CONTINUING ELIGIBILITY *plan updates*

Effective May 1, 2022

Active Members: Continuing Hours-Based Eligibility

After a member has attained **INITIAL ELIGIBILITY**, hours-based eligibility under the health plan will continue based on hours worked in **CONTRIBUTION QUARTERS** that extends eligibility into **BENEFIT QUARTERS** as shown on the following chart:

CONTRIBUTION QUARTER hours worked	provides coverage for	BENEFIT QUARTER eligibility period
May, June, July	→	October, November, December
August, September, October	→	January, February, March
November, December, January	→	April, May, June
February, March, April	→	July, August, September

The number of hours required for continuing eligibility under Carpenters Health Plan has been updated effective May 1, 2022, as indicated below. For purposes of eligibility, old plan year rules will apply to hours worked through April 30, 2022. New plan year rules will apply to hours worked May 1 and after.

Beginning May 1, there are four **ELIGIBILITY TESTS** to determine continuation of coverage.

1. **QUARTERLY RULE**

   A member who works at least **360** credit hours in a Contribution Quarter, will have eligibility extended through the Benefit Quarter that next follows that Contribution Quarter. *Hours worked February - April 2022 will follow the old Quarterly Rule, so 300 hours are required to continue coverage for July - September 2022. New plan rules will require 360 hours worked May - July 2022 to continue coverage for October - December 2022.*

2. **LOOK-BACK RULE**

   A member who works at least **1440** credit hours during the four (4) previous Contribution Quarters (12 months), will have eligibility extended through the Benefit Quarter that next follows that Contribution Quarter. *Hours worked February - April 2022 will use the old Look-Back Rule, which requires 1200 hours during a 12 consecutive month period with any month in a Contribution Quarter, for July - September 2022 coverage. The new rule requiring 1440 hours in the previous 12 months will apply for hours worked May - July 2022 for coverage October - December 2022.*

PLAN DEFINITIONS

as defined in the St. Louis-Kansas City Carpenters Regional Health Plan plan document

BENEFIT QUARTER means any of the 3-month periods beginning January 1, April 1, July 1, and October 1, for which health coverage is applied based on contributions received during the prior contribution quarter.

CONTRIBUTION QUARTER means any of the 3-month periods beginning February 1, May 1, August 1, and November 1 of each year, in which employer contributions are received on behalf of a member for hours worked.

ELIGIBILITY TESTS refers to the number of ways in which a covered member may continue eligibility for health coverage under the Plan.

UNCAPPED CREDIT HOURS define means credit hours received for a member employed in work covered by a collective bargaining agreement or participation agreement requiring contributions to this Fund for all hours of work and for reasons other than hours worked.

CAPPED CREDIT HOURS means credit hours received for a member employed in work covered by a Collective Bargaining Agreement (CBA)requiring contributions to health plan for hours worked and for reasons other than hours worked, up to a maximum per month as expressly provided under the journeyman level of the applicable CBA.

3. **PLAN YEAR RULE**

   A member who works at least **1560** uncapped credit hours whose employer contributes the full, unsubsidized Journeyman rate for health and welfare benefits in a Plan Year (May 1 – April 30), will have eligibility extended from July 1 through December 31 of the same year, or six months of coverage. *As per the prior Plan Year Rule, members who work at least 1300 uncapped credit hours as of April 30, 2022, will receive coverage through March 31, 2023. The new rule will go into effect for hours worked in the 2023 Plan Year (5/1/22-4/30/23).*

4. **EXTENSION OF HOURS-BASED ELIGIBILITY BASED ON ELIGIBILITY FOR DISABILITY**

   If a member becomes Totally Disabled and has worked at least **1440** credit hours during the previous 12-consecutive months, eligibility may continue until the end of the benefit quarter that contains the first anniversary of the member's Total Disability date. If a member's disability ends prior to the first anniversary of the Total Disability, coverage will be extended to the end of the second benefit quarter following the Disability determination or Return to Work date.

Active Members: Maintaining Coverage through Self-Pay

A member who no longer qualifies for continuing eligibility may maintain continuous coverage for a limited period of time by electing a self-pay option.

Members in the Hours-Based Eligibility class may select from two options to continue coverage when worked hours are not sufficient to continue eligibility.

