

February 2014

PROTECTING
WHAT YOU BUILD

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benefit news

**Your
Health,
Wellness
in 2014**

Building Firm Foundations

**• Your Health • Your Plan •
Securing The Future Of The Plan
For All Generations**

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What is Wellness?

Wellness is everywhere. The term “wellness” can be found on the Internet, in magazines, in advertisements, and on the news. It even made its way into the Affordable Care Act (ACA) which, in turn, means it has become part of your own Carpenters’ Health Plan benefits. In fact, it’s so important in the ACA that wellness benefits must be covered by our Plan at 100%. So, if it’s so important, what does wellness mean?

The term wellness refers to the absence of disease or illness in the body.² Instead of mending the body after it is broken, the idea of wellness is to keep it in a healthier condition so it won’t “break” at all. In fact, the National Wellness Institute refers to wellness as the “active process of becoming aware of making choices toward a more successful existence.”⁵

Wellness is actually not a new concept. The wellness movement began anywhere from the 1650s – 1800s, gaining most attention as recently as the 1970s.^{1,2,3} Today, wellness has taken center stage in the health care world. The wellness movement began to grow when doctors determined that processed foods – now a staple in most American diets – were causing a rise in obesity and disease states at alarming rates. “Processed foods” are those foods that may contain any of the following⁴:

- refined foods (enriched flour, white rice)
- refined sugars (white or brown sugar),
- artificial ingredients (synthetic dyes for color or artificial sweeteners, such as saccharin, aspartame or sucralose),
- a long list of questionable ingredients (read the label on many packaged snack foods),
- factory farmed meat and seafood (animals raised out of their natural environment, often with chemical agents to ward off disease or increase growth),
- refined or hydrogenated oils (such as shortening or margarine),
- “low fat” or fat-free products (since low fat products often taste bad, sugar is added to help the taste), or
- fast food of any kind (yes, even salads).

It’s surprising for most to learn that foods we have been taught to eat should, in fact, not be eaten at all. We must relearn proper eating habits; that is, a diet that is rich in natural vegetables, fruits, nuts and whole grains. It is possible to live a life free from many illnesses by eating proper nutrition.⁶ Believe it or not, healthy foods can actually taste good, too!

While the food you choose to eat has a huge impact on your health, diet is not the only factor of wellness. The amount of sleep you get each night, the choices you make while driving, the way you take care of yourself mentally and emotionally (stimulating your mind, exercising self-control and building determination and self-esteem) and the amount of activity you get each week, all contribute to your state of wellness or illness.⁵

How do we achieve wellness? Taking strides toward a healthy you begins with making the right choices throughout your busy day. Start easy; take baby steps and don’t let yourself get overwhelmed. After all, we do in life what we have learned to be acceptable. Instead, we need learn the proper ways to better health and help pass it along to the next generation. This requires us to shift our thoughts, eating habits and actions so those that follow us never

learn those bad habits that lead to illness. By changing our thinking we can move into better health, leaving much disease and sickness behind.

The following are suggestions for getting on the right track to wellness. Try them one-by-one, starting at #1 and working your way down the list.

1. Visit your doctor annually for your preventive check-ups. Carpenters’ medical coverage pays 100% of the cost for preventive/wellness services, such as any preventive care visit, including your annual visit to your primary care physician (or, women, to your OB/GYN physician), your annual mammogram and annual colonoscopy (as allowed by the Plan). *Interesting to note: The ACA requires wellness, or preventive care, benefits to be covered at no cost to the insured in order to help Americans stay healthy. In fact, wellness benefits are designed to encourage individuals to adopt the preventive approach. If you stay healthy and take care of yourself now, there will be less to take care of medically later.*
2. Begin a journey to eating right – don’t “diet” if you need to lose weight.* Make permanent changes, one meal at a time, regardless of your weight. The less processed your food, the better it is for you.⁴ Introduce fruit and vegetables into your diet. Omit fast food, eventually weeding out all or most of the processed food items listed above. Also, know that skinny people are not always healthy people. What you put in your body affects everything about you. The scale is only one piece of that puzzle!
**Diets often don’t work long term for weight loss because they are designed with one goal: to lose weight. When you achieve your desired weight, the diet ends and most times, the pounds find their way back.*
3. Get up and move...more.⁵ Most carpenters are on their feet all day, in constant motion. But your body is used to the repetitive, daily movement and no longer becomes exercise. Try to step it up a notch. Try something new.
4. Get involved!⁵ Whether with other carpenters, family groups, with a church group or other community event, proper socialization is critical to a healthy mind and body.
5. Challenge your mind. Read a book or do puzzles. Play word games. Once you begin to keep your mind active, you will “actively strive to expand and challenge your mind with creative endeavors.”⁵

Research shows that disease is on the rise. Americans are growing sicker. Wellness is a new way of thinking. For most, it is a lost way of life created by our great strides in technology and fast-paced lifestyles. If we all work at it, one-step at a time, we can get our membership – our country – to achieve a healthier future.

References:

- ¹ www.naturalgrocers.com/store-info/american-wellness-movement-ever-stronger
- ² www.nytimes.com/2010/04/18/magazine/18FOB-onlanguage-t.html?_r=0
- ³ www.thewellnessmovement.org/
- ⁴ www.100daysofrealfood.com/2013/01/18/10-highly-processed-foods-to-avoid/
- ⁵ www.nationalwellness.org/?page=Six_Dimensions
- ⁶ www.drfuhrman.com/default.aspx

Reviewing Initial Eligibility

Members obtain initial eligibility the first day of the month after working at least 500 credit hours for a contributing employer within six consecutive months. A credit hour is defined by the Plan as one hour of work for which contributions have been made into the Carpenters' Health and Welfare Trust Fund of St. Louis (Plan). A credit hour also includes an hour for which you perform picket duty for the Carpenters' District Council or its locals and for which contributions have been paid on your behalf.

