

Carpenters Health and Security Plan of Western Washington

Summary of Benefits Chart

This is a summary of benefits available under the Carpenters Health and Security Plan of Western Washington beginning September 1, 2021. For benefit details and other plan provisions including the eligibility requirements for eligible dependents, enrollment requirements, and limitations and exclusions, please refer to the appropriate section of the plan booklet available at: www.ctww.org.

ELIGIBILITY

Monthly Dollar Bank Deduction

Effective September 1, 2021, the monthly dollar bank deduction for Oregon participants is \$1,000. If you would have been eligible under the Washington-Oregon Carpenters-Employers Health and Welfare Plan on September 1, 2021, your months of eligibility will automatically be transferred to the Carpenters Health and Security Plan of Western Washington.

Initial Eligibility

To establish your initial eligibility, you must accumulate a minimum amount equal to three months of eligibility in your dollar bank account in a three consecutive month period. For Oregon participants, the current minimum amount is \$3,000. At least \$1 of contributions must be earned in the first month of the three consecutive month period. The fourth month is the “lag month.” You are then eligible for benefits on the first day of the fifth month for a three-month period.

Continuing Eligibility

After your initial eligibility, you must continue to accumulate sufficient contributions in you dollar bank account to fund each monthly dollar bank deduction. When the amount in your dollar bank equals or exceeds the monthly dollar bank deduction, you will be eligible on the first day of the second month after your dollar bank balance exceeds the monthly deduction amount.

Self-Contribution, COBRA and Retiree Coverage

Continuation coverage is available to qualifying participants, retirees and dependents. A monthly contribution must be made to the plan. The monthly amount is reviewed each year by the Board of Trustees in consultation with the plan’s consultant.

Preferred Provider Organization (PPO) or Network

PPO Network	Regence BlueShield
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Out-of-Pocket Medical Expenses and Maximums

Annual Deductible	\$200/person/calendar year
	\$400/family/calendar year

<p>Coinsurance</p>	<p>Your share of covered charges is 10% for most services and supplies from a Regence network provider. Paid at 100% for the remainder of the calendar year when the coinsurance you've paid reaches \$2,300 or a family's coinsurance reaches \$4,600.</p> <p>Your share of covered charges is 20% for most services and supplies from a non-network provider. These services always require 20% coinsurance and the 20% coinsurance does not apply toward the \$2,300 or \$4,600 annual coinsurance maximums.</p> <p>Your share of covered charges is 20% for chiropractic care, acupuncture and massage therapy from a network or non-network provider. These services always require 20% coinsurance.</p> <p>Your share of covered charges is 50% for TMJ/MPDS services and supplies. These services always require 50% coinsurance and the 50% coinsurance does not apply toward the \$2,300 or \$4,600 annual coinsurance maximums.</p>
<p>Copayments</p>	<p>\$10 copayment when a network provider bills an office visit</p> <p>\$20 copayment when a non-network provider bills an office visit</p> <p>\$200 copayment when admitted to a non-network facility</p> <p>\$50 copayment for an emergency room visit. Waived if admitted as an inpatient directly following treatment in the emergency room.</p>
<p>Out-of-Pocket Maximums</p>	<p>\$4,000/person/calendar year</p> <p>\$8,000/family/calendar year</p> <p>Includes the annual deductible, coinsurance, and office visit and emergency room copayments. These out-of-pocket maximums apply to network services only.</p>
<p style="text-align: center;">Preventive Health Services</p>	
<p>Physical Examinations</p>	<p>Paid at 100% at network providers with no annual deductible or office visit copayment when recommended by the Affordable Care Act. Please see www.healthcare.gov/preventive-care-benefits for recommended services. Paid at 80% at non-network providers after the annual deductible and office visit copayment.</p>
<p style="text-align: center;">Routine Immunizations</p>	
<p>Routine Immunizations</p>	<p>Paid at 100% at network providers with no annual deductible or office visit copayment when recommended by the Affordable Care Act. Please see www.healthcare.gov/preventive-care-benefits for recommended services. Paid at 80% at non-network providers after the annual deductible.</p>

Physician Services

Physician Services	Paid at 90% (network) and at 80% (non-network)
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Hospital Services

Inpatient Hospital	Paid at 90% (network) and at 80% (non-network)
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Outpatient Hospital	Paid at 90% (network) and at 80 percent (non-network)
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Emergency Room	Paid at 90% (network and non-network)
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Hospital Alternatives

