

**NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS'  
HEALTH FUND**

***BENEFITS QUICK REFERENCE CARD***

**SCHEDULE OF BENEFITS**

Death Benefits (Not available with Reduced Option 3)	Active Employee	Amount of Death Benefit.....	\$10,000.00
		Principal Sum for AD&D .....	\$10,000.00
	Retiree	Amount of Death Benefit.....	\$2,000.00
		Principal Sum for AD&D .....	\$2,000.00
Accident & Sickness Weekly Benefits (Not available with Reduced Option 3)	Active Employee	Weekly Benefits for up to 16 weeks .....	\$240.00
	Retiree	No Benefit Available .....	N/A
Comprehensive Major Medical Benefits		Deductible and copayment are waived for some covered services. Refer to booklet for detailed information.	
Deductible	Active and Retiree	Single .....	\$200.00
		Family .....	\$600.00
	Active (Reduced Option 3)	Single .....	\$1,000.00
		Family .....	\$3,000.00
Plan Copayment Plan Copayment	Active and Retiree .....	PPO Provider----	90%
		Non-PPO Provider----	85%
	Active (Reduced Option 3) .....	PPO Provider----	75%
		Non-PPO Provider ----	70%
Full Payment Feature	Active and Retiree	Out-of-pocket maximum per person is \$1,500 and \$4,500 per family, including deductible amount. Plan pays covered charges at 100% for remainder of calendar year.	
	Active (Reduced Option 3)	Out-of-pocket maximum per person is \$5,000 and \$15,000 per family, including deductible amount. Plan pays covered charges at 100% for remainder of calendar year.	
Lifetime Maximum Payment	Active and Retiree .....		\$1,000,000.00
Hospital Emergency Room Copayment	Active and Retiree .....		\$50.00 per visit
Routine Physical Exams	Employee/Spouse	Deductible and copayment are waived .....	\$522.00
Chiropractic	Active and Retiree	Maximum payment per outpatient visit .....	\$40.00
		Aggregate maximum per person per calendar year .....	\$1,000.00

NOTE: Effective June 1, 2007, limited coverage for acupuncture is available. The service must be provided by a person licensed to perform acupuncture and is subject to the \$1,000 annual maximum for chiropractic care. (This is a combined maximum for all chiropractic and acupuncture services.) Payment of acupuncture benefits is subject to medical guidelines which specify certain conditions and diagnoses for which acupuncture is recognized to be effective. Call the Fund Office before scheduling any acupuncture services to verify coverage.

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**SCHEDULE OF BENEFITS (continued)**

Nervous and Mental Disorders	Active and Retiree	Outpatient maximum each calendar year..... 20 visits Inpatient maximum each calendar year.....10 days								
Alcoholism and Substance Abuse	Active and Retiree	Outpatient maximum per lifetime ..... 60 visits Inpatient maximum per lifetime.....30 days								
Vision (Not available with Reduced Option 3)	Active and Optional Retiree	Eligible vision-related services and supplies will be covered at 90%, up to an aggregate maximum benefit of \$400 per person each two consecutive calendar years. First two-year period is 2006 & 2007.								
Dental (Not available with Reduced Option 3)	Active and Optional Retiree	Deductible per person per calendar year ..... \$25.00 Plan copayment.....90% Maximum aggregate per calendar year ..... \$1,200.00 Lifetime maximum per person for orthodontia (not subject to deductible) ..... \$2,000.00 ..... (effective June 1, 2007)								
Prescription Drug PPRx	Active and Retiree	<table border="0"> <tr> <td>Retail</td> <td></td> </tr> <tr> <td>Eligible person's copayment per covered prescription for up to a 30-day supply</td> <td>Generic.....\$8.00 Brand Name ....The greater of \$15.00 or 25% of the cost, to a maximum of \$35.00 per prescription</td> </tr> <tr> <td>Mail-Order</td> <td></td> </tr> <tr> <td>Eligible person's copayment per covered prescription for up to a 90-day supply</td> <td>Generic.....\$16.00 Brand Name ....The greater of \$30.00 or 25% of the cost, to a maximum of \$70.00 per prescription</td> </tr> </table>	Retail		Eligible person's copayment per covered prescription for up to a 30-day supply	Generic.....\$8.00 Brand Name ....The greater of \$15.00 or 25% of the cost, to a maximum of \$35.00 per prescription	Mail-Order		Eligible person's copayment per covered prescription for up to a 90-day supply	Generic.....\$16.00 Brand Name ....The greater of \$30.00 or 25% of the cost, to a maximum of \$70.00 per prescription
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\* Plan has a MANDATORY hospital precertification requirement for all hospitalizations. If you or your dependent are to be hospitalized, it is necessary for you to notify the Fund Office precertification department at 1-800-424-3405. Failure to call prior to your hospitalization will result in reduced Plan copayment (5% up to out-of-pocket penalty of \$500 per confinement). If hospitalization takes place because of an emergency, you have 48 hours to precertify.

\*\* Plan has preauthorization requirements for some services. Please refer to your Summary Plan Description for details.

This quick reference schedule has been provided to answer *general* questions. It should not be used to describe complete coverage. Refer to the appropriate section in your Summary Plan Description for a complete description of benefits and eligibility. If you have any questions, please call the Fund Office.

Phone: (715) 835-3174  
Toll-Free: 1-800-424-3405