Carpenters Care
NEWSLETTER

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Health Care Reform Effective January 1, 2011

The Patient Protection and Affordable Care Act (PPACA) is effective January 1, 2011 for the Carpenters Health and Security Plan of Western Washington. This new law was designed, in part, to increase the number of insured Americans and to keep those insured individuals covered longer. To this end, the Carpenters Health and Security Plan was required to make several eligibility and benefit changes to comply with the new law. Some changes will be effective on January 1, 2011 as described in this newsletter while others will be phased into operation over the next three calendar years. Look for more information online at: www.ctww.org and in future editions of Carpenters Care.

These eligibility and benefit changes are expected to increase the overall cost of benefits provided by this plan by 3-7% per year. The Board of Trustees has preserved certain benefit limits, in a form permitted by the new law, in an effort to maintain the financial health of the plan. You will recall that employer contributions, on declining hours, with no scheduled increase in the hourly contribution rate, is the major source of funding for this plan.

The following eligibility and benefit changes will be effective January 1, 2011.

Annual Maximum Increased to $750,000 In 2011

Effective January 1, 2011, the plan maximum will increase from $325,000 to $750,000.

Physical Examinations and Preventive Health Services

Effective January 1, 2011, the annual maximum for physical examinations will be removed and all physical examinations will be subject to a "preventive health benefit schedule" developed using the U.S. Preventive Health Services Task Force recommendations (please see chart beginning on next page). Your preventive examination is an important opportunity to periodically review health and behavioral risk factors, and to obtain information and advice on how to achieve and maintain optimum health through active participation in preventive care.

In This Issue

Employee Health Plan – Participant, Spouse and Domestic Partner (100%)

Physical examination services are paid at 100% and ***are not*** subject to the annual deductible, office visit copayment(s) or annual coinsurance. There is no annual maximum for this benefit but services must fall within the services described in the chart beginning on the next page.

Employee Health Plan – Well-Baby and Other Children (90%)

Physical examination services ***are not*** subject to the annual deductible but ***are*** subject to the office visit copayment(s) and annual coinsurance. There is no annual maximum for this benefit but services must fall within the services described in the chart below.

Retiree Health Plan – Participant, Spouse and Domestic Partner *Without* Medicare (90%)

Physical examination services ***are*** subject to the annual deductible, office visit copayment(s) and annual coinsurance. There is no annual maximum for this benefit but services must fall within the services described in the chart below.

Retiree Health Plan – Participant, Spouse and Domestic Partner *With* Medicare (90%)

Physical examination services ***are*** subject to the annual deductible and annual coinsurance. There is no annual maximum for this benefit but services must fall within the services described in the chart below.

The chart below identifies the specific services and the frequency of those services that will be covered.

For All Adults (Ages 19 and Older)	
Type of Service	Frequency
Health Evaluation	Every 3 years for children ages 19-25; annually for participants, spouses and domestic partners.
Blood Glucose Test	Every 3 years for children ages 19-25; annually for participants, spouses and domestic partners.
Total Lipid Profile Test	Every 3 years for children ages 19-25; annually for participants, spouses and domestic partners.
Fecal Occult Blood Test	Annually beginning at age 50.
General Health and Basic Metabolic Panel	Every 3 years for children ages 19-25; annually for participants, spouses and domestic partners.
Digital Rectal Examination	Annually beginning at age 40.
Colorectal Cancer Screening	Beginning at age 50, annual fecal occult blood test plus one of the following screening options: ■ Flexible sigmoidoscopy every 5 years; or ■ Colonoscopy every 5 years; or ■ Double contrast barium enema every 5 years.
Influenza Vaccine	Annually.
For Women	
Gynecological Examination	Annually beginning at age 18 or earlier if sexually active.
Mammography	Baseline mammogram test once between ages 35 and 40. Annually beginning at age 40.
Pap Smear Test	Annually beginning at age 18 or earlier if sexually active.
Chlamydia Screening	Annually beginning at age 18 or earlier if sexually active (usually done during a routine gynecological exam).
Clinical Breast Examination	Annually beginning at age 18.

