On the Horizon for 2018

medical benefit

You’ve been heard.

Introducing...

New Hearing Aid Benefit for Members Only

Effective January 1, 2018 there is a new hearing aid benefit through the medical plan available for Active and Early Retiree members only*. 

<table>
<thead>
<tr>
<th>Plan Provision</th>
<th>Platinum Plan</th>
<th>Gold Plan</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Exam By a licensed audiologist</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Hearing Aid Benefit Every 5 years</td>
<td></td>
<td></td>
<td>up to $2,000 per ear¹</td>
</tr>
</tbody>
</table>

¹Charges subject to member’s annual deductible, then 90% of charges, whether In- or Out-of-Network.

All In-Network charges will be submitted by the In-Network provider directly. Out-of-Network hearing aid claims must be submitted to the Carpenters’ Plan by using Carpenters’ Hearing Aid Claim Form. After January 1, the Hearing Aid Claim Form may be found online at www.carpdc.org/HealthAndWelfare/Forms or by calling Carpenters’ Member Services.

*Medicare Retirees have a hearing benefit through UnitedHealthCare.

It’s YOUR MONEY!

Shop around for the best deal for the least out-of-pocket cost when purchasing hearing aids. Regardless of where the hearing aids are purchased, members (only) are eligible for up to $2,000 reimbursement.

Volume 5 | Issue 3 | December 2017
www.carpdc.org/BenefitServices
p 314.644.4802 | toll-free 877.232.3863
Prescription Drug Coverage & Exclusions

Each quarter, the United Brotherhood of Carpenters’ (UBC) Clinical Advisory Committee (CAC) reviews the prescription drugs covered under the Plan. Based on the committee’s findings, recommendations are made for coverage or exclusions under the Plan for certain drugs. The following list is their recommendations which were approved by the Board of Trustees effective January 1, 2018:

✓ Baxdela - Covered with dosage limitation of 28 tablets per Rx
✓ Benlysta - Covered with Prior Authorization
✓ Bevyxxa - Not Covered
✓ Contempla XR ODT - Not Covered
✓ Endari - Not Covered
✓ Haegarda - Covered with Prior Authorization for ages 13 and older
✓ Hysingla ER, Nuctnta ER - Not Covered
✓ Mavyret - Covered with Prior Authorization
✓ Siliq - Not Covered
✓ Minolira - Not Covered
✓ Mydayis - Not Covered
✓ Symjepi - Covered
✓ Triptodur - Covered with Prior Authorization
✓ Vosevi - Covered with Prior Authorization
✓ Zerivate - Not Covered
✓ Zypitamag - Not Covered

Out-of-Pocket Max Increase

The Board of Trustees approved the following out-of-pocket increases to the pharmacy benefit for Actives and Pre-Medicare retirees effective January 1, 2018.

<table>
<thead>
<tr>
<th>Annual Maximum Platinum &amp; Gold Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td>$3,350</td>
</tr>
<tr>
<td>$7,000</td>
</tr>
</tbody>
</table>

These changes were made in accordance with ACA guidelines.

Vision Therapy

Retroactively effective December 1, 2016, Vision Therapy will now be covered in conjunction with a diagnosis of convergence insufficiency.

Urgent Care

Retroactively effective November 1, 2016, Ancillary services received while visiting an In-Network urgent care facility are now covered under the $75 urgent care facility copay. Ancillary services support the work of the urgent care physician and include diagnostic and therapeutic services.

More on the Horizon for 2018

Vision Therapy

Retroactively effective December 1, 2016, Vision Therapy will now be covered in conjunction with a diagnosis of convergence insufficiency.

Urgent Care

Retroactively effective November 1, 2016, Ancillary services received while visiting an In-Network urgent care facility are now covered under the $75 urgent care facility copay. Ancillary services support the work of the urgent care physician and include diagnostic and therapeutic services.
Recently Approved

coverage update

**Continuation of Coverage**

In order to be eligible to continue coverage under the Health & Welfare Plan's Non-Active Classification self-pay option, members must meet the following qualifications:

- Must have at least 10 years (120 months) of coverage in the Plan based on hours worked over their career.
- Must have three (3) years (36 months) of coverage based on hours worked within the last five (5) years immediately prior to the member's Non-Active Classification effective date.
- Coverage must be continuous prior to moving into the Non-Active Classification.*
- Must maintain union obligations with the St. Louis - Kansas City Carpenters' Regional Council.
- Must be receiving a pension benefit from one of the following Carpenters' Pension Plans: St. Louis, Kansas City, Kansas Building Trades, or Geneva. If a pension is not being drawn, the member must be disabled from the trade and submit a Social Security Award Notice or attending physician's statement of disability.