As you will notice in the following example, once initial eligibility is obtained, coverage is extended through the end of the Benefit Quarter during which it began.

January	February	March	April	May	June
100 hours	200 hours	100 hours	150 hours	Min 500 hours reached in April: BEGIN COVERAGE	Coverage continues thru June/end of Benefit Quarter
BEGIN ACCRUING HRS	Total Hours = 300	Total Hours = 400	Total Hours = 550		

Continuing Eligibility: Quarterly Rule, Look-Back Rule & Plan Year Rule

There are three eligibility rules, or "tests," to check to see if eligibility can be extended after the member earns initial eligibility. These "tests" for continuing eligibility are the **Quarterly Rule**, the **Look-Back Rule** and the newly amended **Plan Year Rule**. Members must meet at least one of these rules to maintain eligibility in the Plan through hours worked. Each eligibility rule is used to determine if coverage can be extended further into the future. If the first rule does not extend coverage, the Plan moves on to the second. The Plan Year Rule is evaluated only once per year, as will be explained later.

I. Quarterly Rule

First, the Plan checks hours worked to see if the member fulfills the **Quarterly Rule**. If a member works at least 300 hours in a Contribution Quarter, the Quarterly Rule will allow coverage to be extended into the next Benefit Quarter (see example). There is a two (2) month waiting period between the end of a Contribution Quarter when the hours are worked until the beginning of the Benefit Quarter in which the coverage will take effect.

Minimum Hours Worked	In a Contribution Quarter	Provides Coverage	For the Following Benefit Quarter
300	May, June, July	⇒	Oct, Nov, Dec
300	Aug, Sept, Oct	⇒	Jan, Feb, March
300	Nov, Dec, Jan	⇒	April, May, June
300	Feb, March, April	⇒	July, Aug, Sept

To understand the Quarterly Rule, refer to the example here:

Contribution Quarter				Benefit Quarter				
February	March	April	QTR TOTAL	May	June	July	August	September
80 hours	100 hours	150 hours	330 hours	Two (2) month waiting period		COVERAGE		
Use Feb/Mar/Apr (min 300 hours) to check for coverage for July, August & September								

II. Look-Back Rule

If the Quarterly Rule does not extend coverage, the Plan uses the **Look-Back Rule**¹ as the second "test" to determine if coverage can be extended. In this test, members who have worked at least 1,200 credit hours within 12 consecutive months, with the period ending with any month in a Contribution Quarter will continue coverage for the corresponding Eligibility Benefit Quarter.

Minimum Hours Worked	Looking Back 12 Months From Any Month in the Contribution Quarter	Provides Coverage	For the Following Benefit Quarter
1,200	May, June, or July	⇒	Oct, Nov, Dec
1,200	Aug, Sept, or Oct	⇒	Jan, Feb, March
1,200	Nov, Dec, or Jan	⇒	April, May, June
1,200	Feb, March, or April	⇒	July, Aug, Sept

Health Coverage

Eligibility (Excluding Shops' Eligibility)

Look Back Rule cont...

For example – in the chart below, this member is looking for coverage for the Benefit Quarter April/May/June. To continue eligibility, the Plan looks back 12-months from each month that falls within the corresponding Contribution Quarter (work months) to check for 1,200 hours. In this example, November, December and January are used as the months to look back 12-months. November, December and January in the same Contribution Quarter may all be used to look back 12 months and continue coverage in April, May and June.

Mo Yr	Contribution Quarter												Benefit Quarter					
Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	April 15	May 15	Jun 15
10	0	0	110	120	110	157	125	156	130	162	110	40	20	Two month waiting period		COVERAGE		
1) Look back period for November 2014 is December '13 through November '14 (1,190 hours)																		
2) Look back period for December 2014 is January '14 through December '14: (1,220 hours)																		
3) Look back period for January 2015 is February '14 through January '15 (1,240 hours)																		

In the above example, 1,190 hours were worked during the 12-month Look-Back period from November, which is not enough to extend coverage. However, looking back 12 months from December, the member worked 1,220 hours. This would be enough to extend coverage into April, May and June. The January Look-Back also would also extend coverage for April, May and June.

III. Plan Year Rule (Amended 1/1/2014 for Eligibility Being Extended Into 2015 Plan Year)

The final “test” to determine eligibility is the amended **Plan Year Rule**¹ effective January 1, 2014. Members who work at least 1,300 hours during a Plan Year (May 1st – April 30th) will earn coverage *for the following three (3) Benefit Quarters* (July 1st – March 31st). If a member works at least 1,300 hours May through April, coverage is extended from July 1st through March 31st of the following year. **Once coverage based on the Plan Year Rule ends on March 31st, the Plan will look to both the Quarterly Rule and the Look-Back Rule to extend coverage for the next Benefit Quarter (April/May/June).**

Minimum Hours Worked	In the Plan Year	Provides Coverage	For Period
1,300	May 1 - April 30	⇒	July 1 - March 31

¹To qualify for these Rules, members must remain eligible for employment with a signatory employer.

