

CARPENTERS DISTRICT COUNCIL OF KANSAS CITY & VICINITY HEALTH PLAN

3100 Broadway, Suite 805 • Kansas City, Missouri 64111
1-816-756-3313 or toll-free at 1-866-756-3313

Important Changes To Your Health Plan Benefits

August 2009

Dear Plan B Participant:

The Trustees of the Carpenters' District Council of Kansas City & Vicinity Health Plan are pleased to announce the following changes in your Health Plan benefits, which provide enhanced coverage for you and your family.

EFFECTIVE JULY 1, 2009:

■ **Adult Wellness Benefit (Routine Adult Physical Examinations, Vaccinations, and Screenings)—for Active Employees, Retirees, and their Dependents age 19 and up.**

To help you identify any potentially serious health problems early on, effective July 1, 2009, the Fund pays 100% of covered charges for routine adult physical examinations, vaccinations, and screenings, up to \$200 per person per year. Any amount over the \$200 annual benefit maximum is subject to the Plan's calendar year deductible and coinsurance amounts, as follows:

<i>Medical Benefits</i>	
Calendar Year Deductible	
PPO Providers	\$350 per person; \$700 family maximum
Non-PPO Providers	\$400 per person; \$1,000 family maximum
Coinsurance	
PPO Providers	Plan pays 80% of Reasonable and Customary Charges; you pay 20%
Non-PPO Providers	Plan pays 60% of Reasonable and Customary Charges; you pay 40%

This benefit will cover such recommended screenings as:

- Breast Cancer Screenings
- Cervical Cancer Screenings
- Colorectal Cancer Screenings
- Prostate Cancer Screenings

■ **Well Child Care, Including Vaccinations—for Dependents of Active Employees and Retirees**

In order to help ensure your dependent children receive appropriate preventive and wellness health care benefits, the Fund pays 100% of covered charges for well child care, up to \$750 per year for the first and second years following birth, and up to \$300 per year for each subsequent year thereafter, through age 18 years. Any amount over the \$750 and \$300 annual benefit maximums is subject to the Plan’s calendar year deductible and coinsurance amounts.

■ **Chiropractic Care—for Active Employees, Retirees, and their Dependents**

Effective July 1, 2009, the annual maximum coverage for chiropractic care increased from \$300 per person per year to \$1,000 per person per year.

The Fund also pays \$100 per person per year for x-rays associated with chiropractic care. Chiropractic benefits are not subject to the Plan deductible or calendar year out-of-pocket maximum.

■ **Emergency Room Services—for Active Employees, Retirees, and their Dependents**

You no longer have to pay a \$150 copay when you visit an emergency room (ER). Services you receive at an ER are subject to the Plan’s calendar year deductible and coinsurance as follows:

<i>Medical Benefits</i>	
Calendar Year Deductible	
PPO Providers	\$350 per person; \$700 family maximum
Non-PPO Providers	\$400 per person; \$1,000 family maximum
Coinsurance	
PPO Providers	Plan pays 80% of Reasonable and Customary Charges; you pay 20%
Non-PPO Providers	Plan pays 60% of Reasonable and Customary Charges; you pay 40%

We recommend that you seek care at a physician’s office or urgent care facility whenever possible. In many instances, the same level of care that is provided in a hospital emergency room can also be received at a physician’s office or urgent care facility—and generally, the care will cost a lot less.

■ **Vision Care—for Active Employees and their Dependents**

Effective July 1, 2009, the maximum benefit the Fund pays for vision care per two consecutive calendar years increased from \$200 per person to \$300 per person.

■ **Coverage for Photorefractive Keratectomy (PRK)—for Active Employees and their Dependents**

You have benefits when you need routine vision care, as well as benefits should you need to undergo a surgical procedure. The Fund now pays 100% of reasonable and customary charges you incur for vision surgery (LASIK), up to \$1,600 per eye, after you’ve met the annual deductible of \$25 per eye.

In addition, effective July 1, 2009, Photorefractive Keratectomy is a covered benefit under the Vision Surgery Benefit. Photorefractive Keratectomy, or PRK, is a type of laser eye surgery used to correct mild to moderate nearsightedness, farsightedness, and/or astigmatism.

■ **Dental Care—for Active Employees and their Dependents**

Proper oral maintenance is essential to your overall health and well-being. The Fund paid 80% of the covered charges you incurred for basic dental services, once you met the calendar year deductible, up to \$1,250 per person per year. Effective July 1, 2009, the Fund pays 90% of the covered charges associated with basic dental services, once you've met the deductible, up to \$1,750 per person per year. Therefore, your dental benefits are as follows:

Dental Benefits	Active Employees and their Dependents
Calendar Year Maximum	\$1,750 per person
Calendar Year Deductible	\$25 per person; \$75 family maximum
Coinsurance:	After deductible, Plan pays:
<i>Preventive Care</i> (includes routine oral exams and x-rays)	100%
<i>Basic Services</i> (includes root canal therapy, extractions, oral surgery, and repairs)	90%
<i>Major Services</i> (includes inlays, crowns, and installation of dentures)	50%
<i>Orthodontic Services</i> (only for dependent children under age 20)	50%
Orthodontic Services Lifetime Maximum	\$1,500

■ **Weekly Accident and Sickness Benefits—for Active Employees Only**

The Fund pays \$300 per week to active employees who are unable to work because of a non-work related injury or sickness. Payments now continue for up to 26 weeks, instead of 13 weeks. Benefits will begin on the first day that you incur an accidental bodily injury or on the eighth day of your total disability, if due to sickness.

Weekly Accident and Sickness Benefits are subject to Social Security, federal income and unemployment taxes and may be included in your gross income for tax purposes. At the end of the year, you will receive a W-2 Form from the Fund that shows the amounts paid and withheld.

Weekly Accident and Sickness Benefits are also subject to all general Plan exclusions and limitations.

EFFECTIVE SEPTEMBER 1, 2009:

■ **Diabetic Supplies—for Active Employees, Retirees, and their Dependents**

To help members diagnosed with diabetes manage the costs associated with their condition, the Plan's Prescription Drug Benefit will include coverage for diabetic supplies, including glucose test strips, syringes, lancets, and alcohol swabs, effective September 1, 2009. The following benefit provisions will apply:

<i>Diabetic Supplies Benefits</i>	
Retail Pharmacy (up to a 34-day supply)	You pay:
Mail-Order (up to a 90-day supply)	15%, from \$10 minimum up to a maximum of \$100 per prescription

In Closing

We recommend that you keep this letter with your important papers, such as your Summary Plan Description (SPD), so that you can refer to it when needed.

If you have questions about these Plan changes, feel free to contact the Fund Office at **1-816-756-3313** or toll-free at **1-866-756-3313**.

Sincerely,
The Board of Trustees

This announcement provides only highlights of recent changes to the Carpenters District Council of Kansas City & Vicinity Health Plan. 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 document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.