IMPORTANT NOTICE TO PARTICIPANTS

December 2, 2023

To All Participants:

The Trustees of the North Central States Regional Council of Carpenters' Health Fund (the "Fund") regularly review the Summary Plan Description/Plan Document ("SPD") and make changes when necessary. Please take time to read this notice, which is called a summary of material modifications ("SMM"), carefully and thoroughly because it contains important information regarding changes to the SPD.

This SMM reflects Trustee action to implement medical and prescription benefit changes. These changes are all effective January 1, 2024 and apply to:

- Active Plans C, O, E, and G,
- Retirees and Dependents on Plans P, R, S, and U who are not yet on Medicare.

While the schedule benefits revisions are shown to the Active Employee schedules, remember that the changes are applicable to Retirees as well.

The SMM also removes the temporary COVID-19 benefit changes following termination of the public health emergency. The Fund will continue covering COVID-19 related charges subject to usual Fund rules (e.g., medical necessity review, copays and deductibles). The SMM also includes an updated roster of the Board of Trustees.

Also enclosed with this Notice is the summary of benefits and coverage ("SBC") for the coverage period beginning January 1, 2024. Please keep this Notice and the SBC with your SPD booklet for future reference. If you have any questions, feel free to call the Fund Office.

Yours very truly,

THE BOARD OF TRUSTEES

SUMMARY OF MATERIAL MODIFICATIONS

Effective November 16, 2023, the following changes are made to your SPD and Amendment 6 provided in March 2021 and Amendment 10 provided in February 2022 to remove the temporary COVID benefits:

1. The **Other Covered Charges** subsection of the **COVERED CHARGES** section beginning on page 34 of your SPD is revised to remove paragraphs 10 and 11.

2. The ***When Obtained at an Out-of-Network Provider*** subsection of the **PREVENTIVE CARE** section on page 37 of your SPD is revised to remove the final paragraph.

3. The **Covered Expenses** subsection of the **PREFERRED PROVIDER PHARMACY PROGRAM** on page 51 of your SPD is revised to remove paragraph12(e).

Effective January 1, 2024, the **SCHEDULE OF BENEFITS** for Active Employees (Classes C and O) beginning on page v is replaced with the following:

SCHEDULE OF BENEFITS

Classes C and O For Active Employees and Dependents		
COMPREHENSIVE MAJOR MEDICAL BENEFITS		
	PPO/POS Network Provider	**Non-PPO/POS Network Provider**
Deductible Amount[1,2, 3] Per Eligible Person per Calendar Year Per family per Calendar Year	 $250 $750	 $ 800 $2,400
Plan's Copayment of Covered Charges[4]	80%	60%
Out-of-Pocket (OOP) Maximum for Covered Charges [2, 3] Per Eligible Person per Calendar Year Per family per Calendar Year	 $3,000 $6,000	 $6,000 $12,000

[1] The deductible amount will be waived for the alternative ways of obtaining care and preventive care (see pages 37 through 40).

[2] Amounts satisfied at a network provider will be applied to the amount required at a non-network provider and amounts satisfied at a non-network provider will be applied to the amount required at a network provider.

[3] The Plan's copayment is reduced by 5%, up to a separate out-of-pocket maximum penalty for you of $500 for each non-emergency Hospital confinement that is not precertified as required. The amount resulting from such reduction in copayment will not be applied to deductible or out-of-pocket maximum requirements. Also see page xviii for a listing of certain procedures and treatments for which Preauthorization is recommended. All Protected Services will be payable at the in-network level of benefits.

[4] All Protected Services will be payable at the in-network level of benefits.

Classes C and O
For Active Employees and Dependents

COMPREHENSIVE MAJOR MEDICAL BENEFITS

- Plan pays 100% of covered charges in excess of OOP maximum for such Eligible Persons for remainder of that Calendar Year, unless otherwise specified.
- OOP maximum includes amounts applied to the deductible; medical copayment amounts, pediatric vision copayment amounts; and the separate emergency room visit copayment.

