

## Take advantage of affordable health care benefits with the Low Cost Medical Plan.

The Low Cost Medical Plan is designed to provide alternative comprehensive medical benefits for you and your family.

Providing security and confidence in your medical benefits is important to us. This plan was designed to meet the needs of you and your family.

If you lose eligibility for the Active Plan because of slow employment, you can depend on the Low Cost Medical Plan as an alternative to continuation coverage under COBRA.

### 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<br><a href="http://www.crccbenefits.org">www.crccbenefits.org</a>                   |
| Finding a physician, hospital or surgeon in the BCBS PPO Network                            | BlueCross PPO Hospital & Physician Finder | 800-810-2583<br><a href="http://www.bcbsil.com">www.bcbsil.com</a>  |
| <b>Free Annual Physical &amp; Health Evaluation for Carpenter and Spouse</b>                | Health Dynamics                           | 414-443-0200<br><a href="http://www.hdhelpsu.com">www.hdhelpsu.com</a><br>(username & password: hdhelpsu) |
| <b>Free Smoking Cessation Program</b>   | Alere, Quit for Life                      | 866-784-8454<br><a href="http://www.quitnow.net/crc">www.quitnow.net/crc</a>                              |
| <b>Member Assistance Program (MAP) 5 Free Sessions</b>                                      | ComPsych Guidance Resources®              | 888-860-1566<br><a href="http://www.guidanceresources.com">www.guidanceresources.com</a>                  |
| <b>Mental Health and Substance Use Disorder</b>   | ComPsych® Corporation                     | 888-860-1566<br><a href="http://www.compsych.com">www.compsych.com</a>                                    |
| <b>Prescription Drugs and Mail Order Program</b>  | Express Scripts Inc. (ESI)                | 800-939-2089<br><a href="http://www.express-scripts.com">www.express-scripts.com</a>                      |
| <b>Specialty Pharmacy</b>   | Specialty Pharmacy                        | 866-722-6110<br><a href="http://www.diplomat.is">www.diplomat.is</a>                                      |



Your Future — Our Focus

### Chicago Regional Council of Carpenters Welfare Fund

12 E. Erie Street • Chicago, Illinois 60611  
312-787-9455 • Option 3  
[www.crccbenefits.org](http://www.crccbenefits.org)

## Do You Need Health Benefits?



### The Low Cost Medical Plan is Available for You.

Protect yourself and your family – enroll in the Low Cost Medical Plan sponsored by the Chicago Regional Council of Carpenters Welfare Fund.

*“Your Future – Our Focus”  
It’s our commitment to you.*

Effective 7/1/2015

## You Are Eligible for the Low Cost Medical Plan When...

- You lose eligibility for the Active Plan of benefits, but not due to retirement.
- You submit your application and first payment to the Fund Office by the end of the month immediately after the last day of your eligibility.
- Your subsequent monthly payments are postmarked by the end of each month.

## Advantages of the Low Cost Medical Plan

- Affordable monthly payments.
- Protects you and your family from costly medical expenses.
- Provides comprehensive medical coverage.
- Coverage for pre-existing conditions.
- A secure life insurance policy: \$5,000 for you and \$1,000 for each dependent.

## Payment Information

- Checks should be made payable to the Chicago Regional Council of Carpenters Welfare Fund.
- Your payment **must** be postmarked by the end of the coverage month and mailed to the Fund Office:

### Chicago Regional Council of Carpenters Welfare Fund

Attn: Continuation Coverage  
12 E. Erie Street  
Chicago, IL 60611



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

**312-787-9455 • Option 3  
or visit [www.crccbenefits.org](http://www.crccbenefits.org)**

## Keep Your Medical Insurance Costs Under Control with the Low Cost Medical Plan

### The Low Cost Medical Plan Offers You...

- Comprehensive major medical coverage for hospitalization and other medical expenses.
- Prescription drug costs covered at 70% of the discounted amount with your Express Scripts Inc. (ESI) prescription card.
- The same BlueCross BlueShield network as the Active Plan.
- A **free** comprehensive health evaluation through Health Dynamics. This program provides you and your spouse with a comprehensive health evaluation, including an EKG, chest x-ray, blood tests, mammogram, pap screening, prostate screening and a complete physical examination. The program is offered on an annual basis at no cost to you or your spouse.
- Mental Health and Substance Use Disorder coverage through ComPsych® Corporation using the same network provided under the Active Plan so you can continue to use in-network providers to keep your out-of-pocket costs down. Coverage also includes a Member Assistance Program (MAP) through ComPsych Guidance Resources® offering up to five **free** sessions of short-term counseling (not subject to the Plan's deductible or coinsurance) for a variety of personal and family issues. Additionally, the MAP provides free financial, legal, work/life, dependent and elder care information and resources.
- Wellness & preventive services recommended by the U.S. Preventive Services Task Force for Grade A and B services are paid at 100% when network providers are used ([www.healthcare.gov](http://www.healthcare.gov)).
- A smoking cessation program through **Alere** for you and your eligible dependents age 18 and older **at no charge**. To register, call 1-866-QUIT-4-LIFE (866-784-8454) and tell them you're a member of the "Chicago Carpenters," or you can enroll online at [www.quitnow.net/crc](http://www.quitnow.net/crc). Select "Enroll online now" to begin the registration process.

