Ohio Carpenters' Fringe Benefit Funds
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SUMMARY OF MATERIAL MODIFICATIONS
ACTIVE PARTICIPANTS AND EARLY RETIREES

March 2015

Dear Participant:

In 2013, you received the Ohio Carpenters' Health Plan and Summary Plan Description ("Plan" or "SPD"). That Plan, effective January 1, 2013, combined the former Cleveland Hospitalization Plan, Ohio Carpenters' Health Plan (Niles), and the Southwest Ohio Regional Council of Carpenters' Health Plan ("sub-plans"). Because the Plan replaced the sub-plans, the terms of those sub-plans are no longer applicable.

Since then, the Plan's Board of Trustees has made certain changes to the 2013 Plan. Many were required by the Patient Affordability and Accountability Act ("PAACA"). Other changes were simply clarifications of the Plan. These changes are summarized below. Please keep this Summary of Material Modifications ("SMM") with your 2013 SPD. Refer to your SPD for more detailed information about Plan eligibility and benefits:

- **Out-of-Pocket Maximums In-Network**---Beginning May 1, 2015, for an individual the maximum out-of-pocket payments in a Calendar Year for in-network **Prescription Drug Benefits** will be $3,600. The out-of-pocket maximum for a family per Calendar Year for in-network drug benefits will be $7,200. Where you request a brand-name drug, however, you will remain responsible for the difference in cost between the brand and the generic. The Maximums do not apply to non-network drug benefits.

  Under your **Comprehensive Medical** Program, your out-of-pocket maximum will continue at $3,000 in-network for individuals and $6,000 in-network for family coverage each Calendar Year. The out-of-network maximum for Comprehensive Medical Benefits will continue at $6,000 for individuals and $12,000 for family coverage.

  The "**Out-of-Pocket Maximum**" is the dollar amount a Participant will pay for medical expenses for a Benefit Period. It does not include payments made for

  - Expenses the Plan does not cover;
  - Charges in excess of the Reasonable & Customary charge;
  - Balance billing by Non-Network Providers;
  - Out-of-Network cost sharing;
  - Reductions in benefits due to Plan limitations;
  - Self-payments you make to the Plan; or
  - Penalties the Participant must pay due to non-compliance with the Plan rules.

- **Medicare Enrollment**—Participants are advised to and expected to enroll in Medicare Parts A and B when eligible to do so. Where a retiree or the retiree's spouse fails to enroll in Medicare Part A and **Part B**, the Plan **will pay only 20 percent of Medicare-approved charges**. The retiree or spouse then becomes responsible for the 80 percent that would otherwise have been covered under Medicare, plus charges in excess of Medicare-approved amounts.

- **Prescription Drug Card**—The following prescriptions are available without co-payment if protocols are met (for example, age, frequency and gender requirements under the United States Preventive Services Task Force and Centers for Disease Control guidelines):

  - **Generic Birth Control—**Preferred Product barrier contraceptives, generic hormonal contraceptives, generic emergency contraceptives and over-the- counter contraceptives with a prescription.

  - **Tobacco Cessation Medications—**FDA-approved smoking cessation products available with a prescription for adults 18 years of age or older; limit of 180-day supply within a 365-day period.

  - **Preventive Medications**

    Aspirin covered with a prescription, for all strengths and dosage forms of generic aspirin, for men ages 45-79 and women ages 55-79;

    Oral Fluoride, prescribed generic or over-the-counter generic, covered with a prescription for children through age 5;

    Folic Acid Supplement, prescribed generic or over-the-counter generic, covered with a prescription for generic strengths of 0.4 to 0.8mg, for women to age 50;

    Iron Supplements, prescribed generic or over-the-counter generic, covered as prescribed by a Physician for children ages 6 to 12 months;

    Vitamin D, prescribed generic or over-the-counter generic, covered as prescribed by a physician for patients over age 65.

- **Breast Cancer**—Generic Tamoxifen, generic Raloxifene, and, if prescriber indicates patient cannot swallow Tamoxifen tablets, Brand Soltamox (Tamoxifen liquid) will be available without co-payment to women age 35 years or older if protocols are met. Providers should request co-pay review process for coverage.

- **Disease Management**—The Plan has education and assistance available for participants with chronic medical conditions – for example, asthma, diabetes, coronary artery disease and chronic obstructive pulmonary disease. The purpose is to help participants manage their health. Participation in this Medical Mutual program is, however, voluntary. For further information, please call 1-800-258-3175 and select "option 4."

- **Maternity for Dependent Children—**The Plan will cover the Hospital, medical and surgical services for maternity services for your Dependent Child covered by this Plan. The Plan will *not* cover any expenses for the Child's infant.

- **Eligibility for Retirees and Dependents—**The rules for Eligibility for the Retiree Plan are set forth at page 11 of your SPD. These rules have been modified so that you can make no more than twelve (12) full or partial consecutive monthly self-payments or COBRA payments to continue Plan coverage in the year before your retirement (24 months for Total and Permanent Disability).

- **Participants Seeking Social Security Disability Award**—Participants actively seeking a Social Security Disability Award will be permitted to make self-payments for up to 24 months. You must make application to the Social Security Administration within the first 12 months of self-payments.

- **Surviving Dependent Coverage**—Surviving Dependents covered by this Plan can continue to use the deceased member's HRA until exhausted. The cost of Plan coverage for the surviving dependents will continue to be deducted automatically from any Dollar Bank of the deceased member until that Bank is exhausted. Where a deceased member ceases to have dependents covered by this Plan, the member's dollar bank will be forfeited.

- **Filing a Complaint with Medical Mutual**—You should direct all questions about eligibility and Plan coverage to BeneSys, Inc. However, should you have a question about the correctness of claim processing or a quality of care issue, you may file a complaint with Medical Mutual. If you are not satisfied with the results, you may continue to pursue the matter through the appeal process at pages 19-20 of your SPD. Please be aware, however, that the 180-day deadline for filing an appeal after your claim is denied is *not extended* because you have filed a complaint with Medical Mutual.

- **Inpatient Mental Health Services**—While coverage of Inpatient Mental Health services is no longer limited to a Hospital, all Inpatient care must be approved by Medical Mutual prior to admission.

- **Clinical Trials—**For life-threatening conditions, the Plan will pay routine patient costs for an Approved Clinical Trial (phase I, phase II, phase III, or phase IV). Please contact the Plan office for details.

- **MRA Claims on Installment Payments for Orthodontia—**If the date of the final installment payment is within the filing limitation, the entire repayment plan, including dates of service outside of the time limitation, can be considered for reimbursement.

If you have any questions about this information, please feel free to contact Ms. Eryka Stamatakos, Plan Associate, BeneSys, Inc., as the Plan's third-party administrator: 700 Tower Drive, Suite 300; Troy, MI 48098; (248) 813-9800, Ext. 3178; eryka.stamatakos@benesysinc.com.

OHIO CARPENTERS' HEALTH PLAN

BOARD OF TRUSTEES

This SMM contains only highlights of certain features of the Ohio Carpenters' Health Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents establishing the Plan, the document language will govern. The Trustees reserve the right to amend, modify or discontinue all or part of the Plan at any time.

Your Privacy—You may obtain a copy of the Plan's Privacy Notice from Sherry Verstraete, at (248) 813-9800, Ext. 3244. That Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

OHIO CARPENTERS' FRINGE BENEFIT FUNDS
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65

Important Information