1. **MINIMUM/DIFFERENCE SELF-PAYMENTS**

   The required amount of a member's Minimum/Difference Payment (MDP) for a Benefit Quarter of coverage is equal to the difference between **360** and the number of credit hours received for that member in the corresponding Contribution Quarter, multiplied by the full, unsubsidized Journeyman level hourly employer contribution.

   A member may make two (2) quarterly Minimum/Difference Payments within an 18-month period.

   MDP is offered only after a period of hours-based coverage or prior MDP coverage.

   MDP runs concurrently with COBRA coverage, which means your potential COBRA coverage, as described below, will be reduced by the number of MDP coverage months. So, members who elect MDP may elect COBRA continuation coverage after their eligibility through MDP expires, not to exceed 18 months of extended coverage.

   Election of MDP requires a full self-payment for the entire Benefit Quarter, which is due on the first of the month prior to the Benefit Quarter. Monthly payments will no longer be accepted.

   MDP rules in effect prior to May 1, 2022, will apply when calculating MDP with hours worked February - April 2022 for July - September 2022 coverage. New MDP rules effective May 1, 2022, will apply to credit hours worked in the May - July 2022 Contribution Quarter for coverge in the October - December 2022 Benefit Quarter. If a member has made two (2) MDP in the last 18 months as of October 1, 2022, the member's option for MDP has expired and the member may be eligible for COBRA continuation coverage only.

2. **COBRA CONTINUATION COVERAGE**

   The maximum period of COBRA coverage ends 18 months after the date of the qualifying event. Once COBRA continuation coverage is elected, a member is not eligible for MDP during this 18-month period.

   There are no life insurance or short-term disability benefits under the COBRA option.

   For a full description of COBRA continuation coverage, refer to health plan document on **carpdc.org**.

A member electing either MDP or COBRA continuation coverage may regain coverage by the working hours to satisfy continuing eligibility rules.

Initial Eligibility *plan updates*

Special Provision for First Time Participants

Effective with May 2022 hours worked, initial eligibility rules have been simplified. New participants, or participants with no history of health coverage under the Plan, will earn initial eligibility in the corresponding Benefit Quarter after working a **minimum of 300 hours in a Contribution Quarter**.

For example, when a new participant works **300** hours in May, June and July, initial eligibility will begin October 1. Refer to the following chart for details.

CONTRIBUTION QUARTER MIN 300 hours worked for INITIAL coverage	provides coverage for	BENEFIT QUARTER Eligibility period
May, June, July	→	October, November, December
August, September, October	→	January, February, March
November, December, January	→	April, May, June
February, March, April	→	July, August, September

After initial eligibility is reached, all participants will follow the Plan's rules for continuing eligibility to maintain or regain coverage.

Continuing Eligibility Reminder

All participants who at one time earned coverage under the Plan will follow Continuing Eligibility rules to continue or regain coverage:

1. **QUARTERLY RULE:** A member who works at least **360** credit hours in a Contribution Quarter, will have eligibility extended through the Benefit Quarter that next follows that Contribution Quarter. *This breaks down to at least 30 hours per week per Contribution Quarter (12 weeks).*
2. **LOOK-BACK RULE:** A member who works at least **1440** credit hours during the four (4) previous Contribution Quarters (12 months), will have eligibility extended through the Benefit Quarter that next follows that Contribution Quarter, or *a minimum of 27.6 hours per week per Contribution Quarter (12 weeks) for four consecutive quarters (12 months).*
3. **PLAN YEAR RULE:** A member who works at least **1560** credit hours whose employer contributes the full, unsubsidized Journeyman rate for health and welfare benefits in a Plan Year (May 1 – April 30), will have eligibility extended from July 1 through December 31 of the same year, or six months of coverage. *A member would need to work at least an average of 30 hours per week (52 weeks beginning May 1 through April 30).*

Important Eligibility Updates

Minimum/Difference Payments Grace Period Extended

For participants who choose to maintain continuous coverage by electing a self-pay option through Minimum/Difference payments (MDP), the grace period for which payments may be accepted has been extended from 15 days to 30 days.

MDP are due the first day of the month prior to the first month of the Benefit Quarter in which the participant is paying for coverage. The first quarter in which the new MDP grace period applies is for the Benefit Quarter beginning October 1, 2022. Payment for the quarter would be due September 1, 2022. The grace period for payments to be accepted when received past September 1, is now 30 days, or, in this case, October 1. Payments received after the 30-day grace period will not be accepted.

As a reminder, beginning May 1, 2022, a participant may make two (2) quarterly Minimum/Difference payments within an 18-month period.