Skilled Nursing Facility	Paid at 90% (network) and at 80% (non-network). Calendar year maximum of 25 days.
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Home Health Care	Paid at 100% (network and non-network). Calendar year maximum of 30 visits.
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Hospice Care	Paid at 100% (network and non-network). Maximum of 14 inpatient days during six-month period. Skilled care in the home is limited to 60 visits. Respite care is limited to 120 hours per three-month period.
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Rehabilitative/Habilitative Care

Inpatient Rehabilitative/ Habilitative	Paid at 90% (network) and at 80% (non-network). Calendar year maximum of 15 inpatient days.
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Outpatient Rehabilitative/ Habilitative	Paid at 90% (network) and at 80% (non-network). Calendar year maximum of 60 visits.
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Chiropractic Care, Acupuncture and Massage Therapy

Chiropractic Care, Acupuncture and Massage Therapy	Paid at 80% (network and non-network). Calendar year combined maximum of 24 visits.
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Behavioral Health Services

Inpatient Services	Paid at 90% (network) and at 80% (non-network)
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Outpatient Services	Paid at 90% (network) and at 80% (non-network). Office visit copayment except for chemical dependency outpatient program.
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Other Services

Allergy Testing	Paid at 90% (network) and at 80% (non-network). Calendar year maximum of 12 blood tests and 60 skin tests.
Ambulance	Paid at 90% (network and non-network)
Diagnostic X-Ray and Laboratory	Paid at 90% (network) and at 80% (non-network)
Durable Medical Equipment and Medical Supplies	Paid at 90% (network) and at 80% (non-network)
Infusion Therapy	Paid at 90% (network) and at 80% (non-network)
Pregnancy Care	Paid at 90% (network and non-network). For the participant and spouse only. Prenatal care for a dependent daughter is also covered as required under the ACA.
Transplants	Paid at 90% (network) and at 80% (non-network).

PRESCRIPTION DRUGS

Express Scripts Retail Pharmacy Program – Dollar Bank Eligibility and Non-Medicare Retirees	<p>\$7 copayment for each generic prescription</p> <p>\$15 copayment for each brand-name prescription listed on the drug program formulary</p> <p>\$30 copayment for each brand-name prescription not listed on the drug program formulary</p> <p>Limited to a 30-day maximum supply</p>
Express Scripts By Mail and Exclusive Smart90® Walgreens – Dollar Bank Eligibility and Non-Medicare Retirees	<p>\$14 copayment for each generic prescription</p> <p>\$30 copayment for each brand-name prescription listed on the drug program formulary</p> <p>\$60 copayment for each brand-name prescription not listed on the drug program formulary</p> <p>Up to a 90-day maximum supply</p>
Out-of-Pocket Maximums	<p>\$2,850/person/calendar year</p> <p>\$5,700/family/calendar year</p>

Vision Benefits

Eye Examinations and Hardware	Routine vision benefits are provided through VSP Vision Care and are based on the benefits and benefit maximums available on www.ctww.org . 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.
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Dental Benefits

	Dental and orthodontic benefits are provided through Delta Dental of Washington and are based on a fee schedule (www.ctww.org) with the annual maximums below. 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
Dental	Paid based on a fee schedule available on www.ctww.org with annual maximum of \$2,000
Dental Implants	Paid at 50% with a lifetime maximum of \$1,000.
Orthodontic	Paid at 50% with a lifetime maximum of \$1,500.

Time Loss Benefits

Time Loss	The weekly time loss benefit is equal to 33 percent of journeyman pay based on a 40-hour week at the prevailing journeyman's rate specified in the Area Master Agreement signed by your most recent contributing employer. Physician certification is required. Seven-day waiting period when disability is due to an illness. For participants with dollar bank eligibility only.
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Life Insurance and Accidental Death and Dismemberment Benefits

Life Insurance	<p>Active Participants – \$30,000</p> <p>Active Dependents – \$5,000</p> <p>Retiree – \$2,000</p> <p>Retiree Dependents – \$1,000</p> <p>Life insurance and accidental death and dismemberment benefits are not available under COBRA coverage.</p>
Accidental Death and Dismemberment	Paid based on schedule amounts. For participants with dollar bank eligibility only.

Customer Service

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