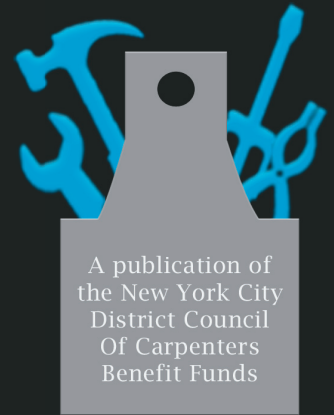


BENEFITS TOOLBOX



INTRODUCING ONE CALL: NYCDCC WELFARE FUND TO OFFER ACCESS TO NEW PROGRAM THAT PROVIDES REDUCED RATES FOR DIAGNOSTIC TESTING

Effective January 1, 2019, the New York City District Council of Carpenters Welfare Fund (the "Fund") will begin offering access to **One Call**, a voluntary program that provides reduced rates for diagnostic testing by directing eligible members and dependents to providers that participate in its vast national radiology network of nearly 3,000 imaging centers

Through the utilization of **One Call**, you and/or your eligible dependents will have the ability to obtain diagnostic tests such as MRIs, CTs, and PET scans, at substantially discounted rates, resulting in significant out-of-pocket cost savings. In fact, when scheduling your MRI, CT, or PET scan through the **One Call** program, you may save an average of **\$140** on your out-of-pocket costs. **Savings vary based on your test and geographical location.*

If you and/or your eligible dependents want to participate and save money on diagnostic tests, you must take the steps necessary to schedule your tests through One Call. The good news is that the process is simple! If you and/or your eligible dependents wish to schedule your diagnostic tests through **One Call**, all you (or your treating

physician) need to do is contact the program at **(877) 395-4098** before your procedure(s). At that point, **One Call** will find the most convenient provider in your area and proceed to schedule the test(s). Here are two examples of how the program can be utilized:

- Your physician advises that you need an MRI of your shoulder. The office staff then sees the **One Call** phone number on your ID card and calls in to begin the scheduling process. If the office has not already gotten your test pre-authorized, **One Call** will coordinate with the physician's office to ensure your test is authorized under your plan prior to scheduling. After verifying your eligibility and benefits, **One Call** will call you to review your provider options, select a site, and schedule the test with the imaging center.
- Your physician decides to order a CT of your abdomen. In this instance, you do not need to wait for the physician's office to begin the process — you can call **One Call** directly. Just call the toll-free number on your ID card and a Care Coordinator will review your provider options and take in some basic information about the test and the ordering physician. **One Call** will then

coordinate with the physician's office to ensure the test is authorized and call you back to schedule your test after verifying your benefits.

No paperwork, enrollment, or claims submission forms will be necessary to use the program!

At some point prior to January 1, 2019, Empire BlueCross BlueShield will send you and your eligible dependents new ID cards that will include **One Call's** contact information. Prior to receiving the ID card, you will receive a letter that further explains the program. Additionally, you can get any questions you may have about the program answered by calling **One Call** directly at **(877) 395-4098** or our Member Services Department at **(800) 529-FUND (3863)**. You will also be able to find more information about this program on our website at **www.nyccbf.org**, our Facebook page at **www.facebook.com/nycdccbf**, and our Twitter page at **www.twitter.com/nycdccbf**.

The Fund is excited to provide this new cost-savings program for you and we strongly encourage you to take advantage of it for any future diagnostic tests you may need!

SIGN UP TO RECEIVE EMAILS FROM THE NYCDCC BENEFIT FUNDS

In an effort to expand our communications, the New York City District Council of Carpenters (“NYCDCC”) Benefit Funds launched an email blast program for eligible members and retirees in March of 2017. The program, which is designed to supplement the website, social media (Facebook/Twitter), and newsletter/paper communications we utilize to communicate with you, has been an overwhelming success thus far, with nearly 17,500 members and retirees already signed up to receive emails. If you have not yet signed up to receive emails, or you believe you are signed up but are not receiving our emails, we urge you to visit our website and enter (or re-enter) your current email address.

Here’s how to sign up:

- If you have an email address on file with us, you are already signed up to receive emails.

