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SUMMARY OF MATERIAL MODIFICATIONS
IMPORTANT INFORMATION REGARDING HEALTH BENEFITS
Issued December 2025

This document is a Summary of Material Modifications ("SMM") intended to notify you of changes and clarifications made to the New York City District Council of Carpenters Welfare Fund Summary Plan Description For Active Participants Working in Outside Construction and Shop Employment; Retired Participants Who Have Worked in Outside Construction and Shop Employment; and Active and Retired Employees of the District Council, Local Unions, NYCDCC Benefit Funds, Hollow Metal Funds, and CCA Metro – Carpenter Contractor Alliance of Metropolitan New York Effective April 1, 2022 (the "SPD").

Please read this SMM carefully and keep it with the SPD that was previously provided to you. If you need a copy of the SPD or SMMs, please visit our website at **www.nyccbf.org** or contact our Welfare Department at **welfare@nyccbf.org**.

If you have questions regarding the dental benefit change, please call the Member Services Department at (800) 529-FUND (3863), Monday through Friday from 8:00 a.m. to 5:00 p.m.

If you have questions regarding Retiree Disability Coverage, you must submit your questions in writing to **welfare@nyccbf.org**.

If you have any other questions, please call 800-529-FUND (3863) or 212-366-7373.

Finally, please remember to contact the Fund Office at 800-529-FUND (3863) or 212-366-7373 if you have had a change in your address, phone number, email, marital status, Medicare-Eligibility status, or post-retirement employment status.

	Description of Change	**Current SPD Page (if applicable)**
1.	**Coverage for Adult Disabled Children** ➢ The requirement that an Adult Disabled Child must have become incapacitated while covered under the Fund is no longer applicable. ➢ All other eligibility requirements must be satisfied, including the requirement that the Child must have been incapacitated before reaching the limiting age. ➢ You must provide the required proof of incapacity to the Fund Office within 12 months prior to the date that the Child's coverage would have otherwise ended. ➢ Documentation should include a bank statement dated within the past three months showing a Social Security benefit deposit for the Child with the Child's social security number.	SPD page 17 (PDF-page 26)
2.	**Orthotics** ➢ Foot care and orthotics are covered as follows: o one pair per 12 months for adults (age 17 and older); o two pairs per 12 months for children (under age 17) when prescribed by a medical professional and when associated with a disease affecting the lower limbs, such as severe diabetes.	
3.	**Well-Child Care Office Visits** ➢ The following limits and frequency for in-network and out-of-network providers (combined) apply to well-child care office visits: o Under 1 year of age (out of the hospital): 7 visits o Ages 1 to 4: 7 visits o Ages 5 to 11: 7 visits o Ages 12-17: 6 visits o 18 years to 19th birthday: 2 visits	SPD pages 45, 54 (PDF-pages 54, 63)

4.	**Dental Benefits** ➢ <u>Maximum Benefit</u> Effective July 1, 2024, the annual maximums are as follows: o Actives: $4,000 o Retirees: $3,000 ➢ <u>Dental Complete Plan</u> o Effective July 1, 2024, there is no cost sharing. o This Plan now has the same cost share as the XPO (100%) for benefits such as Basic Services and Orthodontia. o Endodontics, Periodontics, Oral Surgery, Major Services, Prosthodontics and Prosthetic Repairs and Adjustments are subject to the deductible. ➢ <u>Appeals</u> o There are two mandatory level appeals to Anthem and a voluntary third-level appeal to the Board of Trustees or duly designated Committee of Trustees.	Anthem's *Your Summary of Benefits*
5.	**Maternity Care and Infertility** ➢ <u>Prenatal and Postnatal Care (In doctor's office)</u> o Precertification is <u>not</u> required. ➢ <u>Obstetrical Care (In Hospital)</u> o Precertification is <u>not</u> required in connection with a hospital stay for childbirth that is that is less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.	SPD pages 45-46, 54-55 (PDF- pages 54-55, 63-64)

