

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

Carpenters Health and Welfare Trust Fund for California: Notice of Privacy Practices

Esta noticia es disponible en español si usted lo suplica. Por favor contacte el Funcionario de Privacidad (510-639-4301).

**CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In this notice, the name “Carpenters Health and Welfare Fund” and the terms “we”, “us”, and “our” encompass not only this health plan itself but also Business Associates acting on behalf of the plan or providing services to the plan. These Business Associates may include a third party administrator, a pharmacy benefits manager, and professionals such as attorneys, auditors, and consultants. It does not include the Board of Trustees, the Plan Sponsor, which will be specified where appropriate.

DUTIES OF CARPENTERS HEALTH AND WELFARE FUND

We are required by law to maintain the privacy of your health information. We must provide you with this Notice of our legal duties and privacy practices with respect to your health information, we are required to notify you if there is a breach of your unsecured protected health information, and we are also required to abide by the terms of this Notice, which may be amended from time to time.

We reserve the right to change the terms of this Notice at any time in the future and to make the new provisions effective for all health information that we maintain. We will promptly revise our Notice and distribute it to all Plan Participants whenever we make material changes to our privacy policies and procedures within 60 days of such change. This Notice will also be provided to all new enrollees as required.

**HOW CARPENTERS HEALTH AND WELFARE FUND MAY USE OR DISCLOSE
YOUR HEALTH INFORMATION**

We are permitted by law to use or disclose your “health information” to conduct activities necessary for “payment” and “health care operations” (as those terms are defined in the attached Glossary). These are the main purposes for which we will use or disclose your health information. For each of these purposes we list below examples of these kinds of uses and disclosures. These are only examples and are not intended to be a complete list of all the ways we may use or disclose your health information.

Payment. We may use or disclose health information about you for purposes within the definition of “payment”. These include, but are not limited to, the following purposes and example:

- **Determining your eligibility for plan benefits.** For example, we may use information obtained from your employer to determine whether you have satisfied the plan’s requirements for active eligibility.

**CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

- **Obtaining contributions from you or your employer.** For example, we may send your employer a request for payment of contributions on your behalf, and we may send you information about premiums for COBRA continuation coverage.
- **Pre-certifying or pre-authorizing health care services.** For example, we may consider a request from you or your physician to verify coverage for a specific hospital admission or surgical procedure.
- **Determining and fulfilling the plan's responsibility for benefits.** For example, we may review health care claims to determine if specific services that were provided by your physician are covered by the plan.
- **Providing reimbursement for the treatment and services you received from health care providers.** For example, we may send your physician a payment with an explanation of how the amount of the payment was determined.
- **Subrogating health claim benefits for which a third party is liable.** For example, we may exchange information about an accidental injury with your attorney who is pursuing reimbursement from another party.
- **Coordinating benefits with other plans under which you have health coverage.** For example, we may disclose information about your plan benefits to another group health plan in which you participate.
- **Obtaining payment under a contract of reinsurance.** For example, if the total amount of your claims exceeds a certain amount we may disclose information about your claims to our stop-loss insurance carrier.

Health Care Operations. We may use and disclose health information about you for purposes within the definition of "health care operations". These purposes include, but are not limited to:

- **Conducting quality assessment and improvement activities.** For example, a supervisor or quality specialist may review health care claims to determine the accuracy of a processor's work.
- **Case management and care coordination.** For example, a case manager may contact home health agencies to determine their ability to provide the specific services you need.
- **Contacting you regarding treatment alternatives or other benefits and services that may be of interest to you.** For example, a case manager may contact you to give you information about alternative treatments which are neither included nor excluded in the plan's documentation of benefits but which may nevertheless be available in your situation.
- **Contacting health care providers with information about treatment alternatives.** For example, a case manager may contact your physician to discuss moving you from an acute care facility to a more appropriate care setting.
- **Employee training.** For example, training of new claims processors may include processing of claims for health benefits under close supervision.

**CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

- **Accreditation, certification, licensing, or credentialing activities.** For example, a company that provides professional services to the plan may disclose your health information to an auditor that is determining or verifying its compliance with standards for professional accreditation.
- **Securing or placing a contract for reinsurance of risk relating to claims for health care.** For example, your demographic information (such as age and sex) may be disclosed to carriers of stop loss insurance to obtain premium quotes.
- **Conducting or arranging for legal and auditing services.** For example, your health information may be disclosed to an auditor who is auditing the accuracy of claim adjudications.
- **Management activities relating to compliance with privacy regulations.** For example, the Privacy Officer may use your health information while investigating a complaint regarding a reported or suspected violation of your privacy.
- **Resolution of internal grievances.** For example, your health information may be used in the process of settling a dispute about whether or not a violation of our privacy policies and procedures actually occurred.