Type of Service	Frequency
Human Papillomavirus Vaccine (HPV)	This three-dose series is given over a six-month period, for young adolescents and women between ages 9 and 26.
Thyroid Test (TSH)	Every 5 years beginning at age 35.
Osteoporosis Screening (bone mass measurement test)	Once every 2 years for post menopausal women.
For Men	
Clinical Testicular Examination	Annually and recommended during well child visit and health examination.
Prostate-Specific Antigen (PSA) Test	Annually beginning at age 50 or earlier if determined to be at high risk.
Abdominal Aortic Aneurysm Screening Ultrasound	Once in a lifetime for men ages 65 through 75 who smoke or previously smoked.
Osteoporosis Screening (bone mass measurement test)	Once every 2 years for men age 70 and older.
Additional Tests and Immunizations For Men and Women	
Tetanus Diphtheria (Td) or Tetanus, Diphtheria and Acellular Pertussis (Tdap) Booster Shot	Every 10 years after age 18.
Pneumococcal Polysaccharide Vaccine (PPSV)	Once on or after reaching age 65. Starting at younger age for certain risk factors.
Shingles Vaccine (Herpes Zoster)	A single dose for adults age 60 and older.
Hearing Test	Once on or after reaching age 65.
Visual Acuity/Glaucoma Tests	Every 3 years beginning at age 65.
Screening Urinalysis	Annually.
Well Baby and Child Care	
Well Baby Visits	Total of 9 visits: At birth, 1 month, 2 months, 4 months, 6 months, 8-10 months, 12-15 months, 18 months, and 2 years.
Well Child Visits	3 visits between ages 3 and 6; then every 2 years between ages 7 and 18.
Ophthalmic Antibiotics	At birth.
Haemophilus Influenzae Type B Vaccine (Hib)	This four-dose series is given at 2 months, 4 months, 6 months, and 12-15 months.
Rotavirus Vaccine (RV)	If RotaTeq is used, this three-dose series is given at 2 months, 4 months and 6 months. If Rotarix is used, only 2 doses are needed: at 2 months and 4 months.
Diphtheria, Tetanus, Pertussis Vaccine (DtaP)	At 2 months, 4 months, 6 months, 12 months, and once between ages 4 and 6.
Influenza Vaccine	Annually beginning at 6 months, at physician's discretion.

Type of Service	Frequency
Measles, Mumps, Rubella Vaccine (MMR)	This two-dose series is given between 12 and 15 months and once between ages 4 and 6.
Inactivated Poliovirus Vaccine (IPV)	Given at 2 months, 4 months, 6-18 months, and a booster between ages 4 and 6.
Tetanus-Diphtheria (Td) Booster or Tetanus Diphtheria-Pertussis (Tdap) Booster	A dose of Td is given once between ages 14 and 16 and once every 10 years after age 18. A dose of Tdap is recommended for adolescents ages 11 to 18 years who have not yet gotten a booster dose of Td.
Hepatitis A Vaccine (HepA)	This two-dose series is given at least 6 months apart, between ages 12 and 23 months.
Hepatitis B Vaccine (HepB)	A series of 3 shots between birth and 18 months. The series can be obtained though age 18 if not previously completed.
Varicella Vaccine (Chickenpox)	A two-dose series is given at 12 to 15 months and the second dose between 4 and 6 years of age (the second dose may be given earlier if at least 3 months after the first dose). Over the age of 13 years, a two-dose series is recommended 4 to 8 weeks apart.
Meningococcal Vaccine (MCV4)	A single dose is recommended for children 11 through 18 years of age. It is normally given at ages 11 to 12 years.
Hemoglobin and Hematocrit Blood Test	Once before age 2 years; then, between 24 months and 4 years, between 7 and 12 years, and between 13 and 18 years.
Urinalysis	Recommended between ages 2 and 18 during well child visit.
Tuberculosis Test	Once between ages 2 and 6 years.
Vision Test (not for eye prescriptions)	Once between ages 7 and 12 years.
Hearing Test	At birth, and once between ages 2 and 6 years.
Eye Exam (test for amblyopia and strabismus)	Once between ages 2 and 6 years.
Phenylalanine, Thyroxine, Thyroid-Stimulating Hormone	Within the first 3 to 6 days of life.
Pneumococcal Conjugate Vaccine (PCV)	Series of 4 doses, 1 dose at each of these ages: 2 months, 4 months, 6 months, and 12-15 months.

