

**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**

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

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

**Notice of Privacy Practices**

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

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

**DUTIES OF CARPENTERS HEALTH AND WELFARE FUND**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

200 Independence Avenue, SW  
Washington, DC 20201

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

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

# 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](https://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.

The screenshot shows the Delta Dental website interface. On the right side, there is a 'Find a Dentist' tool with the following sections:

- Enrollees:** A section for members with a 'Log in to Online Services to find a dentist.' link.
- Location:** A text input field labeled 'Address, ZIP or City, ST'.
- Select Network:** A dropdown menu currently showing 'Delta Dental PPO'.
- Dentist, Practice or Keyword:** A text input field labeled 'Name, Practice...'
- Search:** A button to execute the search.

On the left side of the screenshot, there is an 'Online Services' login area with the following fields:

- Username:** A text input field.
- Password:** A text input field.
- Login:** A button.
- Username and Password help.** A link.
- Start your online account.** A section with a 'Register Today' button.



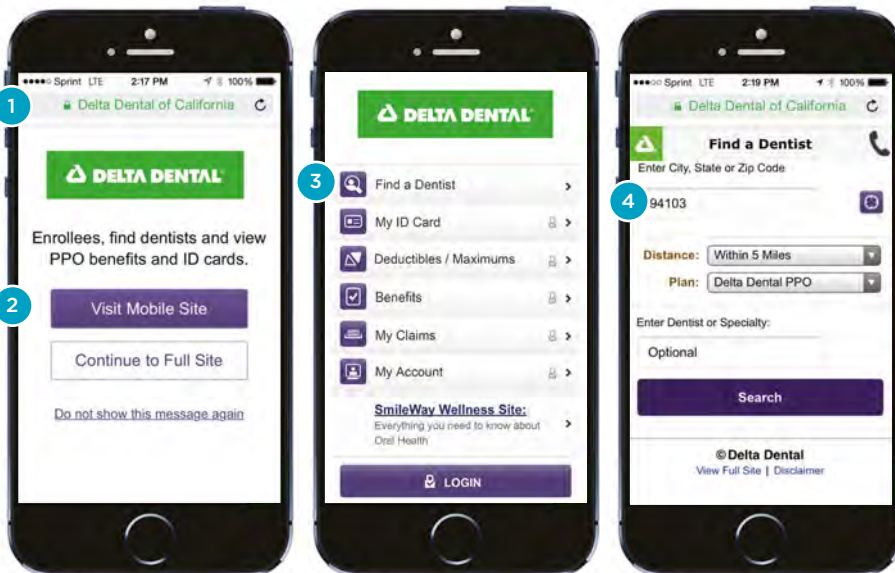
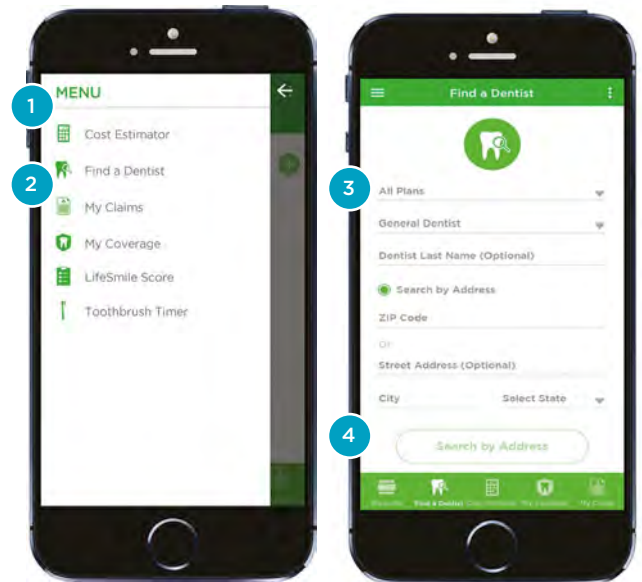


## MOBILE APP<sup>1</sup>:

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 SITE<sup>1</sup>:

For smartphone

1. Go to [deltadentalins.com](http://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**.

<sup>1</sup> Some features available to PPO and Premier enrollees only.