Disclosures to Plan Sponsor (Board of Trustees). In addition to the circumstances and examples described above, there are three types of health information about you that we may disclose to the Board of Trustees. The disclosures described below are included within the definitions of “payment” or “health care operations”.

- We may disclose to the Board of Trustees whether or not you have enrolled in, are participating in, or have disenrolled from this health plan.
- We may provide the Board of Trustees with “summary health information”, which includes claims totals without any personal identification except your ZIP code, for these two purposes:
 - To obtain health insurance premium bids from other health plans, or
 - To consider modifying, amending, or terminating the health plan.
- We may disclose your health information to the Board of Trustees for purposes of administering benefits under the plan. These purposes may include, but are not limited to:
 - Reviewing and making determinations regarding an appeal of a denial or reduction of benefits.
 - Evaluating situations involving suspected or actual fraudulent claims.
 - Monitoring benefit claims that may or do involve stop-loss insurance.

**CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

Other Uses and Disclosures. The following categories describe other ways that Carpenters Health and Welfare Fund may use and disclose your health information. Each category is illustrated with one or more examples. Not every potential use or disclosure in each category will be listed, and those that are listed may never actually occur.

- **Involvement in Payment.** With your agreement, we may disclose your health information to a relative, friend, or other person designated by you as being involved in payment for your health care. For example, if we are discussing your health benefits with you, and you wish to include your spouse or child in the conversation, we may disclose information to that person during the course of the conversation.
- **Required by Law.** We will disclose your health information when required to do so by Federal, state, or local law. For example, we may disclose your information to a representative of the U.S. Department of Health and Human Services who is conducting a privacy regulations compliance review.
- **Public Health.** As permitted by law, we may disclose your health information as described below:
 - **To an authorized public health authority**, for purposes of preventing or controlling disease, injury or disability;
 - **To a government entity** authorized to receive reports of child abuse or neglect;
 - **To a person under the jurisdiction of the Food and Drug Administration**, for activities related to the quality, safety, or effectiveness of FDA-regulated products.
- **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system or compliance with civil rights laws. However, this permission to disclose your health information does not apply to any investigation of you which is directly related to your health care.
- **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding:
 - In response to an order of a court or administrative tribunal, or
 - In response to a subpoena, discovery request, or other lawful process.

Specific circumstances may require us to make reasonable efforts to notify you about the request or to obtain a court order protecting your health information.

- **Law Enforcement.** We may disclose your health information to a law enforcement official for various purposes, such as identifying or locating a suspect, fugitive, material witness or missing person.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, to facilitate such.

**CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

**WHEN CARPENTERS HEALTH AND WELFARE FUND MAY NOT USE OR
DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. Specifically, most uses and disclosures of your psychotherapy notes (where appropriate), uses and disclosures of your protected health information for marketing purposes, and disclosures that constitute a sale of your protected health information require your written authorization. If you have authorized us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization. However, we will be unable to take back any disclosures we have already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer at the address shown below.

The Carpenters Health and Welfare Fund will not use or disclose your genetic health information for underwriting purposes. Additionally, you have the right to opt out of receiving any communications concerning fund raising activities in which the Carpenters Health and Welfare Fund may engage.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to restrictions that you request except if the disclosure involves payment or health care operations not required by law and the information pertains solely to a health care item or service that you have paid for out of pocket in full. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer at the address shown below.

Right to Request Confidential Communications. You have the right to ask us to communicate with you using an alternative means or at an alternative location. Requests for confidential communications must be submitted in writing to the Privacy Officer at the address shown below. We are not required to agree to your request unless disclosure of your health information could endanger you.

Right to Inspect and Copy. You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect or copy such information, you must submit your request in writing to the Privacy Officer at the address shown below. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

Right to Request Amendment. If you believe that we possess health information about you that is incorrect or incomplete, you have a right to ask us to change it. To request an amendment of health records, you must make your request in writing to the Privacy Officer at the address shown below. Your request must include a reason for the request. We are not required to change your health information. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial.

**CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

Right to Accounting of Disclosures. You have the right to receive a list or “accounting” of disclosures of your health information made by us. However, we do not have to account for disclosures that were:

- made to you or were authorized by you, or
- for purposes of payment functions or health care operations.

Requests for an accounting of disclosures must be submitted in writing to the Privacy Officer at the address shown below. Your request should specify a time period within the last six years and may not include dates before April 14, 2003. We will provide one free list per twelve-month period, but we may charge you for additional lists.

Right to Paper Copy. You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Privacy Officer at the address shown below or you can download a copy at www.carpenterfunds.com.

Your Personal Representative

You may exercise your rights to your PHI by designating a personal representative. Your personal representative will be required to produce evidence of the authority to act on your behalf **before** the personal representative will be given access to your PHI or be allowed to take any action for you. Under this Plan, proof of such authority will include a completed, signed and approved form. You may obtain this form by contacting the Privacy Officer or his or her designee at their address listed on the first page of this Notice. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

This Plan will recognize certain individuals as Personal Representatives **without** you having to complete a Personal Representative form. You may however request that the Plan **not** automatically honor the following individuals as your Personal Representative by completing a form to Revoke a Personal Representative available from the Privacy Officer or their designee.

- For example, the Plan will automatically consider a spouse to be the personal representative of a Plan Participant and vice versa. The recognition of your spouse as your personal representative (and vice versa) is for the use and disclosure of PHI under this Plan and is not intended to expand such designation beyond what is necessary for this Plan to comply with HIPAA privacy regulations. You should also review the Plan’s Policy and Procedure regarding Personal Representatives (available from the Privacy Officer) for a more complete description of the circumstances where the Plan will automatically consider an individual to be a personal representative.

YOUR HEALTH INFORMATION PRIVACY RIGHTS

If you would like to obtain a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact:

HIPAA Privacy Officer
Carpenters Health and Welfare Trust Fund for California
P.O. Box 2280
Oakland, CA 94621-0181

**CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA**

Notice of Privacy Practices

Complaints. If you believe that your privacy rights have been violated by Carpenters Health and Welfare Trust Fund for California, or by anyone acting on our behalf, you may file a complaint. Complaints to us must be submitted in writing to the Privacy Officer at the above address. You may also file a complaint with the Secretary of the Department of Health and Human Services at:

200 Independence Avenue, SW
Washington, DC 20201

We will not retaliate against you in any way for filing a complaint.

Questions. If you have questions about any part of this Notice or if you want more information about the privacy practices at Carpenters Health and Welfare Fund, please contact the Privacy Officer at the above address.

**CARPENTERS ANNUITY TRUST FUND AND
CARPENTERS VACATION AND HOLIDAY TRUST FUND
FOR NORTHERN CALIFORNIA**

265 Hegenberger Road, Suite 100
Oakland, California 94621-0180

Tel. (510) 633-0333 ✧ (888) 547-2054 ✧ Fax (510) 633-0215
www.carpenterfunds.com ✧ benefitservices@carpenterfunds.com



April 17, 2018

**Re: Carpenters Annuity Trust Fund for Northern California
Carpenters Vacation and Holiday Trust Fund for Northern California
Fee to Locate Missing Participants**

Dear Participant and Beneficiary:

To ensure that you receive your benefits when eligible, the Trustees of the Carpenters Annuity Trust Fund and Vacation and Holiday Trust Fund have policies to locate and pay benefits to unenrolled and missing Participants or Beneficiaries of the Plans. The process of enrolling or locating missing Participants or Beneficiaries can include one or more of the following efforts, depending on the amount of the unpaid account balance:

- Write the Participant letters requesting enrollment in the Plan(s),
- Contact the Employer or former employer(s) to obtain an address,
- Contact the Union to obtain an address,
- Send information to an external commercial locator service that has access to a variety of sources to obtain an address.

In recognition of the cost of such efforts, the Plan(s) will assess Individual Account(s) a reasonable fee for the location services. To avoid an assessment for location efforts, simply keep the Fund Office apprised of your current address and if you have not yet done so, complete an Enrollment Form, which can be downloaded from the website, www.carpenterfunds.com, and mail, email, or fax it to the Carpenter Fund Office. You can also obtain a Form by calling the Fund Office at (888) 547-2054.