Comprehensive Major Medical Benefits cover expenses related to Hospital services, Physicians' services, x-ray and laboratory services, prescribed drugs and medicines (excluding those covered through PPRx), and other covered items and services when Medically Necessary. Amounts in excess of all maximums are the liability of the Eligible Person.

Preventive care:[1]
The Plan pays 100% of Reasonable Expenses, no deductible or Calendar Year maximum for services listed on pages 36 and 37 received from a Preferred Provider .
The Plan pays for out-of-network preventive care services (or in-network services not specified in listing on pages 36 and 37) as follows --

Routine physical examinations, 100% of Reasonable Expenses up to aggregate maximum of $531 for each Employee or Spouse per Calendar Year. Routine physical exam charges in excess of the $531 maximum are payable at 20%. Your copayment is not applied to out-of-pocket maximum.

Well child care, 100% of Reasonable Expenses for: routine examinations and laboratory tests recommended by the American Academy of Pediatrics from birth to age 18.

Routine colonoscopy and electrocardiograms (EKG), 80% of Reasonable Expenses, no deductible, no Calendar Year maximum.

Cologuard (for routine colorectal cancer screening), covered at the applicable in-network or out-of-network copayment rate and subject to the applicable deductible and out-of-pocket maximum.

Routine immunizations (limited to those specified on page 36), 100% of Reasonable Expenses.

Alternative Ways of Obtaining Care: The deductible and copayment amounts are waived for covered charges related to the following alternative ways of obtaining care. The Plan pays 100% of the Reasonable Expenses incurred for such covered charges, subject to the limits and maximums noted below and/or in the text of the benefit description:

Hospice Care	• Preauthorization recommended for home hospice • Precertification required for hospice care in a Hospice Facility

[1] If the Plan does not have an in-network provider who can provide a particular covered preventive service, then it will cover the item or service without cost-sharing when performed by an out-of-network provider acting within the scope of his/her license or certification.

Classes C and O For Active Employees and Dependents	
COMPREHENSIVE MAJOR MEDICAL BENEFITS	
Home Health Care	• Preauthorization recommended
Skilled Nursing Facility Care	• Precertification required • Up to 30 days of confinement per Injury or Sickness
Virtual Office Visits	• You must use the Preferred Provider Online Physical Visit Program
Virtual Physical Therapy	• You must enroll in the Sword Health Program • Not available for dependents under age 13

Internal Limits Within Comprehensive Major Medical Benefits

Certain services and supplies covered under Comprehensive Major Medical Benefits have their own limits and maximums in addition to being subject to the Comprehensive Major Medical Benefits deductible, copayment, and out-of-pocket maximum. Some of these limits are specified in this Schedule of Benefits and others are located within the text of the benefit description.

Emergency room charges	Separate $150 copayment for each Hospital emergency room visit (waived when admitted to Hospital as inpatient or for observation)
Outpatient chiropractic visits for treatment of musculoskeletal and neuromusculoskeletal conditions	$40 maximum per visit (amounts in excess of such maximum are NOT included in the out-of-pocket maximum), up to 26 visits per Eligible Person per Calendar Year
Acupuncture services	$500 maximum per Eligible Person per Calendar Year
Infertility testing	Lifetime maximum of $4,000 per each Employee and Dependent Spouse **NOTE: Treatment of infertility is not covered.**
Vision therapy	$4,000 Lifetime maximum per Eligible Person
Temporomandibular joint disease (TMJ) treatment, including diagnostic tests and therapy but not surgery	$1,000 maximum per Eligible Person per Calendar Year
Morbid obesity treatment, including Physicians' services, lab work, and patient education in a medical setting	$500 Lifetime maximum per Eligible Person
Non-prescription drugs upon a Physician's written prescription (excluding those OTC drugs covered under the PPRx as specified on page x)	$50 maximum per Eligible Person per Calendar Year
Wigs and toupees for hair loss due to disease or medical treatment	$300 Lifetime maximum per Eligible Person

