



New York City District Council of Carpenters

BENEFIT FUNDS



NYCDCC Active Members Welfare Benefits Kit

Learn more about:

- Medical Benefits
- Prescription Benefits
- Dental Benefits
- Telehealth Benefits
- Vision Benefits
- Vacation Benefits
- Hearing Benefits
- Member Services

395 Hudson St, 9th Floor New York, NY 10014
(800) 529-3863 or (212) 366-7373 – www.nycdbf.org



New York City District Council of Carpenters

BENEFIT FUNDS

2026 Benefit Providers Contact Sheet

Health Coverage (Medical/Hospital)



Independence Administrators

Independence Administrators

(833) 242-3330

www.MyIBXTPAbenefits.com

Health Coverage for Medicare-Eligible Retirees and Dependents (Retired Participants Only)



UnitedHealthcare

(888) 736-7441

www.uhcretiree.com

Prescription Drug Coverage



Express Scripts

Non-Medicare: (800) 939-2091

Medicare: (800) 311-2757

Specialty Medication (Accredo): (800) 803-2523

www.express-scripts.com

Dental Coverage



**Anthem BlueCross BlueShield
XPO Dental Complete**

(844) 852-1553

www.anthem.com

Vision Care Coverage



CPS Optical

(212) 675-5745

www.cpsoptical.com

Vision Care Coverage



General Vision Services (GVS)

(800) 847-4661

www.generalvision.com

Hearing Exams & Hearing Aids Coverage



CPS Hearing

(212) 675-5745

www.cpshearing.com

Hearing Exams & Hearing Aids Coverage



General Hearing Services (GHS)

(800) 480-0558

www.generalvision.com/hearing

Telehealth Coverage



Teladoc Health

(800) 835-2362

www.teladochealth.com

Cancer Specialists



**Memorial Sloan Kettering
Cancer Center**

MSK Direct

(Memorial Sloan Kettering Cancer Center)

(833) 786-3368

www.mskcc.org/nycdcc



New York City District Council of Carpenters

BENEFIT FUNDS

MEDICAL PLAN AT A GLANCE

Offered through Independence Administrators PPO or POS Network

Independence 

Independence Administrators

The CO-PAYMENT is a fixed amount that you pay for a covered healthcare service. Your co-payments are:

- \$20 for Primary Care visits
- \$25 for Specialist visits
- \$200 Emergency Room co-pay (waived if admitted)

The CO-INSURANCE is your share (a calculated percentage) of the costs of a covered healthcare service. Your co-insurances are:

In-Network:
10% co-insurance

Out-of-Network:
30% co-insurance

The DEDUCTIBLE is the amount you owe for healthcare services before your health insurance begins to pay. Your deductibles are:

In-Network:
\$200 per person
or \$500 per family

Out-of-Network:
\$750 per person
or \$1875 per family



To learn more, contact Independence Administrators
at (833) 242-3330 or visit www.MyIBXTPAbenefits.com



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BENEFIT FUNDS

NYCDCC DENTAL BENEFITS

EFFECTIVE JULY 1, 2024

XPO (IN-NETWORK)- ANTHEM BCBS PAYS 100% COVERAGE (AFTER DEDUCTIBLE, IF APPLICABLE).

DENTAL COMPLETE (IN-NETWORK)- ANTHEM BCBS PAYS 100% COVERAGE (AFTER DEDUCTIBLE, IF APPLICABLE).

OUT-OF-NETWORK- PROVIDES REIMBURSEMENT PER PREDETERMINED FEE SCHEDULE.

ACTIVE PARTICIPANTS/DEPENDENTS ARE ENTITLED TO:

- AN ANNUAL BENEFIT MAXIMUM OF \$4,000.
- AN ORTHODONTIC LIFETIME BENEFIT MAXIMUM: ONCE PER LIFETIME (IN-NETWORK); \$2,510 (OUT-OF-NETWORK).
- AN ANNUAL DEDUCTIBLE OF \$100 (PER INSURED PERSON).
- A DEDUCTIBLE WAIVER FOR DIAGNOSTIC/PREVENTIVE SERVICES.*

RETIRED PARTICIPANTS/DEPENDENTS ARE ENTITLED TO:

