

**Take Advantage of the Affordable Health Care Benefits with the Low Cost Medical Plan.**

*The Low Cost Medical Plan is designed to provide alternative comprehensive medical benefits for you and your family.*

*Building security and confidence in your medical benefits is important to us, so that's why we designed this plan for you.*

*If you lose eligibility for the Welfare Fund Active Plan of Benefits because of slow employment, you can depend on the Low Cost Medical Plan to be a good alternative choice to COBRA coverage.*



**Chicago Regional Council of Carpenters  
Welfare Fund**

12 East Erie Street • Chicago, Illinois 60611  
312-787-9455 • Option 3

**Do You Need Health Benefits?**



**The Low Cost Medical Plan is Available for You.**

*Protect yourself and your family enroll in the Low Cost Medical Plan sponsored by the Chicago Regional Council of Carpenters Welfare Fund.*

**Service. Security. Stability.**  
*It's our mission and our promise to you.*

## Keep Your Medical Insurance Costs Under Control with the Low Cost Medical Plan

### You Are Eligible for the Low Cost Medical Plan When

- You lose benefit eligibility for the Welfare Fund Active Plan, but not due to retirement.
- You submit your application and first payment to the Fund Office by the end of the month immediately after the last day of your eligibility.
- Your subsequent monthly payments are postmarked by the end of each month.



### Advantages of the Low Cost Medical Plan

- Affordable monthly payments.
- Protects you and your family from costly medical expenses.
- Quality medical coverage with a low annual deductible.
- Coverage for pre-existing conditions.
- A secure life insurance policy: \$5,000 for you and \$1,000 for each dependent.
- Preventive care covered at 100% up to a maximum of \$300 per calendar year.
- Prescription drug coverage.

### Payment Information

- Checks should be made payable to the Chicago Regional Council of Carpenters Welfare Fund.
- Your payment **must** be postmarked by the end of the coverage month and mailed to the Fund Office:

#### Chicago Regional Council of Carpenters Welfare Fund

Attn: Continuation Coverage  
12 East Erie Street  
Chicago, IL 60611

### The Low Cost Medical Plan Offers You...

- Comprehensive major medical coverage for hospitalization and other medical expenses.
- Prescription drug costs covered at 70% of the discounted charge with your Medco prescription card.
- The same BlueCross BlueShield network as the Chicago Regional Council of Carpenters Welfare Fund Active Plan, so you can continue to use in-network providers to keep your out-of-pocket costs down.
- Life insurance for you and each of your eligible dependents.

### How Much Are the Annual Deductible and Plan Payments?

**Deductible** The Plan pays benefits after you pay a \$300 per person calendar year deductible or a \$900 family calendar year deductible (for a family of 3 or more).

**Plan Payments** After your calendar year deductible has been satisfied, the Plan will pay 80% of covered charges for a PPO hospital or 70% of covered charges for a Non-PPO hospital. In addition, the Plan offers comprehensive medical coverage and will pay 70% of the Usual & Customary charges for covered medical costs with a maximum out of pocket expense of \$5,000 per person or \$15,000 per family.

### What About Lifetime Maximum Benefits?

The Lifetime Maximum benefit is \$250,000 per person.

### What's NOT Covered?

- Hospital and medical expenses not recognized as benefits under the Chicago Regional Council of Carpenters Welfare Fund Active Plan.
- Dental, vision, hearing, weekly sickness and accident, or accidental death or dismemberment benefits.

### When Will My Low Cost Medical Plan Benefits End?

Your eligibility for coverage will terminate:

- If your monthly premium payment is not received. It must be postmarked by the end of the month.
- After 18 consecutive months of coverage.

If your eligibility is terminated for either of the above reasons, you **may not** enroll in the Low Cost Medical Plan again until you have reinstated (and lost) your eligibility for the Welfare Fund Active Plan of Benefits.

Once you elect and begin paying for coverage under the Low Cost Medical Plan, you are no longer eligible for continued coverage under COBRA.

The benefits highlighted in this brochure are effective as of September 1, 2008. This brochure provides only highlights of certain features of the Chicago Regional Council of Carpenters Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan Document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plans at any time.