Classes C and O For Active Employees and Dependents	
COMPREHENSIVE MAJOR MEDICAL BENEFITS	
Hearing aids	Maximum one per ear every three Calendar Years up to $2,000 per aid
Hearing exams	One exam every three years
Experimental medical treatment and procedures (Preauthorization recommended), except routine costs associated with approved clinical trials as mandated by the Affordable Care Act	$5,000 aggregate maximum per Injury or Sickness
CPAP, BiPAP, and AutoPAP supplies (Preauthorization recommended)	$400 maximum per Eligible Person per Calendar Year
Genetic testing (Preauthorization recommended)	$1,500 Lifetime maximum per Eligible Person (unless otherwise required under Affordable Care Act as preventive care)
Organ Transplants	
Benefits self-funded by North Central States Regional Council of Carpenters' Health Fund[1]:	
Covered services for Hospital, surgical, and medical expenses and for postoperative immunosuppressant drug therapy	Payable under the Plan the same as for any other Injury or Sickness
Donor-related services maximum	$25,000

[1] Self-funded organ transplants apply only to cornea transplants and certain specified transplants for Medicare-Eligible Persons. All other transplants are insured according to the insurance policy described in the Organ & Tissue Transplant Certificate referenced in Appendix B.

Classes C, G, O, P, S, and T For Active and Optional Retiree Classes			
VISION CARE BENEFITS			
	In-Network Provider		**Non-Network Provider**
Routine Eye Exam Limited to one per calendar year	$0		$50 allowance
Prescription Glasses Each Eligible Person will receive an allowance toward the purchase of an eyeglass frame, lenses and lens options of their choice once every two calendar years.			
Eyeglass frame, lenses and lens option	$350 allowance then 20% off any remaining balance		$350 allowance
Prescription Contact Lenses[1] Available once every two calendar years			
Elective conventional (non-disposable) contact lenses	$350 allowance then 15% off any balance		$350 allowance
Elective disposable contact lenses	$350 allowance		$350 allowance
Medically necessary contact lenses	Covered in full		$350 allowance
If you receive covered eyewear from a Blue View Vision provider, you may be eligible for additional discounts on vision benefits such as lens enhancements, additional glasses, contact lens fittings, LASIK surgery.			
DENTAL CARE BENEFFITS			
	Delta Dental		**Care Plus Dental**
	PPO	**Premier and Out-of-network**	
Deductible Amount per Eligible Person	$50 every two Calendar Years	$50 every two Calendar Years	$0
Plan's Coinsurance			
Diagnostic and Preventive Services	100%[2]	100%[3]	100%[3]
Basic and Major Services	90%	90%	80%[4]
Benefit Maximum per Eligible Person	$2,400 every two Calendar Years[4]	$2,400 every two Calendar Years[5]	$2,000 each Calendar Year[5]

[1] Contact lenses are in lieu of your eyeglass lens benefit. If you receive elective or non-elective contact lenses then no benefits will be available for eyeglass lenses until you satisfy the benefit frequency listed in this Schedule of Benefits.

[2] Deductible and Benefit Maximum do not apply.

[3] No deductible applies.

[4] Benefit Maximum does not apply to diagnostic and preventive services. For Eligible Persons under age 19, basic and major dental services are subject to the deductible and coinsurance, but are not subject to the Benefit Maximum.

[5] Cleanings and exams are not subject to the Benefit Maximum.

Classes C, G, O, P, S, and T For Active and Optional Retiree Classes			
Routine Orthodontic Services[1]			
Deductible Amount	$0	$0	$0
Plan's Coinsurance	100%[2]	100%	50%
Lifetime Maximum per Eligible Person	$2,000	$2,000	$3,000
Oral Surgery Benefit[3]			
Plan's Coinsurance	90%	90%	
Benefit Maximum per Eligible Person	Subject to the above Benefit Maximum	Subject to the above Benefit Maximum	Not Covered

Classes C and O For Active Employees Only SAFETY VISION CARE BENEFITS		
	In-Network Provider	**Non-Network Provider**
Eyewear Frame Limited to one set of frames per Participant every other calendar year	Up to $100 allowance then 20% off any balance	Up to $45 allowance
Lenses Includes factory scratch coating and polycarbonate lenses when received from network providers. Limited to one set of lenses per Participant every two calendar years.		
Single vision lenses	$0	Up to $40 allowance
Bifocal lenses	$0	Up to $60 allowance
Trifocal lenses	$0	Up to $80 allowance
If you receive covered eyewear from a Blue View Vision provider, you may be eligible for additional discounts on lens enhancements.		

