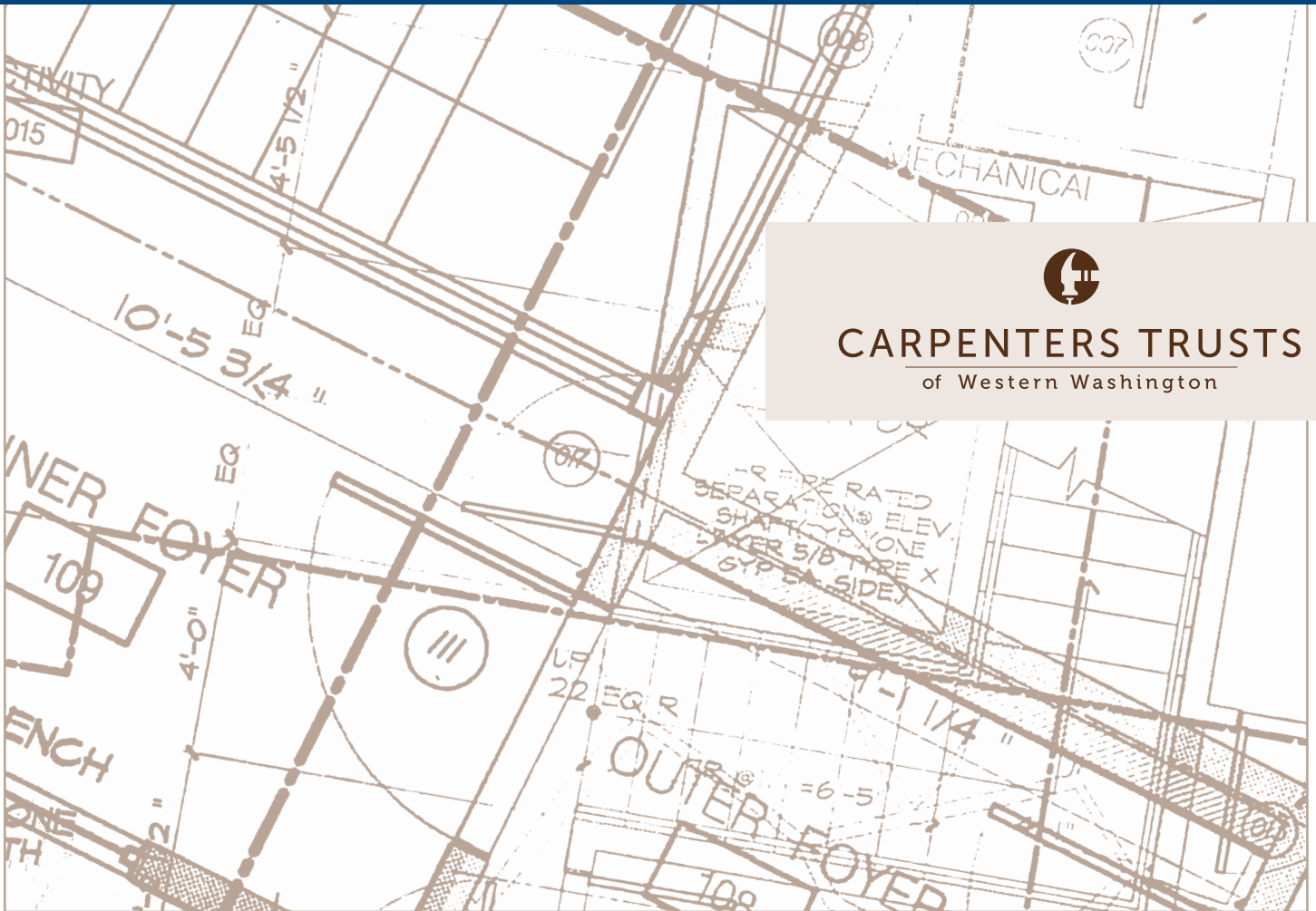


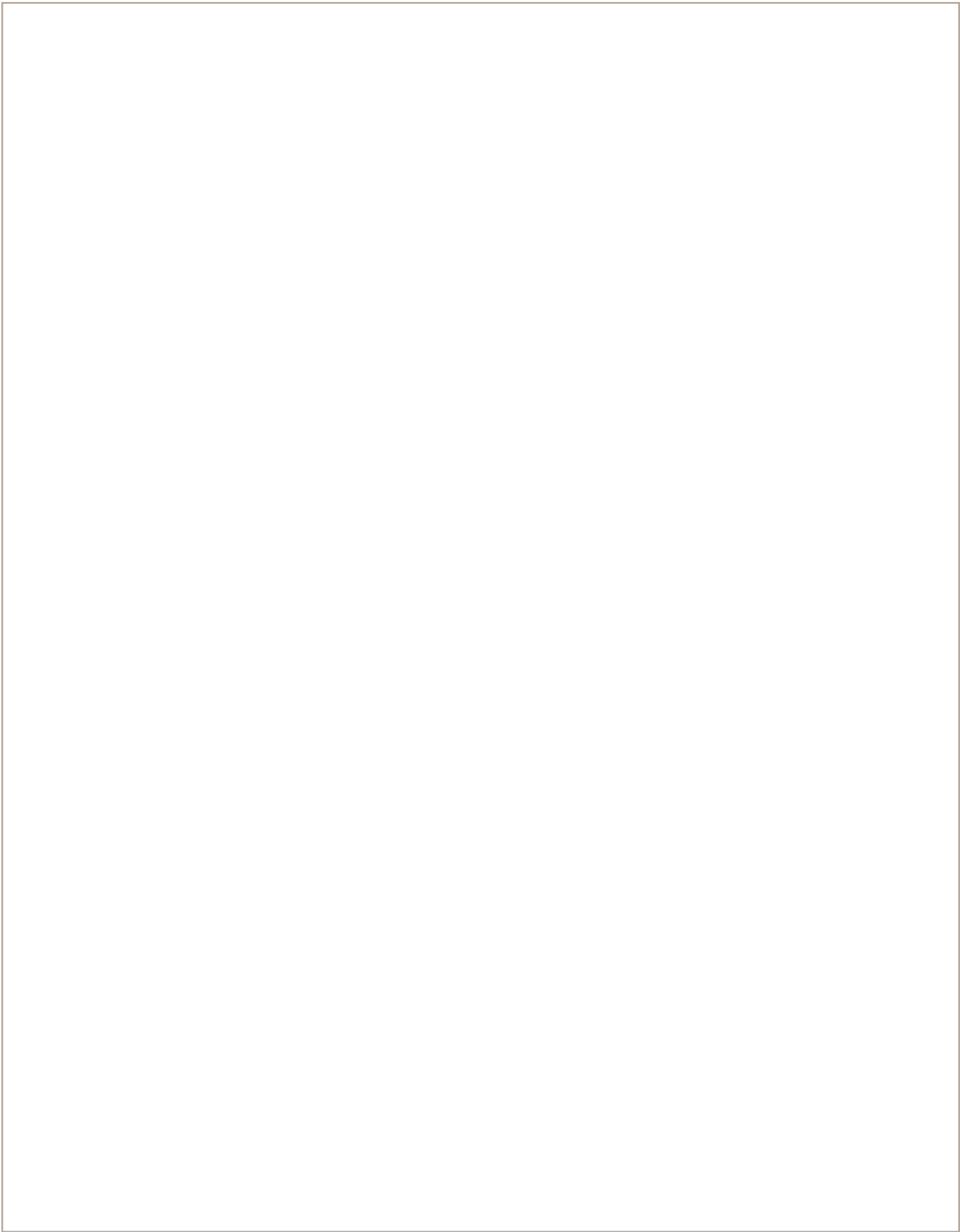


CARPENTERS HEALTH AND SECURITY PLAN OF WESTERN WASHINGTON

Summary of Benefits



CARPENTERS TRUSTS
of Western Washington



CARPENTERS HEALTH AND SECURITY PLAN OF WESTERN WASHINGTON

Summary of Benefits

INTRODUCTION

The information below is a summary of the Carpenters Health and Security Plan of Western Washington and an overview of how this transition will unfold over the next couple of months and through the end of the year. Your transition to the Carpenters Health and Security Plan will be effective September 1, 2021 at which time your eligibility, benefits and claims will be administered by Carpenters Trusts of Western Washington (Carpenters Trusts). We want you to become familiar with your new benefit package, how eligibility is determined and who you should talk with if you have questions or concerns about your new benefits and services. We encourage you to read the information in this package but otherwise no action is required on your part.

Kaiser participants please note: If you and your dependents have coverage through **Kaiser** you will continue to participate in that program. Your medical benefits will not be changing on September 1. If you are enrolled in Kaiser, please disregard the Plan's medical benefits described in this notice.