*Rule Exception: Members who lose coverage due to moving to a non-bargained position (superintendent) with a contributing employer do not have to have continuous coverage and only have to meet the 120 month rule.

**Minimum/Difference Payments**

Once eligibility under the Plan has been established, members will continue to be eligible based on Benefit Quarters that follow Contribution Quarters. Members are required to work at least 300 hours per Contribution Quarter to continue coverage for the following Benefit Quarter. The minimum/difference payment provision of the Plan allows for a member who has not worked enough credit hours in a Contribution Quarter to maintain continuous active eligibility by making self-payments directly to the Health and Welfare Fund. It is offered as an alternative to COBRA Continuation Coverage. **Delinquent Contractors** who participate in the Plan as active members will no longer be allowed the option of minimum/difference effective immediately.

**Delinquent Contractors**

**COBRA only** will be offered if the delinquent company’s owner, partner or officer’s coverage is lost. Once the company is back in good standing with Estamp purchases, eligibility for minimum/difference payment options will be restored.

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**reminder!**

**Holiday Office Closures**

Carpenters’ Benefit Office will be closed Friday, December 22, 2017 through Monday, January 1, 2018.

**Benefit Office On-Call Hours**

**Hours 7a - 4:30p**

Tuesday, December 26
Wednesday, December 27
Thursday, December 28

Phone 314.644.4802
Toll-free 877.232.3863
Member calls only, press 7

From our homes to yours,
Happy Holidays!
Carpenters’ Health & Welfare requires the spouse of an active member covered under the Plan who works at least 30 hours per week to enroll in health coverage offered by his/her employer.

All spouses who do not have other primary insurance are required to complete a Spousal Coverage Verification Form annually. Forms were due November 10, 2017.

To avoid termination of spousal coverage on 12/31/2017, completed forms must be received in our office before 12/20/2017.

The Affordable Care Act (ACA) requires everyone to have health coverage, referred to as Minimum Essential Coverage. The Plan is required to report proof of your coverage to the IRS.

In November, select members were mailed letters requesting correct Social Security numbers for (family) members. Response is needed as soon as possible from these members. The IRS may charge a $50 penalty to these members if the Plan does not have their correct SSN.

**Qualifying Event**

A qualifying event is an event that triggers a special enrollment period for an individual or family to obtain health insurance. For purposes of enrollment under Carpenters’ Health & Welfare, examples of qualifying events are:

- birth or adoption of a child
- marriage
- divorce
- loss of other coverage
- death

**Dependent Coverage**

**30 Days for Change**

Attention members with existing coverage: A request for new dependent enrollment based on a qualifying event must be received within 30 days of the qualifying event in order for eligibility to be effective on the qualifying event date. If the request for enrollment is received later than 30 days after the qualifying event date, the dependent’s effective date will be the date the request was received.
opioid abuse

PLAN REVIEW...
There is an opioid crisis scorching the nation and Carpenters’ Health & Welfare members are not immune. The Trustees asked Carpenters’ Health & Welfare to review the Plan’s coverage and treatment guidelines for substance use disorders, specifically, opioid abuse.

OUR STATISTICS...
Claim data was reviewed for care sought January 1, 2016 - August 31, 2017. Here are the findings:

- 608 individual patients sought care for opioid use disorder
- Average patient age: 36
- The Plan received a total of $4,993,572 in services billed for this diagnosis
- Of total billed claims, patients were responsible for $2,263,723.74 of the charges. The Plan paid $1,659,089.10. The remaining balance was provider discounts and other insurance payments.

WHAT’S NEXT...
The CRC, Training Schools and Benefit Offices are joining with physicians from Signature Medical Group, Mercy MAP, and City Chiropractic to form an In-House Opioid Panel. This panel will work together to create a long-term solution that will bring our members back to health.

I am encouraged and proud to see that leaders from our contractor and labor communities are beginning to see the need to address the opioid/heroin crisis from a proactive vs retroactive approach!

