

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS

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SUMMARY OF MATERIAL MODIFICATIONS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

To: Active and Retired Participants of the New York City District Council of Carpenters Welfare Fund and their Eligible Dependents

From: Board of Trustees

Date: October 2017

Re: **NYCDCC Welfare Fund Plan Changes**

This Summary of Material Modifications (“SMM”) is intended to notify you of important changes to the New York City District Council of Carpenters Welfare Fund (the “Welfare Fund”). Please read this SMM carefully and share it with your family. You should keep it with your Welfare Fund Summary Plan Description (“SPD”) and other SMMs. The effective dates of the changes are noted in each section of this SMM.

Change in Dental Benefits Effective January 1, 2018

The Trustees have listened to and heard your concerns about having broader access to dental care. In response to your concerns, the Board of Trustees is pleased to announce that effective January 1, 2018, the Fund’s dental program will change from the current in-network only Aetna DMO, to a PPO program offering both in- and out-of-network coverage through Self-Insured Dental Services, Inc. (“ASO/SIDS”). More information on this exciting change will be communicated in the coming weeks and months.

Correction of SPD Language Governing Chiropractic Coverage

Page 57 of the SPD incorrectly states that Empire’s Medical Management Program must be contacted to determine medical necessity of all chiropractic care after the fifth visit. The Plan covers up to 45 chiropractic visits per year without the need for ongoing medical management review.

Change of Employer Trustee

Effective July 1, 2017, John O’Hare of the Building Contractors Association accepted appointment to the Board of Trustees, replacing Paul J. O’Brien.

Reminder about Preventive Care with no Cost Sharing

The Plan will pay 100% of the costs incurred for certain preventive services provided by an in-network provider. This means that these services will not be subject to any deductible, and you will not have to pay any cost sharing, such as a copayment. You may, however, be required to pay a copayment if the primary purpose of an office visit to a provider is not to receive the preventive service, or for a visit that is billed separately from the preventive service.

To view a list of preventive services covered with no cost sharing, please visit the following website: <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Note that the list of preventive services that are covered without cost sharing might change periodically as the standards change.

To find out if a particular preventive service will be paid at 100% when provided by an in-network provider, contact Empire BlueCross BlueShield at (844) 416-6387, Express Scripts at (800) 939-2091, or the Fund Office at (800) 529-FUND (3863).

Reminder of Out-of-Network Emergent Claims Process for Empire BlueCross BlueShield

The Board of Trustees cannot stress enough the importance of selecting in-network providers for all of your healthcare needs. Selecting an in-network provider both limits your out-of-pocket expense and guarantees the most efficient use of the Plan's limited assets, which in turn means lower increases in health costs that ultimately are paid out of the hourly wage package. Importantly, using an in-network provider also protects you and your family from potentially high bills that can happen when an out-of-network provider "balance bills" you for the portion of charges not covered by the Plan. You can find an Empire participating provider online at www.empireblue.com.

However, we realize that there are certain emergency instances where you have no choice but to receive medical care from an out-of-network provider. If you receive a bill that arises from your use of an out-of-network provider in an emergency situation, please contact Empire and request that Empire seek to negotiate a settlement with the provider. You can call Empire at (800) 553-9603 or contact Empire in writing at:

Empire BlueCross BlueShield Appeals and Grievance Department
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

Once a grievance has been filed, Empire will review your claim to validate that it meets Empire's definition of an emergency out-of-network claim. If it does, Empire will attempt to reach the provider or facility to negotiate settlement. If a settlement is reached, Empire will send you a revised Explanation of Benefits indicating that you have no further payment obligation.

It is important to note that this negotiation service does not guarantee resolution of your claim. In some cases, Empire may determine that the claim in question does not meet its definition of an emergency claim. In no event will additional payments be made to out-of-network providers for non-emergent out-of-network claims. In other cases, the provider or facility may not be willing to negotiate. If this bill negotiation service does not settle your claim, you as a participant retain your right to appeal to the Appeals Committee as outlined in your SPD.

Questions?

If you have questions for the Fund Office, you can call the Member Services Department at (800) 529-FUND (3863), Monday through Thursday from 8:00 a.m. to 5:30 p.m. and Friday from 8:00 a.m. to 5:00 p.m.

This SMM contains only highlights of certain features of the New York City District Council of Carpenters Welfare Fund. Full details are contained in the SPD and other SMMs. The Board of Trustees reserves the right to terminate, suspend, reduce or otherwise modify benefits at any time.