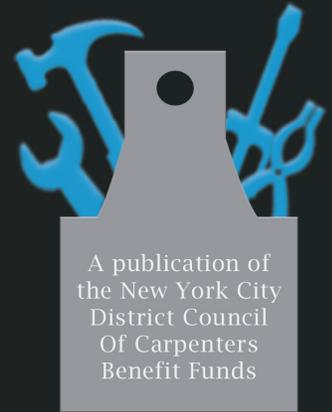


Mid-Season 2018

# BENEFITS TOOLBOX



## Comparing your Previous Dental Plan Administered by Aetna DMO to your New Scheduled Dental Plan Administered by ASO/SIDS PPO

Effective January 1, 2018, the New York City District Council of Carpenters Welfare Fund (the “Fund”) changed your dental coverage on behalf of the Board of Trustees. The change involved a switch from your previous dental plan administered by Aetna DMO (“Aetna”) to a new scheduled dental plan administered by Administrative Services Only PPO (“ASO/SIDS”). This change primarily came as a result of your feedback. Among other concerns, some of you expressed that Aetna did not provide you broad enough access to dentists you wanted to use. Additionally, some of you stated that you wanted to use Out-of-Network dentists, which Aetna did not have. Both of these concerns were addressed by ASO/SIDS, which has a larger, higher quality dental network, and allows for Out-of-Network benefits.

Now that the change has been in effect for several months, we would like to offer some further clarification regarding how the new coverage through ASO/SIDS works, and the differences between Aetna and ASO/SIDS’ plans. To help you understand the differences between the plans, we have prepared the accompanying chart. In addition to reviewing the chart, you can also learn more about the current ASO/SIDS plan by reading an online version of the pamphlet describing the benefit on our website at [www.nycbf.com/wp-content/uploads/2017/11/DentalPlanBooklet\\_Web-Version\\_January-2018-FINAL.pdf](http://www.nycbf.com/wp-content/uploads/2017/11/DentalPlanBooklet_Web-Version_January-2018-FINAL.pdf) or by visiting ASO/SIDS’ website at [www.asonet.com](http://www.asonet.com).

Aetna	ASO/SIDS
Required to select a Primary Care Dentist (“PCD”) before receiving care.  A referral <b>IS</b> required before receiving treatment from a specialist.  There is <b>NO</b> Out-of-Network coverage.	<b>NOT</b> required to select a PCD before receiving care.  A referral is <b>NOT</b> required to receive treatment from a specialist.  There <b>IS</b> Out-of-Network coverage. Payment is based on the ASO/SIDS Fee Schedule. You can be balance-billed the difference.
<b>NO</b> Annual Deductible.	Annual Deductible.
<b>NO</b> Annual Maximum.	\$100 per person: Excludes diagnostic, preventive, and orthodontic services.  Annual Maximum. <b>Active:</b> \$2,500 (per individual). <b>Retiree:</b> \$1,500 (per individual).
<b>20%</b> Patient Responsibility for Major Services.	Once the \$100 Deductible is met, <b>0%</b> Patient Responsibility for Major Services.
<b>Orthodontics:</b> \$1,200 fixed co-payment over 24-month period. 24 months of active treatment and 24 months passive treatment.	<b>Orthodontics: NO</b> co-payment. <b>NOT</b> subject to Deductible. Maximum of 24 months of active treatment and 18 months of passive treatment.
Issued ID Cards referencing the participant’s PCD.	Do <b>NOT</b> issue ID Cards. Participants may log into ASO/SIDS’ website ( <a href="http://www.asonet.com">www.asonet.com</a> ) and print an ID Card.

**REMINDER:**

# A Failure to Timely Report a Divorce to the NYCDCC Welfare Fund May Have a Severe Impact on Your Finances, Health Coverage, and Family's Health Coverage

Failing to report a divorce while you have a spouse listed as a dependent under the NYCDCC Welfare Fund (the "Fund") may result in grave financial repercussions and the loss of your health coverage. This is especially true if your former spouse receives costly medical treatments after he/she is no longer eligible for coverage. Please read this explanation of the Fund's rules and an example of how failing to follow these rules may impact you financially.