Note: If you have an email address on file with us, but would like to change or update it, you can follow the instructions below. *(Email addresses that are determined to be undeliverable are wiped from our system, so please enter your newest email address if you have not already done so, or you have an email address on file but are not receiving our emails.)*

- If you do not have an email address on file with us, you can sign up by doing the following:
 1. Visit **www.nycCBF.org** and click the Member Log-In button on the top right corner of the homepage.
 2. Log-in with your Username and Password.
 3. After you agree to the website terms, select the “Change Profile” button, then click “Continue.”

4. Once you are on the “Change Profile” screen, enter your email address in the “Email Address” field. Then, re-enter your email address in the “Confirm Email Address” field.
 5. Upon completion, enter your password in the “Current Password” field and click “Submit.” Your email will then be in our system and you will be registered to receive email communications.
- You can sign up to receive email blasts at any time by following the above instructions. You can also unsubscribe at any time by clicking the “Unsubscribe” link at the bottom of any email you receive from us.

If you still have questions about how to sign up to receive emails, please contact our Member Services Department at (800) 529-FUND (3863).

Check out the NYCDCC Benefit Funds Website!



- Breaking News
- Benefits Information & FAQs
- Benefits Toolbox Newsletter
- Electronic SPDs & SMMs
- Member Portal & User Guide
- MEND Program & Wellness Section
- Printable Benefits Flyers
- Important Contact Information
- And Much More!



New York City District Council of Carpenters Benefit Funds
 The mission of the Benefit Funds Office is to properly administer the plans of benefits and deliver superior service to our members in all respects.
 The New York City District Council of Carpenters Benefit Funds are administered by a joint Board of Trustees consisting of union-designated and employer-designated trustees. The Board of Trustees is responsible for establishing benefits, adopting rules and regulations, and overseeing the operations of the Funds with the assistance of

PLEASE
SCAN WITH
SMARTPHONE



Stay informed about your benefits... Visit us at www.nycCBF.org!

EMPIRE BLUECROSS BLUESHIELD'S 24/7 NURSELINE

Health concerns can arise when you least expect them. You can fall ill while on vacation, or your child may suddenly spike a fever in the middle of the night. When these unfortunate situations occur, you can take solace in knowing you have somewhere to turn to for help at any time.

Active participants and eligible dependents in the NYCDCC Welfare Fund have free access to **24/7 NurseLine** through Empire BlueCross BlueShield. You can call **24/7 NurseLine at (877) TALK 2 RN** to talk with a registered nurse

about any of your health concerns. Whether it's a question about allergies, fever, types of preventive care, or any other topic, nurses are always there to provide you support and peace of mind. If you want, a nurse will even call you back after you first speak to check how you're doing.

Empire BlueCross BlueShield's nurses can help you choose the right place for care if your doctor isn't available and you're not sure what to do. When you have a medical issue, many thoughts can go through your mind . . . Do I need

to head straight to the emergency room? Is urgent care best? Do I even need to visit a doctor? Making the right call can save you time and money, and give you access to the best possible care.

24/7 NurseLine has English and Spanish nurses on call at all times. It also has translators available for other languages and access to TTY/TDD services. If you have questions about your health and you're not sure where to turn, take advantage of **24/7 NurseLine** by calling **(877) TALK 2 RN!**

"Like us" on Facebook and "Follow us" on Twitter!

Visit the NYCDCC Benefit Funds' Social Media Pages to Get:

- Breaking News
- Tips For Using Prescription Drug, Medical, Dental, & Vision Coverage
 - Retirement Articles & Advice
 - Wellness Tips
- A More Personal Connection
- And Much More!

Don't forget to find us
in the world of social media at:

www.facebook.com/NYCDCCBF
www.twitter.com/NYCDCCBF

← Please Scan with Smartphone →



FACEBOOK



TWITTER

IMPORTANT NOTICE: Medicare Enrollment Responsibilities and YOU

If you and/or your covered dependent(s) are eligible for Medicare, or become eligible for Medicare, you **MUST** enroll in both **Medicare Part A** and **Medicare Part B** as soon as Medicare coverage becomes available in order to maximize your coverage with the NYCDCC Welfare Fund (the "Welfare Fund"). If you do not enroll in both Part A and Part B, you will not be covered through UnitedHealthcare, **resulting in higher out-of-pocket costs for you.** This includes those who retired early on a regular pension and later became eligible for

Social Security prior to age 65.