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

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

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



CARPENTERS HEALTH AND WELFARE  
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**carpenterfunds.com**

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

May 30, 2023

**TO: All Active and Non-Medicare Eligible Retired Plan Participants and their Dependents, including COBRA Beneficiaries**

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

**RE: Plan Changes**

- **Orthodontic Claims to be paid by Delta Dental**
- **Improvements to Indemnity Plan Benefits**
- **End of the Public Health Emergency (PHE)**

This Participant Notice advises you of material modifications made to your medical and orthodontic benefits. This information is important to you and your Dependents. Please take the time to read it carefully.

**Orthodontic Claims for Children**  
**(Applies only to Dependents covered under the Active Plan)**

At this time, Orthodontic benefits are payable at the Trust Fund Office. Orthodontic benefits are payable at 50% of Allowed Charges and are paid in one lump sum, up to \$1,500 (lifetime maximum) per Dependent child under the age of 19.

**Beginning for services on or after July 1, 2023**, orthodontic benefits will remain the same as above; however, benefits will be paid by Delta Dental instead of at the Trust Fund Office.

Submit your Dependent children's orthodontic claims to:

Delta Dental Plan of California  
P.O. Box 997330  
Sacramento, CA 95899-7330

**Improvements to Indemnity Plan Benefits**

The Board of Trustees has made the following changes and/or clarifications to your benefits effective for services received on or after July 1, 2023:

- **Maximum Allowable Charge for single hip replacement or single knee replacement:** The Fund has increased the maximum benefit of \$30,000 for a single hip replacement or a single knee joint replacement surgery performed at a hospital (whether inpatient or outpatient) from \$30,000 to \$35,000 for surgeries on or after July 1, 2023. **Maximums will not apply to a single hip replacement or a single knee joint replacement done in an outpatient surgical center.** A list of in-network PPO outpatient surgical centers can be found at: <https://www.anthem.com/find-care/>

- **Smoking cessation:** The Board amended the Plan to allow counseling and interventions for tobacco use (both smoking and chewing tobacco) as follows:
  - screening for tobacco use; and,
  - for tobacco users, at least two (2) tobacco cessation attempts per year. Each “tobacco cessation attempt” includes coverage for:
    - **four (4) tobacco cessation counseling sessions** of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
    - all **FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications)** for a 90-day treatment regimen when prescribed by a health care provider
- **Hospice Benefits:** Hospice benefits were inadvertently omitted from the Rules and Regulations of the Plan in error. To clarify, hospice benefits are available as follows:

If an Eligible Individual is terminally ill, with a life expectancy of 6 months or less, benefits are payable for hospice care provided by an Approved Hospice Program. Covered Services must be prescribed by a Physician and will include nursing services by a registered nurse (R.N.) or a licensed practical nurse (L.P.N.), Medical social services by a person with a Master’s degree in social work, Home health aide, medical supplies normally used by Hospital inpatients and dispensed by the hospice agency, nutritional supplements such as diet substitutes administered intravenously or through hyperalimentation and respite care, not to exceed 8 days. Covered benefits will not include transportation, services of volunteers, food, clothing or housing, services provided by household members, family or friends or services of financial or legal counselors.

- **Autism:** Beginning for services on or after July 1, 2023, the Fund will provide coverage for Applied Behavioral Therapy (ABA) in accordance with Anthem guidelines. In addition, there will be coverage available for physical, occupational and speech therapy (even if habilitative in nature) if the therapy is being done as part of an approved autism plan.

### **Clarifications of Medical Benefits for COVID-19 Services Effective May 12, 2023**

This Notice clarifies important changes in COVID-19 related benefits and administrative deadlines as a result of the declared end of the National Emergency (“NE”) and Public Health Emergency (“PHE”) on May 11, 2023.

