics. Benefits are payable at the percentages described in Section 3.02, for screening services conducted by Health Dynamics.
 - 8. Subsection 3.07.k. is deleted.**
 - 9. Subsection 3.07.l. through Section 3.07.n. are renumbered Section 3.07.k. through 3.07.m.**

10. The following new Subsection 3.07.n. is added as follows:

- n. Health Coaching. Benefits are payable at the percentages described in Section 3.02 for coaching through the Trestle Tree program for all services related to wellness and disease management provided by Trestle Tree.

D. Effective August 1, 2017, Section 3.05.a. is restated as follows:

- a. Routine Physical Exam Benefit for Dependent Children. Benefits are payable at the percentages described in Section 3.02 for routine physical examinations for Dependent children. For newborn children, this benefit includes Physician visits in the Hospital and Physician standby charges during a cesarean section, but not well-baby Hospital nursery charges (except for nursery charges from a Contract Hospital, see Exclusion in Section 8.01.g.).

F. Effective September 1, 2017, the following changes are made to Article 1, Definitions:

1. Section 1.15 is amended and restated as follows:

Section 1.15. The term “Dependent” means:

- a. The Participant’s lawful spouse or qualified Domestic Partner.
- b. A child who is:
 - (1) the Participant’s natural child, stepchild or legally adopted child, or a child of the Participant required to be covered under a Qualified Medical Child Support Order, who is younger than 26 years of age, whether married or unmarried. Adopted children are eligible under the Plan when they are placed for adoption.
 - (2) an unmarried child for whom the Participant has been appointed legal guardian, provided the child is younger than 19 years of age and is considered the Participant’s dependent for federal income tax purposes;
 - (3) an unmarried child of the Participant’s qualified Domestic Partner, provided the child is younger than 19 years of age and is primarily dependent on the Participant for financial support;
 - (4) an unmarried child eligible under paragraph (2) or (3) above other than age who is 19 but less than 23 years of age and a full time student at an accredited educational institution, provided the child otherwise meets the requirements of paragraph (2) or (3) above. Temporary absence from the Participant’s place of abode due to education is not treated as absence for purposes of satisfying the residence requirement of paragraphs (2) and (3) of this Subsection; or
 - (5) an unmarried child of the Participant (or child of the Participant’s spouse or qualified Domestic Partner) of any age who is prevented from earning a living and primarily dependent on the Participant for financial support due to a medical condition and submits written documentation by their Physician to support his/her condition, and provided the child had such condition while an eligible Dependent under this Plan before reaching the Limiting Age described in paragraphs (1), (2), (3), or (4) above.

- c. In accordance with ERISA Section 609(a), this Plan will provide coverage for a child of a Participant if required by a Qualified Medical Child Support Order, including a National Medical Support Order. A Qualified Medical Child Support Order or National Medical Support Order will supersede any requirements in the Plan's definition of Dependent stated above.

2. Section 1.16 is amended and restated as follows:

Section 1.16. The terms "Disabled" and "Disability" mean:

- a. For purposes of the Disability Extension described in Section 2.05 and the Supplemental Weekly Disability Benefits in Article 7., that the Participant is in receipt of Temporary Workers' Compensation Benefits, or State Disability Insurance Benefits (SDI).
- b. For purposes of the Extension of Benefits for Disability in Section 3.08, that the Participant is in receipt of Temporary Workers' Compensation Benefits, or State Disability Insurance Benefits (SDI).
- c. In the case of a Dependent child's eligibility, a disabled child means one who is prevented from earning a living and primarily dependent on the Participant for financial support due to a medical condition and submits written documentation by their Physician to support his/her condition, and provided the child had such condition while an eligible Dependent under this Plan before reaching the Limiting Age described in Section 1.15 paragraphs (1), (2), (3), or (4). The term "Temporary Disability" or "Temporarily Disabled" means that the Participant is in receipt of Temporary Workers' Compensation Benefits or State Disability Insurance Benefits (SDI). Periods of Disability will be considered separate Periods of Disability when they are separated by at least 60 hours of work for which contributions are required to be made to the Fund for Plan benefits.

