

January 10, 2007

To: All Lee Reger Builds Bargaining Unit Employees

From: Administration Office

Re: Health Fund Coverage Change
Plan RH Benefit Program

As you are aware, the contributions for October 2006 work are used to purchase coverage for the month of January 2007. We have completed our record adjustments to reclassify you from the 80/20 plan to the 70/30 plan for the coverage month of January 2007. The monthly charge to the Dollar Bank is \$601.

Attached is a summary of the 70/30 plan for your review. About the only differences are the level of Life Insurance and Accidental Death Benefits and the payment percentage for medical expenses at 70%. Please note the maximum out-of-pocket expense under the Major Medical benefit is \$3,250 per individual, including the deductible, and \$6,500 per family, including the deductible, in a calendar year. (The Emergency Room deductible is separate.)

If you received a notice about a self-payment for January 2007 coverage for the 80/20 plan, you should ignore it. The lower cost of the RH 70/30 plan has made you eligible for that coverage without having to make a payment.

Please contact this office with any questions.

Att.

June 24, 2007

To: All Active Participants & Dependents
All Non-Medicare Retirees & Dependents

From: Administration Office

Re: Health Fund Coverage Change

As you are aware, the Plan contains a Preventive Care Benefit which will provide a maximum benefit of \$500 per calendar year for identified services. Below is a short description of the covered services:

1. routine office visit and pap smear,
2. routine mammogram,
3. routine adult physical exam, including x-ray and lab expense,
4. routine child exams, including immunizations,
5. prescription smoking deterrent patches, gum or medications and
6. vision exam for retinopathy.

(Please refer to your copy of the Summary Plan Description for additional information and provisions.)

The purpose of this notice is to advise of a change in the coverage for preventive care items, as described above and in the Summary Plan Description, effective for charges incurred June 20, 2007 and after. On that date the Fund Trustees voted to allow reasonable and customary preventive care charges in excess of the \$500 calendar year maximum to be covered under the Comprehensive Major Medical Expense Benefit, subject to that benefit's calendar year deductible and the co-payment factor.

In other words, if an individual exhausts the \$500 calendar year maximum for the Preventive Care Benefit, any excess reasonable and customary charges would be paid at 80% (70% for participants in the residential benefit program) after satisfaction of the individual or family deductible.

Please retain this notice with your Summary Plan Description.

7/3/08

To all Participants in The Carpenters Health Fund of West Virginia

By now you should have received a Packet from Mountain State Blue Cross Blue Shield. If you have not received yours call the Customer Service Numbers listed. (1-800-344-5123). If you are not in their system call American Benefit (304-525-0331)

The purpose of this notice is to advise you that Effective July 1, 2008 the trustees of The Carpenters Health Fund of West Virginia have enlisted the services of Mountain State Blue Cross Blue Shield (MSBCBS) to provide primary Health Care Benefits to you and your family. American Benefit Corporation (American Benefit) will still be handling part of your coverage. This action was taken to contain cost and maintain benefits. Your Health & Welfare program is still, as before, overseen by our trustees. It is our self insurance plan and will continue to be overseen in that manner.

The outline provided includes answers to questions and operational information to help make this transition period as smooth as possible.

- There will not be any significant change in benefits and there is the potential to improve some services and benefits.
- The result of this change will save both you and the trust fund money and will help to contain future cost.
- You should fill out and mail the OPL form in order not to delay claims payment. **(Needed in 10 days)**
- Representatives will be made available for Q&A meetings as soon as all information is available
- You should read all information in your packet carefully and check out the web site. Your info has already been entered in to their computer system.
- The Vision Program in your packet is a discount program not an insurance plan.

Note: The MSBCBS agreement for claims processing is with the Wheeling processing office which is Union represented.

New Cards

- Your MSBCBS Identification Cards are included in your packet with the group number and your member ID number.

Keep Your Old Cards

- **Do not discard any of the cards you presently have.** These will be needed for coverage still handled by American Benefit. *see below.

Claims Prior to July 1, 2008

- American Benefit will process all medical benefit claims incurred prior to July 1, 2008. There is no change in the process of submitting these claims

Dollar Bank

- You will not lose any of your dollar bank. All dollars banked will remain intact and will accumulate as in the past.

Mail Order Prescription Drug Benefit

- The Mail Order Prescription Drug benefit will continue, with no change in the co-payment amounts, through Express Scripts.

Over the Counter Prescription Coverage

- MSBCBS will process the over the counter prescription drugs under the major medical portion of your benefits. The **Express Scripts Card** will still get you the discount over the counter. Submit the receipt to MSBCBS using the claim envelope that was included in your member's packet.

**The mailing address is:
Mountain State Blue Cross Blue Shield
Attn: Claims Department
P.O. Box 7026
Wheeling, WV 26003-0766**

Customer Service Toll Free: 1-800-344-5123 (on ID card)
Members Identification and Group Number must be included.
(Located on the front of your MSBCBS card)

Deductible/Co pay

- Your prior deductible, co-pay's and lifetime maximums have been loaded in to MSBCBS's system. All individual, family deductibles, and co-pays, will continue with no loss of credit. If you have a problem with a deductible not being credited properly be sure to call the customer service number.

Laboratory Services

- The Lab One arrangement will still provide services as before. Continue using your existing card in the same manner. Claims from other providers are to be billed to MSBCBS.

Dental Claims

- If your local has a dental plan it will be processed and handled by American Benefit. File claims as you have in the past. A dental card will be issued to you within the next few weeks.

Medicare and non-Medicare Retirees

- MSBCBS will be responsible for processing medical benefit claims for non-Medicare retirees and spouses incurred July 1, 2008 and after in accordance with the Fund's benefit plan.
- Medicare retirees medical benefit claims will be processed by American Benefit.

Pre- Admission

- MSBCBS will administer the pre-admission certification and large case management programs previously managed by American Health Holding.

Life Insurance and Dismemberment

- Life Insurance and Accidental Death and Dismemberment benefits will remain with Boston Mutual Life Insurance Company. There is no change in the benefit amounts and American Benefit will continue to process claims through Boston Mutual.

Transplant

- The Human Organ Transplant policy through Excess Health remains in effect.

Self Contributions and Eligibility

- American Benefit will continue to process contributions from employers and participants and issue self-contribution notices when applicable.
- American Benefit will continue to maintain participant and dependent eligibility records and process changes in address, marital status, dependents, etc.

Additional American Benefit Coverages

- American Benefit will continue to process claims incurred July 1, 2008 and after for the following:
 - Medicare Supplement benefits for retirees and spouses eligible for Medicare, (Part D)
 - Weekly Disability (Loss of Time) benefits.
 - Dental benefits, if applicable.

This notice is an outline of information which should be helpful to you during this transition period. Additional information will be provided as your healthcare program is revised and improved. All involved realize there will be some problems and we certainly will do all we can to resolve any issues.

Fraternally,



Marcus W. Estlack, District Manager

cc: Board of Trustees