

GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN

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December 13, 2001

IMPORTANT NOTICE TO MEMBERS CONCERNING CERTAIN MEDICAL BENEFITS CURRENTLY PAID THROUGH THE CARPENTERS' COMBINED FUNDS, INC.

Dear Member:

The purpose of this letter is to notify you of a change in how certain items currently processed for payment through the Carpenters' Combined Funds, Inc. will be processed in the future. **EFFECTIVE FOR CLAIMS INCURRED ON OR AFTER JANUARY 1, 2002, PAYMENTS FOR OFFICE VISITS, COUNSELING AND DURABLE MEDICAL EQUIPMENT WILL BE PROCESSED THROUGH HIGHMARK BLUE CROSS BLUE SHIELD RATHER THAN THROUGH THE FUND OFFICE.** A summary of each benefit and how payments will be processed is outlined below.

- Concerning office visits, individuals in groups 51242-00, 51242-02 and 51242-70 have this coverage. Effective for services received in 2002, your provider should submit claims for office visits directly to Highmark Blue Cross Blue Shield. Coverage for office visits will remain at 80% of the usual and customary fee, after a \$100 per individual per calendar year deductible, subject to a \$1000 per individual annual maximum. Please note that if your doctor is a Blue Shield participating provider, he can only bill you for the 20% of the usual and customary fee not covered by our Plan. If he is a non-participating provider, he may bill you for the difference between his charge and the amount paid by our Plan. Also note that effective January 1, 2002, with chiropractic services, more than 15 office or outpatient physical therapy sessions per year will require a treatment plan from the provider to confirm medical necessity. Please note that sessions may deny if not medically necessary or if received without a treatment plan.
- Our Plan provides for coverage of counseling for individuals in groups 51242-00, 02, 04, 06, 08 and 70. Effective for services received in 2002, your provider should submit claims for counseling directly to Highmark Blue Cross Blue Shield. Coverage is at 50% of the usual and customary fee, limited to a maximum of 35 outpatient visits per year. These services must be provided directly by a licensed M.D. or psychologist. If these services are provided by a licensed therapist, social worker or other professional, they must be under the direct supervision of an M.D. or psychologist. Please note that if your provider is a Blue Shield participating provider, he can only bill you for the 50% of the usual and customary fee not covered by our Plan. If you receive services from a non-participating provider, he may bill you for the difference between his charge and the amount paid by our Plan.

~~*—Individuals in groups 51242-00, 02, 04, 06, 08 and 70 have coverage for durable medical equipment. Coverage is at 80% of the usual and customary fee. Effective January 1, 2002, all claims for durable medical equipment, except as itemized below, will be submitted to Highmark Blue Cross Blue Shield under the Major Medical portion of your program. REIMBURSEMENT FOR SYRINGES, TEST STRIPS AND LANCETS WILL CONTINUE TO BE MADE THROUGH THE COMBINED FUNDS OFFICE. It is assumed that the 80% reasonable benefits maximum amount paid through Highmark Major Medical will be accepted by providers and that they will bill you for only the additional 20% not covered by our Plan. If you are billed more than the 20% differential, please submit that invoice to the Fund Office for processing.~~

Please do not hesitate to call our office should you have any questions on this matter.

Sincerely,

Jim Klein
Administrator