

## Comparison of Plan Coverages

Coverage Type	Self-Pay Option	Low Cost Medical Plan	COBRA Core Plus Coverage	COBRA Limited Coverage
Medical & Hospital	√	√	√	√
Behavioral Health	√	√	√	√
Member Assistance Program	√	√	√	√
Prescription Drug	√	√	√	√
Vision	√		√	
Dental	√		√	
Comprehensive Health Exam (free)	√	√	√	√
Hearing Care	√		√	√
Short Term Disability	√			
Life Insurance	√	√		
Accidental Death & Dismemberment	√			
Able to Enroll Only a Dependent			√	√
Payments				
Payment Due	Quarterly	Monthly	Monthly	Monthly

### Grace Period

For **COBRA** and the **Low Cost Medical Plan**, payment is due on the first day of the coverage month; however, for the **Self-Pay Option** payment is due on the first day of the coverage quarter. Your payment must be postmarked no later than 30 days after the due date (1<sup>st</sup> day of coverage month or quarter) or the last day of the month in which the premium is due, whichever is greater.

The Chicago Regional Council of Carpenters Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-312-787-9455.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-312-787-9455.

## Important Contact Information



If You Have a Question or Need Information About	Contact	Contact Information
Eligibility, medical claims status, to add or drop a dependent, and Life Insurance benefits	Fund Office Health Benefits Department	312-787-9455 Option 3 www.crcbenefits.org
Finding a physician, hospital or surgeon in the BCBS PPO Network	BlueCross PPO Hospital & Physician Finder	800-810-2583 www.bcbsil.com
Free Annual Physical & Health Evaluation for Carpenter and Spouse	Health Dynamics	414-443-0200 www.hdhelpsu.com (username & password: hdhelpsu)
Free Smoking Cessation Program	Alere, Quit for Life	866-784-8454 www.quitnow.net/crc
Member Assistance Program (MAP) 5 Free Sessions	ComPsych Guidance Resources®	888-860-1566 www.guidanceresources.com
Mental Health and Substance Use Disorder	ComPsych® Corporation	888-860-1566 www.compsych.com
Prescription Drugs and Mail Order Program	Express Scripts Inc. (ESI)	800-939-2089 www.express-scripts.com
Diplomat Specialty Pharmacy	Specialty Pharmacy	877-722-6110 www.diplomat.is

**For Payment, Claim or Benefit Coverage Questions  
Call the Fund Office  
Health Benefits Department**

**Chicago Regional Council of Carpenters  
Welfare Fund**

12 E. Erie Street • Chicago, Illinois 60611  
312-787-9455 • Option 3  
www.crcbenefits.org

## Do You Need Health Benefits?



**Continuation of Coverage Options  
Available To You**

- Active Plan Coverage Through Self-Pay Option
- Active Plan Coverage Under COBRA
- Low Cost Medical Plan



**Your Future — Our Focus**  
It's our commitment to you.

When your coverage under the Active Plan of benefits ends due to a reduction in hours worked or a qualifying life event, you have options for continuing coverage in the Chicago Regional Council of Carpenters Welfare Fund. By electing one of the continuation of coverage options described below and paying the premium payment on or before the due date, you can be confident that you have coverage when you need it.



### **Continuation of Active Plan Coverage Through Self-Payment**

The Self-Pay Option is available to you if you lose coverage due to a reduction in hours, you are a member in good-standing with your local union, you were eligible for benefits during the preceding quarter, you have not already exhausted your maximum self-payment periods and you are not a retiree.

The Self-Pay Option allows you to make one quarterly payment for the number of hours you need to either (1) meet the 250 hour (200 hours for apprentice reduced benefits) quarterly requirement or (2) the 1,000 hour lookback (760 hours for apprentice reduced benefits) from the current and 3 preceding quarters, whichever is less. The Self-Pay Option is not available to establish initial eligibility.

Your self-pay of hours premium is calculated by the number of hours you are short, multiplied by the current rate under the Commercial Area Agreement for Cook, Lake and DuPage Counties between the Mid-America Regional Bargaining Association and the Chicago Regional Council of Carpenters.

You may self-pay for a maximum of 250 hours per quarter. However, you may only self-pay for a maximum of 4 quarters in a rolling 12 quarter (3 year) period.

Self-payment of short hours does not count toward future eligibility requirements. Only employer contributions for hours worked and hours credited for a short term disability claim count toward future eligibility.

Coverage provided through the Self-Pay Option runs concurrently with the maximum amount of coverage months available under COBRA.

### **Low Cost Medical Plan**

If you lose eligibility for the Active Plan of benefits as a result of a reduction in hours, the Low Cost Medical Plan is designed to provide you and your family with an alternative comprehensive medical plan.

The Low Cost Medical Plan offers affordable monthly payments for a maximum period of 18 months. The carpenter can enroll in the Low Cost Medical Plan and elect coverage for a spouse and dependent children up to age 26. Spouses and children cannot independently elect coverage in the Low Cost Plan and it is not available to a retiree.

Once you elect and begin paying for coverage under the Low Cost Medical Plan, you are no longer eligible for continuation coverage under COBRA and forfeit any COBRA rights.

Keep in mind that calendar year deductibles and out-of-pocket maximums you met under the Active Plan do not carry over to or from the Low Cost Medical Plan.

### **Continuation of Active Plan Coverage Under COBRA**

Continuation of health care coverage under COBRA is available to you or your dependents whose coverage under the Active Plan of benefits ends because of termination of employment, death or certain other qualifying events.

If your or your dependents' coverage terminates, you or your dependents may choose to pay for and receive full or limited health coverage under the Active Plan.

See the enclosed notice titled "Important Notice of Health Care Continuation Procedures and other Health Care Alternatives" for more information about your rights to continuation of coverage under COBRA.

### **Visit [www.crcbenefits.org](http://www.crcbenefits.org) to Learn More About What is Covered.**

To learn more about the benefits provided under the Active Plan or the Low Cost Medical Plan and to see the Schedules of Benefits, visit [www.crcbenefits.org](http://www.crcbenefits.org). On the left hand side of the screen, under Health Benefits, select "Benefit Info – Active."

### **Payment Information**

Your payments are due on the first day of the period (month or quarter) for which coverage is offered. However, the Plan allows for a grace period. The grace period is 30 days from the initial date of coverage or the end of the month in which the premium is due, whichever is greater. Late payments must be postmarked no later than the last day of the grace period. Payments made after the grace period will not be accepted and coverage will terminate. Self-payment of hours premiums must be paid for the entire quarter of eligibility.

Checks should be made payable to the **Chicago Regional Council of Carpenters Welfare Fund** and mailed to:

Chicago Regional Council of Carpenters Welfare Fund  
Attn: Continuation Coverage  
12 E. Erie Street, 7th Floor  
Chicago, IL 60611

It is your responsibility to remit timely payments.  
**Please include your BCBS ID# or SS# on each payment.**