**Divorce Rules for Health Benefits-**

If you get a divorce, your former spouse will remain covered under the Fund until the last day of the month in which the judge signs your divorce judgment. **It is extremely important that you provide a copy of your divorce judgment to the Fund as soon as possible so that your former spouse's coverage is terminated at the end of the month in which the judge signed the divorce judgment. You and your former spouse will be liable for any benefits paid on behalf of your former spouse after the last day of the month in which the judge signed the divorce judgment. In addition, in order for your former spouse to be eligible for COBRA coverage, you or your former spouse must provide notice of your divorce within **60 days of the date of divorce**. If the Fund does not receive notice of the divorce within 60 days of the divorce, your former spouse will lose his/her COBRA rights. Additionally, a delay in timely notification will make you (along with your former spouse) personally liable for any health claims paid by the Fund on behalf of your former spouse after he/she ceased to be eligible. Even if you think your former spouse has provided notice, we urge you to provide notice to eliminate any doubts since you will both be responsible for any claims paid in error. If you are a Retiree, your monthly premium will be adjusted to reflect the removal of your former spouse from your Welfare Fund Retiree Coverage.**

**Example-** Johnny Carpenter's divorce judgment is signed by a judge on April 11, 2018. Under the rules of the Fund, Johnny's ex-spouse Linda's coverage under the Fund ends on April 30, 2018. (If notice of the divorce is provided within 60 days, Linda can elect COBRA coverage for up to 36 months.) However, neither Johnny nor Linda notifies the Fund of their divorce and as a result, Linda remains listed as a dependent. In August of 2018, Linda is diagnosed with cancer. She immediately has surgery followed by radiation and chemotherapy treatments over the next several months, racking up \$85,000 in medical claims, which are paid by the Fund since it had not been notified of the divorce. In January of 2019, Johnny finally notifies the Fund of his divorce at which time the Fund learns that it paid \$85,000 in claims for which Linda was not eligible. **Under the rules of the Fund, Johnny and Linda are now responsible for reimbursing the Fund \$85,000. Additionally, since the Fund was not notified of the divorce within 60 days, Linda no longer has the option of electing and paying for COBRA coverage. Johnny and his other dependents will immediately lose their Welfare coverage unless and until the full amount due is paid to the Fund, and legal action may be taken against Johnny and Linda to recover the claims paid in error.**

As you can see from this example, failing to timely notify the Fund of a

divorce and not having your ex-spouse properly removed as a dependent can have severe consequences. Johnny may not have even known that Linda was using her health coverage under the Fund after their divorce, but he and Linda are jointly responsible for this debt because they did not timely notify the Fund of their divorce. By not notifying the Fund, Johnny is risking his financial security and continued health coverage for himself and his children. **DO NOT** put yourself in a situation where you end up owing the Fund a significant amount of money and losing your coverage, as well as the coverage of your other family members, due to not reporting your divorce in a timely fashion.

Remember -- While COBRA is expensive, paying a monthly COBRA premium (after timely notifying the Fund of your divorce) is less expensive than incurring personal liability for claims and losing your coverage.

Also, remember that even if your divorce judgment or settlement agreement requires you to pay some or all of the cost of your former spouse's health coverage after your divorce, this does not mean that your spouse remains eligible for coverage under the Fund unless COBRA is elected and paid for.

**If you have questions about removing an ex-spouse from your coverage after a divorce, please contact our Member Services Department at (800) 529-FUND (3863).**

## Check out the NYCDCC Benefit Funds Website!

The screenshot shows the website for the New York City District Council of Carpenters Benefit Funds. It features a navigation bar with links for Home, About Us, Members, Open Offices, News & Media, and Contact Us. A 'Member Feedback Form' and 'Member Log-In' are also visible. The main content area includes a 'Welcome to the New York City District Council of Carpenters Benefit Funds' message and several service links: 'New York City District Council of Carpenters Benefit Funds' (with a 'Get started!' button), 'New York City District Council of Carpenters Benefit Funds' (with a 'Get started!' button), and 'New York City District Council of Carpenters Benefit Funds' (with a 'Get started!' button). There are also links for 'Member Portal & User Guide', 'Printable Member User Guide', and 'Member Portal User Guide'. A QR code is located in the bottom right corner with the text 'PLEASE SCAN WITH SMARTPHONE'.