- AN ANNUAL BENEFIT MAXIMUM OF \$3,000.
- AN ORTHODONTIC LIFETIME BENEFIT MAXIMUM: ONCE PER LIFETIME (IN-NETWORK); \$2,510 (OUT-OF-NETWORK).
- AN ANNUAL DEDUCTIBLE OF \$100 (PER INSURED PERSON).
- A DEDUCTIBLE WAIVER FOR DIAGNOSTIC/PREVENTIVE SERVICES.*

**CERTAIN SERVICES SUCH AS ORAL EVALUATIONS AND TEETH CLEANING, ARE LIMITED TO TWO PER CALENDAR YEAR.*

**TO LEARN MORE, PLEASE CONTACT ANTHEM BCBS AT (844) 852-1553.
IF YOU HAVE ANY QUESTIONS CONCERNING THE DENTAL PLAN, PLEASE
CONTACT OUR MEMBER SERVICES DEPARTMENT AT (800) 529-FUND (3863).**

Anthem®
BlueCross BlueShield



At a Glance: Vision Benefits



PARTICIPATING PROVIDERS

Vision benefits are provided through two networks of Providers—Comprehensive Professional Systems (“CPS”) and General Vision Services (“GVS”). You may use either network, or you may use a non-network Provider. Selections of frames and lenses may vary among the two networks and, in some instances, among locations in the same network.

For a listing of Participating Providers, call:



CPS: (212) 675-5745



GVS: (800) 847-4661

WHAT'S COVERED

You and your covered dependents are each entitled to an eye examination and new glasses or contact lenses once every 12 months (12 months = 365 days).

If you visit a Participating Provider, there are no out-of-pocket costs if the frames and lenses you select are part of the program. If the frames and lenses you select are outside the program, you will receive a credit towards your purchase. Additionally, if you use a Participating Provider, you may purchase safety glasses in lieu of normal eyeglasses, subject to the applicable rules (one eye exam/glasses once every 365 days)

The Fund will pay a Participating Provider a total of \$125. Up to \$25 is reimbursed for an eye exam, with the balance available for a pair of frames and/or lenses.

NON-NETWORK PROVIDERS

If you visit a Non-Participating Provider, the Fund will reimburse you up to \$125 for the same package of services.



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BENEFIT FUNDS

If you have any questions about your vision benefits, please feel free to contact the NYCDCC Benefit Funds' Member Services Department at (800) 529-FUND (3863) or (212) 366-7373.

At a Glance: Hearing Benefits



ELIGIBILITY

You and your covered dependents are eligible for a hearing benefit once every four years. You may receive benefits from any hearing Provider.

PARTICIPATING PROVIDERS

You will receive the highest level of coverage when you use the network of Participating Providers affiliated with Comprehensive Professional Systems (CPS) or General Hearing Services (GHS). You may obtain benefits at any Provider with whom CPS and GHS have negotiated special discounts on your behalf.

For a listing of Participating Providers, call:



CPS: (212) 675-5745



GHS: (800) 480-0558

WHAT'S COVERED

Coverage is provided at no cost to you from a CPS Provider and for a \$150 Copayment at a GHS Provider for the following:

- A hearing evaluation
- Behind the ear, all-in-the canal, completely-in-the-canal and digital, programming hearing aids
- A battery for your hearing aid, with a one-year guarantee
- At CPS the ear impression (ear mold) is also covered
- Unlimited services of your hearing aid for one year

If you select a hearing aid that is not part of the Fund package, you may have additional out-of-pocket costs which are not eligible for benefit consideration or reimbursement under the Plan.

NON-NETWORK PROVIDERS

When you use a Non-Network Provider, you will have to pay for the services you receive and submit a claim to the Fund Office. The Fund will reimburse you the same benefit amount it would have paid if you had gone to a Network Provider (maximum benefit of \$350 for each ear, once every four (4) years). This hearing benefit is available to all eligible family members



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If you have any questions about your hearing benefits, please feel free to contact the NYCDCC Benefit Funds' Member Services Department at (800) 529-FUND (3863) or (212) 366-7373.