When you and/or your covered dependent(s) become eligible for Medicare, your and/or your covered dependent(s)'s coverage with the Welfare Fund changes. In order to avoid any interruption to your coverage or denial of benefits, you **must** send us copies of your Medicare cards. This can be done in the following ways:

- **In Person-** At Fund Office, 9th Floor
- **Mail-** NYCDCC Benefit Funds, Attn: Member Services, 395 Hudson Street, 9th Floor, New York, NY 10014

- **Fax-** (212) 366-7845
- **Email-** MemberServices@nyccbf.org (***PDF attachments of copy only. Images/pictures of the card will not be accepted.**)

If you have any questions about the Medicare enrollment process and your responsibilities concerning continued Welfare Fund coverage, please contact our Member Services Department at **(800) 529-FUND (3863) or (212) 366-7373.**

BENEFICIARY FORMS FOR PRUDENTIAL NOW AVAILABLE ON BENEFIT FUNDS' WEBSITE

Beneficiary forms for your NYCDCC Annuity Plan through Prudential are now available on our website. These forms can be found in the Annuity section at www.nyccbf.com/member/annuity, or the Member Documents section at www.nyccbf.com/member/members-documents. You can also get the form directly by visiting the following link: www.nyccbf.com/wp-content/uploads/2018/08/Prudential-Beneficiary-Form.pdf.

Once you locate and print the form, please be sure to fill it out in its entirety and send it to Prudential using the address or fax number indicated on the form. We highly recommend that you complete this form so that your Annuity savings are transferred to your desired beneficiary.

This beneficiary form only applies to your Annuity account. A separate beneficiary form must be completed to cover your Welfare and Pension benefits through the

NYCDCC. If you have not filled out this form or wish to change your beneficiary, you can locate it here: www.nyccbf.com/wp-content/uploads/2014/01/NYCDCC-Beneficiary-Designation-Form1.pdf.

****NYCDCC members who were participants in the Annuity Plan prior to 1993 are required to fill out a different beneficiary form. You can obtain this form by contacting Prudential directly at (877) PRU-2100.***

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

In the unfortunate case of an accidental death or serious injury while an active and eligible participant in the NYCDCC Welfare Fund (the “Welfare Fund”), you or your designated beneficiary may be entitled to Accidental Death & Dismemberment (“AD&D”) benefits. The AD&D benefit is issued through a policy by the Amalgamated Life Insurance Company.¹ AD&D is a policy that pays additional benefits to you or your beneficiary, provided that there is an Accidental Death or Dismemberment.

This policy pays a benefit if, as a result of an accident while you are an active and eligible participant in the Welfare Fund, you sustain a serious injury or die within 365 days of the accident. Depending on the loss caused by the accident, the benefit maximum, or “principal sum” under the AD&D plan is \$6,000.

SCHEDULE OF BENEFITS

For Loss of:	The Benefit* is:
Life	\$6,000 (Principal Sum)
Both Hands or Both Feet or Sight of Both Eyes	\$6,000 (Principal Sum)
One Hand and One Foot	\$3,000 (Principal Sum)
Speech, and Hearing in Both Ears	\$6,000 (Principal Sum)
Either Hand or Foot and Sight of One Eye	\$3,000 (Principal Sum)
Movement of Both Upper and Lower Limbs (Quadriplegia)	\$6,000 (Principal Sum)
Movement of Both Lower Limbs (Paraplegia)	\$6,000 (Principal Sum)
Movement of the Upper and Lower Limbs on One Side of the Body (Hemiplegia)	\$3,000 (One-Half of Principal Sum)
Either Hand or Foot	\$3,000 (One-Half of Principal Sum)
Sight of One Eye	\$3,000 (One-Half of Principal Sum)
Movement of One Limb (Uniplegia)	\$1,500 (One-Quarter of Principal Sum)
Thumb and Index Finger of Either Hand	\$1,500 (One-Quarter of Principal Sum)

*If more than one loss is suffered in the same accident, payment will be made only for the loss for which the largest amount is payable.