### What's NOT Covered?

- Hospital and medical expenses not recognized as benefits under the Active Plan.
- Cosmetic surgery, dental, vision, hearing, short-term disability, or accidental death and dismemberment benefits.

### Who's Eligible?

The carpenter must be enrolled in the Low Cost Medical Plan in order to elect coverage for a spouse and/or all eligible dependents up to age 26.

### What About Benefit Maximums?

There are no annual or lifetime maximum dollar benefits.

### How Much Is the Annual Deductible and How Much Does the Plan Pay?

**Deductible** – The Plan pays benefits after you meet a \$600 per person calendar year deductible or a \$1,800 family calendar year deductible (for a family of 3 or more).

**Plan Pays** – After your calendar year deductible has been satisfied, the Plan will pay 70% of covered expenses for a PPO provider or 50% of covered expenses for a non-PPO provider. Payment of non-PPO charges are based on usual and customary allowed amounts for covered medical expenses. There is an out-of-pocket maximum of \$4,600 per person or \$9,200 per family for medical and behavioral health claims.

### When Will My Coverage Terminate?

Your eligibility for coverage will terminate:

- If you fail to make timely payments;
- After 18 consecutive months of coverage; or
- You become eligible for the Active Plan of Benefits.

If your eligibility is terminated for either of the above reasons, you **may not** reenroll in the Low Cost Medical Plan again until you have been reinstated (and lost) your eligibility for the Active Plan.

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

*The benefits highlighted in this brochure are effective as of July 1, 2015. This brochure provides only highlights of certain features of the Chicago Regional Council of Carpenters Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan Document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plans at any time.*

## Schedule of Benefits for the Low Cost Medical Plan

These charts highlight some key features of the Low Cost Medical Plan. For information on the current premium rates for this Plan, contact the Health Benefits Department at 312-787-9455 and select Option 3 between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

| Comprehensive Medical Benefits: BlueCross BlueShield of Illinois (BCBS)   |  |                         |
|---|--|-------------------------|
|   | BCBS PPO Provider  | Out-of-Network Provider |
| <b>Annual Maximum Dollar Benefit</b>  | None   |                         |
| <b>Coinsurance</b>  | 70% paid by Plan   | 50% paid by Plan        |
| <b>Deductible per calendar year</b>   | \$600 per Individual / \$1,800 per Family  |                         |
| <b>Out-of-Pocket Maximum per Calendar Year</b> (Includes deductible)  | \$4,600 per Individual / \$9,200 per Family, as increased by the premium adjustment percentage for the calendar year   |                         |
|   | After a covered individual satisfies the deductible and out-of-pocket maximum, the Plan will pay 100% of most eligible covered services for the remainder of the calendar year.  |                         |
| <b>Ambulance Service</b>  | 70% paid by Plan   |                         |
| <b>Bariatric Surgery</b> (Only for the diagnosis and treatment of morbid obesity)   | 70% paid by Plan   | 50% paid by Plan        |
|   | Prior to surgery, a covered individual is required to register for and successfully complete ComPsych's Bariatric Support Service Program (BSSP). Contact the Health Benefits Department for more information. Participation in the BSSP is mandatory. |                         |
| <b>Breast Feeding Support and Equipment</b> to the extent required under the Affordable Care Act (ACA):<br><ul style="list-style-type: none"> <li>Lactation support and counseling</li> <li>Breast pump rental, up to the purchase price, and initial supplies (tubing and shields) (limited to one non-retail purchase per pregnancy)</li> <li>Hospital-grade breast pump must be medically necessary</li> </ul>                     | 100% paid by Plan, deductible does not apply   | No coverage             |
|   |  |                         |
| <b>Chiropractic, Acupuncture and Naprapathic Care</b>   | 70% paid by Plan   | 50% paid by Plan        |
|   | Maximum combined visits limit per employee: 45 visits per calendar year<br>Maximum combined visits limit per spouse: 15 visits per calendar year<br>No coverage for dependent children   |                         |
| <b>Contraceptives</b> to the extent required under the ACA for FDA approved methods for females under age 55:<br><ul style="list-style-type: none"> <li>Contraceptive support &amp; counseling</li> <li>Diaphragms &amp; cervical caps</li> <li>Vaginal rings</li> <li>Emergency contraceptives (morning after pill only)</li> <li>Implants</li> <li>Oral contraceptives, generic only</li> <li>Patch</li> <li>Injectables</li> </ul> | 100% paid by the Plan, including office visits. Deductible does not apply  | No coverage             |
|   |  |                         |
| <b>Diagnostic Imaging Benefit – MRI, CAT/CT and PET Scans</b>   | 70% paid by Plan   | 50% paid by Plan        |
| <b>Durable Medical Equipment (DME)</b>  | 70% paid by Plan   | 50% paid by Plan        |
| <b>Emergency Room</b><br><ul style="list-style-type: none"> <li>Facility fee</li> <li>Physician fees</li> </ul>   | 70% paid by Plan   | 70% paid by Plan        |
|   |  |                         |
| <b>Emergency Room Co-payment</b>  | \$300 per emergency room visit<br>Waived if admitted to the hospital as an in-patient within 72 hours for the same condition or held in the observation unit for more than 24 hours  |                         |