Minimum or Difference Payments (MDP)

In the event that members do not have enough hours to continue coverage by any of the eligibility rules listed above, members may continue coverage by making a **Minimum or Difference Payment (MDP)**. A **Minimum Payment** may be made when a member has no hours worked and chooses to continue eligibility by “paying the minimum” of 300 hours. A current Minimum Payment is calculated by taking 300 multiplied by the current contribution rate (\$6.80). The current Minimum Payment required is \$2,040 to extend coverage into the next Benefit Quarter. A **Difference Payment** would “pay the difference” between actual credit hours worked and the minimum 300 credit hours required. To calculate, \$6.80 would be multiplied by the total hours needed to equal 300 (the hours that member is “short” of reaching 300 hours). It is important to note that this coverage is an alternative to COBRA Coverage. You may make a combination of MDP for no longer than eight consecutive benefit quarters (24 months). An additional 12 months of coverage is available beyond 24 months at the current contribution rate multiplied by a total of 400 hours.

Hours Worked per Contribution Quarter	Provides Coverage	For the Following Benefit Quarter
May, June, and July	⇒	Oct, Nov and Dec
Aug, Sept, and Oct	⇒	Jan, Feb, and March
Nov, Dec, and Jan	⇒	April, May, and June
Feb, March, and April	⇒	July, Aug, and Sept

COBRA Continuation Coverage

Another option to extend coverage when hours are not sufficient is COBRA. The Plan provides continued health and welfare coverage on a self-pay basis as required by the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly known as COBRA. COBRA is available to members and their families as an opportunity for a temporary extension of health coverage when there is a “qualifying event.” A “qualifying event” may be any one of the following situations: (1) members do not meet the hour requirements to continue active coverage; (2) a spouse and member divorce; or (3) when a dependent child reaches age 26. Depending on the type of qualifying event, “qualified beneficiaries” would include members, the member’s spouse and the member’s dependent children. “Qualified beneficiaries” would continue the same coverage as active members.

Reminder About your (Monthly) Maintenance Medications

Home Delivery is required when your physician prescribes a medication for more than a 30-day supply. Primarily considered “maintenance drugs,” these prescriptions are typically written for 90-day supplies, and include medications for chronic health conditions such as diabetes, asthma, arthritis, high blood pressure, and heart disease. Express Scripts Pharmacy Home Delivery program is administered by Express Scripts.



EXPRESS SCRIPTS®



Worry-Free Fills®

Manage your maintenance medications easily. The Worry-Free Fills program provides you with automatic refills, so there's no need to worry about refilling your maintenance prescriptions on time.

There are two ways to automatically fill your prescriptions.

1. Visit www.express-scripts.com to create a personal account (refer to the FAQ on www.carpdc.org/BenefitServices for step-by-step instructions on how to create an account). Once logged in, select **Manage Prescriptions** from the menu bar, then **Manage Automatic Refills** from the drop-down menu. Enroll all future prescriptions into the Worry-Free Fill program by selecting **Enroll Now**. Any prescription eligible for Worry-Free Fills will display in this box:
Set Worry-free Fills for eligible prescription refills. Check the box next to the script to sign-up for Worry-Free Fills. It's that easy.
2. Call Express Scripts Customer Service at (800) 939-2134 and inquire about Worry-Free Fills. An Express Scripts Customer Service Representative will be able to assist you with managing your maintenance medication refills.

Additional prescription information is available in the Platinum and Gold Special Edition Builder newsletters at www.carpdc.org/BenefitServices/Builder, as well as under the Schedule of Benefits tab at www.carpdc.org/BenefitServices/HealthAndWelfare. In addition, prescription information is always available by contacting Carpenters' Member Services: (314) 644-4802, ext. 1000 or Toll-Free (877) 232-3863, ext. 1000, or by email: benefits@carpdc.org.

Important Information About Your Prescription Drug Coverage Beginning April 2014

Your Carpenters' prescription benefit, managed by Express Scripts, provides coverage for a wide variety of brand-name and generic medications.

Starting April 1, 2014, a select group of medications will no longer be covered. Here's what this means for you:

- The medications in this group will no longer be on your covered drug list.
- If you are taking one of these medications, Express Scripts will send you a letter so you can take action. Your doctor can prescribe another medication that is covered and is proven to be effective.
- After April 1, 2014, if you try to fill a prescription for a medication that is not covered, you may pay the full, nondiscounted retail price.

See Page 5 (opposite page) for a list of medications that will not be covered beginning January 1, or visit www.Express-Scripts.com/covered.

What should I do?

Follow these steps now to avoid paying more in 2014:

- Take the list on Page 5 with you when you talk to your doctor about your 2014 drug list change. To avoid paying the full retail price of your current medication after April 1, get a new prescription for a safe, effective, covered alternative.
- Ask your doctor to call in a new prescription to your pharmacy or let Express Scripts deliver a 90-day supply of your new covered medication right to your home. Sign up for home delivery pharmacy services at Express-Scripts.com.

For more information, call Express Scripts at the number listed on the back of your ID card: (800) 939-2139.

Keeping prescription costs under control

The cost of many brand-name prescription drugs continues to rise. The good news is there have never been more generic drugs to treat conditions such as asthma, diabetes or high blood pressure. What's more, using generics helps keep your prescription benefit affordable.

Even though there are more generics for your physician to choose from, some drug manufacturers want you to use their high-cost brand-name medications, so many of them offer copayment assistance programs. These programs, also known as copay coupons or copay cards, reduce the amount of money you pay for your prescription. The problem is if you use those coupons your plan doesn't get any discount and must pay the full price for a brand drug when, in many cases, a cheaper and equally effective generic drug is available.

Another thing to remember is brand drug coupons are temporary promotions, so when the coupon or discount program expires, your costs will go up. All told, discount coupons drive up prescription costs. Although you might not feel it if you use a coupon now, the cost of that coupon can come back to you as higher healthcare premiums, prescription co-payments, or both.

