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*You receive one
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BENEFIT



Health Fund

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— OHIO CARPENTERS HEALTH FUND BENEFIT SCHEDULE —

COVERAGE	BENEFITS	IN NETWORK 80/20 SCHEDULE	OUT OF NETWORK 60/40 SCHEDULE <small>EFFECTIVE APRIL 1, 2005</small>
MAJOR MEDICAL	ANNUAL DEDUCTIBLE	\$200 PER PERSON PER CALENDAR YEAR, \$400 PER FAMILY PER CALENDAR YEAR	\$400 PER PERSON PER CALENDAR YEAR, \$800 PER FAMILY PER CALENDAR YEAR
	LIFETIME MAXIMUM BENEFIT	\$1,000,000	
	FUND'S PAYMENT LEVEL	80% OF FIRST \$15,000 OR 100% THEREAFTER. OUT-OF-POCKET MAXIMUM PER YEAR; \$3,000 PER INDIVIDUAL \$6,000 PER FAMILY	60% OF FIRST \$12,500 OR 100% THEREAFTER. OUT-OF-POCKET MAXIMUM PER YEAR; \$5,000 PER INDIVIDUAL \$10,000 PER FAMILY
INPATIENT HOSPITAL CHARGES	ROOM AND BOARD	UNLIMITED AT 80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	UNLIMITED AT 60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	INTENSIVE CARE	UNLIMITED AT 80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	UNLIMITED AT 60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	PRIVATE ROOM	LIMITED TO DAILY HOSPITAL SEMI-PRIVATE ROOM RATE PLUS \$4.00 PER DAY AT 80%	LIMITED TO DAILY HOSPITAL SEMI-PRIVATE ROOM RATE PLUS \$4.00 PER DAY AT 60%
	ANCILLARIES	UNLIMITED AT 80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	UNLIMITED AT 60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	MENTAL AND NERVOUS DISORDERS	PAYABLE AS ANY OTHER ILLNESS	PAYABLE AS ANY OTHER ILLNESS
	DRUG AND ALCOHOL ABUSE TREATMENT	\$15,000 LIFETIME MAXIMUM	\$15,000 LIFETIME MAXIMUM
OUTPATIENT HOSPITAL CHARGES	REQUIRED OUTPATIENT SURGERY	80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM; (\$500 DEDUCTIBLE FOR UNAUTHORIZED INPATIENT TREATMENT)	60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM; (\$500 DEDUCTIBLE FOR UNAUTHORIZED INPATIENT TREATMENT)
	NON-REQUIRED OUTPATIENT SURGERY/ OUTPATIENT ACCIDENT/EMERGENCY MEDICAL/PRE-ADMISSION TESTING/ DIAGNOSTIC X-RAY AND LAB	80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
PHYSICIAN AND OTHER MEDICAL CHARGES	SURGERY/OFFICE VISIT/ANESTHESIA/ RADIOLOGY/SPECIALIST VISITS/ SECOND SURGICAL OPINIONS/ HOSPITAL AND HOME VISITS/ PRIVATE DUTY NURSING/ DURABLE MEDICAL EQUIPMENT/ PHYSICAL THERAPY	80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	MENTAL AND NERVOUS DISORDERS OUTPATIENT	80%; UP TO \$45 PER VISIT WITH 25 VISITS PER CALENDAR YEAR MAXIMUM	60%; UP TO \$45 PER VISIT WITH 25 VISITS PER CALENDAR YEAR MAXIMUM
	ROUTINE PHYSICAL EXAMS MEMBERS AND SPOUSES	80% OF \$150 PER YEAR, WITHIN PLAN GUIDELINES	60% OF \$150 PER YEAR, WITHIN PLAN GUIDELINES

COVERAGE	SCHEDULE OF BENEFITS			
PRESCRIPTION DRUGS		RETAIL <small>(UP TO 34 DAYS SUPPLY)</small> CO-PAYMENT	HOME DELIVERY <small>(UP TO 90 DAYS SUPPLY)</small> CO-PAYMENT	
	GENERIC DRUGS	\$ 7.00	\$15.00	
	PREFERRED BRAND-NAME DRUGS (NO GENERIC AVAILABLE)	\$20.00	\$50.00	
	PREFERRED BRAND-NAME DRUGS (WHEN GENERIC AVAILABLE)	\$20.00 PLUS DIFFERENTIAL	\$50.00 PLUS DIFFERENTIAL	
	NONPREFERRED BRAND-NAME DRUGS	\$35	\$85	
	NONPREFERRED BRAND-NAME DRUGS (WHEN GENERIC AVAILABLE)	\$35 PLUS DIFFERENTIAL	\$85 PLUS DIFFERENTIAL	
	NON/LOW SEDATING ANTIHISTAMINES (NSAs - EX. ALLEGRA®, ZYRTEC®) AND PROTON PUMP INHIBITORS (PPIs - EX. NEXIUM®, OMEPRAZOLE®) (MANDATORY GENERIC)		\$40.00 PLUS DIFFERENTIAL	\$100.00 PLUS DIFFERENTIAL
WEEKLY DISABILITY	(ACTIVE MEMBERS ONLY)		\$200 PER WEEK; 26-WEEK MAXIMUM PER PERIOD OF DISABILITY	
VISION	LIMITED SCHEDULE OF BENEFITS; CONTACT THE FUND OFFICE			
DENTAL	GENERAL DENTAL TREATMENT		\$600 MAXIMUM PER PERSON PER CALENDAR YEAR. \$1,200 FAMILY MAXIMUM PER CALENDAR YEAR.	
	TMJ - TEMPORAL MANDIBULAR JOINT SYNDROME		50% OF USUAL REASONABLE AND CUSTOMARY CHARGES UP TO A \$500 LIFETIME MAXIMUM	
	ORTHODONTIA		NOT COVERED	
WELL BABY CARE BIRTH TO AGE 1	OUT OF NETWORK 60%, IN NETWORK 80% UP TO COINSURANCE AMOUNT, 100% THEREAFTER WITH A LIFETIME MAXIMUM OF \$500 PER DEPENDENT CHILD			
WELL CHILD CARE 13 MONTHS TO 9 YEARS	OUT OF NETWORK 60%, IN NETWORK 80% UP TO COINSURANCE AMOUNT, 100% THEREAFTER WITH A LIFETIME MAXIMUM OF \$150 PER DEPENDENT CHILD PER CALENDAR YEAR			
CHIROPRACTIC BENEFITS	OUT OF NETWORK 60%, IN NETWORK 80% UP TO \$1,000 PER CALENDAR YEAR			
LIFE INSURANCE AD & D	ACTIVE MEMBERS		\$10,000	
	RETIRED MEMBERS UNDER AGE 65		\$6,000	
	RETIRED MEMBERS AGE 65 AND OVER		\$1,500	
HEARING AID BENEFIT	\$1,000 PER PERSON ONCE EVERY TWO CONSECUTIVE CALENDAR YEARS			