|   | BCBS PPO Provider  | Out-of-Network Provider  |
|---|--|--|
| <b>Extended Care/ Skilled Nursing Facility</b>  | 70% paid by Plan   | 50% paid by Plan   |
|   | Maximum of 120 days per convalescent period  |  |
| <b>Home Health Care</b>   | 70% paid by Plan   | 50% paid by Plan   |
|   | Maximum of 120 days per convalescent period  |  |
| <b>Hospice Care</b>   | 70% paid by Plan   | 50% paid by Plan   |
|   | Lifetime maximum of 180 days per Individual  |  |
| <b>Hospital Care</b>  | 70% paid by Plan   | 50% paid by Plan   |
|   | Confinement Maximum: 180 days per calendar year for in-patient care  |  |
| <b>Infertility Services</b> (hospital, physician, drugs, treatments, etc.)  | 70% paid by Plan   | 50% paid by Plan   |
|   | Combined lifetime maximum of \$10,000 for services provided to employee and spouse.  |  |
| <b>Infusion Therapy</b> (For the administration of an intravenous prescription drug)  | 70% paid by Plan   | 50% paid by Plan   |
| <b>Physical, Occupational and Speech Outpatient Therapy for Restorative/ Rehabilitative Therapy</b> (Up to 6 months to restore an established function)   | 70% paid by Plan   | 50% paid by Plan   |
| <b>Physical, Occupational and Speech Outpatient Therapy for Developmental Disabilities</b> (Habilitative or to teach; for covered individuals through age 18)   | 70% paid by Plan up to \$9,000; thereafter the Plan pays 25% of the PPO allowance per calendar year.   | 50% paid by Plan up to \$9,000; thereafter the Plan pays 10% of the R&C allowance per calendar year. |
| <b>Physician Services</b>   | 70% paid by Plan   | 50% paid by Plan   |
| <b>Pregnancy Care</b>   | 70% paid by Plan, except to the extent required under ACA. Services covered under ACA are paid at 100% by the Plan and the deductible does not apply.                | 50% paid by Plan   |
| <b>Reconstructive Breast Surgery</b>  | 70% paid by Plan   | 50% paid by Plan   |
| <b>Surgi-Center Facility</b><br><ul style="list-style-type: none"> <li>Hospital affiliated</li> <li>No hospital affiliation</li> </ul>  | 70% paid by Plan   | 50% paid by Plan   |
|   | 70% paid by Plan   | No coverage  |
| <b>Urgent/Immediate Care Facilities and Retail Clinics</b>  | 70% paid by Plan   | 50% paid by Plan   |
| <b>Wellness and Preventive Care</b>   |  |  |
| <ul style="list-style-type: none"> <li>Wellness and preventive services including routine screenings, immunizations and other services as described at <a href="http://www.healthcare.gov">www.healthcare.gov</a></li> </ul>        | 100% paid by Plan per calendar year. Deductibles and coinsurance maximums do not apply   | No coverage  |
| <ul style="list-style-type: none"> <li>Comprehensive Health Evaluation and Physical Exam (includes blood, glucose and cholesterol analysis, strength and flexibility testing, mammogram or prostate screenings and more)</li> </ul> | <b>Preferred Contracted Provider: Health Dynamics</b><br>100% paid by Plan for participant and spouse once every calendar year<br>No coverage for dependent children |  |