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

Stay informed about your benefits... Visit us at [www.nycdbf.org](http://www.nycdbf.org)

# SUMMARY ANNUAL REPORT

## NEW YORK DISTRICT COUNCIL OF CARPENTERS ANNUITY FUND

This is a summary of the annual report for New York District Council of Carpenters Annuity Fund, EIN 51-0174279, Plan No. 001, for period July 01, 2016 through June 30, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### Basic Financial Statement

Benefits under the plan are provided by insurance and a trust fund. Plan expenses were \$119,108,938. These expenses included \$2,975,195 in administrative expenses, \$104,445,280 in benefits paid to participants and beneficiaries, and \$11,688,463 in other expenses. A total of 37,957 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$2,455,028,649 as of June 30, 2017, compared to \$2,167,753,745 as of July 01, 2016. During the plan year, the plan experienced an increase in its net assets of \$287,274,904. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$406,383,842, including employer contributions of \$176,919,890, employee contributions of \$361,172, earnings from investments of \$220,940,949, and other income of \$8,161,831.

### Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- insurance information, including sales commissions paid by insurance carriers;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees of the New York District Council of Carpenters Annuity Fund at 395 Hudson Street, New York, NY 10014, or by telephone at (212) 366-7300. The charge to cover copying costs will be \$13.25 for the full annual report, or \$0.25 per page for any part thereof. You may also obtain a full copy of the annual report by visiting the New York City District Council of Carpenters Benefit Funds' website at <https://nyccbf.com/compliance/about-form-5500/>.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees of the New York District Council of Carpenters Annuity Fund at 395 Hudson Street, New York, NY 10014) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# SUMMARY ANNUAL REPORT

## NEW YORK DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

This is a summary of the annual report for New York District Council of Carpenters Annuity Fund, EIN 51- This is a summary of the annual report of the New York City District Council of Carpenters Welfare Fund, EIN 13-5615576, Plan No. 501, for period July 01, 2016 through June 30, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the New York City District Council of Carpenters Welfare Fund has committed itself to pay certain claims incurred under the terms of the plan.

### Insurance Information

The plan has contracts with Aetna Life Insurance Co. and The Guardian Life Insurance Company Of America to pay dental, life insurance and accidental death & dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending June 30, 2017 were \$11,024,199.

### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$560,713,467 as of June 30, 2017, compared to \$471,505,453 as of July 01, 2016. During the plan year, the plan experienced an increase in its net assets of \$89,208,014. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$494,753,409, including employer contributions of \$453,566,206, employee contributions of \$4,055,856, realized losses of (\$4,704,390) from the sale of assets, earnings from investments of \$30,170,028, and other income of \$11,665,709.

Plan expenses were \$405,545,395. These expenses included \$10,589,643 in administrative expenses, and \$394,955,752 in benefits paid to participants and beneficiaries.

### Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees of the New York City District Council of Carpenters Welfare Fund at 395 Hudson Street, New York, NY 10014, (212) 366-7300. The charge to cover copying costs will be \$32.75 for the full annual report, or \$0.25 per page for any part thereof. You may also obtain a full copy of the annual report by visiting the New York City District Council of Carpenters Benefit Funds' website at <https://nycCBF.com/compliance/about-form-5500/>.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees of the New York City District Council of Carpenters Welfare Fund at 395 Hudson Street, New York, NY 10014) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# Explaining Out-of-Network Benefits

## Out-of-Network Benefits Have:

- **HIGHER** Co-Insurance
- **HIGHER** Annual Deductibles
- **HIGHER** Out-of-Pocket Maximums

Under the NYCDCC Welfare Fund, you have both **In-Network** and **Out-of-Network** benefits through Empire BlueCross BlueShield (“Empire”). **HOWEVER**, it is more costly to you to go **Out-of-Network**. **Out-of-Network** benefits have higher Annual Deductibles, Co-Insurance, and Out-of-Pocket Maximums. In addition, you can also be balance-billed for any difference between the **Out-of-Network** rate and the billed amount.

