
 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> ?	\$128/individual per calendar year	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.
Are there other <u>deductibles</u> for specific services?	Yes. \$360/individual per calendar year for covered <u>prescription drugs</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not Applicable	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> ?	Not Applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
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 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 <u>Provider</u> (You will pay the least)	Non-Contract <u>Provider</u> (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	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	<u>Specialist</u> visit	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	<u>Preventive care/screening/Immunization</u>	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	<ul style="list-style-type: none"> • Benefits paid by this Plan are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare. • You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	<ul style="list-style-type: none"> • Physician/provider's professional fees may be billed separately • Benefits paid by this <u>Plan</u> are reduced by the amounts payable under Medicare Parts A and B even if the Medicare-eligible individual is not yet enrolled in Medicare.
	Imaging (CT/PET scans, MRIs)	No charge	No charge if the <u>provider</u> accepted Medicare assignment of benefits.	

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

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

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

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery 	<ul style="list-style-type: none"> • <u>Habilitation services</u> • Infertility treatment • Long-term care 	<ul style="list-style-type: none"> • Private-duty nursing • <u>Skilled Nursing Care</u> • Weight loss programs
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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"> • Chiropractic care • Dental care (Adult, Child) (if you elect the optional Dental Plan) 	<ul style="list-style-type: none"> • Hearing aids (limited to \$800/ear in any 3-year period) • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Routine eye care (Adult, Child) (under separate vision plan) • Routine foot care
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* For more information about limitations and exceptions, see the plan or policy document at www.carpenterfunds.com.

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

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information 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.*-----

IMPORTANT:

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

- (1) Medicare is the primary payer and that participants are enrolled in Medicare Part A, B and D.
- (2) The plan uses the coordination method to integrate with Medicare.
- (3) The allowed amounts used in the examples are assumed to be the same as allowed under Medicare.
- (4) Examples reflect the 2017 Medicare deductible amounts (which is generally higher each new calendar year).
- (5) The Plan only pays the eligible portion of covered services that Medicare does not pay.



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

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$128
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$210
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$220

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 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$490
Copayments	\$690
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,240

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

- The plan's overall deductible \$128
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

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

Total Example Cost	\$1,900
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In this example, Mia would pay:

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