Why are these medications losing coverage?

A national panel of physicians and pharmacists continually reviews and compares prescription drugs to ensure your drug list includes proven medications to treat every condition. Some drugs may no longer be included when other safe and effective alternatives are available.

If your drug is not covered, talk with your doctor to identify an appropriate alternative on the drug list that will treat your condition.

Excluded Medications With Covered Preferred Alternatives - Effective April 1, 2014

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ACCU-CHEK METERS/STRIPS	OneTouch meters/strips
ADVAIR DISKUS/HFA	Dulera, Symbicort
ALVESCO	Asmanex, Pulmicort Flexhaler, QVAR
APIDRA	Humalog
AUVI-Q	Epipen, Epipen Jr
AVINZA	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
BETASERON	Avonex, Extavia, Rebif
BRAVELLE	Gonal-f
BREEZE, CONTOUR METERS/STRIPS	OneTouch meters/strips
BREO ELLIPTA	Dulera, Symbicort
CIMZIA	Enbrel, Humira
EDARBI/EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
EXALGO	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
FLOVENT DISKUS/HFA	Asmanex, Pulmicort Flexhaler, QVAR
FOLLISTIM AQ	Gonal-f
FORTESTA	Androgel, Axiron
FREESTYLE, PRECISION METERS/STRIPS	OneTouch meters/strips
JENTADUETO	Janumet, Janumet XR, Kombiglyze XR
KADIAN	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
KAZANO	Janumet, Janumet XR, Kombiglyze XR
LEVITRA	Cialis, Viagra
MAXAIR AUTOHALER	Proair HFA, Ventolin HFA
MICARDIS/MICARDIS HCT	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
NESINA	Januvia, Onglyza
NOVOLIN	Humulin
NOVOLOG	Humalog
NUTROPIN/NUTROPIN AQ	Genotropin, Humatrope, Norditropin
OMNARIS	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
OMNITROPE	Genotropin, Humatrope, Norditropin
PEGINTRON	Pegasys
PROVENTIL HFA	Proair HFA, Ventolin HFA
RHINOCORT AQUA	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
SAIZEN	Genotropin, Humatrope, Norditropin
SIMPONI	Enbrel, Humira
STAXYN	Cialis, Viagra
STELARA	Enbrel, Humira
TESTIM	Androgel, Axiron
TEVETEM/TEVETEN HCT	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
TEV-TROPIN	Genotropin, Humatrope, Norditropin
TRADJENTA	Januvia, Onglyza
TRUETEST, TRUETRACK METERS/STRIPS	OneTouch meters/strips
VERAMYST	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
VICTOZA	Bydureon, Byetta
XELJANZ	Enbrel, Humira
XOPENEX HFA	Proair HFA, Ventolin HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
ZIOPTAN	latanoprost, travoprost, Lumigan, Travatan Z

If you are currently taking prescriptions on the Exclusion list included on this page, please share this list with your physician so you may discuss possible treatment options.

Formulary vs. Non-Formulary Preferred vs. Non-Preferred What's the Difference?

The best way to think about formulary vs. preferred is that the formulary is the list of covered drugs. Within that list of covered drugs are preferred and non-preferred drugs.

Drug Formulary

A Formulary is the list of medications, approved by a team of physicians and pharmacists, that will be covered under the program. Because multiple medications typically are available to treat the same medical condition, most pharmacy benefit management companies (ex., Express Scripts) will identify the safest, most effective and least expensive medications for coverage.

Non-Formulary Medications

Non-formulary medications are typically brand name drugs that have been excluded from the formulary. They tend to cost more than other medications and/or they do not offer any substantial improvement in treating the conditions for which they are prescribed.

Differences

The major difference between formulary and non-formulary medications is the out-of-pocket expense. Each health plan compiles and monitors the formulary for its members.

Formulary lists can contain both brand name and generic medications. Non-formulary medications usually are only brand name drugs.

Preferred Drugs

A preferred medication is a formulary drug that is considered the most effective drug in its class and/or is available at the most competitive pricing. Many brand name and generic drugs may be used to treat the same medical condition and often one drug is classified as a preferred drug if it determines it is more clinically effective or it can get it cheaper than the other comparable drug. Plans encourage members and their doctors to choose preferred drugs by requiring a smaller member copayment for these medications.



Protecting Your Health

Is It the Blues or Depression? *From your Member Assistance Program*

"I have been feeling so tired and overwhelmed lately. It seems like everything is just so hard. This is not me. I was thinking this stress might be related to all of the recent Holiday activities, but I'm not sure..."

Is it the blues or depression?

Persistently sad, anxious, down and/or depressed mood
Loss of interest in activities previously enjoyed
Excessive crying
Decreased energy
Weight gain or loss
Social withdrawal
Change in sleep patterns-insomnia or excessive sleep
Increased restlessness or irritability
Feelings of helplessness, guilt or hopelessness
Physical ailments that don't respond to standard treatment
Thoughts of death or suicide

If you have experienced some of the above symptoms for longer than 2 weeks, it may be depression.

It can be very challenging to ask for help. The good news is depression is treatable. For more information or to make an appointment to see one of our counselors,

Call: Mercy MAP

(314) 729-4650 or Toll-Free (800) 413-8008

Help is on the way and MAP counseling is confidential and free.



Available to Current Active Union Members Only

Carpenters' Pension Trust Fund of St. Louis (Pension Plan)
Carpenters' Health & Welfare Trust Fund of St. Louis (Welfare Plan)
Carpenters' Vacation Trust Fund of St. Louis (Vacation Plan)



Effective January 2014, select general communications from the Pension, Welfare and Vacation Plans are available to be sent to you electronically. This means that certain correspondence can come to your email Inbox instead of your mailbox if you prefer.