3. Section 1.25 is amended and restated as follows:

Section 1.25. The term "First Day of Disability" means the date the Participant began receiving Workers' Compensation Benefits, or on the claim effective date established by State Disability Insurance.

G. Effective September 1, 2017, the following changes are made to Article 2, Eligibility for Benefits

1. A new Subsection 2.05.a.(4) is added as follows:

- (4) Notwithstanding Sections (1) through (3) above, all hours worked as a Stakeholder will be excluded.

H. Effective September 1, 2017, the following changes are made to Article 3, Indemnity Medical Plan Benefits:

1. The first paragraph of Section 3.08 is restated as follows:

If the Eligible Individual is Disabled (as defined in Section 1.16) , Indemnity Medical Plan benefits will continue to be provided for services treating the Illness or Injury that caused the Disability, subject to the following:

I. Effective September 1, 2017, the following changes are made to Article 7, Supplemental Weekly Disability Benefits (For Plan A, B and R only):

1. Section 7.01 is restated as follows:

Supplemental Weekly Disability benefits are payable if a **Plan A, B or R Participant** is receiving either Workers' Compensation Benefits or State Disability Insurance benefits, subject to the following provisions:

- a. Benefits will begin on the twenty-ninth consecutive day of Disability.
- b. The maximum number of weeks payable for any one Period of Disability is 52 weeks.
- c. **Benefit for Participants Receiving Temporary Workers' Compensation Benefits.** The benefit amount payable by the Plan is \$63 per week.
- d. **Benefit for Participants Receiving Temporary State Disability Insurance Benefits.** The benefit amount payable by the Plan is \$63 per week.
- e. A Participant who does not reside in a state that provides State Disability Insurance Benefits is also eligible for the benefit amounts stated in Subsection d. if he/she provides the Plan with written certification from a Physician approved by the Plan that he/she is Disabled as defined by the Plan.
- f. The benefit amounts described in Subsections c. and d. above will be reduced by the amount of any permanent Social Security Disability benefit, permanent Workers' Compensation benefit or disability Pension benefit received from the Carpenters Pension Trust Fund for Northern California. In the event that permanent disability benefits are granted retroactively by the Social Security Administration or Workers' Compensation, the reduction to the Fund's benefit will be retroactive, and re-payment to the Fund by the Participant will be required.
- g. Partial weeks of Disability are payable at one-seventh of the weekly benefit amount for each full day of Disability. No benefit will be paid for part of a day.
- h. Benefits are payable only to the Participant and may not be assigned.
- i. In order to be eligible for Supplemental Weekly Disability benefits: the Participant must have worked for a Contributing Employer at least 1 day within the 30-day period preceding the First Day of Disability and must have been eligible under the Plan in each of the 12 calendar months immediately preceding the First Day of Disability. Eligibility during the 12-month qualifying period must have been earned through work hours or the Hour Bank, excluding any hours worked as a Stakeholder and not as a result of a disability extension of eligibility.

2. Section 7.02 is amended and restated as follows:

Successive Periods of Disability will be considered as separate Periods of Disability when they are separated by a new First Day of Disability. In any other cases, they will be considered as one Period of Disability.

J. Effective September 1, 2017, the following changes are made to Article 9 General Provisions:

1. Subsection 9.05.a.(2)(a)v. is restated as follows:

- v. Disability Claim. The term "Disability Claim" means any Claim under Section 2.05.c. or Section 7.01.e when the written certification from a Physician states the applicant is Disabled as defined by the Plan but the Plan nevertheless issues a disability benefit denial.

2. A new Subsection 9.05.b.(5)d. is added as follows:

(d) Disability Claim.