After suffering a covered loss, a claim form, which is available from the Fund Office, should be filled out within 30 days of the loss by you, your beneficiary, or an authorized representative. Your beneficiary for your AD&D benefit will be the same person or person(s) you designated as your beneficiary for your Life Insurance benefit.

Upon submission of an accidental death claim, your beneficiary must provide an original death certificate to the insurance company and evidence of the accident, such as a medical report, policy report, or newspaper clipping. If you are submitting a dismemberment claim, you may be required to have a medical exam conducted by a doctor that is chosen by the insurer. Remember, all forms must be submitted to the Fund Office.

To learn more about your Accidental Death & Dismemberment benefit, please contact the Fund Office at (800) 529-FUND (3863) or (212) 366-7373.

¹ Please refer to your Summary Plan Description (“SPD”) and all recent Summaries of Material Modifications (“SMMs”) to confirm you are eligible for AD&D benefits. Retirees and dependents are not eligible for AD&D benefits.

SUMMARY OF MATERIAL MODIFICATIONS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

To: Active Participants of the NYCDCC Welfare Fund Working in Outside Construction and Shop Employment
 From: Board of Trustees of the NYCDCC Welfare Fund
 Date: October 2018
 Re: Miscellaneous Changes to the NYCDCC Welfare Fund Plan

This Summary of Material Modifications (“SMM”) is intended to notify you of important changes to the New York City District Council of Carpenters Welfare Fund (the “Welfare Fund”). Please read this SMM carefully and share it with your family. You should keep it with your Welfare Fund Summary Plan Description (“SPD”) and other SMMs.

In-Network Annual Out-of-Pocket Maximum Clarification

Effective January 1, 2017, your Annual Out-of-Pocket Maximum changed. The Schedule of Benefits Chart on page 29 of your SPD, which lists your Annual Out-of-Pocket Maximum, now reads as follows:

ANNUAL OUT-OF-POCKET MAXIMUM (Including Annual Deductible)	\$1,900/Individual \$4,750/Family	\$3,000/Individual \$7,500/Family
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Acupuncture Added to Schedule of Benefits Chart

Acupuncture has been added to the Schedule of Benefits Chart on page 29 of your SPD, appearing under Chiropractic Care. This addition is reflected in the chart below.

HOME, OFFICE/OUTPATIENT CARE		
HOME/OFFICE VISITS	\$20 per primary care visit \$25 per specialist visit	30% of Allowed Amount after Deductible is satisfied
SPECIALIST VISITS	\$25 per visit	30% of Allowed Amount after Deductible is satisfied
CHIROPRACTIC CARE • Up to 45 visits per calendar year	\$20 per visit	Not covered
ACUPUNCTURE • Unlimited visits	10% of Network Fee after Deductible is satisfied (a specialty copayment of \$25 may apply if the provider bills for an office visit)	30% of Allowed Amount after Deductible is satisfied

Outpatient Precertification Requirement Clarification Regarding Behavioral/Mental Health Care and Alcohol/Substance Abuse Treatment

As shown below, only Non-Routine Outpatient treatments require precertification. This clarification is being made to pages 36 and 37 of your SPD.

BEHAVIORAL/MENTAL HEALTH CARE		
Outpatient • Unlimited number of Medically Necessary visits	\$20 per visit	30% of Allowed Amount after Deductible is satisfied
Non-Routine Outpatient (*precertification required) • Includes Intensive Outpatient (“IOP”), Partial Day Hospital (“PHP”), and Applied Behavioral Analysis	\$20 per visit	30% of Allowed Amount after Deductible is satisfied

BEHAVIORAL/MENTAL HEALTH CARE (continued)

Inpatient <ul style="list-style-type: none"> • Unlimited number of Medically Necessary days • Unlimited number of Medically Necessary visits from mental healthcare professionals 	10% of Network Fee after Deductible is satisfied	30% of Allowed Amount after Deductible is satisfied
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ALCOHOL OR SUBSTANCE ABUSE TREATMENT