Important Plan Updates

Carpenters Health Plan COVID Disability Guidelines

Effective January 1, 2023

To coincide with government regulations regarding COVID-19, Carpenters Health Plan will remove the special COVID disability benefit under the Plan effective 1/1/23. As a result, participants will follow the same Short Term Disability guidelines for all illness and injury claims. The following special guidelines have been changed:

1. **Reinstatement of the 7-day waiting period.** In cases of illness or injury, there will be a required waiting period for Short Term Disability benefits to begin, regardless of covid diagnosis.
2. **Elimination of coverage for quarantine due to COVID-19.** Since no quarantine is required per government regulations, Short Term Disability coverage for quarantine will no longer be covered.

All Short Term Disability applications will be received and processed with no special guidelines beginning January 1, 2023.

Carpenters Health Plan & CIVIL UNIONS

Effective January 1, 2023

Carpenters Health Plan will no longer extend dependent coverage to individuals on account of a civil union entered under state law. This means dependents covered solely because of a civil union with a covered participant will cease effective January 1, 2023.

The Plan's rules for dependent coverage otherwise remain the same. The Plan will continue to extend dependent coverage to spouses of coverage participants who are married in accordance with the law of the state in which the marriage took place.

DELTA DENTAL

Dental Appeals

Delta Dental of Missouri (DDMO) will begin managing all first-level member appeals for Carpenters Health Plan. Previously both first- and second-level dental appeals were reviewed by Carpenters Health Plan's Board of Trustees.

To Appeal a denied dental claim

Participant requests for appeal must be submitted to DDMO in writing.

Participant appeals may be mailed to:

Delta Dental
PO Box 860
St. Louis, MO 63126-0690

Participant email requests for appeal should be directed to **AppealsDDMO@deltadentalmo.com** and are considered received on the date sent by the participant.

For additional instructions on how to file a dental appeal with Delta Dental, please visit our website at **laborfunds.org/health-and-welfare-resources**.

Important Medical & Behavioral Health Network Update

Effective January 1, 2023, the health plan's medical and behavioral health network is now UnitedHealthcare (UHC)/UMR.

After months of searching for the best possible medical and behavioral health coverage for participants and their families, the Board of Trustees of St. Louis-Kansas City Carpenters Health Plan have chosen to join United HealthCare's ***UHC Choice Plus nationwide PPO network***.

Additional details regarding new programs and access provided by UMR are included in this newsletter and are available at **umr.com**.

Please note:

There are references to Cigna as our network partner for medical and behavioral health benefits throughout the Health Plan document. In all cases throughout the plan document, UMR/UHC is now our network partner. Areas of reference include:

- ✓ Medical Benefit Network
- ✓ Utilization Review
- ✓ Appeals

Appeals and pre-certifcation information is included on the back your medical ID cards and below for your reference.

Save the UMR contact information for future reference:
Phone: call Carpenters' Participant Services 1.877.232.3863, #1
Website: umr.com

Inpatient Admissioin and Outpatient Procedures

Contact UMR at 877.233.1800 or **umr.com**

Your Network provider must call the toll-free number listed above to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within 48 hours.

We encourage you to use a primary care physician as a valuable resource and personal health advocate.

Claim Appeals	**Claim Submission**	**Claim Inquiries**
UMR Attn: Appeals PO Box 30546 Salt Lake City, UT 84130-0546	WebMD/Emdeon Payer ID: 39026 Or send claims to: UMR PO Box 30541 Salt Lake City, UT 84130-0541	Carpenters' Participant Services 877.232.3863

Important Plan Updates

PLAN RESTORATION & UPDATES eff 1/1/23

UMR/UHC is able to accommodate Carpenters Health Plan's Schedule of Benefits as it was approved prior to our transition to Cigna. In addition, the Plan is aligning mental health benefits to comply with the Mental Health Parity Act. Therefore, the following benefit changes are being implemented beginning January 1, 2023.

BENEFIT DESCRIPTION	CURRENT BENEFIT	BENEFIT EFF 1/1/23
Ambulance (In-Network or Out-of-Network)	$300 deductible w/20% coinsurance	Ground: $150 copay Air or Water: $1,000 copay
Orthotics	1 per foot per year	$1,000 Annual Maximum
Hearing Aids	$4,000 maximum every 3 years	$2,000 per ear every 5 years
Psychiatrists	$50 copay	$25 copay

Carpenters Wellness Center COPAYS

Carpenters Wellness Center will begin implementing minimal copays for select items within the wellness center on **January 1, 2023**.

