

IMPORTANT NOTICE – April 2017

To All Active and Retired Plan Participants and their Spouses and other Eligible Dependents,
The Board of Trustees of the Connecticut Carpenters Health Fund (Fund) wants to inform you of the following:

1. **Expanded coverage of certain CPAP supplies under the Active and Non-Medicare Retiree Plans Durable Medical Equipment (DME) rules.** Effective April 1, 2017, the Fund will provide coverage for certain medically necessary disposable supplies used with a Continuous Positive Airway Pressure (CPAP) machine to treat diagnosed cases of sleep apnea for those covered under the Active and Non-Medicare Retirees Plans. Those individuals who have Fund coverage under the Medicare Plan will continue to be subject to applicable Medicare rules. As outlined below, these supplies include tubing, replacement pillows and/or cushions, and filters. Remember that the Connecticut Carpenters Health Plan (Plan) currently covers a CPAP machine, heated humidifier and up to two masks per calendar year when certified as medically necessary and documented by the results of two separate sleep studies. Coverage of these disposable supplies under the Plan’s DME rules will be at the 80% level after you meet the deductible, and you must provide a letter of medical necessity. In addition, the Fund will utilize Medicare guidelines when determining the frequency limits of these disposable supplies, as follows:

<i>Product Category</i>	<i>Procedure Code</i>	<i>Replacement Schedule</i>
Tubing with Integrated Heating Element	A4604	1 per 3 months
Tubing, Standard	A7037	1 per 3 months
Replacement Cushion for Combination Oral/Nasal Mask	A7028	1 per month
Replacement Pillows for Combination Oral/Nasal Mask	A7029	1 per month
Replacement Cushion for Full-Face Mask	A7031	1 per month
Replacement Cushion for Nasal Mask	A7032	2 per month
Replacement Pillow for use on Nasal Mask (cannula/pillow)	A7033	2 per month
Disposable Filter	A7038	2 per month

2. **Coverage for services in Residential Treatment Facilities.** Effective April 1, 2017, the Fund will expand its mental health and substance abuse coverage to include medically necessary services at a licensed and accredited residential treatment facility (RTF), subject to all other applicable Plan rules. *As RTF services and stays are provided on an inpatient basis, such services or stay must be pre-certified prior to admission through Telligen, the Fund’s utilization management company.* The toll free telephone number for Telligen is **1-877-654-1375**. This process should also be followed in any medical emergency, but notice should be provided to Telligen within 48 hours of the admission or the next business day following the admission. For any RTF services and/or stays which are properly pre-certified the Fund will pay 80% after the calendar year deductible is met (remember, the Fund only pays 70% if the pre-certification rules are not followed). Assuming you follow the Plan’s rules, this means you would be responsible for paying the calendar year deductible and 20% coinsurance.
3. **Member Assistance Program.** With the opioid addiction and overdose problem reaching epidemic levels in Connecticut and across the country, **PLEASE remember that the Fund contracts with an independent Member Assistance Plan (MAP) that offers counselors available 24 hours a day.** The MAP can help you or your covered dependents with family problems, anxiety and stress, drugs and alcohol, depression, gambling problems, job conflicts and marital problems. You may be entitled to get up to 6 (six) visits for free. The MAP can be reached at 1-888-373-5073. All consultations are confidential between you (or your covered dependents) and the MAP.

4. **Compliance with Federal Laws; Your Right to Request a Copy of our HIPAA Privacy Notice.** The Fund complies with a vast number of federal laws, including the Employee Retirement Income Security Act of 1974, as amended (ERISA), the Affordable Care Act (ACA), the Newborns' and Mothers' Health Protection Act (NMHPA), the Women's Health and Cancer Rights Act (WHCRA), the Genetic Information Nondiscrimination Act (GINA), the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

Under the WHCRA, group health plans like our Fund that provide medical and surgical benefits covering mastectomy must provide benefits for certain related reconstructive breast surgery. This applies to reconstruction of the breast on which the mastectomy was performed, surgery or reconstruction on the other breast to produce a symmetrical appearance, prostheses and physical complications of all stages of mastectomy, including lymphedemas (swelling). This coverage is subject to all of the Fund's normal rules, including co-payments, annual deductibles and coinsurance provisions.

Also, in 2013, the Fund issued an update or "restatement" of its HIPAA Privacy Notice to reflect applicable changes to HIPAA and its associated regulations (available on-line at the Fund's website under Frequently Asked Questions – specifically click the "Health Privacy Notice" tab). If you would like to request a paper copy of the Notice, which will be provided to you free of charge, simply contact the Fund Office using the contact information in #5, below. You may also contact the Fund Office with any questions regarding your rights under these federal laws.

5. **Grandfathered Status under the Affordable Care Act (ACA).** Despite all of the recent talk of "repeal and replace," today the ACA remains the law of the land. So, we wanted to remind you that the Fund's Board of Trustees continues to believe that the Plan is a "grandfathered health plan" under the ACA. As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted (in March of 2010). Being a grandfathered health plan means that the Plan may not include certain consumer protections under the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, can be directed to the Health Fund Administrator, Deborah L. Palmieri, at (203) 281-5511 or 1-800-922-6026, in both instances using extension 602. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor, at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

REMINDERS: * If any important information has changed about you, such as your address, telephone number or your spouse/children, or you wish to name or change your life insurance beneficiary, please write or call the Fund Office. * You should also inform the Fund Office immediately if any information changes about a current dependent (e.g., adult child moving to a different address), or if you add one or more new dependents through a life event such as a marriage, birth or adoption. * The ACA requires our Fund to report various information on covered individuals and their dependents to the IRS on Form 1095-B Form, including Social Security Numbers. If you are a new covered member or haven't previously contacted the Fund Office to provide a listing of your current covered dependents and their SSNs, please do so that we have all of the necessary information.

This Notice is intended to be a brief description of the topics described. In any situation involving the Fund's benefits, the documents governing the Fund will control. It constitutes a Summary of Material Modifications to the Health Fund, and we are furnishing it to you in accordance with U.S. Department of Labor regulations §§2520.104b-3 and 2590.715-2715(b). Please keep this Notice with your Summary Plan Description and your Summary of Benefits and Coverage (versions issued for the time frame 4/01/2017 – 3/31/2018) for future reference, and contact the Fund Office with any questions. All benefits are subject to amendment and/or termination as the Trustees may determine to be in the best interests of the Fund's participants and beneficiaries.

For the Health Fund Board of Trustees, Deborah L. Palmieri, Health Fund Administrator