



North Atlantic States Carpenters
Health Benefits Fund

Massachusetts Office
350 Fordham Road
Wilmington, MA 01887
www.carpentersfund.org
Phone: 800-344-1515
Fax: 978-752-1148

Connecticut Office
10 Broadway
Hamden, CT 06518
www.ctcarpentersfunds.org
Phone: 800-922-6026
Fax: 203-288-3235

February 2023

SUMMARY OF MATERIAL MODIFICATIONS

Dear Participant:

On behalf of the North Atlantic States Carpenters Health Benefits Fund, you are receiving this notice to inform you of important changes to your Health Fund benefits.

Maternity Benefits

Beginning on April 1, 2023, participants who are working under a Collective Bargaining Agreement with the North Atlantic States Regional Council of Carpenters may be eligible to receive the following benefits under the Health Fund.

Crediting of hours – Participants will receive credit of up to 40 hours per week for a period of pregnancy-related medical and mental health leave or disability, regardless of whether the participant is receiving state-sponsored paid family medical leave benefits, for up to 20 weeks pre-birth and up to 12 weeks post-birth. The credited hours will allow participants the ability to achieve health coverage for future Insured Periods for which they may not have been eligible had the hours not been credited. These hours will be treated as if they were actual hours worked and will be applied towards the 12-Month Lookback and Short Hour Buy-in provisions of the Plan. To be eligible for these crediting of hours, a participant must be working or have worked a minimum of 40 hours for a contributing employer in the current month or previous month at the time of the leave.

Participants who have the Shop Health Monthly Premium will also be granted coverage on a month-to-month basis, provided the employer was not obligated to pay the monthly premium in accordance with their Collective Bargaining Agreement or Participation Agreement.

Participants have up to 30 days after the start of the next Insured Period to apply for the hours credited due to pregnancy-related medical and mental health leave.

Extended health coverage – If a participant still does not qualify for health coverage after the credited hours, they may qualify for a Maternity Health Extension which grants coverage for the next Insured Period based on the participant's current health coverage plan of benefits. There are an unlimited number of Maternity Health Extensions allowed; however, a participant may only utilize up to two extensions per pregnancy.

Supplemental wage replacement – The Health Fund will also provide a Supplemental Wage Replacement to eligible participants on Plan I or Plan II at the time of pregnancy-related leave. This benefit is in addition to payments participants may be receiving from a state-sponsored paid family medical leave plan. The benefit amount paid by Health Fund will not exceed a participant's average weekly wage, up to a maximum of \$1,200 per week. Calculation of a

participant's average weekly wage will be determined using the highest eight-week wage running from the previous 52-week period prior to the leave. **A participant will not be eligible for the Health Fund's Accident & Sickness Disability benefits while receiving this Supplemental Wage Replacement Benefit or state-sponsored paid family medical leave benefits.**

Examples:

- If a participant's average weekly wage is \$1,500 and the participant is receiving Massachusetts Paid Family Medical Leave of \$1,100 per week, the participant will receive \$400 from the Health Fund.
- If a participant lives in a state that does not offer a state-sponsored paid family medical leave benefits program and the participant's average weekly wage is \$1,000, the participant will receive \$1,000 from the Health Fund.
- If a participant lives in a state that does not offer a state-sponsored paid family medical leave benefits program and the participant's average weekly wage is \$1,400, the participant will receive \$1,200 from the Health Fund.

Length of benefit – All of the provisions detailed above, with the exception of the maternity health extension, will be available for the following duration:

Pre-birth: Up to 20 weeks per pregnancy

Post-birth: Up to 12 weeks per pregnancy

Total: Up to 32 weeks per pregnancy

To be eligible for the benefit, a participant must provide medical documentation from their doctor substantiating the medical leave is due to pregnancy, or if the participant is receiving state-sponsored paid family medical leave benefits due to a pregnancy-related medical leave, the Health Fund can utilize the determination letter from the state-sponsored plan.

Dental Benefits

Currently, dental benefits are provided to participants with Plan I health coverage. **Effective, April 1, 2023**, Plan II health coverage has been enhanced to include the same dental benefits as Plan I through Delta Dental.

