

**EIGHTH AMENDMENT TO THE INDIANA/KENTUCKY/OHIO REGIONAL  
COUNCIL OF CARPENTERS WELFARE FUND  
PLAN DOCUMENT EFFECTIVE JANUARY 1, 2022**

**WHEREAS**, the Trustees of the Indiana/Kentucky/Ohio Regional Council of Carpenters Welfare Fund desire to amend the Plan document effective January 1, 2022 (the Plan);

**WHEREAS**, the Plan and the Indiana/Kentucky/Ohio Regional Council of Carpenters Welfare Fund Trust authorize the Trustees to amend the Plan from time to time;

**NOW, THEREFORE**, the Plan is amended as follows effective January 1, 2024, unless otherwise indicated:

**1. Article 2.1, Eligibility for Employees (Excluding Union Office Employees and Non-Bargaining Unit Employees), Paragraph (a)(2) is amended as follows:**

(2) From time to time and in their sole discretion, the Trustees shall establish the monthly cost of coverage (Premium) and a monthly banking threshold (Banking Threshold). The difference between the Banking Threshold and the Premium is the "Differential." As of January 1, 2024, the Premium is \$1,050.00, the Banking Threshold is \$1,200, and the Differential is \$150.00.  
The Trustees shall establish a monthly cost of coverage (Cost of Coverage) and a monthly subsidy (Subsidy), to be deducted from an Employee's Dollar Bank as set forth below. As of January 1, 2022, the Cost of Coverage is \$1,050.00. The Cost of Coverage is determined and can be changed from time to time in the sole and exclusive discretion of the Trustees.

**2. Article 2.1, Eligibility for Employees (Excluding Union Office Employees and Non-Bargaining Unit Employees), Paragraph (b) is amended as follows:**

**(b) Initial Eligibility**

Provided a completed application has been provided to the Fund Office, initial eligibility will begin the first day of the third-second month following the date an Employee's Dollar Bank equals one month's Cost of Coverage Premium in the amounts established under section 2.1(a)(2), above, provided such amount was accumulated in a 12 consecutive-month period. For example, an Employee works sufficient hours in January to establish initial eligibility. If Contributions for this work are received by the Fund Office in February, eligibility will start April 1.

If a Participant is not initially credited in any one month with the amount required to be eligible, contributions credited for more than one month will be combined to establish initial eligibility. Any credit in a Dollar Bank Account will be reduced by an administration fee for each month in which the Participant remains ineligible. The current administration fee is \$18.00.

3. Article 2.1, Eligibility for Employees (Excluding Union Office Employees and Non-Bargaining Unit Employees), Paragraph (e), is amended as follows:

(e) Continuing Eligibility

\* \* \*

(2) Maintaining Coverage and the Dollar Bank

- (a) Monthly Contributions in the amount of the Premium will be used to pay for monthly eligibility. When monthly Contributions equal or exceed the sum of the Cost of Coverage and the Subsidy, this sum will be deducted for monthly eligibility. For example, if the Cost of Coverage is \$1,050.00 and the Subsidy is \$150, and monthly Contributions are \$1,300.00, \$1,200.00 will be used for eligibility and \$100.00 will be placed in the Employee's Dollar Bank.
- (b) When monthly Contributions are less than the Premium, the difference between the monthly contributions received and the Premium will be deducted from the Participant's Dollar Bank to pay for monthly eligibility. When monthly Contributions are less than the sum of Cost of Coverage and the Subsidy, but greater than the Cost of Coverage, an amount equal to the monthly Contributions will be deducted for monthly eligibility. For Example, if the Cost of Coverage is \$1,050.00, the Subsidy is \$150.00, and monthly contributions are \$1,150.00, \$1,150.00 will be used for eligibility.
- (c) The excess of monthly Contributions over the Banking Threshold will be credited to the Dollar Bank. When monthly Contributions are equal to or less than the Cost of Coverage, the Cost of Coverage will be deducted for monthly eligibility. For example, if the Cost of Coverage is \$1,050.00, the Subsidy is \$150.00, and monthly Contributions are \$1,000.00, the \$1,000.00 in contributions plus \$50.00 from the Employee's Dollar Bank will be used for eligibility.
- (d) When no monthly contributions are received, the Cost of Coverage Premium will be deducted from the Employee's Bank for monthly eligibility until the balance in the Employee's Dollar is less than the Cost of Coverage Premium.