6.	**Physical, Occupational, Speech or Vision Therapy** ➢ Out-of-Network Coverage o To the extent these services are received in connection with treatment for a mental health or substance use condition, services are covered both in- and out-of-network. o Actives: The out-of-network co-insurance is 30% of the Allowed Amount after the deductible is satisfied. o Pre-Medicare Participants: The out-of-network co-insurance is 40% of the Allowed Amount after the deductible is satisfied.	SPD pages 48-49, 58, 78 (PDF-pages 57-58, 67, 87)
7.	**Home Health Care Services** ➢ Out-of-Network Coverage o To the extent these services are received in connection with treatment for a mental health or substance use condition, services are covered both in- and out-of-network. o Actives: The out-of-network co-insurance is 30% of the Allowed Amount after the deductible is satisfied. o Pre-Medicare Participants: The out-of-network co-insurance is 40% of the Allowed Amount after the deductible is satisfied.	SPD pages 48, 58, 97 (PDF-pages 57, 67, 86)
8.	**Emergency Land Ambulance** ➢ Benefits are available for transfers between healthcare Facilities when the treating facility cannot supply the service(s) needed and it is medically necessary. ➢ The transfer must be to the nearest facility that can perform the service(s), and the transfer is by land only.	SPD page 69 (PDF-page 78)
9.	**Sex-Change Procedures** ➢ Treatment for gender dysphoria, including surgery, is a covered benefit.	SPD page 71 (PDF-page 80)

10.	**Inpatient Hospital Care** ➢ The SPD currently states that inpatient services for rehabilitation facilities (except for physical therapy) are not covered. ➢ Note that the above exclusion is in reference to physical rehabilitation and is not applicable to mental health and substance use inpatient care. The full range of mental health and substance abuse inpatient care is covered, including care in rehabilitation facilities.	SPD page 74 (PDF-page 83)
11.	**Outpatient Hospital Care** ➢ Elective cosmetic surgery and any related complications are excluded services under "What's Not Covered."	SPD page 75 (PDF-page 84)
12.	**Mental Health Care – Provider Credentialing** ➢ Social workers must be licensed by the New York State Education Department or a comparable organization in another state and must have three years of post-degree supervised experience in psychotherapy.	SPD page 79 (PDF-page 88)
13.	**Prior Authorizations** ➢ The SPD currently lists outpatient treatment for mental health care and substance use care, and air ambulance as requiring prior authorization. ➢ Note that routine outpatient services, such as office visits or group therapy for mental health and substance use as well as emergency air ambulance, do not require prior authorization. ➢ Other outpatient mental health and substance use disorder services, such as partial hospitalization and intensive outpatient, and non-emergency air ambulance transportation, continue to require prior authorization for coverage.	SPD page 84 (PDF-page 93)

14.	***Residential Treatment Program*** ➢ SPD pages 87-88 are stricken and replaced with the following: *The Fund provides coverage for treatment in Residential Treatment Programs as explained below.* *Residential treatment is defined as specialized treatment that occurs in a residential treatment center. These facilities are typically designated residential, subacute or intermediate care facilities and may occur in care systems that provide multiple levels of care. Residential treatment is 24 hours per day and requires a minimum of one physician visit per week in a Facility-based setting.* *Wilderness programs are not considered residential treatment programs.* *Coverage for residential treatment programs will be covered only if medically necessary. Coverage will be at the same level as other inpatient benefits.*	SPD pages 87-88 (PDF-pages 96-97)
15.	**Prescription Drug Benefits Not Covered** ➢ The SPD notes an exclusion for drugs/medications intended as nutritional or diet supplements. To the extent such drugs are being used in connection with a mental health or substance use condition, the drugs/medications are a covered benefit.	SPD page 103 (PDF-page 112)
16.	**BCBS Global Core Program** ➢ Note that the BCBS Global Core Program for travel outside of the United States is limited to emergent or urgent care needs. ➢ If you are living abroad for an extended period, you may have additional benefit coverage for non-emergent needs. ➢ For details, contact your BCBS Plan at the phone number on your ID card.	SPD Page 37 (PDF-page 46)

