



July 31, 2009

TO: All Plan B and Flat Rate Plan Participants

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

**RE: Kaiser Benefit Changes – Plan B / Flat Rate Plan
Effective September 1, 2009**

The Board of Trustees is pleased to announce an improvement to your Kaiser benefit plan. Effective September 1, 2009, Kaiser benefits for Plan B and the Flat Rate Plan will change back to a “Traditional HMO” plan. You will no longer have to satisfy a \$150 annual deductible or pay a 10% coinsurance for services. Instead, under the new HMO plan you will pay a flat dollar co-payment for each service. Some services, such as x-rays and lab, will have no co-payment.

Following is a brief summary of your co-payments under the new plan:

- \$20 office visit (outpatient surgical procedure)
- \$5 well child visit up to age 2
- \$100 emergency room (waived if admitted)
- \$250 per hospital admission
- \$10 generic drug; \$30 brand name drug (for a 30-day retail supply)

For more detailed information, see the attached chart, which shows a comparison of the benefits of the current plan with the new Traditional HMO plan.

Please keep this notice with your benefit booklet. If you have any questions, please call Benefit Services at the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an e-mail 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.

**Carpenters Health and Welfare Trust Fund for California
Plan B and Flat Rate Plan
Kaiser Benefit Summary Comparison**

	Current Plan	New HMO Plan Effective September 1, 2009
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000 Individual \$6,000 Family	\$1,500 Individual \$3,000 Family
ANNUAL DEDUCTIBLE	\$150 Individual \$450 maximum per family	None
COPAYMENTS:		
Primary Care Office Visit	\$15 per visit	\$20 per visit
Well Child (up to age 2) and Scheduled Prenatal Visits	No charge (not subject to deductible)	\$5 per visit
Inpatient Hospital	10% per admission	\$250 per admission
Ambulance	10% per trip	No charge
Emergency Room	10% per visit	\$100 per visit (waived if admitted)
Outpatient Surgery	10% per procedure	\$20 per procedure
X-ray and Lab	\$50 (MRI/CT/PET Scans) \$10 per encounter for other tests (deductible doesn't apply to certain preventive screenings)	No charge
Hearing Aids	Plan pays: \$1,000 allowance per device (not subject to deductible). One device per ear every 36 months	Plan pays: \$2,500 allowance per device. One device per ear every 36 months.
Prescription Drugs	Generic Retail: \$10 (30 days) \$20 (31-60 days) / \$30 (61-100 days) Brand Retail: \$20 (30 days) \$40 (31-60 days) / \$60 (61-100 days) Generic Mail Refills: \$10 (30 days) \$20 (31-100 days) Brand Mail Refills: \$20 (30 days) \$40 (31-100 days) Not subject to deductible	Generic Retail: \$10 (30 days) \$20 (31-100 days) Brand Retail: \$30 (30 days) \$60 (31-100 days) Generic Mail Refills: \$20 (100 days) Brand Mail Refills: \$30 (30 days) \$60 (31-100 days)
Mental Health Inpatient	10% per admission (up to 30 days per calendar year)	\$250 per admission (up to 45 days per calendar year)
Outpatient	\$15 individual / \$7 group visit (up to 30 visits per calendar year)	\$20 individual / \$10 group visit (up to 20 visits combined per calendar year)
Chiropractic	\$10 per visit, not subject to deductible (up to 30 visits per calendar year) \$50 allowance for appliances per calendar year (not subject to deductible)	\$10 per visit (up to 30 visits per calendar year) \$50 allowance for appliances per calendar year
Vision	Eye exam: \$15 per visit (not subject to deductible) Eyewear: \$125 allowance every two years (not subject to deductible)	Eye exam: \$20 per visit Eyewear: \$125 allowance every 2 years