## In-Network vs. Out-of-Network Cost Sharing Comparison

Type	Co-Insurance	Deductibles	Out-of-Pocket Maximums	Balance-Billing After Co-Insurance & Deductible
<b>In-Network</b>	Empire: 90% <b>You: 10%</b>	\$200/Individual \$500/Family	\$1,900/Individual \$4,750/Family	No
<b>Out-of-Network</b>	Empire: 70% <b>You: 30%</b>	\$750/Individual \$1,875/Family	\$3,750/Individual \$9,375/Family	*Yes

*\*Your Out-of-Network costs include the Co-payment, Deductible, and 30% of Empire’s Maximum Allowed Amount. Additionally, a provider can also “Balance-Bill” the difference between Empire’s Maximum Allowed Amount and its billed charges even after you have met your annual Out-of-Pocket Maximum.*

## How to Avoid Paying Out-of-Network Costs:

Whenever possible, you should always ask if a provider is in Empire’s network. It is up to you to make sure you use **In-Network** hospitals, facilities, and/or doctors. In fact, even if your **In-Network** primary physician refers you to another doctor and/or facility, you should make it a habit to ask if the suggested doctor and/or facility is in Empire’s network. Further, asking whether a doctor and/or facility is **In-Network** is especially important when you have a hospital stay. Even if the hospital itself is **In-Network**, it is possible that the doctors you see there (i.e., radiologist, anesthesiologist, pathologist, etc.) are **Out-of-Network**, so you must stay vigilant.

## Three ways to stay In-Network:

1. Log into **www.empireblue.com** or the mobile application and pick the **Find a Doctor** tool.
2. When scheduling an appointment with a new provider, confirm they are **In-Network**.
3. Call **Empire at (844) 416-6387** and ask them to check for you.

## WARNING: Submitting Fraudulent Information to Support a Hardship Withdrawal Application from your Annuity Fund Account Can Have Dire Consequences

Think twice before submitting fraudulent information to support a hardship withdrawal application. The creation and submission of false documents to obtain money from your Annuity Fund account is a crime.

Since your Annuity Fund account administered by Prudential is a tax-exempt retirement fund, the Internal Revenue Service limits the types of withdrawals you can make while you are still working.

If you obtain a hardship withdrawal by submitting any documentation that is determined by Prudential,

the Trustees, Fund Office staff, or the Chief Compliance Officer, in their sole discretion, to be fraudulent, incorrect, inaccurate, or misleading, the Annuity Fund may commence litigation against you to recover the amount improperly distributed, plus interest and collection costs. Additionally, creation of a false business record, such as a receipt from a dentist, an eviction letter from a landlord or lawyer, a contract for the purchase of a home, or the submission of a receipt for services not actually rendered, is a crime that may result

in referral to the District Attorney’s office and prosecution.

If you know or suspect of someone who may have applied for a hardship withdrawal under false pretense, please contact Allan Bahn, the Benefit Funds’ Chief Compliance Officer, at (212) 366-7533, by e-mail at [abahn@nyccbf.org](mailto:abahn@nyccbf.org) or [complianceandethics@nyccbf.org](mailto:complianceandethics@nyccbf.org), or anonymously through our website at <https://nyccbf.com/compliance/report-a-compliance-issue/>.

# MEND CORNER: The Dangers of Benzodiazepines



## **What are Benzodiazepines?**

Benzodiazepines are central nervous system depressants and one of the most commonly prescribed drugs in the United States. Doctors prescribe the medication for anxiety, seizure disorders, alcohol withdrawal, and as a relaxant prior to surgery.