These communications will not include any individually identifiable information. This method allows you to store a copy of the communication on your computer for reference rather than having to keep a paper copy. This is a much more convenient and efficient way of keeping track of your pension, health & welfare and vacation documentation.

The following correspondence is currently available for electronic delivery:

- ⇒ Builder Newsletters
- ⇒ Federal Notices, including:
 - ◆ Summary Plan Descriptions
 - ◆ Plan Amendments
 - ◆ Annual Funding Notices
 - ◆ Summary Annual Reports

Other correspondence will be available in the future for electronic delivery. Once you sign up for electronic communications, you will be notified via email when other communications become available.



Make Your Selection Now!

How to Sign Up for Electronic Communications: Go to www.carpdc.org.

Sign in to your personal carpdc account using your login ID and password. If you have not yet made a selection online, a pop-up will appear. You will make your selection for electronic or paper communications in this pop-up. Your selection may be changed at anytime once you are logged into your carpdc account. Go to **My Account** after you log in and select **Update Settings** for **Notification Delivery** type.

Don't Have a Carpdc Account?

How to Register for Your Personal Carpdc Account: Go to www.carpdc.org.

Click on "Register" in Login box found in the upper left corner of the Home Page. Follow the instructions as directed.

NO SMOKING POLICY Effective February 10, 2014

2014 brings a "No Smoking" policy to the Carpenters' District Council 1401 Hampton Ave and 1419 Hampton Ave Benefit Office campuses. Please be advised that smoking will no longer be permitted in or around these CDC locations during office hours or special events.

Electronic Communications Available Online

Protecting Your Medical Benefits

Understanding your Medical Benefits in 2014:

Copays, Coinsurance, Deductibles & Out-Of-Pocket Maximums

Carpenters' Health & Welfare introduced significant benefit changes effective January 1, 2014. With these changes came benefit terms that may be new to many members. Terms such as **deductibles**, **coinsurance** and **out-of-pocket maximums**, are added to familiar terms like **copay**. The information provided in this article is designed to help you understand the terms so you may better understand your benefits.

The calendar year, or "annual deductible," was re-introduced to the plan of benefits effective January 1, 2014. While the deductible amounts differ between the Carpenters' Platinum and Gold Plans, the concept of the deductible remains the same. The annual **deductible** is the amount you pay for health care services before your insurance begins to pay each year. There are two types of annual deductibles: Individual and Family. Platinum Plan coverage examples are included in the definitions below:

- The **Individual deductible** is counted separately for each family member. Once an individual's covered medical spending has reached the Individual deductible amount, the Plan starts paying its share for any additional covered medical expenses for that family member. For example, if your Individual annual deductible is \$200, you will pay \$200 for any part of your health care services before coinsurance will begin to take effect.
- The **Family deductible** combines all family members' Individual deductibles for a cumulative total. Once this amount as been met, the Plan will start paying its share for subsequent covered medical expenses for *all* family members. In the Platinum Plan, the Family deductible is \$600.

Please understand that copays do not apply to any annual deductible. See your medical Schedule of Benefits for a full list of services where the deductible applies. The medical Schedule of Benefits is available at www.carpdc.org/BenefitServices/HealthAndWelfare under the *Schedule of Benefits* tab.

Coinsurance is the shared portion of the cost of a health care service that the Plan will pay, generally a percentage. Coinsurance

applies after the annual deductible has been paid in full in the same calendar year. To continue the example listed above, assume you have paid your \$200 deductible and the cost of your next service is \$100. If your coinsurance is 90%, your Carpenters' insurance will pay \$90 for the health care service (90% of \$100) and you will pay \$10.

A **copay** is a fixed amount you pay for a health care service, usually when you receive the service. Your copay amount will vary depending on the type of service. For example, in both the Carpenters' Platinum and Gold Plans, the copay for a *non-routine* primary care physician visit, such as a visit to your doctor for the flu, is \$25 per visit. A visit to the specialist has a \$50 copay. When there is a copay, the Plan pays the balance of covered services. There is no deductible and no coinsurance that will apply. In addition, copays do not apply toward meeting your annual deductibles. *Please be advised, however, that deductibles and coinsurance may apply if your doctor's office, for example, sends anything outside the office, such as a lab culture or blood work to an outside lab. This amount will then apply to the Out-Of-Pocket Max.*

The annual Individual and Family **Out-Of-Pocket Maximum** is the maximum amount you will pay out of your own pocket for health care services per calendar year. Individuals or families will never pay more than is designated in the Carpenters' Medical Schedule of Benefits in a calendar year. After this amount is reached, the Plan will pay 100% for all health care services performed in the same calendar year. All copays, deductibles and coinsurance are applied to your out-of-pocket maximum. Services that are excluded (not covered) or denied by the Plan do not accumulate under your out-of-pocket maximum. There is no lifetime maximum on the amount Carpenters' insurance will pay after your out-of-pocket maximum is met. *Out-of-network services do not apply to the out-of-pocket maximum (with the exception of Emergency Services).*



Why Choose a Delta Dental PPO Dentist?



When you choose a **Delta Dental PPO Network** dentist, you will have minimal

to no out-of-pocket expense for your dental services performed. PPO dentists offer the highest level of benefits available. There is no deductible for preventive services and Delta Dental PPO Network dentists agree to provide you with a 20-30% discount off standard charges. Currently, over 50% of the practicing dentists nationally participate in the Delta Dental PPO Network.