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EXPRESS SCRIPTS®

AT A GLANCE: YOUR PRESCRIPTION DRUG PLAN

RETAIL CO-PAYMENTS:

**\$15 FOR GENERIC
\$25 FOR PREFERRED
\$40 FOR NON-PREFERRED**

MAIL ORDER CO-PAYMENTS*:

**\$25 FOR GENERIC
\$45 FOR PREFERRED
\$75 FOR NON-PREFERRED**

*MAIL ORDER CO-PAYMENTS REPRESENT A THREE-MONTH SUPPLY

SMART 90 CVS

ACTIVE AND PRE-MEDICARE RETIREES AND THEIR COVERED DEPENDENTS WHO ARE NOT UTILIZING THE MEDICARE PART D PLAN WILL BE ABLE TO GET A 3-MONTH SUPPLY OF LONG-TERM MEDICATIONS AT A LOCAL PARTICIPATING CVS PHARMACY.

FOR ADDITIONAL INFORMATION OR TO LOCATE A PARTICIPATING CVS NEAR YOU, PLEASE CONTACT EXPRESS SCRIPTS AT 800-939-2091 OR WWW.EXPRESS-SCRIPTS.COM/3MONTH.

**TO LEARN MORE, PLEASE CONTACT EXPRESS SCRIPTS AT (800) 939-2091
OR GO TO WWW.EXPRESS-SCRIPTS.COM**

Get medical care, anytime, anywhere

Talk to a doctor 24/7



When you're not feeling well, you don't want to wait to get care. Good news — with virtual care from Teladoc Health (Teladoc), you don't have to!

Teladoc is a leader in whole-person virtual care. With Teladoc General Medical, you get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Using Teladoc General Medical is quick and convenient. Features include:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc award-winning mobile app
- Interpreters who know your language, including American Sign Language (ASL)
- Prescription requests sent to your pharmacy of choice
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care

Teladoc General Medicine services are subject to a \$10 copay.

Nearly 90% of users are satisfied with their Teladoc experience.

Schedule an appointment

Learn more and make an appointment at
TeladocHealth.com.

How Teladoc General Medical works



Initiate: You can access Teladoc by:

- Calling 1-800-835-2362, or
- Visiting teladochealth.com, or
- Downloading the Teladoc mobile app



Request: Schedule a visit at your preferred time or request an on-demand visit for an urgent need.



Visit: Meet with your doctor, who will evaluate you and answer your health questions.



Resolve: Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.

Independence Administrators is an independent licensee of the Blue Cross and Blue Shield Association.

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Teladoc Health, Inc. is an independent company that provides virtual care for medical and specialty services.





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3 THINGS TO KNOW ABOUT YOUR NYCDCC VACATION BENEFITS

WHO IS ELIGIBLE TO RECEIVE VACATION BENEFITS?

You are eligible if you are working in Covered Employment for an employer who makes contributions to the Welfare Fund for Vacation Benefits on your behalf.

HOW MUCH MONEY DO I RECEIVE IN VACATION BENEFITS?

You will receive all contributions made to your Vacation Account by your employer. Your Vacation Account does not pay interest.

WHEN ARE VACATION BENEFITS PAID?

Vacation Benefits are paid out four times per year, generally in March, June, September, and December. Payouts are made via direct deposit or a rapid! PayCard.

To learn more about your Vacation Benefits, scan the QR code below or visit nycbf.org/member/vacation-benefit





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NYCDCCBF MEMBER SERVICES

*Do you need assistance?
Our trained member
services team is here to
help around the clock!*

Hours of Operation:

Walk-in: Monday – Friday 7AM to 5PM

Call Center: Monday – Friday 8AM to 5PM

Member Services Call Center:

800-529-FUND (3863) or 212-366-7373

- Annuity, Pension, & Welfare Benefits
- Filing Benefit Hours Shortage Reports
- Short-Term Disability
- Pension Disability
- Retirement Applications
- Locating Treatment for Substance Abuse and Mental Health Services
- Workers' Compensation Assistance
- And more!



*Visit our website now:
www.nyccbf.org*

ARE YOU FOLLOWING THE BENEFIT FUNDS ON SOCIAL MEDIA?

@NYCDCCBF

- Latest Benefits News
- Important Dates & Deadlines
- Benefits Education
- Frequently Asked Questions
- Savings Opportunities
- Upcoming Events
- Provider Updates
- News Recaps
- Explainer Videos
- Carpentry Humor



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