

Important Notice from the New York City District Council of Carpenters Welfare Fund About Your Prescription Drug Coverage and Medicare

If you are eligible for Medicare and you, or a family member, is still working in Outside Construction, Shop Employment, or for the City of New York, this notice does not accurately describe how the New York City District Council of Carpenters Welfare Fund's prescription drug coverage will work with Medicare prescription drug coverage. Please call the Fund office for information about how your Active Employee coverage will work with Medicare prescription drug coverage.

Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the New York City District Council of Carpenters Welfare Fund and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. The prescription drug coverage provided by the New York City District Council of Carpenters Welfare Fund is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.**

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll (or are automatically enrolled) in a Medicare prescription drug plan, you will lose your prescription drug coverage with the New York City District Council of Carpenters Welfare Fund.

Please contact us for more information about what happens to your coverage if you enroll (or are automatically enrolled) in a Medicare prescription drug plan.

Your current prescription drug coverage with the New York City District Council of Carpenters Welfare Fund is summarized at the end of this notice. In addition to prescription drug coverage, the New York City District Council of Carpenters Welfare Fund provides other benefits including hospital/medical, dental, vision and life insurance coverage. **You will still be eligible to receive all of the other New York City District Council of Carpenters Welfare Fund benefits to which you are otherwise eligible(subject to the terms and conditions of such benefits under the Welfare Fund) if you enroll (or are automatically enrolled) in a Medicare prescription drug plan and lose your prescription drug coverage with the New York City District Council of Carpenters Welfare Fund.**

You are not required to notify the Fund office if you decide to keep your Welfare Fund prescription drug coverage. We will continue your New York City District Council of Carpenters Welfare Fund prescription drug coverage until we hear from you and/or from Medicare that you have joined a Medicare prescription drug plan or that you have been automatically enrolled in a Medicare prescription drug plan.

You should also know that if you drop or lose your prescription drug coverage with the New York City District Council of Carpenters Welfare Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage; your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

Please notify the Fund office in writing if you are enrolled in a Medicare prescription drug plan.

If you do decide to join a Medicare prescription drug plan or if you are automatically enrolled in a Medicare prescription drug plan, please send a written notice to the Fund office. This notice should include your name, your social security number and the effective date of your Medicare prescription drug coverage. Send this notice to: **New York City District Council of Carpenters Welfare Fund, 395 Hudson Street, New York, NY 10014, Attention: Medicare Prescription Drug Benefits.**

If you are enrolled in a Medicare prescription drug plan but, at a later date, decide you want your New York City District Council of Carpenters Welfare Fund prescription drug coverage back, this coverage can be reinstated.

If you are enrolled in a Medicare prescription drug plan and decide later on that you prefer your New York City District Council of Carpenters Welfare Fund prescription drug coverage, the Fund office will reinstate your coverage once you submit acceptable proof that your Medicare prescription drug coverage has ended (or will end), and provided that you still meet the New York City District Council of Carpenters Welfare Fund's eligibility requirements. Acceptable proof that your Medicare prescription drug coverage has ended will be a signed document from the Medicare prescription drug plan administrator indicating that your Medicare prescription drug coverage has ended or will end. Such written proof must include your name, your social security number, the date your Medicare prescription drug coverage ended or will end, the name of the Medicare prescription drug plan, and a contact at the Medicare prescription drug plan. Send this proof to: **New York City District Council of Carpenters Welfare Fund, 395 Hudson Street, New York, NY 10014, Attention: Medicare Prescription Drug Benefits.**

You do not need to notify the Fund office if you change from one Medicare prescription drug plan to another.

For more information about this notice or your current prescription drug coverage...

Contact the Fund office for further information at 1-800-529-3863. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if

the coverage provided by the New York City District Council of Carpenters Welfare Fund changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date of this notice: November 1, 2006
Name of Entity/Sender: New York City District Council of Carpenters Welfare Fund
Contact: John Pirrone
Address: 395 Hudson Street, New York, NY 10014
Phone Number: (800) 529-3863 or (212) 366-7300

Summary of Your Current New York City District Council of Carpenters Welfare Fund Prescription Drug Coverage

Long-term drugs (those you take for 3 months or more, such as those used to treat high blood pressure or high cholesterol)

Where	When	You pay	You pay	You Pay
		Generic drugs	Plan-preferred brand-name drugs	Non-preferred brand-name drugs
Participating retail pharmacy	First three times you purchase each prescription	\$10 co-payment per prescription filled for up to a 34-day supply	\$20 co-payment per prescription filled for up to a 34-day supply	\$35 co-payment per prescription filled for up to a 34-day supply
Participating retail pharmacy	Beginning with the fourth time you purchase each prescription	You will be responsible for 100% of the cost for each prescription	You will be responsible for 100% of the cost for each prescription	You will be responsible for 100% of the cost for each prescription
Medco By Mail	Anytime	\$20 co-payment per prescription filled for up to a 90-day supply	\$40 co-payment per prescription filled for up to a 90-day supply	\$70 co-payment per prescription filled for up to a 90-day supply

Short-term drugs (such as antibiotics) and controlled drugs (federal/state law limits the amount that can be dispensed)

Where	When	You pay	You pay	You Pay
		Generic drugs	Plan-preferred brand-name drugs	Non-preferred brand-name drugs
Participating retail pharmacy	Anytime a medication is prescribed for short-term use	\$10 co-payment per prescription filled for up to a 34-day supply	\$20 co-payment per prescription filled for up to a 34-day supply	\$35 co-payment per prescription filled for up to a 34-day supply