

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 as an alternative to COBRA coverage.

Important Contact Information

If You Have a Question or Need Information About	Contact	Contact Information
Eligibility, Claims Status (Hospital and Medical), Bariatric Program and Life Insurance	Fund Office Participant Services Department	312-787-9455 Option 3 www.cdccbenefits.org
Finding a Physician, Hospital or Surgi-Center in the BCBS PPO Network	BlueCross PPO Hospital & Physician Finder	800-810-2583 www.bcbsil.com
All Hospital Admissions (Elective, Emergency, Maternity, etc.)	BlueCross Medical Services Advisory (MSA)	800-255-5192
Free Annual Physical & Health Evaluation for Carpenter and Spouse	Health Dynamics	414-443-0200 www.hdhelpsu.com (username & password: hdhelpsu)
Behavioral Health and Substance Abuse Member Assistance Program (MAP)	ComPsych Guidance Resources®	888-860-1566 www.guidanceresources.com
Prescription Drugs and Mail Order Program	Medco Health Solutions, Inc.	800-939-2089 www.medco.com
Specialty Pharmacy	Medco Health Solutions, Inc. (Accredo Health Group)	800-803-2523
Hearing Aids Discounts	Ear Professionals International Corp. (EPIC)	866-956-5400
Laser Vision Discounts	QualSight	877-507-4448



Service. Security. Stability.

Chicago Regional Council of Carpenters Welfare Fund

12 East Erie Street • Chicago, Illinois 60611

312-787-9455 • Option 3

www.cdccbenefits.org

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

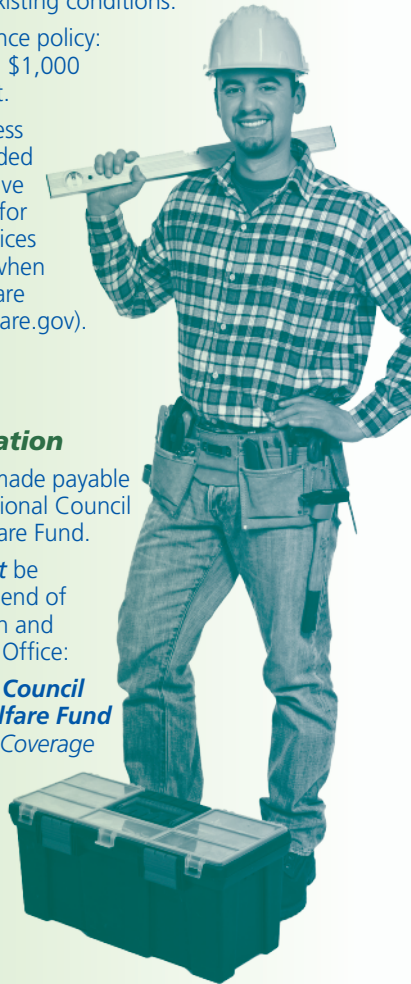
- Affordable monthly payments.
- Protects you and your family from costly medical expenses.
- Quality medical coverage.
- Coverage for pre-existing conditions.
- A secure life insurance policy: \$5,000 for you and \$1,000 for each dependent.
- Preventive & Wellness services recommended by the U.S. Preventive Services Task Force for Grade A and B services are paid at 100% when network providers are used (www.healthcare.gov).
- 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.
- A Comprehensive Health Evaluation through Health Dynamics. This program provides you and your spouse with a comprehensive health evaluation, including an EKG, chest x-ray, blood tests, mammogram, pap screening, prostate screening, and a complete physical examination. The program is offered on an annual basis at no cost to you or your spouse.
- Behavioral Health and Substance Abuse coverage through ComPsych Guidance Resources® using the same network provided under the Active Plan of Benefits so you can continue to use in-network providers to keep your out-of-pocket costs down. In-network referrals and pre-certifications for treatment are required. Also includes Member Assistance Program (MAP) through ComPsych Guidance Resources® offering up to five, free sessions of short-term counseling (not subject to the Plan's Deductible or Coinsurance) for a variety of personal and family issues. Additionally, the MAP provides free financial, legal, work/life, dependent and elder care information and resources.
- Discount pricing on hearing aids through Ear Professionals International Corporation (EPIC) (no benefits will be paid by the Fund).
- Discount pricing on laser vision correction surgery through QualSight (no benefits will be paid by the Fund).
- Life insurance for you and each of your eligible dependents.

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, diagnostic imaging services through DBM, weekly benefit for illness or injury, or accidental death and dismemberment benefits.

Who's Eligible?

- You, your spouse and all eligible dependents up to age 26.
- The Carpenter must be enrolled in the benefit in order to elect coverage for a spouse and/or dependents.

How Much Are the Annual Deductible and Plan Payments?

