OCTOBER 2025

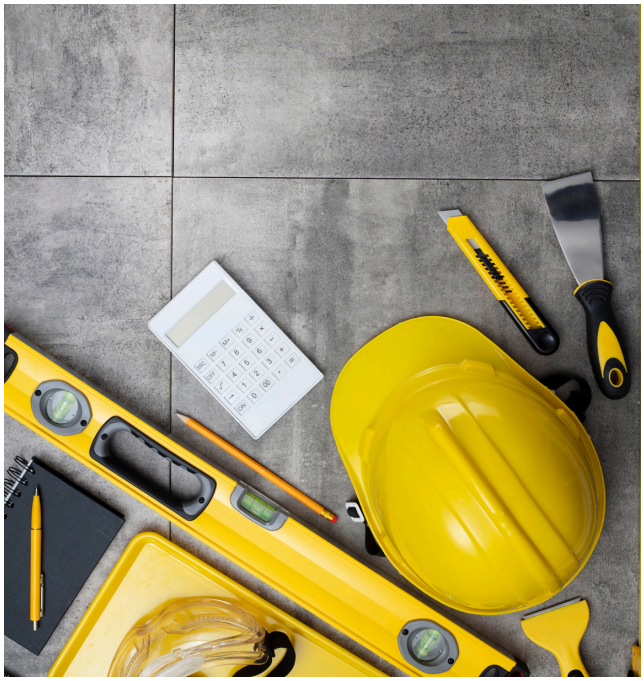
HEALTH FUND HAPPENINGS

North Central States Regional Council of Carpenters' Health Fund

Welcome to Health Fund Happenings!!

Welcome to your quarterly Health Fund Happenings Newsletter. Each issue will contain important information related to benefits offered to you and your dependents, programs available, and additional announcements provided by the Health Fund.

For complete Plan information, please reference your Summary Plan Description/Plan Document, Health Fund Notices, scan the QR Code below, or visit the Health Fund website at: www.ncscbf.com.



What's Happening?

Did You Complete Your Dependent Audit?

We are in the final weeks of the Dependent Eligibility Verification Audit. The deadline for submitting your completed Dependent Audit **Verification Form** and **Copies of your Required Documents** is November 15, 2025! If you fail to provide the required documents, your dependents will be terminated from Fund coverage on January 1, 2026.

Documents may be sent via:

- Secure Portal upload: to Wilson-McShane Corporation at https://ncscbf.com/deva/aspx
- Email: to Wilson-McShane Corporation at verify@wilson-mcshane.com
- Fax: to Wilson-McShane Corporation at 952-854-1632
- Mail: to Wilson-McShane Corporation at Attn: Eligibility Department 3001 Metro Drive, Suite 500, Bloomington, MN 55425

If you have questions or need help responding to this request, please contact Wilson-McShane Corporation at 952-814-4619 or email verify@wilson-mcshane.com.

Are You Saving Your Statements for HRA Claims?

Remember! Some HRA debit card claims must be substantiated after the transaction. Be sure to save your Explanation of Benefits (EOB) or itemized statements for these services when an EOB is not issued, such as prescription drugs or vision hardware, whenever you use your HRA debit card.

It is very important to provide any outstanding documentation required for your HRA debit card claims before the end of the year to avoid a tax liability. The debit card provider, WEX, offers a mobile app (Benefits by WEX) to help you manage your HRA benefits. The app allows you to file a claim and take or upload a picture of your supporting documents for a new or existing claim.

The Look of Your EOB is Updating This Fall

Independence
Independence Administrators

EOB Service and Reason Codes

Help members easily tie back to their bills and decrease the response time for Level Support, since the Fund can see the codes in advance.