KEY TRANSITION DATES

July 1, 2021 – The merger of the Oregon-Washington Carpenters-Employers Health and Welfare Trust with the Carpenters Health and Security Trust of Western Washington is effective on July 1, 2021. However, you will continue to be covered under the Oregon-Washington Carpenters-Employers Health and Welfare Plan through August 31, 2021, provided you remain eligible. Until the end of August, your health and welfare questions should still be directed to the William C. Earhart Company: (877) 396-2947.

August 25, 2021 – You will receive a new Regence ID card. Please remember to show your provider(s) the new card for any appointments or admissions on and after September 1, 2021 so claims can be processed at the Carpenters Health and Security Plan's higher reimbursement rate. This new ID card will also have updated information for your prescription drug benefits and telephone numbers for other service providers.

September 1, 2021 – If you would have been eligible for health coverage under the Oregon-Washington Carpenters-Employers Health and Welfare Plan in September, you will automatically be eligible for coverage under the Carpenters Health and Security Plan of Western Washington in September. Similarly, if you would have had future eligibility under the Oregon-Washington Carpenters-Employers Health and Welfare Plan's hour bank system, that future eligibility will also be transferred to the Carpenters Health and Security Plan of Western Washington. Carpenters Trusts of Western Washington will begin processing medical and time loss claims with dates of service on and after September 1, 2021. All other benefits and services, including prescription drug, dental, vision, time loss, and life and accidental death and dismemberment benefits, will also be administered by this Plan on and after September 1, 2021. The information below is a summary of these benefits and services.

November 1, 2021 – New Carpenters Health and Security Plan booklets will be mailed to all participants and retirees. Open enrollment will begin for electing between the Carpenters Health and Security Plan and Kaiser for January 2022 medical benefits.

PLAN OVERVIEW

The Carpenters Health and Security Plan of Western Washington provides benefits to you and your eligible dependents as part of your negotiated fringe benefit package. The information below is a summary of this Plan. We will provide you with a copy of the new plan booklet in November 2021. Meanwhile, Plan information is available on the Carpenters Trusts's website: www.ctww.org.

TRANSITION FROM HOUR BANK ELIGIBILITY TO DOLLAR BANK ELIGIBILITY

If you would have had eligibility under the Oregon-Washington Carpenters-Employers Health and Welfare Plan on September 1, 2021, you will automatically have eligibility under the Carpenters Health and Security Plan of Western Washington on September 1, 2021. Similarly, your future eligibility under your hour bank in the Oregon-Washington Carpenters-Employers Health and Welfare Plan will automatically be converted to future eligibility under the Carpenters Health and Security Plan of Western Washington as described below.

The Carpenters Health and Security Plan provides eligibility under a dollar bank system. The dollar bank system is similar to the hour bank system the Oregon Plan uses except, as the name implies, it uses dollars to determine eligibility instead of hours. Under the Oregon Plan, the cost of a month of coverage is 120 hours. Under the Washington Plan, the cost of a month of coverage will be \$1,000. The \$1,000 was determined by multiplying 120 hours by an hourly contribution rate of \$8.33 and rounding to the nearest dollar.

Here's How Dollar Bank Eligibility Works

The dollar bank works similarly to your current hour bank. Employer contributions made on your behalf are added to your dollar bank account. Your current and future eligibility are calculated based on the balance of this account. The amount credited to your dollar bank account equals the contributions received from employers. When you earn additional contributions, these contributions are added to your dollar bank and will provide you with eligibility in future months (typically the first of the following month).

For example, the June 1, 2020 Area Master Agreement in Oregon calls for an employer contribution of \$8.36/hour to the Plan. If, for example, you work 160 hours in July 2021 for an employer who is signatory to the Oregon Area Master Agreement, \$1,337.60 is submitted to the Plan on your behalf (160 hours x \$8.36/hour = \$1,337.60) in August 2021, which will provide you with coverage in September 2021.

Once you gain eligibility, you must have \$1,000 or more in your dollar bank account for the upcoming month of eligibility.

Monthly Dollar Bank Deduction

Effective for September 2021 dollar bank eligibility, the dollar bank deduction for Oregon participants will be \$1,000/month. This amount is equivalent to the current 120 hours required for a month of eligibility under the Oregon Plan's hour bank.