Deductible – The Plan pays benefits after you pay a \$600 per person Calendar Year Deductible or a \$1,800 family Calendar Year Deductible (for a family of 3 or more). For Behavioral Health and Substance Abuse benefits, you must satisfy a separate Deductible before the Plan begins paying benefits. Calendar Year Deductibles from the Active Plan of Benefits do not carry over to the Low Cost Medical Plan. Covered medical expenses incurred in the last three months of a Calendar Year applied toward the Calendar Year Deductibles will be applied toward satisfying the Calendar Year Deductibles for the next Calendar Year.

Plan Payments – After your Calendar Year Deductible has been satisfied, the Plan will pay 70% of covered charges for a PPO Provider or 50% of covered charges for a Non-PPO Provider. Payment of Non-PPO expenses is based on Usual and Customary charges for covered medical costs with a Coinsurance Maximum of \$7,000 per person or \$21,000 per family. There are separate Coinsurance Maximums for Behavioral Health and Substance Abuse benefits.

What About Benefit Maximums?

There is an annual maximum benefit of \$250,000 per person. It applies to all benefits except prescription drug.

When Will My Medical Plan Benefits End?

Your eligibility for coverage will terminate:

- If your monthly premium payment is postmarked after the coverage 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.

**For Payment, Claim or Benefit
Coverage Questions
Call the Participant Services Department
312-787-9455 • Option 3
or visit www.cdccbenefts.org**

The benefits highlighted in this brochure are effective as of July 1, 2011. 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.

Schedule of Benefits for the Low Cost Medical Plan

These charts highlight some key features of the Low Cost Medical Plan. For information on the current premium rates for this Plan, contact the Welfare Fund Office Participant Services Department at 312-787-9455 and select Option 3.

Comprehensive Medical Benefits: BlueCross BlueShield of Illinois (BCBS)		
	BCBS In-Network PPO Providers	Out-of-Network Non-PPO Providers
Annual Maximum Benefit (applies to all benefits except Prescription Drug)	\$250,000 per Individual	
Coinsurance for hospital & professional fees	70% paid by Plan	50% paid by Plan
Calendar Year Deductible	\$600 per Individual / \$1,800 per Family	
Coinsurance Maximums per Calendar Year	\$7,000 per Individual / \$21,000 per Family	
Penalty for Failure to Pre-certify for Hospital Admission	\$500 per admission	
Ambulance Service	70% paid by Plan	
Chiropractic Care	70% paid by Plan	50% paid by Plan
	Maximum of \$3,000 per Carpenter per Calendar Year Maximum of \$1,000 per Spouse per Calendar Year No coverage for dependent children	
Bariatric Surgery (for weight loss)	70% paid by Plan	50% paid by Plan
	Fund Office MUST be called before any treatment is given and Patient MUST participate in ComPsych's Bariatric Support Service Program (BSSP) and be approved for the surgery	
Diagnostic X-Rays and Lab Tests	70% paid by Plan	50% paid by Plan
Diagnostic Imaging Benefit – MRI, CAT/CT and PET Scans	70% paid by Plan	50% paid by Plan
Durable Medical Equipment (DME)	70% paid by Plan	50% paid by Plan
Emergency Room	70% paid by Plan	
Emergency Room Copayment	\$300 per Emergency Room Visit Waived if Immediately Admitted to the Hospital	
Extended Care/ Skilled Nursing Facility	70% paid by Plan	50% paid by Plan
	Maximum of 120 Days per Convalescent Period	
Hearing Benefit	No Coverage	
Home Health Care , including the initial assessment visit	70% paid by Plan	50% paid by Plan
	Maximum of 120 Days per Convalescent Period	
Home Infusion Therapy (HIT)	70% paid by Plan	50% paid by Plan
Hospice Care	70% paid by Plan	50% paid by Plan
	Lifetime Maximum of 180 days per Individual	
Hospital Inpatient & Outpatient Care	70% paid by Plan	50% paid by Plan
	Maximum of 180 days per Calendar Year for Hospital Confinement	
Infertility Services (Hospital, Physician, Drugs, Treatments, etc.)	70% paid by Plan	50% paid by Plan
	Lifetime Maximum of \$10,000 per Family	