Benzodiazepines are commonly abused due in part to the sedative effect they produce and their widespread availability. When benzodiazepines are taken with other depressants such as alcohol or muscle relaxers, the results can be fatal. Each of these drugs enhances the effects of other ingested substances, and as a result, can cause overdose, coma, or death.

## **What are the most commonly abused Benzodiazepines?**

- Xanax (Alprazolam)

- Ativan (Lorazepam)
- Valium (Diazepam)

## **What are the signs and symptoms of Benzodiazepine intoxication?**

- Drowsiness
- Dizziness
- Double vision
- Slurred speech
- Slowed reaction time
- Incoordination
- Poor concentration and memory
- Confusion
- Stupor

## **What are the symptoms of Benzodiazepine withdrawal?**

- Anxiety
- Depression
- Insomnia
- Increased heart rate and blood pressure

- Excessive sweating
- Hand tremors
- Hallucinations
- Seizures

## **How long do withdrawal symptoms last?**

For most people, withdrawal isn't a matter of days, but months or even years. Benzodiazepines are one of the most difficult drugs to withdraw from due to the severity and length of the withdrawal which varies depending on the type of benzodiazepine being taken. Benzodiazepines are the most notable drug for inducing Post-Acute Withdrawal Syndrome ("PAWS"), in which symptoms sometimes persist for years after cessation of use. Symptoms that are most likely to be longlasting are anxiety, insomnia, cognitive impairment, depression, various sensory-

motor phenomena, and gastrointestinal disturbances. Examples: Xanax is a short-acting drug and has a short acute withdrawal phase, usually lasting around 7 days. Valium is a long-acting benzodiazepine and can cause acute withdrawal symptoms lasting around 90 days.

**Is there any discomfort or dangers to just stopping the use of Benzodiazepines?**

Yes. Stopping the use of benzodiazepines “cold turkey” is dangerous and potentially life-threatening. Seizures occur in as many as 20% to 30% of people withdrawing “cold turkey” from benzodiazepines. In order to prevent benzodiazepine withdrawal related deaths, a detox facility that is medically supervised around the clock is strongly recommended. This type of facility is equipped to

provide the necessary support and monitoring needed to address any withdrawal-related complications that may arise.

**Treatment Options**

- **Detoxification (“Detox”):** This is the highest level of care where individuals receive medically monitored treatment to safely detox from benzodiazepines.
- **Residential Treatment (“Rehab”):** All residential treatment programs require that an individual live at the program during treatment. These programs typically involve attending group therapy sessions and individual therapy sessions.
- **Intensive Outpatient Programs (“IOP”):** An IOP is a program that includes group therapy, individual therapy/ case management,

and medication management. The frequency of attendance is typically three times per week but may be as frequent as five days per week depending on the circumstance. Some IOPs have evening programming to accommodate those who work or attend school.

- **Outpatient services:** This is the lowest level of care where individuals receive treatment from a therapist, psychiatrist (to prescribe medication), psychiatric nurse practitioner, or an addiction counselor within a private practice or clinic setting.

**If you or an eligible dependent is struggling with substance abuse, please contact the MEND Program at (212) 366-7590 or by email at [Mend@nycCBF.org](mailto:Mend@nycCBF.org).**

**“Like us” on Facebook and “Follow us” on Twitter!**

**Visit the NYCDCC Benefit Funds’ Social Media Pages to Get:**

- **Breaking News**
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  - Wellness Tips
- **A More Personal Connection**
  - And Much More!



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

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# **SUMMARY OF MATERIAL MODIFICATIONS**

**to the**

## **New York City District Council of Carpenters Pension Plan**

**(Amended and Restated Effective January 1, 2014)**

**To:** All NYCDCC Pension Plan Participants and Pensioners  
**From:** Board of Trustees  
**Date:** June 2018  
**Re:** Disability Pension Claims and Appeals Procedures

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This Summary of Material Modifications (“SMM”) describes changes to the claims and appeals procedures of the New York City District Council of Carpenters Pension Fund (the “Plan”). These changes are applicable to certain Disability Pension claims filed on or after April 2, 2018. Specifically, the new provisions apply to those cases in which the claimant does not have a Social Security Disability Award and, thus, the Plan, through its medical experts, must make a determination of disability in order to decide the claim. These changes do not affect the current eligibility requirements for a Disability Pension.