\* \* \*

(4) Self-Payments

- (a) When the balance in the Dollar Bank is less than the Cost of Coverage Premium, an Employee may self-pay to maintain coverage.
- (b) The monthly self-pay equals the Cost of Coverage Premium less any amount remaining in the Dollar Bank. Where the self-pay equals the Cost of Coverage Premium, it is a "full self-payment."
- (c) Full self-payments can be made for a maximum of 18 months consecutive months.

- (d) Full self-payments run concurrently with Article 16 -- COBRA Continuation Coverage.
- (e) Where the self-payment is less than the Cost of Coverage Premium, it is a "partial self-payment." Participants can make unlimited partial self-payments.
- (f) Participants who are Totally Disabled and are eligible for benefits under this Plan at the time they become disabled, are allowed unlimited self-payments until they are able to return to work or decide to retire.
- (g) Payments must be received by the Fund Office by the 25th of the month, or postmarked by the 23rd of the month, for the month the self-payment is due (e.g., for April eligibility, the self-payment must be received by April 25th or postmarked by April 23rd). Failure to timely remit self-payments will result in termination of coverage retroactive to the first of the month for which self-payment is due and COBRA will be offered. Late self-payments to reinstate eligibility are not allowed.
- (h) If a Participant fails to make a self-payment, any credit remaining in his Dollar Bank Account will be reduced by an administration fee for each month for which he remains ineligible. This fee will be deducted until the Participant's eligibility account is depleted or until he has reestablished eligibility.

#### **(5) Dollar Bank in Excess of Three Months' Eligibility**

When the balance in an Active Employee's Bank exceeds three times the Cost of Coverage Premium such excess may be used for unreimbursed medical expenses as set forth in Article 5.

4. Article 2, Section 2.3, Eligibility for Retirees, Paragraph (b), Return to Work, is amended as follows:

#### **(b) Return to Work**

If a Retiree returns to work he must notify the Fund Office. Contributions received on behalf of a Retiree will be credited to his/her MRA, less the Banking Threshold Cost of Coverage and the Subsidy. Notwithstanding, if a Retiree ceases drawing a pension benefit and informs the Fund Office that he/she desires to re-establish eligibility as an Active Employee, such Contributions will be credited per Section 2.1.

**5. Article 3, Section 3.2, Medical Benefits, Exclusions, and Other Limitations, subparagraph (a), Chart of Benefits, “Preventive Care” section is deleted and replaced with the following:**

Medical Benefits	In-Network	Out-of-Network
<b>Preventive Service Required to be Covered by Law:</b> Preventive service benefits are covered without cost-sharing in-network to the extent required under federal law. This means deductibles, co-insurance, and copayments do not apply to these benefits if provided in-network.		
The following is a representative list of items covered by law as preventive services as of May 1, 2023, but is not a complete list of all such items, and this list changes from time to time.		
For a list of items and services covered as preventive services under federal law at any given time, please visit the following websites:		
<ul style="list-style-type: none"> <li>U.S. Preventive Services Task Force, A &amp; B Recommendations:  <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations</a>;</li> <li>Health Resources &amp; Services Administration Adopted-Guidelines for Women, Children, and Youth:  <a href="https://mchb.hrsa.gov/programs-impact/programs/preventive-guidelines-screenings-women-children-youth">https://mchb.hrsa.gov/programs-impact/programs/preventive-guidelines-screenings-women-children-youth</a>;</li> <li>Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention:  <a href="https://www.cdc.gov/vaccines/hcp/acip-recs/index.html">https://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a>.</li> </ul>		
Items and services covered by the Plan for preventive services will be updated and amended automatically as required by law, which may include additions to and subtractions from the representative list of covered items set forth below.		
Be aware that federal law may limit these benefits to certain individuals by age, sex, health history or status, and impose treatment limitations such as once per lifetime, once per year, etc. Providing all such limitations in this Plan document is not possible. Some of the representative items or services set forth below may indicate coverage once per year, etc., but that does not mean other representative preventive services do not have limitations as to timing, amounts, who is covered, etc.		
<p><b>For Adults:</b></p> <ul style="list-style-type: none"> <li>Screenings, most commonly covered annually, including for the following: <ul style="list-style-type: none"> <li>Abdominal Aortic Aneurysm</li> <li>Cholesterol</li> <li>Colorectal Cancer (and follow-up, if required by law)</li> <li>Depression</li> <li>Hepatitis C</li> <li>HIV</li> <li>Hypertension</li> <li>Latent Tuberculosis</li> <li>Lung Cancer</li> <li>Prediabetes and Type 2 Diabetes</li> <li>Syphilis</li> <li>Unhealthy Alcohol and Drug Use</li> </ul> </li> <li>Immunizations that have in effect a recommendation from the Advisory</li> </ul>	100%	<p>60% of Applicable Medicare Rate after Deductible.</p> <p>Smoking cessation preventive service benefits, however, are covered at 100%</p>