The Carpenters' Plan's dental fee schedule offers three levels of coverage to consider when selecting a dentist for routine services and services for other dental care: Delta Dental PPO, Delta Dental Premier and out-of-network. Dentists in the Premier Network are discounted slightly but not as significantly as PPO dentists. Members are responsible for deductibles for all services. Out-of-network dentists charge full price for services and member out-of-pocket expenses will be the highest among all three levels of coverage.

Know the difference between PPO and Premier Network dentists. For more information on our dental program, to see allowable amounts of the fee schedule or to locate a Delta Dental PPO Network dentist, please visit www.deltadentalmo.com/carpdc.



6 Worst Foods for Diabetes *as posted on www.drfuhrman.com/library/six_worst_foods_for_diabetes.aspx*

Over 25 million people in the United States have diabetes and diabetes takes an enormous toll on the health of our population.¹ Diabetes accelerates aging; damages the kidneys, cardiovascular system, eyes and nerve tissue; and increases cancer risk.²⁻⁴

The devastating complications and premature deaths associated with diabetes can be prevented. The primary cause of the parallel increases in obesity and diabetes is the nutrient-depleted American diet. The worst foods for diabetes — the foods that elevate blood sugar, reduce insulin sensitivity and increase type 2 diabetes risk — are the foods that are most common in the standard American diet.

1. Added sugars

Since diabetes is characterized by abnormally elevated blood glucose levels, of course it is wise to avoid the foods that cause dangerously high spikes in blood glucose — primarily refined foods such as sugar-sweetened beverages, devoid of fiber to slow the absorption of glucose into the blood. Fruit juices and sugary processed foods and desserts have similar effects. These foods promote hyperglycemia and insulin resistance, and promote the formation of advanced glycation end products (AGEs) in the body: AGEs alter the normal, healthy function of cellular proteins, stiffen the blood vessels, accelerate aging, and promote diabetes complications.^{5,6}

2. Refined grains (white rice and white flour products)

Refined carbohydrates like white rice, white pasta, and white bread are missing the fiber from the original grain, so they raise blood glucose higher and faster than their intact, unprocessed counterparts. In a 6-year study of 65,000 women, those with diets high in refined carbohydrates from white bread, white rice, and pasta were 2.5 times as likely to be diagnosed with type 2 diabetes compared to those who ate lower-GL foods such as intact whole grains and whole wheat bread.⁷ An analysis of four prospective studies on white rice consumption and diabetes found that each daily serving of white rice increased the risk of diabetes by 11%.⁸ In addition to the glucose-raising effects, cooked starchy foods also contain AGEs, which promote aging and diabetes complications.^{9,10}

3. Fried foods

Potato chips, French fries, doughnuts and other fried starches start with a high-glycemic food, and then pile on a huge number of low-nutrient calories in the form of oil. The combination of glycemic carbs and oil is particularly potent at stimulating fat storage hormones. Plus, like other cooked starches, fried foods

contain AGEs.^{9,10}

4. Trans fats (margarine, shortening, fast food, processed baked goods)

Diabetes accelerates cardiovascular disease; because the vast majority of diabetics (more than 80 percent) die from cardiovascular disease, any food that increases cardiovascular risk will be especially problematic for those with diabetes. Trans fat intake is a strong dietary risk factor for heart disease; even a small amount of trans fat intake increases risk.^{11,12}

In addition to their cardiovascular effects, saturated and trans fats reduce insulin sensitivity, leading to elevated glucose and insulin levels, and greater risk of diabetes.¹³

5. Red and processed meats

Many diabetics have come to believe that if sugar and refined grains and other high-glycemic foods raise blood sugar and triglycerides, they should avoid them and eat more animal protein to keep their blood glucose levels in check. However, several studies have now confirmed that high intake of meat increases the risk of diabetes. A meta-analysis of 12 studies concluded that high total meat intake increased type 2 diabetes risk 17% above low intake, high red meat intake increased risk 21%, and high processed meat intake increased risk 41%.¹⁴

6. Whole eggs

Eating 5 eggs/week or more has been associated with an increased risk of developing type 2 diabetes.¹⁵ When it comes to heart disease, eggs have been a controversial topic. However, for those with diabetes, the research is not controversial; there are clear links in many observational studies to large increases in risk. Large prospective studies such as The Nurses' Health Study, Health Professionals Follow-up Study, and Physicians' Health Study reported that diabetics who ate more than one egg/day doubled their cardiovascular disease or death risk compared to diabetics who ate less than one egg per week.^{16,17} Another study of diabetics reported that those who ate one egg/day or more had a 5-fold increase in risk of death from cardiovascular disease.^{18,19}

If you want to avoid diabetes and enhance your life expectancy, steer clear of these five foods and adopt a high-nutrient diet. Read about the five (5) best foods for diabetes and learn more in [Dr. Fuhrman's] book, *The End of Diabetes*.

Disclaimer: Carpenters' Health and Welfare Trust Fund of St. Louis does not in any way endorse Dr. Fuhrman or his affiliations.

References: for the list of references documented in this article, please visit this article on Dr. Fuhrman's website: www.drfuhrman.com/library/six_worst_foods_for_diabetes.aspx

Save The Date!
Returning Fall 2014...

carpenters' HEALTH FAIR



St. Louis: Saturday, September 27, 2014

Protecting What You Build

Kansas City: Saturday, October 11, 2014

Protecting The Future of A Student's Education

Carpenters' Scholarship Fund Contributions Now Being Accepted

As a member of the Carpenters' District Council of Greater St. Louis and Vicinity (CDC) you are eligible to voluntarily contribute to the Carpenters' Scholarship Fund.