For Payment, Claim or Benefit Coverage Questions  
Call the Welfare Fund Office

312-787-9455 · Option 3

## Schedule of Benefits for the Low Cost Medical Plan

Only active participants may elect the Low Cost Medical Option. Spouses and/or Dependents may not individually elect the Low Cost Medical Option. For information on the actual rates for this option, contact the Welfare Fund Office at 312-787-9455 and select option 3.

These charts highlight some key features of the Low Cost Medical Plan available to you and your dependents if you lose coverage under the Welfare Fund Active Plan.

	In-Network PPO Providers	Out-of-Network* Non PPO Providers
Lifetime Maximum per Individual (applies to both Hospital and Comprehensive Medical claims)	\$250,000 per Individual	
Calendar Year Deductible per Individual (applies to both Hospital and Comprehensive Medical claims)	\$300 per Individual; \$900 per family	
Out-of-Pocket Maximum per Individual (applies to both Hospital and Comprehensive Medical claims)	When Out-of-Pocket expenses reach \$5,000 per person (three individuals per family or \$15,000) per Calendar Year (not including the Calendar Year Deductible or charges above the Reasonable and Customary Allowance), the Plan payment will increase to 100%.	

### Hospital Care:

<b>Non-Notification Penalty for failure to call MSA when required</b>	\$500 per admission	
<b>Coinsurance for Hospital Charges</b>	80% paid by Plan 20% paid by Individual	70% paid by Plan 30% paid by Individual
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Hospital Confinement Benefit</b>	180 days per Calendar Year	
<b>Hospital Outpatient Diagnostic Tests</b> including x-rays, blood, mammograms, MRI, MRA, CT Scans, etc.	80% paid by Plan	70% paid by Plan
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Outpatient Hospital Surgi-Center Facility</b>	80% paid by Plan	70% paid by Plan
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Outpatient Freestanding Surgi-Center Facility</b>	80% paid by Plan	NO COVERAGE
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Emergency Room Facility Fee</b>	80% paid by Plan	
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Emergency Room Co-Payment</b>	\$100 per Emergency Room Visit Waived if immediately admitted to the Hospital	

### Comprehensive Medical Benefits:

<b>Coinsurance for Professional Fees, including Physician Fees and Other Medical Services</b>	70% paid by Plan 30% paid by Individual	70% paid by Plan* 30% paid by Individual
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Ambulance Service</b>	70% of Billed Charges paid by Plan	
	Calendar Year Deductible and Out-of-Pocket Maximum apply	

	In-Network PPO Providers	Out-of-Network* Non PPO Providers
<b>Bariatric Surgery (for weight loss)</b>		
Hospital/Facility Fee	80% paid by Plan	70% paid by Plan
Professional Fees	70% paid by Plan	70% paid by Plan*
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Chiropractic Care</b>	70% paid by Plan	70% paid by Plan*
	Maximum of \$3,000 per Individual per Calendar Year Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Diagnostic Imaging Benefit</b> MRI, CAT/CT, PET and Bone Scans		
Hospital/Facility Fee	80% paid by Plan	70% paid by Plan
Professional Fees (including the Reading & Interpretation of Films)	70% paid by Plan	70% paid by Plan*
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Diagnostic X-Ray and Lab Tests</b> Blood Tests, Mammograms, X-Rays		
Hospital/Facility Fee	80% paid by Plan	70% paid by Plan
Professional Fees (including the Reading & Interpretation of Films)	70% paid by Plan	70% paid by Plan*
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Durable Medical Equipment (DME)</b>	70% paid by Plan	70% paid by Plan*
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Emergency Room Physician Fees</b>	70% paid by Plan	70% paid by Plan*
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Extended Care/Skilled Nursing Facility</b>	70% paid by Plan	70% paid by Plan*
	Maximum of 120 Days per Convalescent Period. Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Hearing Benefit</b>		
Exam Per Individual	None	
Hearing Aid Instrument	None	
<b>Home Health Care</b>	70% paid by Plan	70% paid by Plan*
	Maximum of 120 Visits per Individual per Calendar Year Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Home Infusion Therapy (HIT)</b>	70% paid by Plan	70% paid by Plan*
	Calendar Year Deductible and Out-of-Pocket Maximum apply	
<b>Hospice Care</b>	70% paid by Plan	70% paid by Plan*
	Lifetime Maximum of 180 Days per Individual Calendar Year Deductible and Out-of-Pocket Maximum apply	