<p>Committee on Immunization Practices of the Centers for Disease Control and Prevention. Doses, recommended ages, and populations may vary.</p> <ul style="list-style-type: none"> <li>Behavioral Interventions (including, when required by law, nutritional counseling) for: <ul style="list-style-type: none"> <li>○ Skin Cancer Prevention;</li> <li>○ Tobacco Smoking Cessation;</li> <li>○ Weight Loss to Prevent Obesity-Related Morbidity and Mortality;</li> <li>○ Healthy Diet and Physical Activity for Cardiovascular Disease Prevention;</li> <li>○ Unhealthy Alcohol Use</li> </ul> </li> </ul>		
<p><b>For Women:</b></p> <ul style="list-style-type: none"> <li>Screenings, including for the following: <ul style="list-style-type: none"> <li>○ Anxiety</li> <li>○ Breast Cancer (Mammography)</li> <li>○ Cervical Cancer</li> <li>○ Diabetes After Gestational Diabetes</li> <li>○ Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults</li> <li>○ Osteoporosis</li> <li>○ Urinary Incontinence</li> <li>○ STIs (including Chlamydia, Gonorrhea)</li> </ul> </li> <li>BRCA-Related Cancer Risk Assessment, Genetic Counseling and Genetic Testing</li> <li>Obesity Prevention Counseling</li> <li>Sexually Transmitted Infections Counseling</li> <li>Well-Women Visits [which include pre-pregnancy, prenatal, postpartum, and interpregnancy visits]</li> </ul>	100%	60% of Applicable Medicare Rate after Deductible.
<p><b>For Pregnant Women or Women Who May Become Pregnant:</b></p> <ul style="list-style-type: none"> <li>Screenings, including for the following: <ul style="list-style-type: none"> <li>○ Anxiety</li> <li>○ Bacteriuria</li> <li>○ Contraception</li> <li>○ Gestational Diabetes</li> <li>○ Rh(D) Incompatibility</li> <li>○ STIs (including Chlamydia, Gonorrhea, Hepatitis B, HIV, and Syphilis)</li> <li>○ Preeclampsia</li> <li>○ Urinary Tract or other Infection</li> </ul> </li> </ul>	100%	60% of Applicable Medicare Rate after Deductible.

<ul style="list-style-type: none"> <li>• Breastfeeding Services and Supplies (including, but not limited to double electric breast pumps [including pump parts and maintenance] and breast milk storage supplies</li> <li>• Contraception Education, Counseling, Provision of Contraceptives, and Follow-up Care [including sterilization surgery]</li> <li>• Healthy Weight and Weight Gain Behavioral Counseling</li> <li>• Perinatal Depression Preventive Interventions</li> <li>• Preeclampsia Prevention</li> <li>• Substance Use Assessment</li> </ul>		
<p><b><i>For Children/ Adolescents/ Young Adults</i></b></p> <p><b>[Newborn—21 years old]:</b></p> <ul style="list-style-type: none"> <li>• Screenings, including for the following: <ul style="list-style-type: none"> <li>○ Anemia</li> <li>○ Autism Spectrum Disorder (coverage is limited to screening and diagnosis only)</li> <li>○ Behavioral/Social/Emotional</li> <li>○ Blood Pressure</li> <li>○ Cervical Dysplasia</li> <li>○ Depression and Suicide Risk</li> <li>○ Developmental</li> <li>○ Dyslipidemia</li> <li>○ Hearing</li> <li>○ Lead Level</li> <li>○ Newborn Blood, Bilirubin, and Critical Congenital Heart Disease</li> <li>○ Obesity</li> <li>○ Scoliosis</li> <li>○ STIs (including but not limited to Chlamydia, Gonorrhea, HIV, Syphilis)</li> <li>○ Tobacco, Alcohol, and Drug Use</li> <li>○ Tuberculosis</li> <li>○ Vision</li> </ul> </li> <li>• Fluoride Varnish and Oral Fluoride Supplementation</li> <li>• Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Doses, recommended ages, and populations may vary.</li> <li>• Oral Health Risk Assessment and Referral</li> <li>• Sudden Cardiac Arrest/Death Risk Assessment</li> </ul>	100%	60% of Applicable Medicare Rate after Deductible.  Smoking cessation preventive service benefits, however, are covered at 100%