Thirty (30) \$500 scholarships are available each year to high school seniors who apply and are granted the CDC Scholarship. Checks are made payable to the accredited U.S. American Junior College, College, University or the accredited Vocational School to be used for tuition, books or fees. Applications are generally accepted each year November through January.

If you feel this is a worthy contribution and would like to make a donation to the Carpenters' Scholarship Fund, a member's high school senior will benefit greatly from your generosity. You may



make a contribution by either of the following methods:

1. Deduct your contribution from your electronic Vacation Benefit Redemption on carpdc during Vacation Benefit Redemption beginning June 2014, or
2. Submit a check anytime made payable to the St. Louis Carpenters' District Council Scholarship Fund. Checks should be mailed to:
St. Louis CDC Scholarship Fund
Attn Sarah Becherer
1401 Hampton Ave
St. Louis, MO 63139

For more information on making a donation to the Carpenters' Scholarship Fund, visit the Scholarship page on our website or call Member Services at (314) 644-4802, ext 1000.

Protecting Your Pension Benefits (St. Louis)

Federal Tax Notice Information for St. Louis Pension Plan Retirees

This notice is informational only. If you have already completed a tax form and do not wish to change it, no action is necessary at this time.

1. You may elect to have any amount of federal income tax withheld from your pension benefit regardless of how much you receive. A **Deduction Authorization Form** can be downloaded from the Carpenters' website at www.carpdc.org/BenefitServices/Pension. From the Pension Forms tab, select **Pension – Federal Withholding Authorization Form** to download the form. You may also obtain a form by calling the St. Louis Pension Office. You may change your election at any time by completing a new authorization form.
2. Generally, if your monthly pension is \$1,680.00 or more, the Fund is required by law to withhold federal income taxes unless we have your signed *Federal Withholding Authorization Form* stating you have elected not to have taxes withheld on file. If you have not completed the *Federal Withholding Authorization Form*, the amount of withholding will be calculated on the assumption that you are married and entitled to three (3) exemptions.
3. Please note that if you choose not to have federal taxes withheld or if you do not have enough federal taxes withheld, you may be subject to penalties for underpayment of taxes.
4. In addition, if you commenced an Early Pension and returned to work, you may want to consider one of the following options to ensure you are withholding enough taxes from your retirement benefits:
 - a. Increase the amount withheld from your employment income.
 - b. File estimated state taxes on a quarterly basis. The St. Louis Pension Office can provide you with a form MO-1040ES to be used for filing estimated state taxes.
 - c. Increase the amount of federal withholding from your pension benefit. *Please note: You are able to use any refund from federal taxes to offset the amount you are required to pay for state taxes.*

Please consult your tax advisor if you have any questions concerning your liability for federal or state income taxes under the law.

If you have any questions regarding tax withholding from your St. Louis Pension Benefit, please call the St. Louis Pension Department:

Phone (314) 644-4802, ext. 1001 or
Toll-Free (877) 232-3863, ext. 1001
By email at pension@carpdc.org

Interactive Pension Summary Plan Description (SPD) Online: www.carpdc.org/BenefitServices/Pension
Pension SPD booklets to be mailed (or emailed, see page 6) **February 2014**

Protecting You: At the Workplace

CDC Mandatory Annual 8-Hour Safety Training due May 1, 2014

Remember, the Carpenters' District Council of Greater St. Louis & Vicinity requires all active Carpenters, Millwrights, Floor Layers, Cabinetmakers and Electricians to first obtain their respective 10-hour OSHA Safety Course qualification. Upon completion of the 10-Hour OSHA, all active members must then complete

the mandatory 8 hours of approved safety training per year. This 8-hour Safety Training must be completed before May 1, 2014. Please visit the carpdc website for more information on approved Safety Courses. Member training records may also be accessed from the website once logged in to the member's carpdc account.

Providing Your Benefits

STL/KC/SO IL Members' Health Benefits Paid

November 2013	\$	15,371,691.66
December 2013	\$	13,695,760.86

STL/SO IL Members' Pension Benefits Paid

November 2013	\$	10,986,117.67
December 2013	\$	11,292,811.97

Protecting Your Benefits

Summary Annual Report for CARPENTERS DISTRICT COUNCIL OF KANSAS CITY & VICINITY VACATION PLAN

This is a summary of the annual report for the CARPENTERS DISTRICT COUNCIL OF KANSAS CITY & VICINITY VACATION PLAN, (Employer Identification No. 06-1812230, Plan No. 502) for the period April 1, 2012 to March 31, 2013. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$319,767 as of March 31, 2013 compared to \$387,394 as of April 1, 2012. During the plan year the plan experienced a decrease in its net assets of \$67,627. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$5,450,411. This income included employer contributions of \$5,479,422 and earnings from investments of \$5,762. Plan expenses were \$5,518,038. These expenses included \$38,616 in administrative expenses and \$5,479,422 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Carpenters District Council of Kansas City & Vicinity Welfare Plan
3100 Broadway
Kansas City, Missouri 64111
06-1812230 (Employer Identification Number)
(816) 756-3313

or the Plan Administrator

The charge to cover copying costs will be \$40.00 for the full report, or \$1.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Wilson-McShane Corporation
3100 Broadway
Kansas City, MO 64111

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor,

Employee Benefits Security Administration, Public Disclosure Room,
200 Constitution Avenue, NW, Suite N-1513,
Washington, D.C. 20210.