--Dr. John Gaal, Director of Training and Workforce Development

HEALTH FAIRS

“why wellbeing” in review

2 Months. 10 events. Designed with you in mind.
During our health fairs this fall, we asked you, our membership, to ask yourselves why wellbeing might be important to you. Likewise, we want you to know how important you are to us. Our goal is to make the events as memorable and fun as possible, while still helping you take care of your health. You are the “why” behind our wellbeing.

So, to those who came out to participate in our fall health fairs and clinics in September and October, we’d like to say Thank You. We had more members, more biometric and flu shot participants, more kids, more smiles and more fun this year, with members and families staying to engage in all that we had to offer. In St. Louis and Kansas City, vendors represented the five areas of wellbeing: career, community, social, physical and financial; no one walked away empty handed.

For photos of our events, please check out our Carpenters’ Benefit Plans Facebook page.

A Chance to Win...

Did you attend one of the 2017 health fairs or clinics? We’d love to hear from you! Every covered participant 18 years of age or older who completes our 2017 Health Fair Survey online has the opportunity to be entered in a raffle drawing for a $10 Amazon gift card. Please complete the online survey no later than 1/2/2018:

www.surveymonkey.com/r/17CRCHealthFairs
Recently Approved

New Apprentice Pension Accrual Rates
As a result of new and upcoming labor Collective Bargaining Agreements (CBA) that include graduated scale apprentice contributions to the Fund, apprentices who previously did not earn pension credit and related benefits will start to accrue benefits at a rate that is 75% of the journeyman rate.

Apprentices who were already receiving the full journeyman contribution because of their apprentice term level prior to these CBA changes are classified as ‘grandfathered.’ Grandfathered apprentices will continue to accrue benefits at the full journeyman rate with one exception: ‘Grandfathered’ apprentices who incur a Plan Interruption will lose their grandfathered status and additional benefits will be accrued at 75% of the journeyman rate. A Plan Interruption is defined as the end of the second consecutive Plan Years in which they work less than 400 hours in each Plan Year. Each Plan year begins May 1 and ends April 30.

Form 1099-R for the Retirees of the Carpenters’ Pension Trust Fund of St. Louis

Tax season is approaching
Did you receive pension benefits from the Carpenters’ Pension Trust Fund of St. Louis in 2017? If so, please note that Form 1099-R will be mailed by January 31, 2018. This is the form you will need to use when filing your 2017 tax returns.

If you received a monthly Carpenters’ Pension benefit and you turned 59-1/2 during the 2017 Tax Year (between 1/1/2017 and 12/31/2017), you will receive two (2) separate 1099-Rs. One Form 1099-R will be for pension benefits received prior to age 59-1/2 and will be coded as “2” for Early Distribution in box number 7. The second Form 1099-R will be for your pension benefits received after age 59-1/2 and will be coded as “7” for Normal Distribution. When the amounts of both 1099-Rs are added together, it will equal the total amount of pension benefits you received during the 2017 Tax Year.
Here’s a number everyone interested in retirement should know: 15%. That’s the amount of income financial experts agree everyone should be saving to ensure they stay on track to retire with dignity.

And it’s not just the experts. **Most Americans know they ought to be saving for retirement, but few are saving enough.** What’s behind that disconnect between what people say they want to do and what they actually end up doing?

**Bridging the Gap**
The gap between plans and performance continues because hitting wellness goals is always hard work. And putting off the big step of saving for retirement isn’t the only area of wellness where Americans procrastinate.

You’ve probably seen the same principle at play when people resolve to lose weight or stop smoking. Recent studies show that with both of those common goals, big gaps persist between resolution and results:

- The Gallup-Healthways Well-Being Index last year reported that although 55% of respondents want to lose weight, only 27% of those actually try.
- A 2015 study from the Centers for Disease Control and Prevention revealed that although 69% of adult cigarette smokers said they wanted to stop smoking, only 6% of that group actually quit.

Those are big gaps, but there’s another even larger one that’s affecting retirement savings nationwide. Although 93% of Americans in 2014 told surveyors with Capital One ShareBuilder they want to save 10% or more for retirement, only 20% actually do. That’s a 73% gap between the wish and the follow-through!

**Lasting Behavior Change for True Financial Wellness**
As is often the case with personal goals, taking better care of money requires employees to lay a solid foundation through basic behavior change. **It isn’t that they plan to fail, but that they fail to plan.**

Just as most smokers know they ought to quit, most of your employees know the basic truth that they ought to do be saving more for retirement. But many of them lack the confidence they need to change the longstanding habits preventing them from starting.