The current claims and appeals procedures are described on pages 27 and 28 of the Summary Plan Description (“SPD”) for the Pension Fund, which is available on the Fund’s website at [www.nycCBF.org](http://www.nycCBF.org).

Please read this SMM carefully and keep it with your SPD. It will also be added to the Fund’s website.

### **Claims and Appeals Procedures for Certain Disability Pension Claims Filed On or After April 2, 2018**

The SPD describes how claims and appeals are handled for pension benefits and it also includes provisions that only apply to Disability Pensions. The following additional provisions will apply to Disability Pension cases in which the claimant does not have a Social Security Disability Award and, thus, the Plan, through its medical experts, must make a determination of disability in order to decide the claim. These procedures apply if the claim was filed on or after April 2, 2018. These rules apply to any denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part) for a Disability Pension benefit provided under the Plan, and shall also mean any rescission of Disability Pension benefits (i.e., a cancellation or discontinuance of coverage that has retroactive effect).

### **Additional Content Requirements for Certain Disability Pension Application Denials**

If (a) a claimant does not have a Social Security Disability Award and, thus, the Plan, through its medical experts, must make a determination of disability in order to decide an application for Disability Pension benefits, (b) the application was filed on or after April 2, 2018, and (c) the application is denied in whole or in part, the Fund Office’s notice of denial will include the following information to the extent applicable in addition to the other information described in the SPD:

- (1) A discussion of the decision, including an explanation of the basis for disagreeing with or not following:
  - (i) The views presented by the claimant to the Plan of health care professionals treating the claimant and medical or vocational professionals who evaluated the claimant;
  - (ii) The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant’s adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and
  - (iii) The Social Security Administration’s disability determination regarding the claimant if presented by the claimant to the Plan;
- (2) If the denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant’s medical circumstances, or a statement that such explanation will be provided free of charge upon request;
- (3) Either the specific internal rules, guidelines, protocols, standards or other similar criteria of the Plan relied upon in making the denial or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist;
- (4) A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant’s claim for benefits; and

- (5) The notification shall be provided in a culturally and linguistically appropriate manner in accordance with the requirements described in DOL Reg. §2560.503-1(o).

### **Review of Documents for Appeal**

Before the Board of Trustees or Appeals Committee can deny a Disability Pension appeal in those cases where a claimant does not have a Social Security Disability Award and the Plan must make a determination of disability in order to decide the claim, the Trustees shall provide the claimant, free of charge, any new or additional evidence considered, relied upon, or generated by the Trustees, or other person making the disability determination. Such evidence will be provided as soon as possible in order to give the claimant a reasonable opportunity to respond prior to the Trustees' decision on appeal.

Additionally, before the Board of Trustees or Appeals Committee can deny a Disability Pension appeal in those cases where a claimant does not have a Social Security Disability Award, based on a new or additional rationale, the Trustees shall provide the claimant, free of charge, with the rationale. Such rationale must be provided as soon as possible and sufficiently in advance of the date on which the Trustees' decision on the appeal is required to be provided to give the claimant a reasonable opportunity to respond prior to that date.