<ul style="list-style-type: none"> <li>• Tobacco, Alcohol, and Drug Use Interventions</li> <li>• Well Baby/Child Examinations</li> <li>• Behavioral Interventions (including, when required by law, nutritional counseling) for: <ul style="list-style-type: none"> <li>○ Skin Cancer Prevention;</li> <li>○ Weight Loss to Improve Obesity-Related Weight Status</li> </ul> </li> </ul>		
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#### **Preventive Services Not Required To Be Covered By Law**

Prostate tests and immunizations, including doctor visit [one per year]	100%	60% of Applicable Medicare Rate after Deductible.
Annual Physicals [one per year]	100%	60% of Applicable Medicare Rate after Deductible.

**6. Article 3, Section 3.2, Medical Benefits, Exclusions, and Other Limitations, subparagraph (a), Chart of Benefits, is amended by adding the following:**

<b>Medical Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Nutritional Counseling, as required to comply with the Mental Health Parity and Addiction Equity Act, as amended, and regulations promulgated thereunder.	75% after deductible	60% of Applicable Medicare Rate after Deductible.

**7. Article 5, Medical Reimbursement Account, Section 5.1, Funding of Medical Reimbursement Account, is amended as follows:**

**5.1 Funding of Medical Reimbursement Account**

When the balance in an Active Employee's Bank exceeds three times the Cost-of-CoveragePremium, such excess may be used for unreimbursed medical expenses in the form of a Medical Reimbursement Account (MRA). Like all other benefits provided by the Plan, regardless of the balance in the MRA, the MRA is not a vested benefit.

Under the Medical Reimbursement Plan a Participant may request that his deductible, Co-Payment, and certain other eligible expenses not covered by the Plan be reimbursed to him using the money he has accumulated in his individual Dollar Bank Account.

**8. Article 9, Hearing Aid Benefit (Actives, Non-Medicare Participants, and Dependents) is amended as follows effective May 1, 2024:**

**ARTICLE 9 – HEARING BENEFIT  
(Actives, Non Medicare Participants and Dependents)**

**9.1 Hearing Aid Providers**

The Plan provides self-insured hearing benefits through TruHearing. A list of TruHearing Providers is available at www.truhearing.com. Participants and their Dependents are encouraged to use in-network providers to save money for themselves. Out-of-network

~~providers are not covered by the Plan. There is no discounted in-network provider, but if the provider chosen participates in Anthem, claims will be submitted to Anthem. If not, claims may be submitted to the Fund Office. Regardless of the provider chosen, benefits paid by the Plan will not exceed the limits set forth in 9.2, below.~~

## 9.2 Covered Benefits

Hearing benefits are provided as outlined below:

Hearing Benefit	In-Network	Out-Of-Network
Exam (once every three years per Covered Person); maximum exam benefit \$100)	75% UCR <u>100%</u>	75% UCR <u>No coverage.</u>
Hearing Aid (once every three years per Covered Person; maximum hearing aid benefit \$1,500 <u>3,000</u> )	75% UCR <u>100%</u> up to Maximum Benefit.	75% UCR <u>No coverage.</u>

## 9.3 Exclusions

The exclusions applicable to medical benefits set forth in Section 3.2(b) and the following exclusions apply to Hearing Benefits:

- (a) Charges for services or supplies which are covered in whole or in part under any other portion of the Plan or hearing benefits provided by an Employer;
- (b) Expenses for which benefits are payable under Workers' Compensation law;
- (c) Amplifiers;
- (d) Hygienic cleaning of the hearing aid;
- (e) Lip reading or speech reading;
- (f) Replacement batteries; or
- (g) Maintenance or repair of the hearing aid.

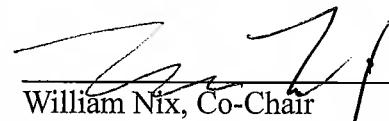
By our signatures below, we certify that the above amendment was adopted by the Board of Trustees on  
3-27, 2024.

Indiana/Kentucky/Ohio Regional Council of Carpenters Welfare Fund



Matt McGriff, Co-Chair

Date: 3-27-2024



William Nix, Co-Chair

Date: 3-27-2024