- i. The term "Disability Claim" means any Claim under Section 2.05.c. or Section 7.01.e when the written certification from a Physician states the applicant is Disabled as defined by the Plan but the Plan nevertheless issues a disability benefit denial.
- ii. Effective for Disability Claims filed on or after April 1, 2018, to ensure that all claims and appeals for disability benefits under Section 2.05.c. or Section 7.01.e.

when the written certification from a Physician states the applicant is Disabled as defined by the Plan but the Plan nevertheless issues a disability benefit denial, are adjudicated in a manner designed to ensure the independence and impartiality of the persons involved in making decision, decisions covered by the authority of this Plan regarding hiring, compensation, termination, promotion, or other similar matters with respect to any individual (such as a claims adjudicator or medical or vocational expert) making determinations with respect to under Section 2.05.c. or Section 7.01.e of the Plan will not be made based upon the likelihood that the individual will support the denial of benefits.

3. Subsection 9.05.a.(3) is restated as follows:

- (3) **Relevant Documents.** “Relevant Documents” could include specific Fund rules, protocols, criteria, rate tables, fee schedules or checklists and administrative procedures that prove that the Fund's rules were appropriately applied to a Claim, including documents pertaining to a Claim if:
- (a) They were relied upon in making the benefit determination,
 - (b) They were submitted, considered or generated in the course of making the benefit determination,
 - (c) They demonstrate compliance with the administrative processes and safeguards required by the regulations, or constitute the Fund’s policy or guidance with respect to the denied treatment option or benefit.
 - (d) For Disability Claims, they constitute a statement of policy or guidance with respect to the Plan concerning the denied treatment option or benefit for the claimants diagnosis, without regard to such advice or statement that was relied upon in making the benefit determination.

K. Effective for disability claims filed on or after April 1, 2018, the following changes are made to Article 9 General Provisions:

1. A new Subsection 9.05.b.(8) is added as follows:

- (8) In addition to the required information described in Subsection 9.05.b.(7), the written notification of the benefit denial of a disability benefit under Section 2.05.c and 7.01.e. of the Plan when the written certification from a Physician states the applicant is Disabled as defined by the Plan but the Plan nevertheless issues a disability benefit denial will set forth, in a manner calculated to be understood by the applicant, the following:
- i. a discussion of the decision, including the basis for disagreeing with or not following:
 - a) A treating physician or vocation professional who evaluated the claimant;
 - b) The views of medical or vocational experts obtained by the plan, and
 - c) Any disability determination by the Social Security Administration.
 - ii. If the adverse benefit determination is based on medical necessity or experimental treatment or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request;

- iii. Any plan internal rules, guidelines, protocols, standards or other similar criteria that were used in denying the claim or a statement that such internal rules do not exist;
- iv. A statement when the claim is denied that the claimant is entitled to receive relevant documents upon request;
- v. A statement that no legal actions may be commenced or maintained against the Health and Welfare Trust Fund for California and/or the Board of Trustees more than two (2) years after a claim has been denied and
- vi. Notifications shall be provided in a culturally and linguistically appropriate manner in accordance with the requirements described in DOL Reg. §2560.503-1(o).

2. Subsection 9.05.c.(2) is amended and restated as follows:

(2) The Appeal Process.

- (a) The claimant will be given the opportunity to submit written comments, documents, and other information for consideration during the appeal, even if such information was not submitted or considered as part of the initial benefit determination. The claimant will be provided, upon request and free of charge, reasonable access to and copies of all Relevant Documents pertaining to his or her Claim.

A different person will review the appeal than the person who originally made the initial Adverse Benefit Determination on the Claim. The reviewer will not give deference to the initial Adverse Benefit Determination. The decision will be made on the basis of the record, including such additional documents and comments that may be submitted by the claimant.

If the Claim was denied on the basis of a medical judgment (such as a determination that the treatment or service was not medically necessary, or was investigational or experimental), a health care professional who has appropriate training and experience in a relevant field of medicine will be consulted. Upon request, the claimant will be provided with the identification of medical or vocational experts, if any, that gave advice on the Claim, without regard to whether the advice was relied upon in deciding the Claim.