[1] Orthodontics is not covered for Eligible Persons age 19 and older under the CarePlus Dental benefit.

[2] For Eligible Persons under age 19, Medically Necessary orthodontic services that are pre-approved by Delta Dental are covered at 90% coinsurance with no deductible or lifetime maximum.

[3] Medicare Retiree Classes S and T only under Delta Dental, Oral surgery for Active and pre-Medicare Retiree Classes covered under Plan's Major Medical Benefit.

Classes C, E, G, O, P, R and non-Medicare-eligible retirees and dependents of Classes S and U For Active and Retiree Classes **PREFERRED PROVIDER PHARMACY PROGRAM**	
Eligible Person's copayment per covered prescription:	
Retail (up to 30-day supply)	
Generic	The greater of $5.00 or 10% of the cost
Brand name (including multi-source brand name contraceptives)	The greater of $5.00 or 20% of the cost
ACA Preventive Care drugs, with Physician's written prescription	$0.00
Smart-90 Retail Network (up to 90-day supply)	
Generic maintenance drugs	The greater of $15.00 or 10% of the cost
Brand name maintenance drugs	The greater of $15.00 or 20% of the cost
Mail-Service (up to 90-day supply)	
Generic	The greater of $15.00 or 10% of the cost
Brand name (including multi-source brand name contraceptives)	The greater of $15.00 or 20% of the cost
ACA Preventive Care drugs, with Physician's written prescription	$0.00
Specialty Medications (up to 30-day supply through Specialty Pharmacy)	
Non-Select Specialty Medications	The greater of $5.00 or 20% of the cost
Select Specialty Medications[1]	30% of the amount listed in the SaveOnSP Specialty Drug List[2]
Out-of-Pocket PPRx Maximum per Calendar Year	
Per Eligible Person	$2,000
Per family	$4,000

[1] Copayments do not apply toward satisfying your deductible or the out-of-pocket PPRx maximum

[2] The SaveOnSP Specialty Drug List is available at www.saveonsp.com/carpenters or by contacting the Fund Office

Classes C and O For Active Employees Only	
DEATH BENEFITS	
Amount of Death Benefit	$20,000
Principal Sum for Accidental Death and Dismemberment	$20,000
ACCIDENT AND SICKNESS WEEKLY BENEFITS	
Weekly benefit rate	$450
Maximum number of weeks payable per disability	26
Benefits will continue until the date you are able to return to your regular occupation in Covered Work. Accident and Sickness Weekly Benefits are limited to 10 days per Eligible Employee per Calendar Year for treatment of nervous and mental disorders while Hospital-confined and 30 days per each Eligible Employee's Lifetime for treatment of alcoholism and substance abuse while Hospital-confined. Benefits begin on the first day of a disability caused by an Injury and on the eighth day of a disability caused by a Sickness. An $800 per week pregnancy and post-delivery Accident and Sickness Weekly Benefit is available for mothers who are disabled while pregnant and/or following delivery of a child for a maximum of 26 weeks. The pregnancy and post-delivery Accident and Sickness Weekly Benefit is available during pregnancy for a pregnancy-related condition resulting in disability. Following childbirth, up to six weeks of post-delivery benefits are payable under the pregnancy and post-delivery Accident and Sickness Weekly Benefit (up to eight weeks for Cesarean delivery), subject to limitations noted on page 58.	

The Trustee Listing on page ii and 119 of your SPD is replaced with the following:

Page ii

Union Trustees	Employer Trustees
Apolonio Duran	Barry Scholz
Burt Johnson	Bob Barker
Corey Bialcik	Dave Smestad
Dave Coenen	Eric Ballweg
Michael Adamavich	James Martin
Pat Rodriguez	Mike Shea
Patrick Nilsen	Robert Seibel
Scott Watson	Sam Gabrilska
Wayne Nordin	Sid Samuels

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