The federal government has announced that both the National Emergency (NE) and Public Health Emergency (PHE) related to COVID-19 terminated on May 11, 2023. Consequently, the plan rules concerning coverage of certain benefits related to COVID-19 will be changing. In general, special rules in effect during the emergency will terminate and benefits will be covered under the usual cost-sharing provisions of the Welfare Fund.

### **Changes to COVID-19 Related Benefits**

Below is a brief summary of changes to COVID-19 related medical and prescription drug coverage beginning May 12, 2023:

<b>Benefit</b>	<b>During the Emergency Period</b>	<b>Effective May 12, 2023</b>
<b>COVID-19 vaccines, including boosters</b>	No charge for the vaccine when received at either in-network or out-of-network providers.	<ul style="list-style-type: none"> <li>• <b>Contract Provider:</b> Deductible does not apply, payable at 100%</li> <li>• <b>Non-Contract Provider:</b> Not covered.</li> </ul>
<b>COVID-19 diagnostic tests and related services</b>	No charge for COVID-19 test related office visits or lab tests (including rapid diagnostic and swab-and-send tests) performed by either in-network or out-of-network providers.	COVID-19 test related office visits or lab tests will be covered in the same manner and at the same shared cost as any test or lab, based on whether the service is performed with a Contracted or Non-Contracted Provider registered with CMS.
<b>COVID-19 at-home test kits, also known as over-the-counter, or OTC test kits</b>	No charge for up to eight (8) over-the-counter (OTC) COVID-19 tests per month, both in and out-of-network. Reimbursement for out-of-network OTC COVID-19 tests is limited to \$12 per test.	COVID-19 OTC tests are not covered under the plan and are not reimbursable.

### **Elimination of Extended Deadlines for Administrative Actions**

In addition to the changes above, there are also certain administrative timeframes that will return to normal after the end of the NE and PHE.

Below is a brief summary of changes to administrative related deadlines beginning the earlier of 60 days after the announced end of the COVID-19 National Health Emergency, July 10, 2023, or one year from the deadline for your particular deadline, whichever is earlier.

<b>Administrative Timeframe</b>	<b>During the Emergency Period</b>	<b>Return to Normal Timeframes</b>
<b>COBRA, HIPAA, special enrollment and benefit claims and appeals</b>	During the National Emergency, deadlines were extended until the earlier of July 10, 2023, or one year from the original due date for: <ul style="list-style-type: none"> <li>✓ COBRA elections</li> <li>✓ Paying COBRA premiums</li> <li>✓ Electing HIPAA special enrollment</li> <li>✓ Filing claims, appeals and requests for external review</li> </ul>	Beginning on and after July 10, 2023, these deadlines return to their normal timeframes and due dates.  Please see your Summary Plan Description or contact the Fund Office for details on applicable timeframes.

You are still encouraged to use Contracted facilities and Contracted providers whenever possible. Please keep this important notice with your SPD/Rules and Regulations for easy reference to all Plan provisions. Please review these changes carefully and contact the Fund Office with any questions that you may have.

\* \* \* \* \*

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](http://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](mailto:benefitservices@carpenterfunds.com). Forms and information can be found on our website at [www.carpenterfunds.com](http://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.*





NEW FOR CARPENTERS HEALTH AND WELFARE FUND

# CancerNavigator

NUEVO PARA LOS PARTICIPANTES  
EN EL PLAN DE INDEMNIZACIÓN DE CARPENTERS



## Supporting Cancer Patients in Their Hour of Need

The CancerNavigator service provides tailored education and guidance to cancer patients as they navigate the many decisions that follow a diagnosis.



## Apoyar a los Pacientes de Cáncer en su Hora de Necesidad

El servicio CancerNavigator brinda educación y orientación personalizadas a los pacientes con cáncer mientras navegan por las muchas decisiones que siguen a un diagnóstico.



