

November 27, 2006

TO: All Active Participants in the Indemnity Medical Plan

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

**RE: Benefit Improvement to:
Indemnity Medical Plan and Vision Service Plan**

The Trustees are pleased to announce the following benefit improvements to the Indemnity Medical Plan and the Vision Service Plan.

Indemnity Medical Plan – Non-Contract Provider Ambulance Benefit

Effective for services received on and after August 1, 2006, covered services provided by a non-contract licensed ambulance will be covered as if provided by a contract provider. Benefits will be paid at 90% of customary and reasonable charges for Plan A and subject to the \$100 deductible and \$1,000 out of pocket limit. For Plan B and the Flat Rate Plan, benefits will be paid at 80% of customary and reasonable charges and subject to the \$100 deductible and \$10,000 out of pocket limit. You will still be responsible for any billed charges over the customary and reasonable allowance in addition to your 10% (or 20% for Plan B and Flat Rate Plan) coinsurance.

Benefit Improvement to the Vision Service Plan

Effective January 1, 2007, your vision plan will change from the Value Plan to the Signature Choice Plan. For more details regarding vision benefit changes, please refer to the other side of this announcement.

Please keep this notice with your benefit booklet. If you have any questions, please call the Benefits Department at the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054.

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.

November 27, 2006

TO: Retired Participants in the Indemnity Medical Plan

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

RE: **Benefit Improvement to:**
Indemnity Medical Plan for Non-Medicare Retirees Only
Vision Service Plan for All Indemnity Plan Retirees

The Trustees are pleased to announce the following benefit improvements to the Indemnity Medical Plan and the Vision Service Plan.

Non-Contract Provider Ambulance Benefit (for Non-Medicare Retirees only)

Effective for services received on and after August 1, 2006, covered services provided by a non-contract licensed ambulance will be covered as a contract provider. Benefits will be paid at 90% of customary and reasonable charges and subject to the \$100 deductible and \$1,000 out of pocket limit. You will still be responsible for any billed charges over the customary and reasonable allowance in addition to your 10% coinsurance.

Benefit Improvement to the Vision Service Plan (for all Retirees in the Indemnity Plan)

Effective January 1, 2007, your vision plan will change from the Value Plan to the Signature Choice Plan. For more details regarding vision benefit changes, please refer to the other side of this announcement.

Please keep this notice with your benefit booklet. If you have any questions, please call the Benefits Department at the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054.

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.



The Carpenters Health & Welfare Trust Fund has Enhanced Your Vision Coverage with VSP's New Signature Choice Plan Effective January 1, 2007

VSP's new Signature Choice Plan improves upon the previous Value Plan by providing access to even more doctors and offering greater discounts. This complete eye care benefit continues to provide the same frame and contact lens allowance while also protecting your children's eyes by covering polycarbonate lenses for your dependent children.

Look at the chart below to see just how much stronger your vision coverage is now!

	Value Plan	Signature Choice Plan
	Old Plan in effect prior to 1/1/2007	New Plan Effective 1/1/2007
Plan Type	<ul style="list-style-type: none"> Basic full service plan with limited value-added patient extras 	<ul style="list-style-type: none"> Full service plan providing comprehensive coverage, choice and value.
Enhanced Coverage		
Larger network	<ul style="list-style-type: none"> Select Doctor Network (17,000 Doctors) 	<ul style="list-style-type: none"> Choice Doctor Network (21,000 Doctors)
Base lens coverage	<ul style="list-style-type: none"> No coverage for rimless or pink tints 1&2. Additional fees for lens options. 	<ul style="list-style-type: none"> Coverage for rimless and pink tints 1&2, no out-of-pocket cost for members
Polycarbonate lenses for kids	<ul style="list-style-type: none"> Not included in plan coverage. 	<ul style="list-style-type: none"> Coverage for polycarbonate lenses for dependent children is <i>included</i>, no out-of-pocket cost for members
Necessary contact lens (NCL) coverage	<ul style="list-style-type: none"> NCL covered at 75%, 25% is the patients' responsibility 	<ul style="list-style-type: none"> NCL covered-in-full, no out-of-pocket cost for members
Greater Value		
Discounts on additional pairs of glasses	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> 20 percent off complete pairs of additional glasses
Discounts on frame coverage	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> 20 percent off any frame coverage
Greater Plan Flexibility		
Lens Options	<ul style="list-style-type: none"> Limited number of cost-controlled lens options (tints, coatings & progressives) All others at doctor's U&C pricing 	<ul style="list-style-type: none"> 20 percent discount on all patient-paid lens options

*Passion
for people.*

*Vision
for life.™*