The Boards of Trustees maintain the right to change or discontinue the types and amounts of benefits under these Plans. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plans. Only the Full Boards of Trustees are authorized to interpret the Plans. The Boards have discretion to decide all questions about the Plans, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer, or Union Representative has authority to interpret the Plans on behalf of the Boards or to act as an agent of the Boards.

Please keep this important notice with your Annuity and Vacation and Holiday benefit booklets. If you have any questions regarding this notice, please contact the Trust Fund Office at benefitservices@carpenterfunds.com, (510) 633-0333, or toll-free at (888) 547-2054.

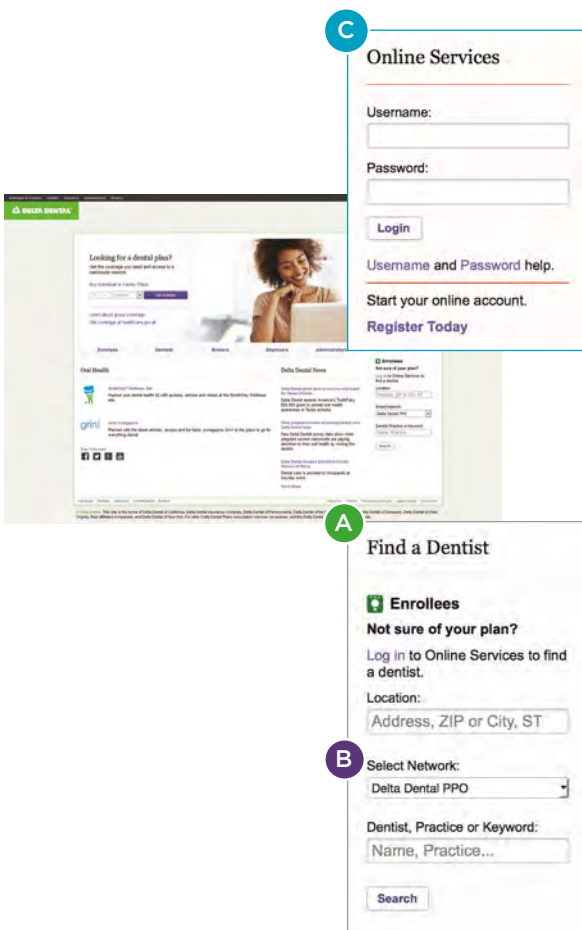
Sincerely,

Carpenters Annuity Trust Fund Board of Trustees and
Carpenters Vacation Trust Fund Board of Trustees

Find a Network Dentist



It's easy to look for a Delta Dental dentist in your area. Whether you're on a laptop, desktop computer, tablet or smartphone, we've got you covered.



C Online Services

Username:

Password:

Login

Username and Password help.

Start your online account.
Register Today

A Find a Dentist

B Select Network:
Delta Dental PPO

Dentist, Practice or Keyword:
Name, Practice...

Search

E Enrollees
Not sure of your plan?
Log in to Online Services to find a dentist.

Location:
Address, ZIP or City, ST

WEBSITE:

For computer or tablet

Go to deltadentalins.com.

A. Search for a dentist.

Look for the **Find a Dentist** tool on the right. Enter a location (address, ZIP code or city and state), and select your plan from the drop-down menu. For a more targeted search, you can enter the name of your dentist or dental office. Click Search.

Optional: Filter your search results by categories such as specialty, language, gender, extended office hours and accessibility.

B. Current dentist.

Want to see if your current dentist is in-network? Just search by the name of your dentist or dental office and location, and choose "All of the above" for network. The network(s) will be listed when you click on your dentist or dental office.

C. Find out your network.

Don't know which network you're in? Log in to Online Services before searching. You can register for an account as soon as your coverage begins.