Complete list of copays/fees for services through the wellness center

	You pay
Hearing Aids	**$150** per aide
Durable medical equipment (DME) *DME includes but is not limited to crutches, braces, splints and boots.*	**$20**
Outside lab and/or X-Ray orders *When a patient is not a primary care patient with a wellness center provider, lab appointments or X-Rays performed will incur a fee for service.*	**$20**
Fees for No Shows *"No Show" refers to a patient with a scheduled appointment who does not contact the wellness center and misses the appointment.*	**$20**

plan updates

ORTHOPEDIC HEALTH SUPPORT

for Active participants & Pre-Medicare retirees | Effective 5/1/2023

UMR offers Optum's Orthopedic Health Support (OHS) program, which connects those with diagnosed musculoskeletal conditions to specialized nurses and quality providers. If you're looking for information and support to relieve back, knee, or hip pain, OHS can help. It's already a part of your benefits, so there's **no extra cost**. Get the quality care you need, so that you can get back to your favorite activities. Even more, when you participate in the OHS program through a center of excellence, your coinsurance will decrease from 20% (standard in-network coinsurance) to 10%.

This benefit is for participants with back, knee, or hip pain who are looking for information about:

- Spine fusion surgery
- Spine disc surgery
- Total hip replacement
- Non-invasive therapy options
- Physical therapy treatments
- Total knee replacement

More information

Contact OHS for support Monday - Friday, 7 am - 6 pm:
1.888.936.7246 | TTY 711

MEDICAL OUT-OF-POCKET INCREASE

for Active participants & Pre-Medicare retirees | Effective 5/1/2023

Medical out-of-pocket (OOP) max is the maximum an individual covered under the health plan will pay out-of-pocket for using In-Network providers when an In-Network deductible applies.

On May 1, the Individual OOP max under the health plan will increase to $2,800, an increase of $500 per individual per calendar year. As a result, the Family OOP max will also increase to $8,400. The Family OOP max is three times the amount of the Individual max. The Board of Trustees approved this update to the plan as one initiative to help strengthen the health plan reserves for all participants.

Copays				**Deductibles**	
Primary Care:	$25	PT/ST/OT:	$25	In-Network:	$300 / $900
Specialist:	$50	Chiropractic:	$10	OON:	$2,000 / $6,000
Urgent Care:	$75			**Out of Pocket Max**	
ER:	$250 & 20% Coinsurance			In-Network:	$2,800 / $8,400
Coinsurance:	In-Network:	80% / 20%		OON:	$90,000 / Unlimited
	Out-of-Network:	50% / 50%			

As a result of this benefit change, new medical ID cards will be mailed to replace your current ID card prior to May 1. Continue using your current cards through April 30. Watch your mail in April for your new cards to arrive.

SITE OF CARE INCENTIVES: LAB & RADIOLOGY

for Active participants & Pre-Medicare retirees | Effective 5/1/2023

LABS

Costs for our participants and health plan are significantly less when you use independent labs. In fact, there is significant access to both LabCorp and Quest facilities in our most populated areas.

To incentivize independent lab use, the copay and deductible for labs performed at these facilities have been removed. Participants and families are encouraged to use LabCorp and Quest labs whenever possible to eliminate personal out-of-pocket cost. *There is no change to out-of-pocket costs for facility labs, such as hospital labs.*

LabCorp / Quest lab	You pay $0 copay / 0% coinsurance
Facility / Hospital-owned lab	You pay deductible & 20%

RADIOLOGY

Radiology services at hospital system-owned facilities cost **more than twice** the amount of radiology services at free-standing facilities. Free-standing facilities include locations such as Metro Imaging or Diagnostic Imaging Centers in St. Louis and Kansas City, respectively.