*CancerNavigator is a **no-cost** benefit offered for all Participants on the Carpenters Indemnity Plan. (Note – not intended for Participants on the Kaiser HMO plan.)*

*CancerNavigator es un beneficio **sin costo** ofrecido a todos los Participantes del plan médico de indemnización con Carpenters. (Nota - no está destinado a los Participantes del plan Kaiser HMO).*

### Support for Cancer Patients:

- ✓ Access great centers quickly
- ✓ Learn which centers in your area are well-equipped to treat your specific cancer type
- ✓ Understand your specific diagnosis and treatment options
- ✓ Talk through any questions you may have about your clinical situation
- ✓ Schedule appointments with the best centers in your area

### Apoyamos a Pacientes con Cáncer para que:

- ✓ Accedan rápidamente a los mejores centros
- ✓ Conozcan qué centros en su área están bien equipados para tratar su tipo de cáncer
- ✓ Comprendan sus diagnósticos específicos y las opciones de tratamiento
- ✓ Consulten sobre cualquier preguntas que puedan tener acerca de sus situaciones clínicas
- ✓ Concierten citas con los mejores centros de su área



“ We appreciate [CancerNavigator] so much. You are a necessity and there are a lot of families that could not do it without you. ”

– *CancerNavigator Patient*

**To reach one of our Oncology Nurse Navigators:**

**Call: 510-607-0605**



**Para comunicarse con una de nuestras  
Enfermeras de Oncología Navegadoras:**

**Llame al: 510-607-0605**

“ **Apreciamos mucho [CancerNavigator].  
Ustedes son una necesidad y hay muchas  
familias que no podrían hacerlo sin ustedes.** ”

– *Paciente que usa CancerNavigator*



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

265 Hegenberger Road, Suite 100  
Oakland, California 94621-1480  
Tel. (510) 633-0333 ✦ (888) 547-2054 ✦ Fax (510) 633-0215  
www.carpenterfunds.com



September 22, 2023

**TO: All Active Plan Participants**

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

**RE: Plan Changes**

- **Maternity Disability Benefits**
  - **Disability Extension of Eligibility**
  - **Supplemental Disability Benefit**

*This Notice advises you of material modifications made to your Health and Welfare benefits. This information is important to you and your Dependents. Please take the time to read it carefully.*

In an effort to reduce barriers facing women carpenters working in the trade or crafts, the Plan will offer new maternity benefits for expected delivery dates on and after October 1, 2023, of \$2,500 per month for a maximum of 9 months. Pregnant Participants that meet all the conditions below may apply for a Disability Extension of benefits and the new maternity Supplemental Disability benefits:

- ⇒ When working in a craft covered by the United Brotherhood of Carpenters
- ⇒ Have written evidence from a treating provider of the pregnancy
- ⇒ Have earned eligibility, based on Work Hours or hour bank, of at least 12 calendar months within the 24 months immediately preceding the First Day of Disability
- ⇒ Have worked for a Contributing Employer at least 1 day within the 30-day period prior to the First Day of Disability.
- ⇒ Have applied for the benefit within 12 months of the First Day of Disability

For those who qualify for the maternity disability benefits, the Disability Extension of benefits was modified to provide eligibility for up to 9 months (4 months in the case of Plan B or Plan R Participants), or until the Participant regains eligibility through Work Hours, whichever comes first. Under this new benefit Participants will be eligible for both the maternity Supplemental Disability benefit of \$2,500 per month and eligible for the Disability Extension of benefits. The "First Day of Disability" is a date chosen by the Participant that is between the expected date of delivery and 9 months before.

Initial funding for this benefit is being provided by a grant from a Labor Management Cooperation Committee to assist women who work with their tools at jobsites in Northern California. Participants who do not perform covered work but are otherwise reported to the Health and Welfare Fund – such as Flat Rate Employees, office workers or individuals reported under a Subscriber's Agreement – are not eligible for this maternity benefit. Dependents, Spouses and Domestic Partners are also not eligible for this benefit.