Life Insurance

Effective April 1, 2023, the Health Fund has a new vendor, MetLife, for Life Insurance and Accidental Death & Dismemberment (AD&D) benefits.

The Life Insurance benefit has increased from \$20,000 to \$25,000 for participants. All other rules in the most recent Summary Plan Description (SPD) and subsequent SMMs regarding benefits and eligibility remain the same. Participants who are eligible for coverage under Plan I or Plan II are eligible for Life Insurance benefits. Participants on COBRA are not eligible for Life Insurance benefits. The benefits are as follows:

Life Insurance for Spouse: \$2,000

AD&D Benefits:

- Dependents are not covered under the AD&D benefit.
- The AD&D benefit is payable in addition to and separate from the Life Insurance benefit. Benefits are payable if the loss is a direct result of any injury caused by an accident.
- Please refer to the SPD for detailed information.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR PARTICIPANT ONLY	Plan I	Plan II
Loss of life or loss of movement of both upper and lower limbs (quadriplegia). Loss of both hands or both feet or sight of both eyes	\$25,000	\$25,000
Loss of one hand, one foot, speech or hearing in both ears, or either one hand or one foot and sight of one eye	\$25,000	\$25,000
Loss of movement of three limbs (Triplegia) or both lower limbs (Paraplegia)	\$18,750	\$18,750
Loss of a hand, a foot, an eye, speech, or hearing. Loss of movement of both upper and lower limbs on one side of the body (hemiplegia)	\$12,500	\$12,500
Loss of thumb and index finger on either hand or loss of movement of one limb (uniplegia)	\$6,250	\$6,250

Durable Medical Equipment under Prescription Coverage

Effective December 1, 2022, OmniPod 5 insulin pumps and supplies will be made available under the Health Fund's Express Scripts Prescription Drug Coverage.

Vision Benefit – EyeMed

As a clarification to the Summary of Material Modifications (SMM) sent in October 2021, eligible participants and dependents under the age of 26 may utilize the Health Fund's vision benefits every 12 months. The previous SMM communication did not specify coverage for participants and spouses under the age of 26.

Out-of-Network Payment Rate

Effective January 1, 2022, all out-of-network claims will be processed by Independence Administrators using 150% of the Medicare rate as the allowed amount. The out-of-network provider can bill the patient the difference between the allowed amount and the billed amount, subject to the restrictions of the Transparency in Coverage Rule and No Surprises Act.

Participants adversely affected by the change in processing out-of-network claims (from BCBSMA to Independence Administrators) may appeal to the Board of Trustees. For information regarding the Health Fund's appeals process, please refer to page 77 of the SPD.

Supplemental payments to PMFL

Effective January 1, 2023, participants who reside in a state that provides less than a maximum of 26 weeks of paid family medical leave (PFML) will be eligible to apply for the Health Fund's weekly accident and sickness (A&S) benefit once the state PFML leave is

exhausted, up to a combined total leave of 26 weeks (the maximum number of weeks allowed under the Health Fund's A&S benefit). For example, if a state program provides no more than 12 weeks of PFML leave, a participant can receive 12 weeks of PFML benefits from the state and an additional 14 weeks of A&S benefits from the Health Fund. Participants must still meet the eligibility requirements for A&S benefits as described in the SPD.

Important note: The SPD requires participants file a claim for A&S benefits with the Health Fund Office within 90 days of the date the disability began. Therefore, A&S claims should be filed **before PFML benefits are exhausted.**

KGA - Employee Assistance Program (EAP)

As a reminder, KGA provides practical support for everyday challenges to Health Fund participants and adult dependents. KGA's goal is to help participants maintain focus at home and at work. It is a benefit available 24/7 to participants and their adult household members. There is no cost to obtain these services. Attached is KGA's flyer detailing all the support and services offered and how to access these benefits.

This is a Summary of Material Modifications regarding the above-named plan ("Plan"). This Summary of Material Modifications supplements the Summary Plan Description ("SPD") previously provided to you. You should retain this document with your copy of the SPD.

If you have any questions concerning this notice or any other matter, please contact the Fund Office at 1-800-344-1515 or 1-800-922-6026.

Sincerely,

Board of Trustees