	BCBS In-Network PPO Providers	Out-of-Network Non-PPO Providers
Maternity Care	70% paid by Plan	50% paid by Plan
Outpatient Hospital Surgi-Center Facility	70% paid by Plan	50% paid by Plan
Outpatient Free Standing Surgi-Center Facility	70% paid by Plan	No Coverage
Organ Transplant	70% paid by Plan	50% paid by Plan
Physical, Occupational and Speech Outpatient Therapy for Restorative/ Rehabilitative Therapy (to restore an established function)	70% paid by Plan	50% paid by Plan
Physical, Occupational and Speech Outpatient Therapy for Developmental Disabilities (Habilitative or to teach)	No Coverage	
Preventive/Wellness Care services (e.g., routine screenings, immunizations and counseling services) recommended by the U.S. Preventive Services Task Force for Grade A and B services	100% paid by Plan per Calendar year Calendar Year Deductibles and Coinsurance Maximums do not apply	No Coverage*
Other Preventive/Wellness Care services for preventive/wellness visits, genetic testing and other preventive/wellness services not recommended by the U.S. Preventive Services Task Force for Grade A and B services	Maximum of \$300 per Individual per Calendar Year Calendar Year Deductibles and Coinsurance Maximums do not apply *Note: Routine screening, immunizations & counseling services provided by Out-of-Network Providers will get applied to the \$300 Other Preventive/Wellness benefit	
Reconstructive Breast Surgery (after a covered mastectomy)	70% paid by Plan	50% paid by Plan
Second Surgical Opinion	70% paid by Plan	50% paid by Plan
Surgical Assistants	70% paid by Plan	50% paid by Plan, the maximum allowance is 20% of the surgical procedure
Temporomandibular Joint Care (TMJ)		
<ul style="list-style-type: none"> Physician Services Appliances, and their adjustments, for TMJ and Bruxism (Occlusal) 	70% paid by Plan 70% paid by Plan	50% paid by Plan 70% paid by Plan
	Subject to \$2,000 Lifetime Maximum per Individual	

Prescription Drug Benefits: Medco Health Solutions (Medco)

Very Important: All long-term medications MUST be filled through Medco's mail order program. A maximum of three (3) fills are allowed at a retail pharmacy, thereafter long-term medications will be covered by the Plan only when Medco's mail order program is used.

	Brand Name Prescriptions	Generic Prescriptions
Medco Participating Pharmacy	70% paid by Plan	70% paid by Plan
Quantity Limitations		
Retail	30 day supply or 100 units, whichever is less	
Mail Order	90 day supply	
Medco Specialty Care Pharmacy	70% paid by Plan	

Behavioral Health & Substance Abuse Benefits: ComPsych Guidance Resources®

	ComPsych In-Network Provider	Out-of-Network Providers
<i>Coinsurance</i>	70% paid by Plan	50% paid by Plan
<i>Calendar Year Deductible</i>	\$600 per Individual / \$1,800 per Family	
<i>Coinsurance Maximums per Calendar Year</i>	\$7,000 per Individual / \$21,000 per Family	
<i>Ambulance Service</i>	70% paid by Plan	
<i>Emergency Room</i>	70% paid by Plan	
<i>Emergency Room Copayment</i>	\$300 per Emergency Room Visit Waived if Immediately Admitted to the Hospital	
<i>Hospital Coinsurance for Inpatient and Partial Hospitalization</i>	70% paid by Plan	50% paid by Plan
<i>Hospital Confinement Maximum</i>	180 days per Calendar Year for Inpatient and Partial Hospitalization combined	
<i>Hospital Outpatient Diagnostic Tests</i>	70% paid by Plan	50% paid by Plan
<i>Intensive Outpatient and Outpatient Treatments</i>	70% paid by Plan	50% paid by Plan
<i>Residential, Custodial or Group Homes</i>	No Coverage	

Vision Benefits None

Dental Benefits None

Weekly Benefit for Illness and Injury None

Life Insurance Benefits

Eligible Carpenter \$5,000

Spouse \$1,000

Child \$1,000

Accidental Death and Dismemberment Insurance Benefit None

Keep in mind:

- Only the Carpenter may elect the Low Cost Medical Plan. Spouses and/or Dependents may not individually elect this Plan.
- You may elect the Low Cost Medical Plan only if you lose eligibility under the Welfare Fund Active Plan (except due to Retirement).
- The Low Cost Medical Plan can be elected in place of continuation coverage under COBRA. By electing the Low Cost Medical Plan you are waiving your rights to coverage under COBRA.
- Premium payments are required with the Low Cost Medical Plan and are due on the first of each month. If your premium is not paid by the first of the month, you will receive a grace period through the end of the month in which to pay your premium. If the applicable premium is postmarked by the end of the month (grace period) and the check clears the bank, coverage will continue for that month.
- Covered expenses only include services and supplies when Medically Necessary to treat a Non-Occupational Illness or Injury.
- The amounts charged for Non-PPO medical expenses are subject to the Reasonable and Customary Allowances, as adopted by the Fund Office. Amounts over the Reasonable and Customary Allowance are the Covered Individual's responsibility.
- All hospital, facility and physician services are subject to the Calendar Year Deductibles and Coinsurance Maximums. Additionally, all behavioral health and substance abuse benefits are subject to separate Calendar Year Deductibles and Coinsurance Maximums.
- Covered medical expenses incurred in the last three months of a Calendar Year applied toward the Calendar Year Deductibles will be applied toward satisfying the Calendar Year Deductibles for the next Calendar Year.
- Calendar Year Deductibles and Coinsurance Maximums from the Active Plan of Benefits **do not carry over** to the Low Cost Medical Plan.