To incentivize radiology services at free-standing facilities, the Plan is implementing a standard $25 copay with no deductible for services performed at these facilities. This includes Carpenters Wellness Center referrals to Metro Imaging. *There is no change to out-of-pocket costs for radiology services performed within hospital-owned radiology centers.*

Free-standing facility	You pay $25 copay / 0% coinsurance
Hospital system-owned facility	You pay deductible & 20%*

**Individual deductible is $300. Assuming deductible has been previously met, on average, 20% coinsurance due for a hospital system-owned facility would be approximately $96.*

NEW INITIAL ELIGIBILITY PLAN RULES

for new participants & participants not covered under the health plan in 2+ years

Retroactively effective 5/1/2022

A new Initial Eligibility Plan rule is in effect retroactive to May 1, 2022. Effective with hours worked May 1, 2022, new participants, and participants who have not been covered by hours-based coverage under the health plan for two years or more, will earn initial eligibility by working 300 hours in any consecutive three (3) month period. Coverage will begin the first month within a Benefit Quarter upon working 300 hours in the preceding three (3) months and will be extended for 3 months. This Initial Eligibility test will be applied to evaluate eligibility for coverage for the first two (2) Benefit Quarters of coverage for a participant.

These amendments were approved by the Board of Trustees in the March 2024 meeting.

health plan

summary of material modifications

Active participants & Pre-Medicare retirees

Plan improvements

1 Continuing Eligibility Rules: Quarterly Test Improvement

As you know, in recent years benefits were reduced to help strengthen the health plan. Good news: The health plan is growing stronger! For this reason, Trustees determined that an improvement to our eligibility tests is possible.

With hours worked beginning May 1, 2024, the **QUARTERLY RULE ELIGIBILITY TEST** is ***improved***. What does this mean? Less hours will be required per quarter to continue eligibility. Details:

QUARTERLY RULE TEST

Effective with hours worked May 1 or after, a participant who works at least **330** credit hours in a Contribution Quarter, will have eligibility extended through the Benefit Quarter that next follows that Contribution Quarter. *Hours worked February - April 2024 will follow the current Quarterly Rule, so 360 hours are required to continue coverage for July - September 2024. New plan rules will require **330 hours** worked May - July 2024 to continue coverage for October - December 2024.*

The Plan's Contribution & Benefit Quarter table is included for reference:

CONTRIBUTION QUARTER hours worked	provides coverage for	BENEFIT QUARTER eligibility period
May, June, July	→	October, November, December
August, September, October	→	January, February, March
November, December, January	→	April, May, June
February, March, April	→	July, August, September

Other eligibility tests remain the same. For a complete list, scan the QR code, or visit: **laborfunds.org/health-and-welfare-plan-eligibility**

SCAN ME

2 Newborn Enrollment Guidelines

Initial newborn eligibility under the health plan has been updated to allow participants more time to complete an updated Enrollment Form and submit all necessary supporting documents when a dependent child is born. Now, participants have 90 days to submit required paperwork (previously the plan allowed 30 days).

Newborns will be granted eligibility using the following guidelines ***retroactive to July 1, 2023***:

ENROLLMENT FORM received	SUPPORTING documents rcvd	ELIGIBILITY begins
Within 90 days of birth date	Within 90 days of birth date	On the date of the child's birth
91 days or more after birth date	91 days or more after birth date	On the date the Enrollment form and proof of relationship documents are received
Within 90 days of birth date	91 days or more after birth date	After 90-day newborn enrollment ends, eligibility is reinstated on the 1st of the month in which proof of relationship documents are received*

**For example, if required supporting documentation is received after 90 days, on the 15th of a month, coverage for the newborn will be reinstated on the 1st of that month. Required documents for eligibility are listed on page 2 of the Enrollment Form.*

3 Extension of Hours-Based Eligibility for Disability

Effective ***December 1, 2023***, health coverage will be updated for participants with verified Total Disability as described below; **updates are bold in blue**.

If a participant is unable to work the minimum amount of hours to maintain eligibility due to an occupational or non-occupational Total Disability, and has accrued at least 1,440 hours during the 12-consecutive months ending with the month in which the Total Disability began, the participant's eligibility will be continued, without contributions, until the earlier of:

CURRENT rule	UPDATED rule effective 12/1/2023
The end of the next Benefit Quarter in which the disability ends,	**The end of the next Benefit Quarter associated with the Contribution Quarter** in which the disability ends,
The end of the next Benefit Quarter in which the participant returns to work, or	**The end of the next Benefit Quarter associated with the Contribution Quarter** in which the participant returns to work, or
The last day of the Benefit Quarter containing the first anniversary date the participant's short-term disability began.	The last day of the Benefit Quarter containing the first anniversary date the participant's short-term disability began.

If a participant qualifies for a Disability Extension and returns to work, the participant will receive the extension through the end of the **BENEFIT QUARTER** that corresponds with the **CONTRIBUTION QUARTER** in which they returned to work (not to exceed one year).