\* \* \* \* \*

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 <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act>. 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, toll free at (888) 547-2054 or email [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com). Forms and information can be found on our website at [www.carpenterfunds.com](http://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.*



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

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	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> .
<b>Are there services covered before you meet your deductible?</b>	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.
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	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.
<b>What is not included in the out-of-pocket limit?</b>	<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> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> or call 1-888-547-2054 for a list of Contract <u>providers</u> in California. See <a href="http://www.bcbs.com">www.bcbs.com</a> or call 1-800-810-2583 for a list of Contract <u>providers</u> outside the state of California.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> 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.

Important Questions	Answers	Why This Matters:
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)	
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> <li>Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.</li> <li>Plan pays 100% for physician online visits with a Contract <u>provider</u>.</li> </ul>
	<u>Specialist</u> visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
	<u>Preventive care/screening/Immunization</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> <li>For adults and children, benefits are limited to one routine physical exam in any 12-month period.</li> <li>For Employee and Spouse only, benefits include one routine Ob-Gyn examination within a 12-month period in addition to the routine physical. Coverage includes any x-rays and laboratory tests provided in connection with the physical examination, including a pap smear.</li> <li>No charge for COVID-19 vaccine and <u>deductible</u> does not apply from a Contract <u>Provider</u>. No coverage from a Non-Contract <u>provider</u>.</li> <li>You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.</li> <li>Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.</li> </ul>
<b>If you have a test</b>	<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 <u>providers</u> not registered with CMS are limited to \$200/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><b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call 1-800-939-7093.</p>	Generic drugs	Retail: \$15 <u>copay</u> /fill. Mail order: \$26 <u>copay</u> /fill	<p>You pay 100% (unless there are no <u>network</u> pharmacies within 10 miles). <u>Plan</u> reimburses no more than it would have paid had you used an In-<u>Network</u> Retail pharmacy.</p>	<ul style="list-style-type: none"> <li>• Retail Pharmacy – 30-day supply</li> <li>• Mail Order Pharmacy – 90-day supply</li> <li>• <u>Deductible</u> does not apply to outpatient <u>prescription drugs</u>.</li> <li>• <u>Cost sharing</u> for outpatient <u>prescription drugs</u> <b>does not count</b> toward the <u>out-of-pocket limit</u>.</li> <li>• If the cost of the drug is less than the <u>copay</u>, you pay just the drug cost.</li> <li>• Some <u>prescription drugs</u> are subject to <u>preauthorization</u> (to avoid non-payment), or step therapy requirements.</li> <li>• Brand name Proton Pump Inhibitors (PPI) and Cholesterol drugs not covered.</li> <li>• 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.</li> <li>• Mail Order is mandatory if more than 2 prescriptions are filled for maintenance medications.</li> </ul>
	Preferred brand drugs ( <u>Formulary</u> 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 <u>formulary</u> 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 <u>formulary</u> brand.		
	Non-preferred brand drugs ( <u>Non-formulary</u> brand drugs)	Retail: \$80 <u>copay</u> /fill; Mail Order: \$133 <u>copay</u> /fill		
	<u>Specialty drugs</u>	Subject to Retail <u>Copays</u> (30-day supply).		
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u> plus any amounts over \$300	For certain outpatient surgeries, the <u>Plan</u> has a maximum benefit payable if services are done at a hospital facility instead of an ambulatory surgery center. To avoid <u>Plan</u> maximums, precertification is required for outpatient surgeries.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract 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>	<b>Medical:</b> 20% <u>coinsurance</u> . <b>Mental Health or Substance Abuse:</b> No charge	<b>Medical:</b> 40% <u>coinsurance</u> (20% <u>coinsurance</u> if no choice in hospital due to emergency). <b>Mental Health or Substance Abuse:</b> No charge	Professional/physician charges may be billed separately. (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/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 <u>Plan</u> Document for more information on emergency care.
	<u>Urgent care</u>	<b>Medical:</b> 20% <u>coinsurance</u> . <b>Mental Health or Substance Abuse:</b> No charge	<b>Medical:</b> 40% <u>coinsurance</u> (20% <u>coinsurance</u> if no choice in hospital due to emergency). <b>Mental Health or Substance Abuse:</b> No charge	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/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"> <li>• Precertification is required.</li> <li>• A maximum of \$35,000 is payable for the hospital facility charges associated with a single hip joint or knee joint replacement surgery.</li> <li>• 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).</li> <li>• Services from Non-Contract <u>providers</u> not registered with CMS are not covered.</li> </ul>
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.