### **Additional Content Requirements for Certain Disability Pension Appeal Denials**

If (a) a claimant does not have a Social Security Disability Award and, thus, the Plan, through its medical experts, must make a determination of disability in order to decide an application for Disability Pension benefits, (b) the application was filed on or after April 2, 2018, and (c) the appeal is denied in whole or in part, the Trustees' notice of denial of appeal will include the following information to the extent applicable in addition to the other information described in the SPD:

- (1) A discussion of the decision, including an explanation of the basis for disagreeing with or not following:
  - (i) The views presented by the claimant to the Plan of health care professionals treating the claimant and vocational professionals who evaluated the claimant;
  - (ii) The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's denial, without regard to whether the advice was relied upon in making the benefit determination; and
  - (iii) the Social Security Administration's disability determination regarding the claimant if presented by the claimant to the Plan;
- (2) If the denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
- (3) Either the specific internal rules, guidelines, protocols, standards or other similar criteria of the Plan relied upon in making the denial or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist;
- (4) A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits; and
- (5) A description of the applicable contractual limitations period and its expiration date.
- (6) The notification shall be provided in a culturally and linguistically appropriate manner in accordance with the requirements described in DOL Reg. §2560.503-1(o).

### **Deemed Denial and Exhaustion of Administrative Remedies**

Generally, if the Plan does not follow the applicable claims and appeals requirements with respect to disability benefit claims where the claimant does not have a Social Security Disability Award and the Plan must make a determination of disability in order to decide the claim, the claimant will be deemed to have exhausted the administrative remedies available under the Plan (unless the violations are "de minimis" in accordance with DOL Reg. §2560.503-1(1)(2)(ii)). Accordingly, a claimant is entitled to pursue any available remedies under ERISA §502(a) in such circumstances. If a claimant chooses to pursue remedies under ERISA §502, in these circumstances the claim or appeal is deemed denied on review without the exercise of discretion by an appropriate fiduciary.

If you have any questions regarding this SMM, please contact the Fund Office at **(800) 529-FUND (3863)**.

# Congratulations to the 2018-2019

## Charles Johnson Jr. Memorial Scholarship Winners



On behalf of the Board of Trustees, the NYCDCC Welfare Fund is pleased to announce that twenty-five students have been awarded the Charles Johnson Jr. Memorial Scholarship for the 2018-2019 academic year. Each student will now receive a \$3,500.00 per year scholarship, which is renewable up to four years at an accredited college or university.

**We would like to extend our sincerest congratulations to the following students/members:**

Student	Member	Local
Kaithlyn Albano	Arthur Albano	45
Cathal Bergin	Martin Bergin	157
Francesca Cimino	Anthony Cimino	45
Meghan Crehan	Bernard Crehan	212
Ashley Dao	Kevin Dao	45
Victoria Dulinski	Maciej Dulinski	2790
Nikola Fitissov	Alexandre Fitissov	1556
Laik Green	John Green	20
Kayla Juran	Jason Juran	45
Sandra Knapczyk	Jaroslaw Knapczyk	45
Paulina Kolano	Andrzej Kolano	20
Samuel Mauldin	Joseph Mauldin	1556
Rebecca Mendez	Juan Mendez	157
Robert Miller	Michael Miller	1556
Matthew Murawski	John Murawski	157
Jillian Nichols	Robert Nichols	1556
Brendan O'Sullivan	Richard O'Sullivan	157
Alexandra Przyborowski	Jaroslaw Przyborowski	157
Sebastian Romero	Hector Romero	2287
Bryanna Rose	Todd Rose	2287
Theresa Sanzone	Paul Sanzone	1556
Daphne Schroeder	Edward Schroeder	2287
Amanda Stachnik	Janusz Stachnik	2790
Victoria Stepien	Marian Stepien	157
Kaitlyn Stork	Kurt Stork	157

# Retirement Services Department Provides Recommendations for a Smoother Retirement Process

As we are sure you recognize, transitioning from an active worker to a retiree is a tremendously important, life-changing process. When you decide to retire, it is the job of the Fund Office, and more specifically our Retirement Services Department, to ensure that your transition is smooth, successful, and as stress free as possible. We want to provide you with the best service possible and ensure optimum results as you move toward the next phase of your life. For this reason, we recently made some changes to our retirement planning process. We have detailed these changes below and have also provided some recommendations as to how you can maximize the effectiveness of this new process.