The trouble isn’t just with debt, or just with a lack of savings—there’s a lack of big-picture understanding. **The basic failure to budget causes a desperate lifestyle for a lot of the people in your company.** And the lack of budgeting know-how is not limited to those with fewer dollars—it applies across the range of incomes, with top earners often struggling just as much to make ends meet.

**No one wins without a written plan and specific goals for their money.** Everyone needs a program that is easy to follow. The program and goals should guide them step by step along the way to financial wellness.

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**Financial Wellness Resources**

- **CJAP’s Financial Literacy online:** Visit [www.carpdc.org/Training/OnlineFinancialLiteracyCourse](http://www.carpdc.org/Training/OnlineFinancialLiteracyCourse) for more information.
- **Check with your local banks to see what kind of financial wellness programs they offer.** Often these programs are of no cost to you if you have an account with their bank.
- **Dave Ramsey’s Financial Peace University:** Check online for classes that meet near you.

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**The whole question of retirement is moot until you get yourself completely out of debt... When debt follows you into retirement, it usually becomes an even bigger problem than it was during your higher-earning years.**

--Dave Ramsey

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Source: Dave Ramsey, SmartDollar Plan
We are in a **Human Energy Crisis**.

We live in an **Age of Information** in which 10 seconds seems like an eternity when we are waiting for something, anything.

We are literally **Rest-less**. Most Americans don’t know how to slow down and can’t fathom the thought of doing less.

We live in an era when technology literally drives our culture. It’s extremely difficult to get away from it. It’s our phones, our televisions, our cars. It’s in the mall, the grocery stores, our homes. Electrical stimulation is everywhere.

**The Problem:** Continuous stimulation is literally making us sick and we don’t even realize it. We are putting our stimulated selves to bed “as is,” and it’s more than wreaking havoc on our bodies.

Many of us live in a state of **Chronic Hyperarousal**, a state during which we can’t shut down. We can’t sleep. Maybe we have a hard time falling asleep, or maybe we can’t stay asleep all night, waking frequently. There are also those who can sleep, but they find themselves chronically tired. In this case, maybe the sleep they are getting isn’t the **right kind** of sleep.

What if you could fall asleep quickly and stay asleep?

Lack of sleep has an obvious and direct connection with alertness and clear thinking. But now, as we learn more about the effects of sleep on the body, sleep deprivation and insomnia are being linked to an increased risk of chronic diseases such as autoimmune disorders, obesity, diabetes, cancer and Alzheimer’s disease.

What if you could wake up every day feeling refreshed and focused?

Lack of sleep has an obvious and direct connection with alertness and clear thinking. But now, as we learn more about the effects of sleep on the body, sleep deprivation and insomnia are being linked to an increased risk of chronic diseases such as autoimmune disorders, obesity, diabetes, cancer and Alzheimer’s disease.

**Our information-age culture shows no signs of change, but you can change how you respond to it.**

**Fight the Crisis:**

**Alcohol.** Many people feel that alcohol helps them relax and fall asleep faster. While that may be true, alcohol consumed immediately before bed reduces the necessary cycles of sleep. Side effects are often next-day daytime drowsiness, headaches and irritability. If you enjoy your adult beverages, consider finishing your drink a few hours before bedtime.
7 to 9 hours of sleep is recommended for adults. Chronic sleep deprivation has immediate and long-term negative effects on your body including but not limited to:

- Increased risk of accident and injury
- Decline in cognitive function
- Increased anxiety, depression
- Affects the hormonal regulation of hunger (leads to overeating, often resulting in weight gain)
- Weight gain; an increased risk of obesity which may lead to sleep apnea (or other sleep disorders), type 2 diabetes, high blood pressure, heart disease, kidney disease, fatty liver, pregnancy problems, etc
- Decreased insulin sensitivity (characteristic of type 2 diabetes)
- Less than 6 hours per night leads to an increased risk of hypertension; less than 5 hours of sleep doubles the risk
- Increased risk factor for developing Alzheimer's disease (excessive daytime sleepiness is also a risk factor for dementia)
- Increased risk of chronic disease and cancers, specifically prostate cancer, breast cancer and colorectal cancer

Caffeine. Limit caffeine consumption during the day and give yourself a mandatory cut-off time. If you consider yourself a soda or coffee connoisseur, try switching to a caffeine-free version of your favorite drink after noon.