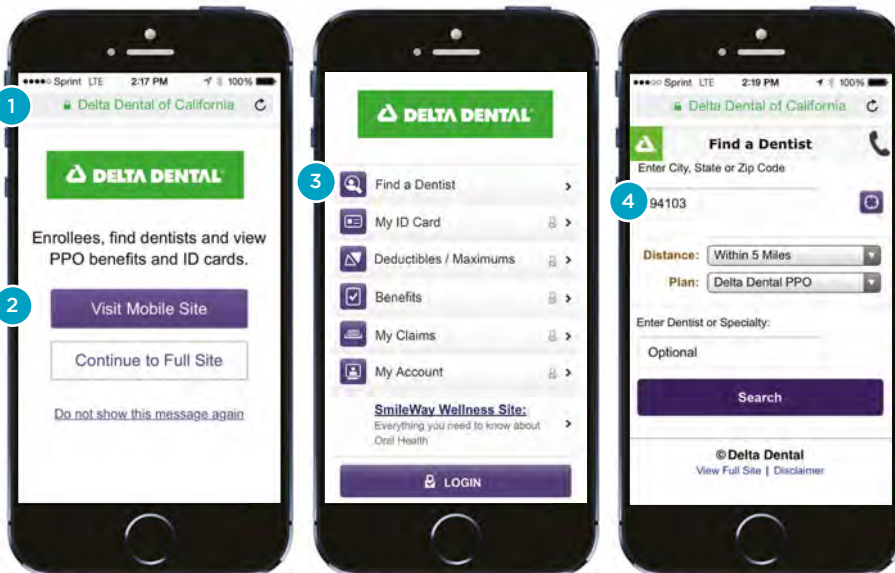
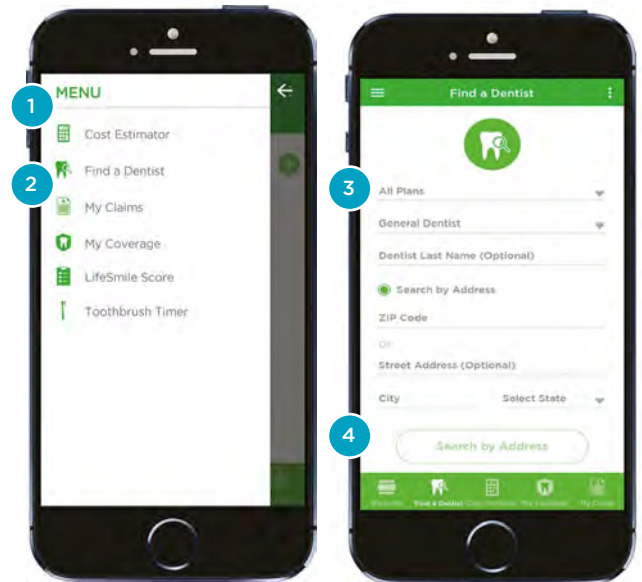


MOBILE APP¹:

For smartphone or tablet

First, install the Delta Dental app from Google Play or the App Store.

1. Click on the menu in the top-left corner.
2. Select **Find a Dentist**.
3. Select your plan and the type of dentist you are searching for.
4. Click on **Search by Current Location** or **Search by Address**.



MOBILE-OPTIMIZED SITE¹:

For smartphone

1. Go to deltadentalins.com.
2. Click on **Visit Mobile Site**.
3. Click on **Find a Dentist**.
4. Enter your location, select a distance and plan (network) from the drop-down menu, optionally filter your search by dentist or specialty and click **Search**.

¹ Some features available to PPO and Premier enrollees only.

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a dental provider organization (DPO) plan.

DeltaCare USA is underwritten in these states by these entities: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY - Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV - Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX - Alpha Dental Programs, Inc.; NV - Alpha Dental of Nevada, Inc.; UT - Alpha Dental of Utah, Inc.; NM - Alpha Dental of New Mexico, Inc.; NY - Delta Dental of New York, Inc.; PA - Delta Dental of Pennsylvania; VA - Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 34.5 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 74 million people in the U.S.



CARPENTERS PENSION TRUST FUND
FOR NORTHERN CALIFORNIA

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: 1 (888) 547-2054
Phone: (510) 633-0333

June 11, 2021

TO: All Participants and Beneficiaries

FROM: Board of Trustees

RE: Carpenters Pension Trust Fund for Northern California

- **Percentage of Contribution Accrual Factor**
- **Change to the Required Beginning Date**

This notice is to advise you of modifications that have been made to the Pension Plan for the Carpenters Pension Trust for Northern California.

Percentage of Contribution Accrual Factor

Effective July 1, 2021 and July 1, 2022, the Collective Bargaining Agreement provides for increases in the contributions paid into the Carpenters Pension Trust Fund for Northern California ("Pension Fund"). Even though the Scheduled Contribution Rate for Pension is increasing, in order to keep the Monthly Benefit at approximately the same amount each year, the Accrual Rate Percentage of Contribution Factor will continue to decrease as shown in the table below. The new money is intended to increase the financial stability of the Pension Fund by paying more towards unfunded liabilities. The same number of Hours in Covered Employment will continue to earn approximately the same dollar value benefit each year.

