



December 14, 2012

**TO: All Participants Enrolled in the Indemnity Plan of the Carpenters Health and Welfare Trust Fund for California**

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

**RE: Medical and Prescription Drug Plan Benefit Changes  
Effective January 1, 2013**

On October 26, 2012 you were mailed a notice regarding changes to your Medical and Prescription Drug Plan beginning January 1, 2013. As the date nears, the Trustees wish to remind you of these **important changes** which are summarized below.

<b>OUTREACH PROGRAMS</b>	
<b>The Plan Change:</b> Trust Fund Service Providers may contact you to provide support for dealing with complicated health conditions like Asthma, Diabetes, Heart Failure, and other conditions.	<b>What You Can Do:</b> If contacted, you are encouraged to engage in this process and take advantage of their assistance in managing your condition.
<b>24/7 NURSELINE</b>	
<b>The Plan Change:</b> This Anthem Blue Cross hotline will put you in contact with a registered nurse who may help you decide how to handle a medical issue or answer medical related questions.	<b>What You Can Do:</b> To reach the Nurseline or to listen to a library of health related topics, call toll free (800) 700-9184.
<b>PRESCRIPTION DRUG PLAN CHANGES</b>	
<b>The Plan Change:</b> Brand Name Proton Pump Inhibitors (PPIs) used to treat certain stomach conditions and Brand Name cholesterol lowering medications will no longer be covered by the Plan.	<b>What You Can Do:</b> If you are currently on a Brand Name medication for either of these drug classifications, please talk to your physician about obtaining a new prescription for a Generic medication.
<b>COLONOSCOPY, ARTHROSCOPY, CATARACT SURGERY</b>	
<b>The Plan Change:</b> A maximum benefit payable will be applied to out-patient hospital fees if you opt to use an out-patient hospital instead of a Preferred Provider Organization (PPO) Ambulatory Surgery Center when having a colonoscopy, an arthroscopy procedure or having cataract removal surgery.	<b>What You Can Do:</b> To significantly reduce your out-of-pocket amount for these types of surgeries, talk to your physician about using one of the Anthem PPO Ambulatory Surgery Centers.

### TOTAL HIP AND KNEE REPLACEMENTS

**The Plan Change:**

In-patient hospital Plan benefits will be limited to \$30,000 for single hip joint replacement or single knee joint replacement surgery. The maximum applies to all hospital facility costs but does not include professional fees such as anesthesia or surgical fees. The Board of Trustees and Anthem Blue Cross have identified 51 hospitals throughout California where these surgeries can be performed, minimizing your out-of-pocket costs beyond the plan's deductible and coinsurance.

**What You Can Do:**

If you require hip or knee replacement surgery, visit the Fund Office website at [www.carpenterfunds.com](http://www.carpenterfunds.com) or call the Fund Office at (888) 547-2054 for the list of hospitals which can provide services at a lower cost.

### OUT-OF-NETWORK AMBULATORY SURGICAL CENTERS

**The Plan Change:**

A daily Plan limit of \$300 will be payable for any service received at an out-of-network Ambulatory Surgical Center.

**What You Can Do:**

Services at an out-of-network Ambulatory Surgical Centers should be avoided to prevent large out-of-pocket amounts for which you may be billed.

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 e-mail to [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com). You can find forms and information on our website, [www.carpenterfunds.com](http://www.carpenterfunds.com).

**Grandfathered Health Plan:** The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the 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 Web site has a table summarizing which protections do and do not apply to grandfathered health plans.

*The Trustees work diligently to protect your Plan and access to your Plan and only 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 the event of a dispute between this summary notice and the Rules and Regulations of the Plan, the Rules and Regulations will prevail.*