Electronics. Watching television or staring at electronics, such as a smartphone, computer or other device, prior to bed alters your REM sleep. Blue light emitted from these screens delay the release of sleep-inducing melatonin (the “sleep hormone”), therefore triggering sleeplessness and offsetting the normal cycle of sleep. Consider creating a “blue light-free” sanctuary in your bedroom or investing in blue light blocker glasses.

Food. Try not to eat large meals right before bed. Sleep is the time in which your body recovers from the stressors of the day. Eating 2-3 hours before bed allows your body to focus on recovery during sleep and not food digestion. Obviously, this is recommended but not always an option. Do the best you can to eat as early before bedtime as possible.

**Becoming Rest-full:**

- Get outdoors. Stepping outside to soak in Vitamin D even on a cloudy day aids in the body's regular production of melatonin, the sleep hormone.
- Establish a bedtime routine. Bedtime and wake time should be consistent within a half hour on both ends. Consider blackout curtains or shades as even the smallest amount of light can impact your sleep.
- Exercise! Studies have shown that low-impact exercise, such as walking, yoga or stretching regularly before bed will impact sleep positively.
- Take a hot epsom salt or aromatherapy bath. Elevating your core body temperature before bed helps to induce sleep. Epsom salts and/or essential oils will remove toxins to speed up your body's recovery during sleep.

Implementing just a few of the suggestions included here may help you change the forecast for your future. You can change the world, one person at time. Why not start with you?

**Excellent Resources:**

*Sleep Smarter (book)*, Shawn Stevenson  
website: theshawnstevensonmodel.com  
or for an easy to reference abbreviated summary of *Sleep Smarter*:  
paulminors.com/sleep-smarter-book-summary-pdf

*The Sleep Revolution (book)*, Arianna Huffington  
website: ariannahuffington.com

The Sleep Doctor, Michael J Breus, PhD  
website: thesleepdoctor.com
The Women’s Health and Cancer Rights Act of 1998 (WHCRA) protects women with breast cancer who choose to have breast reconstruction after a mastectomy. This law requires all insurance companies and health plans to allow women to have their breasts reconstructed when removed due to breast cancer. Effective January 1, 2014 under the Plan, women undergoing surgery for a mastectomy or surgery to rebuild their breasts after a mastectomy due to breast cancer are covered as follows:

- Aetna’s MO/IL Coventry Network, Carpenters’ Platinum Plan: Annual Deductible + 90% coverage;
- Aetna’s MO/IL Coventry Network, Carpenters’ Gold Plan: Annual Deductible + 80% coverage;
- Out-of-Network: Annual Deductible + 50% coverage.

For more information regarding your rights under this federal law, please visit the American Cancer Society’s website: www.cancer.org/treatment/findingandpayingfortreatment/managinginsurancenissues/womens-health-and-cancer-rights-act

For questions specific to breast cancer and your Plan coverage, please contact Carpenters’ Member Services.

This notice is being provided to you by the Trustees of the Carpenters’ Health and Welfare Plan in accordance with federal law.
After becoming a member, the Regional Council requires new members to complete a 10-hour OSHA Safety Training Course within one year of the new member’s initiation date. For example, if John Smith is initiated on December 12, 2016, he has until December 12, 2017 to complete his OSHA-10 Safety Training.

In addition to the OSHA-10 certification, there is an ongoing safety training requirement. **All active members** are required to complete a **mandatory 8 hours of approved safety training every three (3) Plan years**. In some instances, a new member may be completing both the OSHA-10 and the required 8-hour Safety Training during the same year.

Need more information on approved Safety Courses? From the carpdc website, go to **MEMBERS → TRAINING → APPROVED SAFETY COURSES**. A record of member **CERTIFICATIONS** is also available under **TRAINING** on the website.

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**STATEMENT OF NONDISCRIMINATION**

The Carpenters’ Health & Welfare Trust Fund of St. Louis (Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Plan’s Nondiscrimination Notice lists the services available to you and how to file a complaint if you feel that the Plan has failed to provide these services or discriminated in another way. The Plan’s Notice may be found online here: [www.carpdc.org/BenefitServices/NonDiscrimination](http://www.carpdc.org/BenefitServices/NonDiscrimination).

**Illinois/Missouri/Kansas Top 2 Languages**

<table>
<thead>
<tr>
<th>Language</th>
<th>Message About Language Services</th>
</tr>
</thead>
</table>
‘Tis the Season!

Carpenters’ Benefit Plans would like to wish you and yours a blessed holiday season.