- Mail Order co-payments
  - ◊ $25 (generic)
  - ◊ $45 (preferred)
  - ◊ $75 (non-preferred)

- Prescriptions
  - ◊ 90-day supply via mail order or at participating CVS pharmacies for non-Medicare eligible participants

- ***Out of pocket Maximum*** for prescriptions:
  - ◊ $3,000/person; $7,500/family
  - ◊ Once maximum is reached the Plan will pay 100% of the network fee or allowed amount

***Vision Benefit**

- Entitled to eye examination and new glasses or contact lenses once every 12 months
- Network providers are **Comprehensive Professional Systems (CPS)** and **General Vision Services (GVS)**
- No out of pocket costs if you use the participating providers in the CPS or GVS network and select frames and lenses that are part of the program
- Receive a credit towards lenses and frames you purchase outside of the program. If you choose a non-participating provider, you will be reimbursed up to $125. You will need to submit an itemized bill to the Fund for reimbursement

***Dental Benefit**

- Administered through **Administrative Services Only ("ASO")**
- In and Out of Network Benefits based on a fee schedule
- $100 Annual Deductible (waived for diagnostic, preventative and orthodontics)
- $2,500 Annual Maximum (excluding orthodontic services)
- Orthodontics = Maximum of 24 months for active treatment; 18 months for passive treatment

New York City District Council of Carpenters
BENEFIT FUNDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS BENEFIT FUNDS
395 HUDSON ST., 9TH FL.
NEW YORK, NY 10014

BENEFIT HIGHLIGHTS

ACTIVE EMPLOYEES OF PARTICIPATING EMPLOYERS AND ASSOCIATIONS

The Welfare Fund provides medical, prescription, *dental, and *vision benefits to Active Employees of Participating Employers and Associations.

We encourage you to learn more about your benefits by reading this brochure. Any questions regarding this information can be addressed by calling our Member Services Department at **(800) 529-FUND (3863)** or visiting our website at **www.nyccbf.org**.

**Eligibility determined by employer.*

New York City District Council of Carpenters
BENEFIT FUNDS

NYCDCC WELFARE FUND

A wide-ranging Welfare Plan providing health coverage through a variety of providers

Requirements for Employers to participate in NYCDCC Welfare Fund health coverage plan:

- ◊ Employer must be in good standing with its affiliated Association (the Association must have a current Collective Bargaining Agreement on file).
- ◊ Employer must submit a letter of intent to participate in the plan, indicating the effective date and type of coverage for enrollment and must have a signed Participation Agreement on file.
- ◊ Employer must contribute to the Welfare Fund on behalf of its bargaining unit employees covered by a Collective Bargaining Agreement, or engage subcontractors who contribute to the Welfare Fund on behalf of their bargaining unit employees covered by a Collective Bargaining Agreement, for at least one bargaining unit employee.
- ◊ Employer must select one of the following levels of coverage that will apply to all of its enrolled employees: (1) medical/prescription, (2) medical/prescription/dental, or (3) medical/prescription/dental/vision.
- ◊ Employer must select whether to remit the required premium at the composite rate (i.e., a single premium rate per employee regardless of the number of dependents covered) or on a tiered rate (i.e., separate individual and family premiums).
- ◊ Employer must timely contribute the required premium for each of its enrolled employees to the Welfare Fund on the first day of each month of which all contributions shall be payable directly to the Welfare Fund.
- ◊ Employers who remit contributions electronically on behalf of their bargaining unit employees also have the option of remitting premiums electronically on behalf of their non-bargaining unit employees.
- ◊ Employer may change its premium and coverage elections effective each January during the open enrollment period. However, the election must be made on the due date specified by the Welfare Fund.
- ◊ Employer must provide written notice to the Welfare Fund within thirty (30) days after any Eligible Active Employee enrolled in the Welfare Fund (a) dies; (b) is terminated from employment; (c) ceases to be in Full-Time Active Employment; or (d) otherwise ceases to be an Eligible Active Employee.

Participant Eligibility

You are eligible to participate in this Plan on the first day of the calendar month following one full calendar month of "Full-Time Active Employment" with a Participating Employer or Employer Association signatory to a Participation Agreement with the Fund.

"Full-Time Active Employment" means you are regularly scheduled to work at least 30 or 35 hours per week for a "Participating Employer" as set forth in the applicable Participation Agreement between the Fund and a Participating Employer. To find out whether you must work 30 or 35 hours per week for coverage, contact your Employer.

"Participating Employer" means The Building Contractors Association, The Manufacturing Woodworkers Association of Greater New York, Inc., The Greater New York Floor Coverers Association, Inc., The Association of Wall-Ceiling & Carpentry Industries of New York, Inc., The Cement League, The Hoist Trade Association, and any employer that is a current member of any of the aforementioned Associations, provided that such Association or Employer has elected to participate in the Funds pursuant to a Participation Agreement.

Medical Provider

- ◊ Empire BlueCross BlueShield **(844) 416-6387; www.empireblue.com**
- ◊ PPO or POS Network

- ***Co-Payment* is** a fixed amount you pay for a covered health care service, usually at the time you receive the service
  - ◊ Primary Care = $20
  - ◊ Specialist = $25
  - ◊ Emergency Room Co-Pay = $200 (waived if admitted)
- ***Deductible*** is the amount you owe for health care services before your health coverage begins to pay
  - ◊ In Network deductible = $200/person; $500/family
  - ◊ Out of Network deductible = $750/person; $1,875/family
- ***Co-Insurance*** is your share (a calculated percentage) of the costs of a covered health care service
  - ◊ In Network = 10%
  - ◊ Out of Network = 30%; you may also be balanced billed, the difference between what the provider charges and the Fund pays
- ***Out-of-pocket Maximum*** is the maximum amount you pay for health care services during a calendar year
  - ◊ In Network = $1,900/person; $4,750/family
  - ◊ Out of Network = $3,750/person; $9,375/family
  - ◊ Once maximum is reached the Plan will pay 100% of the network fee or allowed amount

Pharmacy Benefit Manager (PBM)

- Express Scripts: **(800) 939-2091**
- Retail co-payments
  - ◊ $15 (generic)
  - ◊ $25 (preferred)
  - ◊ $40 (non-preferred)