Maximum Dollar Bank Amount

Effective September 1, 2021, the maximum dollar amount an Oregon participant can have in the dollar bank account is \$8,000, or eight months of coverage. If, in August 2021, you would have had nine months of future eligibility under the hour bank system, you will have nine months of future eligibility under the dollar bank system. If you ever drop below nine months of future eligibility, your new maximum will be eight months.

Initial Eligibility

If you are not yet eligible under the Oregon-Washington Carpenters-Employers Health and Welfare Plan on September 1, 2021, your hour bank will convert to a dollar bank in the Carpenters Health and Security Plan of Western Washington and you will gain initial eligibility as follows:

- Future hourly contributions from your employer(s) are added to your dollar bank account.
- For initial eligibility, you must have \$3,000 or more added to your dollar bank account within a three-month period. The fourth month is the “lag month.” This is the time required for your employer to send updated contribution records to the Plan and the time required for the Plan to process those records. In all cases, at least \$1.00 of contributions must be earned in the first month of the three-month period.
- Once you earn \$3,000 or more in your dollar bank within a three-month period, you will be eligible for benefits beginning on the first day of the fifth month. The number of months of eligibility is based on the amount in your dollar bank and the current dollar bank deduction rate.
- Any hours accumulated in your hour bank under the Oregon-Washington Carpenters-Employers Health and Welfare Plan prior to the conversion will be considered for meeting the \$3,000 or more requirement in the three-month period.

For example, if you work 120 hours/month in July, August and September, and the contribution rate to your dollar bank is \$8.36/hour, your dollar bank will accumulate \$3,009.60 over that three-month period. Because your dollar bank has at least \$3,000, you will be eligible beginning on November 1, 2021. October 2021 is the lag month. You will then have three months of eligibility (November, December and January). You then must have \$1,000 in your dollar bank no later than January 31, 2022 to be eligible for a fourth month (February 2022), and so on for future months.

When Eligibility Ends

Your eligibility ends on the first day of any month your dollar bank account has less than \$1,000. Your dollar bank balance will remain in place for up to 12 months. If you do not regain a month of coverage during the 12 months, your dollar bank will be forfeited, and you will then need to satisfy the initial eligibility requirements set forth above. If you lose eligibility under the dollar bank system, you may qualify for Self-Contribution Coverage or COBRA Continuation Coverage.

Other Eligibility Statuses

If you are currently eligible in the Oregon-Washington Carpenters-Employers Health and Welfare Plan as an associate employee, or you have continuation coverage as a survivor (24 months), or due to disability (6 months) or you are on COBRA (18, 36 or 29 months), you will be able to maintain your eligibility for the remainder of your eligibility period with no increase to the contribution rates through January 1, 2022. If you currently have premium-free COBRA coverage under ARPA, the pre-ARPA rates will apply effective October 1, 2021.

Current Reciprocity

If you are currently reciprocating contributions between Oregon and Washington, your reciprocity will end on July 1, 2021. Going forward, the Plan will identify you as an Oregon or Washington participant based on your mailing zip code on file with Carpenters Trusts of Western Washington. Your dollar bank deduction will be based on your mailing zip code.

ENROLLMENT PROCESS

You and your family (if applicable) are automatically enrolled in the Carpenters Health and Security Plan of Western Washington based on your enrollment in the Oregon-Washington Carpenters-Employers Health and Welfare Plan. As a result of the merger, we will have electronic access to your enrollment documents but may request additional documents if necessary.

PLAN DESIGN AND YOUR OUT-OF-POCKET EXPENSES

The Carpenters Health and Security Plan of Western Washington covers you and your dependents for a wide range of medical services and supplies including preventive care, physician services, inpatient care, chiropractic care, prescription drugs, and life and accidental death and dismemberment insurance. If you have dollar bank eligibility, this plan also provides coverage for dental and orthodontic care, time loss benefits and routine vision. While the Carpenters Health and Security Plan was designed to cover the majority of medically necessary expenses, you and each dependent must share the cost of some of these expenses with an annual deductible, various copayment and coinsurance expenses, and expenses which exceed benefit or scheduled maximums. These “out-of-pocket” expenses are described below.

Provider Network

Your provider network is not changing. If you participate in the Oregon-Washington Carpenters-Employers Health and Welfare Plan’s self-insured program, you will continue to be able to see Regence network providers. If you participate in the Kaiser plan, you will continue to be able to see Kaiser providers.