17.	**Hearing Benefits - Covered Services** ➢ Note that eligibility for you and your covered dependents for a hearing benefit is limited to once every four years (i.e., once every 1,461 days).	SPD page 117 (PDF-page 126)
18.	**Vision Benefits - Covered Services** ➢ Note that you and your covered dependents are each entitled to an eye exam and new glasses or contact lenses once every year (i.e., once every 365 days). ➢ Lenses must be prescription lenses for vision correction.	SPD page 115 (PDF-page 124)
19.	**Eligibility for Retiree Welfare Coverage** ➢ The SMM effective March 1, 2025 regarding the Retiree Welfare eligibility rules of the NYC District Council of Carpenters Welfare Fund (the "Welfare Fund") is restated to read as follows, effective July 1, 2025: *The eligibility conditions described below apply to anyone who has not already applied for Retiree Welfare coverage to become effective on or before July 1, 2025.* ***Eligibility for Retiree Welfare Coverage*** *Retirees who receive a monthly benefit from the New York City District Council of Carpenters Pension Fund (the "NYCDCC Pension Fund") and who satisfy the following requirements qualify for Retiree Welfare coverage.* *Effective July 1, 2025, in order to qualify for Retiree Welfare coverage, your employer(s) must have contributed to the Welfare Fund for you as an Active Employee, you must be at least 55 years old, and you must satisfy one of the following two requirements:* *1. You have earned at least 30 Vesting Credits from the NYCDCC Pension Fund as of the effective date of your pension; or*	SPD pages 8-9 (PDF-pages 17-18), as amended by the SMM effective March 1, 2025

	2. You have earned at least 20 Vesting Credits from the NYCDCC Pension Fund and were covered by the NYCDCC Welfare Plan for Outside Construction and Shop Employment as an Active Employee for any 24 months during the 60-month period immediately preceding the effective date of your benefit payments from the NYCDCC Pension Fund. Such requirement shall be referred to as the "24/60-Months Requirement." *a. To satisfy the 24/60-Months Requirement, coverage in the Welfare Plan Covering Employees and Retirees of the City of New York (the "City Carpenter Plan") does <u>not</u> count for this purpose, subject to the following exception:* i. *If, (A) such 60-month period consists of coverage under both (1) the NYCDCC Welfare Plan for Outside Construction and Shop Employment and (2) the City Carpenter Plan, and (B) you would have qualified for Retiree Coverage under the NYCDCC Welfare Plan for Outside Construction and Shop Employment at the time that your coverage commenced under the City Carpenter Plan, then a maximum of 14 months in which you were covered by the City Carpenter Plan may be applied in determining whether you satisfy the 24/60-Months Requirement.* *While Vesting Credit attributable to City of New York employment and Pro Rata or*	

	Reciprocal Vesting Credit earned from the pension funds of other Carpenters jurisdictions may help you avoid losing credit under the Pension Fund due to a break in service under the Pension Fund's rules, such credit is not used to satisfy any of the above three requirements for Retiree Welfare Fund eligibility. *Vesting Credit earned under the "Continuous Non-Covered Employment" provision of the Pension Fund does not count toward your Retiree eligibility in the Welfare Fund. As a general rule, Vesting Credit earned in the Pension Fund counts toward Retiree eligibility in the Welfare Fund only when your employer is making contributions to the Welfare Fund on your behalf for work performed as an Active Employee.*	
20.	**Out-of-Network Claim Pricing** ➢ The SPD describes Empire's methods of pricing out-of-network facility and professional claims. ➢ Independence Administrators has developed the following comparable pricing methodology, effective January 1, 2026: o When a Centers for Medicare & Medicaid Services ("CMS") rate is available: ▪ <u>Facility</u>: Allowed Amount is equal to the lesser of (i) billed charges or (ii) 250% of CMS adjusted for geographic locality, ▪ <u>Professional</u>: Allowed Amount is equal to the lesser of (i) billed charges or (ii) 250% of CMS unadjusted for geographic locality,	SPD pages 89-90 (PDF-pages 98-99)

	○ For instances when there is <u>not</u> a defined CMS rate, ▪ <u>Facility</u>: Allowed Amount is equal to 49.8% of billed charges. ▪ <u>Professional</u>: Allowed Amount is equal to 36.7% of billed charges.	

This SMM is intended to provide you with an easy-to-understand description of changes to the SPD. The Board of Trustees (or its duly authorized designee) reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Welfare Fund, or any eligibility or other type of rule in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Welfare Fund. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Welfare Fund Plan/SPD, make any promises to you about benefits under the Welfare Fund, or to change any provision of the Welfare Plan/SPD. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Welfare Plan/SPD and decide all matters, legal and/or factual, arising under the Welfare Plan/SPD.