\* For more information about limitations and exceptions, see the plan or policy document at [www.carpenterfunds.com](http://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)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	<b>Mental Health:</b> Office visit: No charge, <u>deductible</u> does not apply. Other outpatient services: 20% <u>coinsurance</u> , <u>deductible</u> does not apply. <b>Substance Abuse:</b> no charge, <u>deductible</u> does not apply	40% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> <li>Plan pays 100% for physician online visits with a <u>Contract provider</u>.</li> <li>Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.</li> </ul>
	Inpatient services	<b>Mental Health:</b> 20% <u>coinsurance</u> , <u>deductible</u> does not apply. <b>Substance Abuse:</b> no charge, <u>deductible</u> does not apply.	40% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> <li>Precertification is required.</li> <li>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)</li> <li>Services from Non-Contract <u>providers</u> not registered with CMS are not covered.</li> </ul>
<b>If you are pregnant</b>	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> <li>Maternity care may include tests and services described somewhere else in the SBC (i.e., ultrasound).</li> <li>Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment</li> </ul>
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is required only if hospital stay is more than 48 hours for vaginal delivery or 96 hours for C-section. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<b>Outpatient:</b> Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. <b>Inpatient:</b> Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Habilitation services</u>	Therapy done as part of an approved autism plan: 10% <u>coinsurance</u> ;	Not covered	Coverage is limited to therapy that is being done as part of an approved autism plan.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
		Other services: Not covered		
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is recommended. Limited to 70 days per confinement. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Rental covered up to reasonable purchase price.
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<b>Outpatient:</b> Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. <b>Inpatient:</b> Services from Non-Contract <u>providers</u> not registered with CMS are not covered. Covered if terminally ill. Respite care is limited to 8 days.
If your child needs dental or eye care	Children's eye exam	\$10 <u>copayment</u> /exam	\$10 <u>copayment</u> /exam	Vision benefits are available through a separate vision <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .
	Children's glasses	\$25 <u>copayment</u> , plus all amounts over \$175 for frames	\$25 <u>copayment</u> , plus all amounts over \$35 for single vision lenses and amount over \$45 for frames	
	Children's dental check-up	No charge, a <u>deductible</u> does not apply to these services.		Limited to \$2,500/person for Contract and \$2,000/person for Non-Contract per calendar year. Dental benefits are available through a separate dental <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .



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

- |   |                         |                        |
|---|-------------------------|------------------------|
| • Cosmetic surgery  | • Infertility treatment | • Private-duty nursing |
| • <u>Habilitation services</u> (except for therapy that is being done as part of an approved autism plan) | • Long-term care        | • 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)                                   | • Dental care (Adult) (up to \$2,500 for Contract and \$2,000 for Non-Contract per calendar year) | • Non-emergency care when traveling outside the U.S.    |
| • Bariatric surgery (with precertification)  | • Hearing aids (limited to \$800/ear in any 3-year period)  | • Routine eye care (Adult) (under separate vision plan) |
| • Chiropractic care (Employee and spouse only. Up to \$25/visit up to 20 visits per calendar year) |   | • 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](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

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

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

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

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

**Language Access Services:**

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

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

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

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



**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 **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

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

<b>Total Example Cost</b>	<b>\$12,700</b>
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**In this example, Peg would pay:**

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

**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 **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

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

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

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

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

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

- The plan's overall deductible **\$128**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

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

<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Mia would pay:**

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

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

Coverage Period: 09/01/2024-08/31/2025



**KAISER PERMANENTE®** : Plans B and Flat Rate

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](http://www.kp.org/plandocuments) or call 1-800-278-3296 (TTY: 711) . For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://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 <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Not Applicable.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$1,500 Individual / \$3,000 Family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , health care this <a href="#">plan</a> doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.kp.org">www.kp.org</a> or call 1-800-278-3296 (TTY: 711) for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes, but you may self-refer to certain <a href="#">specialists</a> .	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .

 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
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$20 / visit	Not Covered	None
	<a href="#">Specialist</a> visit	\$20 / visit	Not Covered	None
	<a href="#">Preventive care/ screening/ immunization</a>	No Charge	Not Covered	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRI's)	No Charge	Not Covered	None
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.kp.org/formulary">www.kp.org/formulary</a>	Generic drugs (Tier 1)	Retail: \$10 / <a href="#">prescription</a> Mail order: \$20 / <a href="#">prescription</a>	Not Covered	Up to a 30-day supply retail or 100-day supply mail order. Subject to <a href="#">formulary</a> guidelines. No Charge for Contraceptives.
	Preferred brand drugs (Tier 2)	Retail: \$30 / <a href="#">prescription</a> Mail order: \$60 / <a href="#">prescription</a>	Not Covered	Up to a 30-day supply retail or 100-day supply mail order. Subject to <a href="#">formulary</a> guidelines. No Charge for Contraceptives.
	Non-preferred brand drugs (Tier 2)	Retail: \$30 / <a href="#">prescription</a> Mail order: \$60 / <a href="#">prescription</a>	Not Covered	The <a href="#">cost sharing</a> for non-preferred brand drugs under this <a href="#">plan</a> aligns with the <a href="#">cost sharing</a> for preferred brand drugs (Tier 2) when approved through the <a href="#">formulary</a> exception process.
	<a href="#">Specialty drugs</a> (Tier 4)	20% <a href="#">coinsurance</a> up to \$150 / <a href="#">prescription</a>	Not Covered	Up to a 30-day supply retail. Subject to <a href="#">formulary</a> guidelines.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$20 / procedure	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	Physician/surgeon fees are included in the Facility fee.

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
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$100 / visit	\$100 / visit	None
	<a href="#">Emergency medical transportation</a>	No Charge	No Charge	None
	<a href="#">Urgent care</a>	\$20 / visit	Not Covered	<a href="#">Non-Plan providers</a> covered when temporarily outside the service area: \$20 / visit.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 / admission	Not Covered	None
	Physician/surgeon fee	No Charge	Not Covered	Physician/surgeon fees are included in the Facility fee.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$20 / individual visit. No Charge for other outpatient services	Not Covered	Mental / Behavioral Health: \$10 / group visit; Substance Abuse: \$5 / group visit.
	Inpatient services	\$250 / admission	Not Covered	None
<b>If you are pregnant</b>	Office visits	No Charge	Not covered	Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> 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	Professional services are included in the Facility services.
	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
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge	Not Covered	2-hour limit / visit, 3 visit limit / day, 100 visit limit / year.
	<a href="#">Rehabilitation services</a>	Inpatient: \$250 / admission Outpatient: \$20 / visit	Not Covered	None
	<a href="#">Habilitation services</a>	\$20 / visit	Not Covered	None
	<a href="#">Skilled nursing care</a>	No Charge	Not Covered	100-day limit / benefit period.
	<a href="#">Durable medical equipment</a>	No Charge	Not Covered	Requires prior authorization.
	<a href="#">Hospice service</a>	No Charge	Not Covered	None
<b>If your child needs dental or eye care</b>	Children's eye exam	No Charge for refractive exam	Not Covered	None
	Children's glasses	No Charge	Not Covered	Up to a \$150 allowance for frames, lenses, or contact lenses / 24 months
	Children's dental check-up	Not Covered	Not Covered	None

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</b>		
<ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental Care (Adult &amp; Child)</li> <li>• Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>

<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</b>		
<ul style="list-style-type: none"> <li>• Acupuncture (plan provider referred)</li> <li>• Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care (30 visit limit / year)</li> <li>• Hearing aids (\$2500 limit / ear every 36 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Routine eye care (Adult)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is 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](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