Annual Deductible

The \$200 annual deductible is the amount of covered medical expenses you must pay each calendar year before the Plan pays benefits. Each person covered under the Plan has his or her own \$200 annual deductible. When you and your dependents have paid a combined deductible expense of \$400 in a calendar year, no further deductible is required for any family member during that calendar year. If you incur deductible expenses in the last three months of a calendar year, those expenses will also apply toward your annual deductible for the next calendar year. This is known as the deductible “carryover.” Any deductible met in 2021 under the Oregon Plan prior to September 1 will count toward your 2021 annual deductible under this Plan.

Coinsurance

After you satisfy your \$200 annual deductible, you share a percentage of the remaining covered expenses with the Plan. This is called coinsurance. All coinsurance is based upon the maximum allowable fee as defined by the Plan document. There are three coinsurance payment levels depending on (1) the type of service or supply received; (2) if the provider is network or non-network; and (3) the type of health care provider used:

- **90% – 10%** If you use a network provider, most covered medical expenses are paid at 90% of the maximum allowable fee by the Plan and at 10% of the maximum allowable fee by the patient. When

the patient's coinsurance reaches \$2,300 in a calendar year, benefits that would otherwise be paid at 90% are paid at 100% for the remainder of that calendar year.

- **80% – 20%** If you use a non-network provider, most covered medical expenses are paid at 80% of the maximum allowable fee by the Plan and at 20% of the maximum allowable fee by the patient. These non-network provider coinsurance payments do not apply toward the \$2,300 or \$4,600 annual coinsurance maximums. Even though there are network chiropractors, covered chiropractic expenses are paid at 80% by the Plan and at 20% by the patient.
- **50% – 50%** Covered orthognathic surgery and TMJ/MPDS expenses are paid at 50% by the Plan and at 50% by the patient. These services always require 50% coinsurance and TMJ/MPDS coinsurance payments do not apply toward the \$2,300 or \$4,600 annual coinsurance maximums.

Copayments

The patient is responsible for certain copayment expenses each time certain covered medical expenses are incurred. Each person covered under the Plan has his or her own copayments. Copayments do not apply toward the \$200 annual deductible or \$2,300 annual coinsurance maximum.

- The patient is responsible for a \$10 copayment when a network provider bills an office visit.
- The patient is responsible for a \$20 copayment when a non-network provider bills an office visit.
- The patient is responsible for a \$200 copayment for inpatient admissions at a non-network facility.
- The patient is responsible for a \$50 copayment for an emergency room visit. If the patient is admitted as an inpatient directly following treatment in the emergency room, the \$50 copayment is waived.

Out-of-Pocket Maximums For Medical

Each person covered under the Plan has his or her own \$4,000 out-of-pocket maximum. The following expenses accumulate towards the medical out-of-pocket maximum:

- Network coinsurance – \$2,300/person and \$4,600/family.
- Annual deductible – \$200/person and \$400/family.
- Network office visit copayment – \$10/office visit.
- Emergency room copayment – \$50/visit.

When you and your dependents have paid a combined out-of-pocket maximum of \$8,000 in a calendar year for the out-of-pocket expenses listed above, no further out-of-pocket payment for these expenses is required for any family member during that calendar year. Out-of-pocket expenses incurred from non-network providers do not apply to these out-of-pocket maximums. Expenses incurred under the Oregon Plan in 2021 prior to September 1 will count toward out-of-pocket maximums for 2021 under this Plan

Medical Plan Maximums

The following services and supplies have specific maximums:

- Allergy testing – Annual maximum of 12 blood tests and 60 skin tests.
- Chiropractic care – Annual maximum of 24 visits combined with acupuncture and massage therapy. Acupuncture and massage therapy benefits are not available under Retiree Coverage for those with Medicare.

- Hearing aids – Maximum of \$1,000 per ear paid in any three consecutive year period. The hearing aid benefit is not available under Retiree Coverage.
- Home health care – Annual maximum of 30 visits.
- Hospice care – Maximum of 14 inpatient days for hospice care. Skilled care in the home is limited to 60 visits. Respite care is limited to 120 hours per three-month period.
- Orthognathic surgery – Lifetime maximum of \$5,000. The orthognathic surgery benefit is not available under Retiree Coverage.
- Orthotics (foot) – Maximum of \$400 paid in any two consecutive year period. The orthotics benefit is not available under Retiree Coverage.
- Preventive health services – Subject to services recommended by the Affordable Care Act.
- Rehabilitative and habilitative – Annual maximum of 15 inpatient days and 60 outpatient visits.
- Skilled nursing facility – Annual maximum of 25 days. Medicare-eligible retirees and dependents are eligible for 80 coinsurance days.
- TMJ and MPDS – Lifetime maximum of \$2,500. The TMJ and MPDS benefit is not available under Retiree Coverage.