**Member Assistance Program: ComPsych Guidance Resources®**

|  | <b>ComPsych In-Network Provider</b>                      | <b>Out-of-Network Provider</b> |
|--|--|--------------------------------|
| <b>Member Assistance Program (MAP)</b> | 100% paid by Plan for five counseling sessions per issue | No coverage                    |

**Mental Health & Substance Use Disorder Benefits: ComPsych® Corporation**

|  | <b>ComPsych In-Network Provider</b>   | <b>Out-of-Network Provider</b> |
|--|---|--------------------------------|
| <b>Emergency Room</b><br>• Facility fee<br>• Physician fees    | 70% paid by Plan<br>70% paid by Plan  |                                |
| <b>Emergency Room Co-payment</b>                               | \$300 per Emergency Room Visit<br>Waived if admitted to the hospital as an in-patient within 72 hours for the same condition or held in the observation unit for more than 24 hours |                                |
| <b>Hospital Care and Residential Treatment Facilities</b>      | 70% paid by Plan  | 50% paid by Plan               |
|  | Confinement maximum: 180 days per calendar year combined for hospital and residential treatment in-patient care   |                                |
| <b>Hospital Outpatient Diagnostic Tests</b>                    | 70% paid by Plan  | 50% paid by Plan               |
| <b>Out-Patient Therapy (including Partial Hospitalization)</b> | 70% paid by Plan  | 50% paid by Plan               |
| <b>Custodial or Group Homes</b>                                | No coverage   |                                |

**Prescription Drug Benefits: Express Scripts, Inc. (ESI) Diplomat Specialty Pharmacy**

|  | <b>ESI Network Retail Pharmacy</b><br>(Lesser of 100 units or a 30-day supply) | <b>ESI by Mail</b><br>(Up to a 90-day supply through mail order) | <b>Diplomat Specialty Pharmacy</b><br>(For specialty drugs) |
|--|--|--|---|
| <b>Out-of-Pocket Maximum per calendar year</b>   | \$2,000 per Individual / \$4,000 per Family                                    |  |   |
| <b>Generic Co-payment</b>  | 70% paid by Plan   |  | N/A   |
| <b>Single-Source Brand Co-payment</b><br>(A generic is not available)  | 70% paid by Plan   |  | N/A   |
| <b>Multi-Source Brand Co-payment</b><br>(A generic is available)   | 70% paid by Plan   |  | N/A   |
| <b>Specialty Medications</b> (Used to treat complex conditions such as cancer, hemophilia, immune deficiency, rheumatoid arthritis, etc. and require a higher level of care) | N/A  |  | 70% paid by Plan  |

|   |         |
|---|---------|
| <b>Hearing Benefits</b>                                     | None    |
| <b>Vision Benefits</b>                                      | None    |
| <b>Dental Benefits</b>                                      | None    |
| <b>Short-Term Disability Benefits</b>                       | None    |
| <b>Accidental Death and Dismemberment Insurance Benefit</b> | None    |
| <b>Life Insurance Benefits</b>                              |         |
| <b>Eligible Carpenter</b>                                   | \$5,000 |
| <b>Spouse</b>   | \$1,000 |
| <b>Child</b>  | \$1,000 |

**Keep in mind:**

- Only the carpenter may elect the Low Cost Medical Plan. Spouses and/or Dependents may not individually elect this Plan.
- You may elect the Low Cost Medical Plan only if you lose eligibility under the Active Plan (except due to retirement).
- The Low Cost Medical Plan can be elected in place of continuation coverage under COBRA. By electing the Low Cost Medical Plan you are waiving your rights to continuation coverage under COBRA.
- Benefits will not be denied due to a pre-existing condition.
- Premium payments are required with the Low Cost Medical Plan and are due on the first of each month. If your premium is not paid by the first of the month, there is a grace period through the end of the month in which to pay your premium. If the applicable premium is postmarked by the end of the month (grace period) and the check clears the bank, coverage will continue for that coverage month.
- The amounts charged for non-PPO medical expenses are subject to the reasonable and customary allowances, as adopted by the Fund Office. Amounts over the reasonable and customary allowance are the covered individual's responsibility.
- All hospital, facility and physician services, as well as all mental health and substance use disorder benefits are subject to the calendar year deductibles and out-of-pocket maximums.
- Covered medical expenses incurred in the last three months of a calendar year that are applied toward the calendar year deductibles will be applied toward satisfying the calendar year deductibles for the next calendar year.
- Calendar year deductibles and out-of-pocket maximums from the Active Plan **do not carry over** from or to the Low Cost Medical Plan.