Additional screening tests conducted for patients who are considered “at risk” are not part of the basic preventive benefit but may be covered under the normal plan benefit subject to the annual deductible and coinsurance. If you have a condition that requires yearly check-ups, the check-up will be covered subject to the annual deductible, copayment(s) and coinsurance.

Medicare will provide free preventive care services, including an annual physical in 2011. If you or your dependent is Medicare eligible, follow the Medicare guidelines as your primary source of medical coverage.

Most Children Eligible Through Age 25

Effective January 1, 2011, most children currently covered under the plan may continue to be eligible through age 25. The previous "limiting ages" under this plan were age 19 or, if a full-time student, age 24. In addition to increasing the limiting age, the law also eliminated most of the requirements necessary to qualify. For example, a child is no longer required to satisfy a financial, residency or student status test to qualify, except in the case of legally placed children.

A child age 18 and older who has access to employer-sponsored coverage either through his or her employer or a spouse's employer is not eligible, unless that child is a full-time student. This exception is allowed because of the plan's "grandfathered" status (please see "Important Notice About Grandfathered Status" on page 6).

A Child Enrollment Form was mailed to all participants with January 2011 eligibility. If you have a child who qualifies for enrollment under this new provision, please enroll that child as soon as possible.

As a reminder, the following children qualify under this plan:

- Natural children.
- Legally adopted children, including children placed with you for adoption before the adoption is finalized.
- Stepchildren.
- Children of domestic partners.
- Legally placed children meaning any child who is placed with you by an authorized placement agency, or by judgment, decree, or other court order specifying you have legal custody.
- A noncustodial child who is under age 26 who you are required to cover by virtue of a court or administrative agency's issuance of a Qualified Medical Child Support Order (QMCSO).
- A child age 26 and older that is permanently and totally disabled. The child must have the same principal place of residence as you, and must not provide over one-half of his or her own support for the calendar year. Please see the plan booklet for details about enrollment for these children.

The enrollment process and the documentation requirements remain essentially unchanged. The Trust Office will require an annual attestation from each participant regarding his or her child's eligibility for employer-sponsored insurance.

Annual Dollar Limits Changed to Visit Limits

Effective January 1, 2011, the annual dollar limits will be changed to visit limits on the benefits described below. These benefits will continue to be subject to the annual deductible and the appropriate coinsurance. Please see your plan booklet or go to www.ctww.org for benefit details. These changes were made in compliance with healthcare reform:

Allergy Testing

Effective January 1, 2011, blood testing for allergies is limited to 12 allergens. Skin testing for allergies (prick/puncture and intradermal) is limited to 60 allergens. Repeat tests will be allowed annually. Prior to January 1, 2011, allergy testing was limited to an annual maximum of $600.

Autism

Effective January 1, 2011, benefits are provided for a combined annual limit of 15 visits. This benefit is for children age 12 and under. Prior to January 1, 2011, treatment for autism spectrum disorders was limited to an annual maximum of $1,500.

Chemical Dependency

Effective January 1, 2011, the following services are covered within the specified limits:

- Medically necessary detoxification.
- Intensive inpatient treatment, not to exceed 28 days in a 24-month period.
- Intensive outpatient treatment, not to exceed 36 visits in a 24-month period.
- Relapse prevention, not to exceed 12 visits in a 24-month period.

No more than three episodes of treatment will be covered in a lifetime. Medically necessary detoxification in a life threatening situation will not count toward the lifetime frequency maximum. The plan will continue to cover these services and supplies at 80% with 20% coinsurance paid by the patient. Prior to January 1, 2011, there was a $10,000 lifetime maximum for the treatment of chemical dependency. This lifetime maximum applied to services and supplies received under the Employee Health Plan and the Retiree Health Plan.

Chiropractic

Effective January 1, 2011, the following services will be covered:

- Initial office call and evaluation per medical episode.
- Initial plane film diagnostic x-rays of the spine.
- 24 spinal manipulations annually.

Prior to January 1, 2011, chiropractic care was limited to an annual maximum of $750.

Home Health Care

Effective January 1, 2011, a combined total of 30 visits (RN or LPN, and physical, speech, occupational or respiratory therapy) will be covered. Medical supplies billed by an approved home health agency will be paid under normal plan benefits. Prior to January 1, 2011, home health care was limited to an annual maximum of $5,000. The annual maximum for those with Medicare was $1,500.