Outpatient <ul style="list-style-type: none"> • Unlimited number of Medically Necessary visits, including visits for family counseling 	10% of Network Fee after Deductible is satisfied	30% of Allowed Amount after Deductible is satisfied
Non-Routine Outpatient (*precertification required) <ul style="list-style-type: none"> • Includes Intensive Outpatient (“IOP”), Partial Day Hospital (“PHP”) 	10% of Network Fee after Deductible is satisfied	30% of Allowed Amount after Deductible is satisfied
Inpatient <ul style="list-style-type: none"> • Unlimited number of Medically Necessary days of detoxification • Unlimited number of Medically Necessary rehabilitation days 	10% of Network Fee after Deductible is satisfied	30% of Allowed Amount after Deductible is satisfied

Habilitation Services Added to Schedule of Benefits Chart

Habilitation Services have been added to the *Physical Therapy and Rehabilitation* heading of the Schedule of Benefits chart on page 36 of your SPD. This addition is reflected in the following chart.

PHYSICAL, OCCUPATIONAL, SPEECH OR VISION THERAPY (precertification required)

PHYSICAL THERAPY, REHABILITATION, AND HABILITATION <ul style="list-style-type: none"> • Up to 30 days of inpatient service per calendar year 	10% of Network Fee after Deductible is satisfied	Not covered
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Bariatric Surgery Added to What’s Covered Section for Inpatient Hospital Care

Bariatric surgery (based on Medical Necessity and medical policy) has been added to the *What’s Covered* section for Inpatient Hospital Care on page 46 of your SPD.

Changes to Emergency and Urgent Care Section

The following changes have been made to the *Emergency and Urgent Care* section of your SPD:

- Page 41- The sentence, “You pay a Copayment for a visit to an emergency room” now reads as follows: “You pay a Copayment for a visit to an emergency room *if your annual deductible and out-of-pocket maximum have not been met.*”

- Page 42- The *Urgent Care* section has been revised to read as follows:

“Urgent care is care required in order to prevent serious deterioration to your health. It is the type of care that requires timely attention (i.e., bronchitis, high fever, sprained ankle), but is not an emergency. Urgent care is covered in an urgent care center or in your physician’s office.

For urgent care, you may receive In-Network or Out-of-Network Benefits. If you visit an In-Network doctor or urgent care center, you must pay a Copayment. If you visit an Out-of-Network doctor or urgent care center, you pay a Deductible and Coinsurance.”

Additional Documentation Requirements for Adding Eligible Spouses to Health Coverage

Effective January 1, 2018, if you wish to add your eligible spouse to your health coverage and **if your marriage certificate DOES NOT state your spouse’s date of birth**, you must provide a copy of your spouse’s birth certificate. In all cases, you must provide copies of your marriage certificate and your spouse’s social security card.

Addition to Confidentiality Language

Effective January 1, 2018, an additional sentence should be noted in the second paragraph of the *Confidentiality* section on page 112 of your SPD. The new paragraph should read as follows:

*The term “Protected Health Information” (“PHI”) includes all individually identifiable health information related to your past, present or future physical or mental condition or payment for health care. PHI includes all information maintained by the Fund in oral, written or electronic form (except for any information that is received in connection with the Life Insurance or Disability benefits). **While these items are not PHI under HIPAA, the Fund Office generally treats them as confidential and will not disclose the information without consent, or as required by law or as necessary in connection with claims for life insurance benefits in which case a beneficiary designation may be disclosed to an individual applying for life insurance benefits.***

Removal of Psychological Testing from Precertification Chart

Psychological Testing has been removed from the *Before You Receive/Use* section of the precertification chart on page 57 of your SPD.

Removal of Precertification Requirement for Cardiac Rehabilitation

The “precertification required” bullet point that appears underneath the *Cardiac Rehabilitation* heading on page 30 of your SPD in the Schedule of Benefits chart has been removed. Cardiac Rehabilitation does **NOT** require precertification.

Reminder Concerning Precertification Requirement for Certain Outpatient Services

Certain outpatient services require precertification. Before you schedule a procedure, please ask your provider to contact Empire’s Medical Management at (844) 416-6387 to see if that procedure requires precertification. Failure to precertify may result in a penalty and/or denial of the claim if the service is not deemed to be medically necessary.