Claim #: 2003004005001
Patient: SAMPLE MEMBER

Provider: Sample Provider
Member ID: 0001200901

Dates of Service	Service Code	Total Charge	Discount Amount	Allowed Amount	Other Adjustments	Other Plan Payments	Not Covered	Co-Pay Amount	Deductible Amount	Co-Insurance Amount	Benefit Amount	Reason Code
07/02/2025	L3010	$282.82	$0.00	$153.71	$0.00	$0.00	$0.00	$0.00	$0.00	$15.37	$138.34	27, UM130
07/02/2025	L3010	$282.82	$0.00	$153.71	$0.00	$0.00	$0.00	$0.00	$0.00	$15.37	$138.34	27
07/02/2025	L2999	$103.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	U0010
07/02/2025	L2999	$103.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	U0010
07/02/2025	L2999	$69.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	U0010
07/02/2025	L2999	$69.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	U0010
Claim Totals		**$910.64**	**$0.00**	**$307.42**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$30.74**	**$276.68**	
Patient Responsibility:		$30.74								**Other Carrier Adjustments:**	$0.00	
										Total Payment Amount:	$276.68	

Service Code Description

L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED
L3010	Foot insert, removable, molded to patient model, l

Reason Code Descriptions are on their own and easier to read (more enhancements to come).

When a claim is adjusted, there is an automatic letter that goes out to let the patient know.

Reason Code Description

27	Coinsurance Amount
U0010	No allowance may be made for the reported services because they were performed by a contracting provider.The services should be resubmitted with the appropriate procedure codes.
UM130	Claim has been adjusted. Please see additional information in the letter of explanation.

Things to Know

- The EOBs will be mass mailed on a monthly basis.
- Digital copies will be available as soon as the claim is paid
- Members will have an electronic option to go paperless for EOBs

OCTOBER 2025

Employee Assistance and Patient Advocacy Program

The Fund partners with TEAM to provide all Plan participants with patient advocacy support and access to an employee assistance program.

Patient Advocacy

TEAM provides patient advocacy services by helping you:

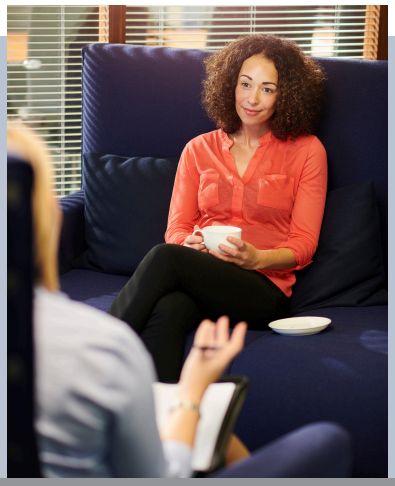
- Understand your medical conditions
- Find high-quality health care providers
- Understand treatment options
- Coordinate care for medical diagnoses and orthopedic conditions, presurgical and postsurgical
- Plan nutritious meals and manage weight
- Schedule second opinions
- Coordinate referrals

Employee Assistance Program

Through TEAM, you can access short-term phone, video, or in-person counseling sessions that are free to you and eligible dependents to help you solve many personal problems and workplace issues, such as:

- Alcohol and drug addiction
- Depression and anxiety
- Behavioral concerns
- Relationship challenges
- Family and parenting issues
- Grief and loss
- Stress management
- Job-related difficulties
- Legal and financial problems

*All TEAM services are sponsored by the Fund, free to you, and completely confidential. Get connected to 24/7 assistance. Call **1-800-634-7710** or visit startwithteam.com.*



The Holidays Can Be a Difficult Time of Year - TEAM is here to help!

TEAM Wellness at Work

HEALTH FUND RESOURCES AND CONTACT INFORMATION

Health Fund Eligibility, Self-Payments and COBRA	Fund Office (Wilson-McShane)	715-835-3174 800-424-3405 (toll-free)
Death & Accidental Dismemberment Claims, Health Reimbursement Arrangement (HRA), Short Term Disability Claims	Fund Office (Wilson-McShane)	715-835-3174 800-424-3405 (toll-free)
Medical Claims & Billing, Inpatient Pre-Certification, Provider Network Status, Hearing Claims	Independence Administrators (IA)	833-242-3330 (toll-free)
Pharmacy Claims & Network	Express Scripts	800-939-3753 (toll-free)
Medicare Retiree Claims & Network	RetireeFirst	715-280-8147 855-267-6100 (toll-free)
Vision Claims	BlueView/EyeMed	866-723-0515 (toll-free)
Dental Claims	Delta Dental of WI	800-236-3712 (toll-free)
Dental Claims	CarePlus Dental	414-771-1711
Patient Advocacy & Large Case Management	TEAM	800-634-7710 (toll-free)
Physical Therapy Program	Sword	888-492-1860 (toll-free)