Any services received under the Oregon Plan in 2021 prior to September 1, 2021 will count toward these Plan maximums.

OTHER PLAN BENEFITS

Prescription Drug Benefits

There are no changes to your pharmacy network through Express Scripts.

The following copayments apply to the Express Scripts Retail Pharmacy Program. There is a 30-day maximum supply.

- \$7 copayment for each generic prescription.
- \$15 copayment for each brand-name prescription listed on the drug program formulary.
- \$30 copayment for each brand-name prescription not listed on the drug program formulary.

The following copayments apply to the Express Scripts By Mail Pharmacy Program and the Walgreens90[®] Program. There is a 90-day maximum supply.

- \$14 copayment for each generic prescription.
- \$30 copayment for each brand-name prescription listed on the drug program formulary.
- \$60 copayment for each brand-name prescription drug not listed on the drug program formulary.

Retail Refill Allowance Program

To maintain the quality of your benefits while keeping your prescription costs as low as possible, you will pay more for your long-term drugs (such as those used to treat high blood pressure or high cholesterol) if you continue to purchase them at a participating retail pharmacy or at a nonparticipating retail pharmacy.

Beginning with the third time you purchase each long-term drug at a retail pharmacy, you will pay 50% of the cost of the long-term drug unless you use Express Scripts By Mail or the Walgreens90® Program as described above. You will be notified by Express Scripts if you fill a long-term drug at a retail pharmacy that is subject to this program.

Out-of-Pocket Maximums For Prescription

Each person covered under the Plan has his or her own \$2,850 out-of-pocket maximum. The following expenses accumulate towards the prescription out-of-pocket maximum:

- Retail pharmacy copayments.
- Mail order copayments.
- Retail Refill Allowance (RRA) coinsurance.

When you and your dependents have paid a combined out-of-pocket maximum of \$5,700 in a calendar year for the out-of-pocket expenses listed above, no further out-of-pocket payment for these expenses is required for any family member during that calendar year. Any out-of-pocket payments under the Oregon Plan in 2021 prior to September 1 will count toward your 2021 annual out-of-pocket maximums under this Plan.

Vision Benefits

Routine vision benefits will continue to be provided through VSP Vision Care and are based on the benefits and benefit maximums provided on our website: www.ctww.org. Generally, lenses are covered at 100% per calendar year and frames are limited to \$150 to \$170 per calendar year. Contacts are limited to \$150 per calendar year. Vision benefits are not available under Retiree Coverage, except for current Oregon-Washington Carpenters-Employers Health and Welfare Plan retirees who have elected vision coverage and continue making the required self-payment.

Dental and Orthodontic Benefits

Dental benefits will be provided through Delta Dental of Washington and are based on a fee schedule provided on our website www.ctww.org. There is an annual dental maximum of \$2,000 per person. Dental implants are paid at 50% with a lifetime maximum of \$1,000. Orthodontic benefits are paid at 50% with a lifetime maximum of \$1,500. Dental benefits are not available under Retiree Coverage, except for current Oregon-Washington Carpenters-Employers Health and Welfare Plan retirees who have elected dental coverage and continue making the required self-payment.

Time Loss Benefits (Participant With Dollar Bank Eligibility Only)

The weekly time loss benefit is equal to 33% of journeyman pay based on a 40-hour week at the prevailing journeyman's rate specified in the Area Master Agreements signed by your most recent contributing employer. Time loss benefits are paid for a maximum of 26 weeks. Time loss benefits are not available under Retiree Coverage.

Life Insurance and Accidental Death and Dismemberment

Life insurance is available based on the schedules provided on our website: www.ctww.org. Generally, life insurance benefits are \$30,000 per active participant, \$5,000 per active dependent, \$2,000 per retiree, and \$1,000 per retiree dependent. Accidental death and dismemberment benefits are available to participants with dollar bank eligibility only and based on the schedules provided on our website: www.ctww.org. Life insurance and accidental death and dismemberment benefits are not available under COBRA coverage.