Changes and Clarifications to Review/Appeal Process

On page 117 of your SPD, the *Review Process* section has been renamed “Appeal Process.” We have also added a chart to assist you in filing appeals. The revised section follows:

Appeal Process

If a claim is denied (in whole or in part) and you disagree with the decision, you or your authorized representative may appeal. The amount of time you have to appeal, and levels of appeal are summarized in the following chart:

Type of Benefit	Where to Send Appeal	Allowable Amount of Time to Submit Appeal
Dental	First Level- ASO/SIDS Voluntary Second Level- Appeals Committee of the Board of Trustees (“Appeals Committee”)	First Level- Within 180 days of notice of adverse benefit determination Voluntary Second Level- Within 60 days of notice of denial of First Level Appeal
Hospital, Medical, and Behavioral Health	First Level- Empire Second Level- Empire Optional Third Level- Appeals Committee	First Level- Within 180 days of notice of adverse benefit determination Second Level- Within 60 days of notice of denial of First Level Appeal Optional Third Level- Within 60 days of notice of denial of Second Level Appeal
Prescription Drugs	First Level- Express Scripts Second Level- Express Scripts Optional Third Level- Appeals Committee	First Level- Within 180 days of notice of adverse benefit determination Second Level- Within 60 days of notice of denial of First Level Appeal Optional Third Level- Within 60 days of notice of denial of Second Level Appeal
Short-Term Disability, Vision, Hearing	Appeals Committee	Within 180 days of notice of adverse benefit determination
Life Insurance, AD&D	Appeals Committee	Within 180 days of notice of adverse benefit determination

Changes to Dental Appeals Sections

The dental appeals section, beginning on page 132 in your SPD, has been updated to reflect the change in providers from Aetna to ASO/SIDS. The new dental appeals section is as follows:

Dental Appeals

There is one mandatory first level appeal to ASO/SIDS and an optional second level appeal to the Appeals Committee.

Time Frames for Appeals Decision-making

After you submit a first level mandatory appeal to ASO/SIDS, ASO/SIDS will complete its review of your appeal and notify you of its decision within **60 days** of receipt of the appeal.

Your appeal to ASO/SIDS must be made in writing. No verbal appeals will be accepted.

If ASO/SIDS denies your appeal, you then have the option to appeal to the Appeals Committee. To avail yourself of the optional appeal, it must be filed within 60 days of the date of the decision of ASO/SIDS' appeal.

You are not required to file an optional appeal to the Appeals Committee in order to fulfill your appeal procedure obligations. Your decision whether to file such an appeal will not affect your rights to any other benefits under the Welfare Fund. The Committee's decision is final and binding on all parties except for any relief available through ERISA.

Your appeal to the Appeals Committee must be made in writing. No verbal appeals will be accepted. Once the appeal is received, the Appeals Committee will verify if ASO/SIDS has previously issued a denial. If you have not timely filed an appeal with ASO/SIDS, you will have forfeited your right to an optional appeal to the Appeals Committee.

In order to utilize the optional appeal to the Appeals Committee, your appeal must be received within **60 days** of the date of ASO/SIDS appeal decision. If the appeal is not submitted within that time frame, the Appeals Committee will not review it and ASO/SIDS's decision will stand. The Appeals Committee will complete its review of your appeal at its next regularly scheduled meeting following receipt of your written appeal. However, if your appeal is received within 30 days of the next regularly scheduled meeting, your appeal will be considered at the second regularly scheduled meeting following receipt of your appeal.

Questions?

If you have questions for the Fund Office, you can call the Member Services Department at (800) 529-FUND (3863), Monday through Thursday from 8:00 a.m. to 5:30 p.m. and Friday from 8:00 a.m. to 5:00 p.m.

This SMM contains only highlights of certain features of the New York City District Council of Carpenters Welfare Fund. Full details are contained in the SPD and other SMMs. The Board of Trustees reserves the right to terminate, suspend, reduce or otherwise modify benefits at any time.



LiveHealth
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TAKE ADVANTAGE OF LIVEHEALTH ONLINE!

THE BASICS

- **Virtual Doctor Visits**
- **Utilize Computer or Smartphone/Tablet**
- **Available Through Two-Way Video Connection**
- **Must Have Camera, Audio, and High-Speed Internet**

THE DETAILS

- **For Non-Emergency Medical Use Only**
- **Access to Board-Certified Doctors 24/7**
- **Offers Quick Diagnosis, Treatment, and Prescriptions**
- **Visits Covered Under the Welfare Fund for \$10 Copayment**

Give it a try at www.LiveHealthOnline.com!