Summary Annual Report for CARPENTERS DISTRICT COUNCIL OF KANSAS CITY & VICINITY WELFARE PLAN

This is a summary of the annual report for the CARPENTERS DISTRICT COUNCIL OF KANSAS CITY & VICINITY WELFARE PLAN, (Employer Identification No. 48-6201422, Plan No. 501) for the period April 1, 2012 to March 31, 2013. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$74,660,210 as of March 31, 2013 compared to \$71,063,962 as of April 1, 2012. During the plan year the plan experienced an increase in its net assets of \$3,596,248. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$54,164,459. This income included employer contributions of \$40,431,109, employee contributions of \$7,883,300, realized gains of \$384,433 from the sale of assets and earnings from investments of \$4,168,119. Plan expenses were \$50,568,211. These expenses included \$2,931,130 in administrative expenses and \$47,637,081 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Carpenters District Council of Kansas City & Vicinity Welfare Plan
3100 Broadway
Kansas City, Missouri 64111
48-6201422 (Employer Identification Number)
(816) 756-3313

or the Plan Administrator

The charge to cover copying costs will be \$40.00 for the full report, or \$1.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Wilson-McShane Corporation
3100 Broadway
Kansas City, MO 64111

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor,

Employee Benefits Security Administration, Public Disclosure Room,
200 Constitution Avenue, NW, Suite N-1513,
Washington, D.C. 20210.

Protecting Your Benefits

Summary Annual Report for CARPENTERS HEALTH & WELFARE TRUST FUND OF ST. LOUIS

This is a summary of the annual report for the CARPENTERS HEALTH & WELFARE TRUST FUND OF ST. LOUIS, (Employer Identification No. 43-1622970, Plan No. 501) for the period May 1, 2012 to April 30, 2013. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$112,541,639 as of April 30, 2013 compared to \$112,279,616 as of May 1, 2012. During the plan year the plan experienced an increase in its net assets of \$262,023. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$131,649,940. This income included employer contributions of \$97,250,372, employee contributions of \$22,083,878, realized gains of \$3,811,249 from the sale of assets and earnings from investments of \$5,818,429. Plan expenses were \$131,387,917. These expenses included \$6,292,186 in administrative expenses and \$125,095,731 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Trustees of Carpenters Benefit Plans of St. Louis
1401 Hampton Avenue
St. Louis, MO
43-1622970 (Employer Identification Number)
(314) 644-4800
or the Plan Administrator

The charge to cover copying costs will be \$40.00 for the full report, or \$1.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Trustees of Carpenters Benefit Plans of St. Louis
1401 Hampton Avenue
St. Louis, MO 63139

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor,
Employee Benefits Security Administration, Public Disclosure Room,
200 Constitution Avenue, NW, Suite N-1513,
Washington, D.C. 20210.

Special Offers for Union Members and Covered Dependents



MEMBERS (AND FAMILY) OF THE CARPENTERS' DISTRICT COUNCIL CAN JOIN GOLD'S GYM FOR \$296 (PER PERSON) FOR ONE YEAR WITH NO ENROLLMENT FEE. THIS DISCOUNT IS ONLY AVAILABLE THROUGH THE CARPENTERS'.

IN ORDER TO RECEIVE THIS DISCOUNT, YOU MUST CONTACT GAYLE PULLIAM IN THE CARPENTERS' BENEFIT PLANS OFFICE:

BY PHONE: 314.644.4802, EXT. 5523

TOLL-FREE: 877.232.3863, EXT. 5523

BY EMAIL: GPULLIAM@CARPDC.ORG

NEW LOCATION: ELLISVILLE, MO @ 15890 MANCHESTER RD

PARTICIPATING GOLD'S GYM LOCATIONS: BALLWIN, MARYLAND HEIGHTS, FLORISSANT, HIGHWAY K, FENTON, ST. PETERS AND O'FALLON, IL

YMCA OF GREATER ST. LOUIS

"Try the Y!" Join a Greater St. Louis (Missouri) YMCA between April 19 and May 3, 2014 and you will receive 100% off the joining fee and 100% off the first full month's draft. 2014 Memberships start at \$46 per month for adults and \$69 per month for households (financial assistance is available). Mention the Carpenters' District Council of Greater St. Louis. Stop by your local YMCA or call Mark Patterson 314.644.3701, ext. 225 for more "Try the Y" information.

If you live in Illinois, contact the YMCA of Southwest Illinois 618.233.9485, for information on their available discounts.



YMCA OF GREATER KANSAS CITY

FOR HEALTH, WELL-BEING & FITNESS

Healthy Living Partnership: Carpenter's District Council of St. Louis / YMCA of Greater Kansas City

The Y has affordable, income based membership programs.

Visit the YMCA website, www.KansasCityYMCA.org, or any Greater Kansas City YMCA location to learn your specific rate. 2013 Reduced Monthly Rates will not exceed \$58/Individual, \$89/Household.

For more information, contact Vic Perrin, Sr. Director Community Engagement at 816.561.9622 or vicperrin@kansascityymca.org

Log in on www.carpdc.org to view Member discounts from the drop down menu

Need to update your information on file with us?

Visit our website! Do you need to change your address? Need to add a dependent child or new spouse for medical coverage?

The website Benefit Forms page can assist you with all of your forms needs! Visit [carpdc](http://www.carpdc.org) for a downloadable form to return to our office:

<http://www.carpdc.org/BenefitServices/Forms>

Please note: Mail from our office will not be forwarded by the Post Office to your new address. Should you need to update any personal information and do not have website access, please call the Carpenters' Member Service Department M-F, 7am-5pm:

Phone: (314) 644-4802, ext. 1000 or Toll-free: (877) 232-3863, ext. 1000