Employee Assistance Program (EAP)

The First Choice Health EAP offers an array of useful services to help you resolve everyday problems. For example, you can receive up to three free counseling sessions with a qualified mental health professional. These sessions can help you through a problem related to anxiety and depression, grief and loss, relationships, parenting, substance abuse, work conflicts, domestic violence, and other life events. The goal of the program is to refer you to the appropriate provider who can see you within two weeks. Licensed providers are also available immediately by phone if you or a family member is experiencing a crisis. Please contact First Choice at (800) 777-4114 for additional information.

Tobacco Cessation

Quit For Life is a phone-based coaching program to assist with quitting tobacco. Quit for Life has great online tools and text messaging support. It includes free nicotine replacement such as patches or gum. Please contact Quit For Life at (866) 784-8454 for additional information.

TRANSITION ISSUES

The benefits and services listed below are several of the more significant differences between the Carpenters Health and Security Plan of Western Washington and the Oregon-Washington Carpenters-Employers Health and Welfare Plan:

- Domestic partners are not covered under the Western Washington Plan although domestic partners currently eligible under the Oregon Plan will maintain eligibility under the Western Washington Plan.
- The \$600 upfront accident coverage benefit will not be available effective September 1, 2021.
- The non-network out-of-pocket maximum will no longer apply effective September 1, 2021.
- Hearing aid reimbursements will have a \$1,000/ear benefit maximum effective September 1, 2021.
- Mail order prescriptions are limited to a 90-day supply with a higher copayment effective September 1, 2021.
- Free-standing birth clinics will not be reimbursed at 100% until the patient's coinsurance maximum is met effective September 1, 2021.
- TMJ benefits will be limited to a lifetime maximum of \$2,500 effective September 1, 2021.
- Vision frame coverage will be limited to \$150/frame effective September 1, 2021.
- Safety glasses will not be covered in addition to regular vision coverage effective September 1, 2021.
- Life insurance benefits for participants will be \$30,000 under dollar bank eligibility and \$2,000 under Retiree Coverage effective September 1, 2021.

RETIREE COVERAGE

If you are retired and currently covered under the Oregon-Washington Carpenters-Employers Health and Welfare Plan, your medical and prescription drug coverage will transition to the Carpenters Health and Security Plan as outlined in this notice. In addition, if you have currently elected Retiree dental and vision coverage under the Oregon-Washington Carpenters-Employers Health and Welfare Plan, you will transition to dental and vision coverage under the Carpenters Health and Security Plan of

Western Washington starting September 1. There will be no change to your monthly contribution rate for retiree coverage through the end of 2021. Going forward, the Carpenters Health and Security Plan of Western Washington will continue to recognize accrued Retiree Premium Credits for all active and retired participants as of September 1, 2021. No new Retiree Premium Credit accruals will be allowed on or after September 1, 2021. However, beginning with July 2021 hours worked, additional subsidy can be earned under the Carpenters Health and Security Plan of Western Washington retiree subsidy schedule. If you are eligible for Medicare and participating in the Regence supplemental plan, that coverage option will remain in place.

CUSTOMER SERVICE AND QUESTIONS?

We are very excited about this important change and are working hard to ensure that it is as seamless as possible for you and your family. Your health and welfare and pension questions should still be directed to the William C. Earhart Company through August 31, 2021: (877) 396-2947. Your health and welfare questions should then be directed to Carpenters Trusts of Western Washington beginning September 1, 2021: (800) 552-0635.

Estamos muy entusiasmados con este importante cambio y estamos trabajando arduamente para garantizar que sea lo más fluido posible para usted y su familia. Sus preguntas sobre salud, bienestar y pensiones todavía deben ser dirigidas a William C. Earhart Company hasta el 31 de Agosto de 2021: (877) 396-2947. Luego, sus preguntas sobre salud y bienestar deben dirigirse a Carpenters Trusts of Western Washington a partir del 1 de Septiembre de 2021: (800) 552-0635.

CARPENTERS TRUSTS OF WESTERN WASHINGTON

Medical Eligibility and Enrollment – Participant Services (800) 552-0635

Medical and Time Loss – Claims (800) 552-0635

Life Insurance – Claims (800) 552-0635

Pension – Retirement Services (800) 552-0635

OTHER SERVICE PROVIDERS

PPO Network – Regence BlueShield (888) 367-2116

Dental and Orthodontia – Delta Dental (800) 554-1907

Vision – VSP (800) 877-7195

Tobacco Cessation – Quit For Life (866) 784-8454

Employee Assistance Program – First Choice (800) 777-4114

7/2021