DON'T FORGET TO COMPLETE YOUR CHARLES JOHNSON JR. MEMORIAL SCHOLARSHIP APPLICATIONS BY DECEMBER 15TH

If you have a child about to head into college (his/her senior year of high school), don't forget that the NYCDCC Welfare Fund offers a Scholarship Program (known as the "Charles Johnson Jr. Memorial Scholarship") for unmarried, dependent, biological, or adopted children of eligible members. The Scholarship Program pays up to \$3,500 for each year of a four-year academic program at an

accredited college or university, or until the child receives a bachelor's degree, whichever occurs first. The maximum amount of the award is \$14,000 per student. Currently, 25 students are selected to receive scholarships each year.

If you are interested in applying for a Charles Johnson Jr. Memorial Scholarship for your child, you must submit the application by

December 15th. You can fill out an application by visiting the Scholarship section of our website at <https://nyccbf.com/member/scholarship-benefit/> and clicking the link to the International Scholarship and Tuition Services' ("ISTS") website. You may also visit the ISTS website directly at <https://aim.applyists.net/NYCDCC>.

Tool Time

Notes and Reminders

Women's Health and Cancer Rights Act ("WHCRA") ANNUAL NOTICE - 2018

The NYCDCC Welfare Fund, in accordance with the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. If you would like more information on these benefits, please contact us at (212) 366-7300 or (800) 529-FUND (3863).

Compliance and Ethics Program

Report Misconduct, Fraud, Waste, or Abuse

The New York City District Council of Carpenters Benefit Funds ("Benefit Funds") strive to maintain the highest standards of ethics and conduct in all aspects of Funds operations. As a

tangible commitment to this ideal, the Board of Trustees has adopted and implemented a Compliance and Ethics Program ("CEP"). The CEP sets forth standards for the guidance of all Benefit Funds staff in the day-to-day business of administering benefits for all members.

Reporting

You can contact the Chief Compliance Officer of the Benefit Funds if you have a question or concern regarding the appropriateness or legality of a Benefit Funds' policy, procedure or transaction. All of us – Benefit Funds staff, the Trustees and Funds members - are responsible for ensuring that Funds assets are reserved to pay only for covered benefits and the reasonable costs of administering those benefits. We all share a duty to protect against violations of law and Benefit Funds rules. So, if you see or suspect something, say something.

Please report any matter that may constitute a breach of applicable laws, rules, regulations

or Benefit Funds' policies to Allan Bahn, the Benefit Funds Chief Compliance Officer. You can provide your name or remain anonymous. All information will be considered confidential. The Chief Compliance Officer can be contacted via:

Mail:

Allan Bahn,
Chief Compliance Officer

New York City District Council of Carpenters Benefit Funds
395 Hudson Street, 9th Floor
New York, NY 10014

Work Phone:

(212) 366-7533

Confidential Hotline:

(646) 484-1665

Email:

ABahn@nyccbf.org
Complianceandethics@nyccbf.org

Website:

Visit www.nyccbf.org and click on the "Report a Compliance Issue" link located at the bottom of the screen.



Statement of Nondiscrimination

The New York City District Council of Carpenters Welfare Fund (the “Welfare Fund”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

*The New York City District Council of Carpenters Welfare Fund cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

*The New York City District Council of Carpenters Welfare Fund
遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

New York City District Council of Carpenters Benefit Funds

CONTACT INFORMATION:

New York City District Council of Carpenters Benefit Funds
395 Hudson Street, 9th Floor
New York, NY 10014

Member Services Call Center: (800) 529-FUND (3863) or (212) 366-7373

www.nyccbf.org
www.facebook.com/NYCDCCBF
www.twitter.com/NYCDCCBF

*The information in this newsletter is intended to highlight certain information about your benefits and the Benefit Funds. **Benefits Toolbox** is not a substitute for the official Plan documents which set forth the requirements and conditions for benefits. In the event of an inconsistency or a conflict between **Benefits Toolbox** and the Plan documents, the Plan documents shall control.