**Effective May 1, 2018**, the Retirement Services Department implemented a process in which there is now an option for members to make appointments if they have requests for specific Pension Analysts to handle their transition to retirement. This process was implemented to better service the membership. By allowing for the scheduling of appointments with specific Pension Analysts, the Analysts will know in advance whom they are meeting with and when the meetings are taking place. As a result, the Analysts will then be able to collect information and prepare data specific to members prior to these meetings. This preparation will lead to quicker overall service and a better experience. **If you are planning to retire, we strongly recommend that you make an appointment prior to meeting with a Pension Analyst.**

Appointments with selective Pension Analysts are available **Monday-Thursday from 9:30AM-4:00PM, and on Friday from 8:00AM-3:00PM**. These appointments can be made by calling the Member Services Department at **(800) 529-FUND (3863)**. If you would like to schedule an appointment with a specific Pension Analyst in mind, please give the Pension Analyst's name to the Member Services Representative with whom you are speaking. You will then be provided available meeting times from which to choose by our helpful staff. After a meeting time is established, you will then receive a call from the requested Pension Analyst. The Pension Analyst will ask you questions about your retirement, which will assist in preparing for the upcoming in-person meeting.

**\*Note:** *Members who visit the office in person as a walk-in, but do not schedule an appointment prior, will be accommodated as well. You will not have the option of choosing a specific Pension Analyst. Instead, you will be afforded a meeting with whichever Analyst is available at that time. Additionally, a lack of lead-in preparation may result in a longer, more difficult process. **Again, we urge members to make an appointment prior to any in-person meetings to provide the most productive and effective outcome.***

## Tool Time

## Notes and Reminders

### REMINDER CONCERNING EXPRESS SCRIPTS' FRAUD, WASTE, & ABUSE PROGRAM

To protect the assets of the NYCDCC Welfare Fund and ensure that participants are not misusing or abusing prescription drugs, the Board of Trustees approved the implementation of Express Scripts' Fraud, Waste, & Abuse ("FWA") program in 2014. This program remains in effect this year. Below is a description of the FWA program.

*Express Scripts' Fraud, Waste, & Abuse ("FWA") Services group provides an industry leading level of monitoring. FWA Services includes Network Pharmacy Audit, Network Pharmacy Fraud monitoring, and the Enhanced Member-Prescriber FWA monitoring program. This program provides an ongoing proactive review of all plan claims using advanced analytics, full investigative services, and detailed reporting, to help control costs and curtail inappropriate drug use. Express Scripts continuously monitors member and prescriber patterns to identify outliers and situations of abnormal utilization or prescribing. Express Scripts' Special Investigations Unit ("SIU") uses FWA directed analytics to identify abusive or fraudulent patterns and examine high-risk scenarios. This department is made up of certified fraud examiners, registered pharmacists, certified internal auditors, statisticians, data-modeling experts,*

*certified pharmacy technicians, registered nurses, and former law enforcement professionals. The NYCDCC Welfare Fund will receive regular detailed reports on the findings.*

*Express Scripts also makes available a Fraud Tip Hotline, and investigates fraud and abuse allegations received from our members, network pharmacies, prescribers, or law enforcement. To report suspected fraud, waste, or abuse of prescription drugs or of the prescription drug benefit, please contact:*

- **Phone: (866) 216-7096**
- **Email: [fraudtip@express-scripts.com](mailto:fraudtip@express-scripts.com)**
- **Website: <http://lab.express-scripts.com/contact/fraud-tip-hotline>**

### COMPLIANCE AND ETHICS PROGRAM

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, 9<sup>th</sup> Floor  
New York, New York 10014

**Work Phone: (212) 366-7533**

**Confidential Hotline: (646) 484-1665**

**Email: [ABahn@nyccbf.org](mailto:ABahn@nyccbf.org)**

**[Complianceandethics@nyccbf.org](mailto:Complianceandethics@nyccbf.org)**

**Website:** Visit [www.nyccbf.org](http://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](http://www.nyccbf.org)  
[www.facebook.com/NYCDCCBF](https://www.facebook.com/NYCDCCBF)  
[www.twitter.com/NYCDCCBF](https://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.