- (b) Before the Board of Trustees can issue an adverse benefit determination on review of a disability benefit claim under Section 2.05.c. or Section 7.01.e. of the Plan when the written certification from a Physician states the claimant is Disabled as defined by the Plan but the Plan nevertheless issues a disability benefit denial, based on a new or additional rationale, the Board of Trustees shall provide the claimant automatically and free of charge, with any new or additional evidence and/or additional rationale considered, relied upon, or generated by the Plan (or at the direction of the Plan) in connection with the denied claim. Such evidence/rationale will be provided as soon as possible (and sufficiently in advance of the date on which the notice of appeal is required to be provided) to give claimant a reasonable opportunity to respond prior to that date. If the Plan receives new or additional evidence or rationale so late in the disability claim filing or disability claim appeal process that a claimant would not have a reasonable opportunity to respond, the period for providing a final determination is delayed until such time as the claimant has had such an opportunity.

3. Subsection 9.05.c.(3)(e) is restated and Subsection 9.05.c.(3)(f) is added as follows:

- (e) If the decision on review is not furnished to the claimant within the time specified in this Subsection c.(3), claimant's Claim shall be deemed denied upon review. Claimant shall be free to bring an action upon his or her Claim in accordance with Subsection c.(5), below.

- (f) For disability benefit claims under Section 2.05.c. or Section 7.01.e. of the Plan when the written certification from a Physician states the claimant is Disabled as defined by the Plan but the Plan nevertheless issues a disability benefit denial, administrative procedures will not be deemed to be exhausted if the Plan's violation was *de minimis* and did not cause, and is not likely to cause, prejudice or harm to the claimant (if the Plan demonstrates that the violation was for good cause or beyond the control of the Plan and the violation occurred in context of good faith exchange of information between the Plan and the claimant). If the Plan does not provide a written explanation within 10 days of a written request, the claim will be deemed denied.

4. Subsections 9.05.c.(4)(g) and 9.05.c.(4)(h) are added as follows:

- (g) For disability benefit claims under Section 2.05.c. or Section 7.01.e. of the Plan when the written certification from a Physician states the claimant is Disabled as defined by the Plan but the Plan nevertheless issues a disability benefit denial, the notice of denial will also include:
- i. a discussion of the decision, including the basis for disagreeing with or not following:
 - a. The views presented by the claimant to the Plan of healthcare professionals treating the claimant and vocational professionals who evaluated the claimant;
 - b. The view of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and
 - c. Any disability determination by the Social Security Administration.
 - ii. If the adverse benefit determination is based on medical necessity or experimental treatment or similar exclusion or limit, a statement that an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request;
 - iii. Any plan internal rules, guidelines, protocols, standards or other similar criteria that were used in denying the claim or a statement that such internal rules do not exist;
 - iv. A statement when the claim is denied that the claimant is entitled to receive relevant documents upon request; and to respond to new information by presenting written evidence and testimony.
- (h) Notifications shall be provided in a culturally and linguistically appropriate manner in accordance with the requirements described in DOL Reg. §2560.503-1(o).

5. Subsection 9.05.c.(5) is added as follows:

(5) Exhaustion of Administrative Remedies

Generally, if the Plan fails to establish or follow claims procedures consistent with the requirements of the Section 9.05, a claimant will be deemed to have exhausted the administrative remedies available under the Plan and shall be entitled to pursue any available remedies under ERISA 502(a).

In addition, if the Plan fails to strictly adhere to all the requirements of the Section with respect to disability benefit claims with regard to **Section 2.05.c. or Section 7.01.e.**, the claimant will be deemed to have exhausted to administrative remedies available under the Plan (unless the violations are “de minimis” in accordance with DOL Reg. 2560.503-1(1)(2)(ii)), the claim or appeal will be deemed denied on review without the exercise of discretion by an appropriate fiduciary, and the claimant shall be entitled to pursue any available remedies under ERISA 502(a).

6. Subsection 9.05.c.(5) is renumbered as 9.05.c.(6).