



***** IMPORTANT HEALTH FUND BENEFIT INFORMATION *****

August 1, 2016

SUMMARY OF MATERIAL MODIFICATION

At the most recent Board of Trustees meeting, held on June 9, 2016, a change in Specialty and Brand Drug benefit was approved by the Board of Trustees for participants in the Albany, Long Island, Westchester, Hudson Valley and Rockland areas effective October 1, 2016.

The changes to your summary plan description are as follows:

- 1. Effective October 1, 2016, the explanation of the prescription drug benefit on pages 11-12 of the SPD for active participants is deleted and replaced with the following:**

For Retail Claims

- \$9 if the prescription or refill is filled with generic drugs,
- 20% if it is filled with preferred brand-name drugs;
- 20% if it is filled with non-preferred brand-name drugs;

For Mail Order Claims

- \$22.50 if the prescription or refill is filled with generic drugs,
- 20% if it is filled with preferred brand-name drugs;
- 20% if it is filled with non-preferred brand-name drugs;

If you have any questions please call the Long Island Fund Office at (631) 952-9700, option 2 or toll free at 1-866-372-3236, option 2.

IMPORTANT INFORMATION ENCLOSED

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