Neurodevelopmental Testing

Effective January 1, 2011, benefits are provided for a combined annual limit of 15 visits. This benefit is for children age six and under. Prior to January 1, 2011, there was an annual maximum of $1,500.

Inpatient Rehabilitation

Effective January 1, 2011, benefits are provided for 15 inpatient days annually. Prior to January 1, 2011, there was an annual maximum of $24,000 for inpatient care.

Outpatient Rehabilitation

Effective January 1, 2011, benefits are provided for 30 outpatient visits annually for services received within 12 months from the onset of the illness, injury or surgery that made the rehabilitative services necessary. Prior to January 1, 2011, there was an annual maximum of $2,000 for outpatient care.

Skilled Nursing Facility

Effective January 1, 2011, benefits for patients *without* Medicare are provided for a maximum of 25 days per calendar year. Prior to January 1, 2011, there was an annual maximum of $10,000.

Effective January 1, 2011, benefits for patients *with* Medicare are provided for days 21-100 (Medicare covers the first 20 days in full). In no event will the plan cover more than 80 days annually or during the same benefit period (as defined by Medicare). Prior to January 1, 2011, there was an annual maximum of $10,000.

Important Notice About "Grandfathered" Status

The Carpenters Health and Security Trust of Western Washington believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at PO Box 1929, Seattle, WA 98111. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Notice About the Early Retiree Reinsurance Program

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

Michelle's Law

Michelle's Law is named after Michelle Morse. Michelle was a full-time college student in New Hampshire when she was diagnosed with colon cancer. Knowing the toll that chemotherapy treatments would have on her ability to complete her course work, doctors recommended that she cut back on her course load. However, if she cut back on her class load or dropped out of school altogether, she would lose her insurance coverage or be forced to pay expensive COBRA premiums. If she stayed enrolled, she would compromise her recovery and scholastic performance. Against the advice of doctors, Michelle continued her course load to remain eligible for insurance benefits. She died in 2005, just one month shy of her 23rd birthday.

The Morse family successfully lobbied the state legislature to amend the law in 2006. Other states followed suit. On October 8, 2008, H.R. 2851 – also known as Michelle's Law – was signed into law. It became effective October 9, 2009. Under Michelle's Law, a qualified student attending a post-secondary educational institution may be eligible for continued coverage under the Carpenters Health and Security Plan if the student suffers a serious illness or injury that otherwise prevents him or her from attending school on a full-time basis. To qualify, the student and his or her physician must complete an application and return it to the Trust Office. The application must be received by the Trust Office within 60 days from the onset of the illness or injury. The Trust Office will review your application and notify you, in writing, if it is approved or denied. If approved, your college student may have continued coverage through the end of the current semester or longer, but not to exceed one year.

Effective January 1, 2011, this provision generally applies to legally placed children only. Other covered children generally maintain eligibility without full-time student status.

Visit the Trust Office

Carpenters and their spouses and dependents are always welcome to visit the Trust Office in Seattle to get personal assistance with health, pension, vacation and apprenticeship benefits.

There is easy access to the building on Sixth Avenue, which is a one-way street. And, there's free parking in the garage on the north side of the building. Just bring your parking stub to the Trust Office on the third floor for validation.

Carpenters Trusts of Western Washington
2200 Sixth Avenue, Suite 300 ■ Seattle, WA 98121
Hours: 8 a.m. to 5 p.m. Monday through Friday
Seattle area: (206) 441-6514 ■ Nationwide: (800) 552-0635

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New Dollar Bank Calculator On the Web

Have you checked out the Carpenters Trusts website recently? There's a new and improved calculator to help you determine eligibility before recently worked hours are reported to the Trust Office. This enhanced version of the calculator automatically loads your personal data based on the most recent information on file with the Trust Office.

- Go to www.ctww.org.
- Click the Dollar Bank Calculator link.
- Enter your PIN (personal identification number). Your PIN is in the bottom left corner of the first page of your quarterly benefit statement. It will change with each quarterly benefit statement.
- The eligibility data currently on file at the Trust Office is autofilled.
- Enter additional hours by work month to determine future eligibility.

You can also review your work history and employer contributions from June 2009 forward, and review your current and projected pension benefits on the enhanced pension calculator.