



April 25, 2008

TO: All Active and Retired Participants in the Indemnity Medical Plan

**FROM: Board of Trustees
Carpenters Health and Welfare Trust Fund for California**

RE: Benefit Changes to the Indemnity Medical and Prescription Drug Plans

The Trustees have recently approved the following changes to the Indemnity Medical and Prescription Drug plans.

Effective January 1, 2009

Active and Retired Participants

- **Prescription Drug Benefits – Annual Plan Maximum.** Prescription drug benefits will be limited to a maximum Plan payment of \$75,000 per eligible individual, per calendar year.

Effective January 1, 2008

Active and Non-Medicare Retired Participants only

- **Mammogram Benefit.** In accordance with revised guidelines issued by the American Cancer Society, the Plan covers a routine mammogram once each year for women age 40 and over. The Plan covers one baseline mammogram for women age 35 through 39.
- **Exception to Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder Exclusion.** Regular medical benefits are payable for non-psychiatric physician office visits for medication management and laboratory tests related to Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Prescription medicines continue to be covered under the prescription drug plan. Any psychiatric treatment or counseling visits for Active participants or dependents must be authorized by the PacifiCare Behavioral Health program. Retiree coverage for outpatient psychiatric care or counseling is not available.
- **Infertility Exclusion. The Plan's exclusion of infertility services has been clarified and restated as follows:**

The Plan does not cover: Expenses for the treatment of infertility along with services to induce pregnancy and complications resulting from those services, including, but not limited to: services, prescription drugs, procedures or devices to achieve fertility, in vitro fertilization, low tubal transfer, artificial insemination, embryo transfer, gamete transfer, zygote transfer, surrogate parenting, donor egg/semen or other fees, cryostorage of egg/sperm, adoption, ovarian transplant, infertility donor expenses, fetal implants, fetal reduction services, surgical impregnation procedures and reversal of sterilization. Any expenses related to the maternity care and delivery associated with a surrogate mother's pregnancy are not covered by the Plan.

Effective July 1, 2007

Active and Non-Medicare Retired Participants only

- **Prenatal Genetic Testing from Non-Contract Provider.** An exception to the non-contract provider benefit applies to certain prenatal genetic laboratory services provided by the California Department of Health Services. Following satisfaction of the contract provider deductible, the Plan will reimburse 90% (Active Plans A and R and the Retiree Plan) or 80% (Plan B and Flat Rate) of the customary and reasonable charge for prenatal birth defect testing and the expanded alpha fetoprotein test provided by this State agency. In addition, these services are subject to the contract provider annual out of pocket limit.

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

The 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.