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

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

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

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

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

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

**Language Access Services:**

SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-788-0616 (TTY: 711)

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

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

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

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

About these Coverage Examples:



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

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$250
- Other (blood work) [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*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$50
<b>The total Peg would pay is</b>	<b>\$350</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$250
- Other (blood work) [copayment](#) \$0

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

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$800</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$250
- Other (x-ray) [copayment](#) \$0

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

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$200</b>

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



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

Plan Year – September 1, 2022 through August 31, 2023

This is a summary of the annual report for the Carpenters Health and Welfare Trust Fund for California, Employer Identification Number 94-1234856, a multiemployer health and welfare plan, for the period September 1, 2022 through August 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

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

**Insurance Information:**

The Plan has contracts with Kaiser Foundation Health Plan, Inc. to pay certain medical, hospital, mental health, substance abuse, and prescription drug claims, Voya Financial, Inc. to pay all accidental death, dismemberment, life insurance claims, and all stop loss claims incurred under the terms of the plan. The total premiums paid for all contracts for the Plan year ending August 31, 2023 were \$291,631,025.

**Basic Financial Statement:**

The value of Plan assets, after subtracting liabilities of the Plan, was \$751,019,326 minus premiums and self-funded claims payable of \$78,509,190, minus claims incurred but not reported of \$27,724,000, minus bank of hours liability of \$172,469,000, equals \$472,317,136 as of August 31, 2023, compared to \$736,546,487 minus premiums and self-funded claims payable of \$71,299,311, minus claims incurred but not reported of \$23,236,000, minus bank of hours liability of \$168,325,000, equals \$473,686,176 as of September 1, 2022. During the Plan year, the Plan experienced a decrease in its net assets of \$1,369,040. This decrease included unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

During the plan year, the Plan had total income of \$474,611,303; including employer contributions of \$416,970,739, participant contributions of \$30,852,601, realized gains of \$72,932,597 from the sale of assets, losses from investments of \$48,032,686, and other income of \$1,888,052.

Plan expenses were \$475,980,343. These expenses included \$14,326,032 in administrative expenses, \$1,137,095 in investment expenses, \$291,631,025 in premium costs, and \$168,886,191 in self-funded benefits paid directly to participants and beneficiaries or to service providers on their behalf.

<i>Condensed Financial Statement</i>		
<b>Beginning Balance Value of Net Plan Assets</b>	<b>As of 9/01/2022 \$473,686,176</b>	<b>As of 9/01/2021 \$534,551,602</b>
Employer Contributions	\$416,970,739	\$395,146,547
Participant Contributions	\$30,852,601	\$31,392,471
Investments –Net Earnings/Losses	(\$48,032,686)	(\$32,291,696)
Sale of Assets - Earnings	\$72,932,597	\$6,259,737
Other Income	\$1,888,052	\$23,609,615
<b>Plan Income</b>	<b>\$474,611,303</b>	<b>\$424,116,674</b>
Insurance Premiums	\$291,631,025	\$299,514,734
Self-Funded Benefits	\$168,886,191	\$168,838,607
Administrative Fees	\$14,326,032	\$14,355,714
Investment Expenses	\$1,137,095	\$2,273,045
<b>Total Expenses</b>	<b>\$475,980,343</b>	<b>\$484,982,100</b>
<b>Ending Balance Value of Net Plan Assets</b>	<b>As of 08/31/2023 \$472,317,136</b>	<b>As of 08/31/2022 \$473,686,176</b>

**Your Rights to Additional Information:**

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

**Obtaining Copies of a Summary Annual Report:**

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

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

You also have the legally protected right to examine the annual report at the main office of the Plan, 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 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. El horario de atención telefónica de las horas de Oficina del Fondo Fiduciario es de 8 la mañana a 5 de la tarde, de lunes a viernes. Usted también puede llamar a la oficina del Plan, teléfono 888-547-2054, para ayuda.