These changes do not affect benefits earned prior to July 2021. If you are currently retired and receiving a monthly benefit payment from the Pension Fund, your payments will continue uninterrupted.

Effective Dates	Scheduled Contribution Rate	Percentage of Contribution Accrual Factor	(Example) Monthly Benefit, Assuming 1,740 Hours
July 1, 2021 to June 30, 2022	\$10.95	1.10%	\$209.58
July 1, 2022 to June 30, 2023	\$11.10	1.085%	\$209.56

Change to the Required Beginning Date

The Required Beginning Date is the date as of which federal law requires Participants to commence benefits under the Plan. Participants who do not apply for benefits on or before their Required Beginning Date will be paid in the form of a 50% Joint and Survivor calculation and they cannot change to another payment election unless proven to be unmarried.

Effective January 1, 2020, if you were born on or after July 1, 1949, your Required Beginning Date is April 1 of the calendar year following the calendar year in which you attain age 72. If you were

born before July 1, 1949, your Required Beginning Date remains April 1 of the calendar year following the calendar year in which you attain age 70½.

If you die before your benefits have begun, federal law also states when your surviving Spouse (if any) is required to commence benefits under the Plan. Effective January 1, 2020, surviving Spouses of Participants born on or after July 1, 1949 are required to begin distributions by December 31 of the calendar year in which you would have reached 72. Surviving Spouses of Participants born before July 1, 1949, must still begin distributions by December 31 of the calendar year in which you would have reached age 70½.

Although the Required Beginning Date under the Plan has changed, you may still elect to begin receiving benefits at age 70½, even if you are employed in any capacity.

For more information about this notice or the Pension Plan in general, please contact the Trust Fund Office at benefitservices@carpenterfunds.com or by mail at Carpenter Funds Administrative Office of Northern California, Inc., 265 Hegenberger Rd., Suite 100, Oakland, CA 94621.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep it with your Summary Plan Description.



CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: (888) 547-2054
Phone: (510) 633-0333

October 1, 2021

TO: All Plan Participants and Beneficiaries

**FROM: BOARD OF TRUSTEES
Northern California Carpenters 401(k) Trust Fund**

RE: Plan Changes

- Rules For Participation
- Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE ACT)
- Coronavirus Aid, Relief and Economic Security Act (CARES Act)

The purpose of this Notice is to notify you of changes made to the Northern California Carpenters 401(k) Plan (the "401(k) Plan") due to changes in rules for participation in the 401(k) Plan, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act").

This Notice is a Summary of Material Modifications ("SMM") to the Summary Plan Description ("SPD"), and supplements the IRS Safe-Harbor Plan Notice previously distributed for the current Plan Year.

Please read this carefully and keep it with your copy of the SPD which was previously distributed to you. If you have questions, call John Hancock or the 401(k) Plan contact listed in your SPD.

CHANGES IN RULES FOR PARTICIPATION

Eligibility to Participate if you are working under a Collective Bargaining Agreement

If you are working under a Collective Bargaining Agreement, you are eligible to participate in the 401(k) Plan if your Employer is making a contribution to the Carpenters Annuity Trust Fund for Northern California that is at least 3% of your pay as reported on the Form W-2. If your Employer is not making any Annuity Contributions, or is making an Annuity Contribution that is less than 3% of your pay, you are not eligible to participate in the 401(k) Plan.

Eligibility to Participate if you are a Non-Collectively Bargained Employee working for an Employer who has signed a Collective Bargaining Agreement or Subscription Agreement allowing participation in the 401(k) Plan

If you are a Non-Collectively Bargained Employee working for an Employer who has signed a Collective Bargaining Agreement or Subscription Agreement allowing participation in the 401(k) Plan, you are eligible to participate in the 401(k) Plan if your Employer is making, or will make, a contribution to the Carpenters Annuity Trust Fund for Northern California and/or the 401(k) Plan that is at least 3% of your pay as reported on the Form W-2.

SECURE ACT CHANGES

Change to the Required Beginning Date:

The Required Beginning Date is the date which federal law requires that Participants begin receiving benefits under the 401(k) Plan. Effective January 1, 2020, if you were born on or after July 1, 1949, your Required Beginning Date is April 1 of the calendar year following the calendar year in which you attain age 72. If you were born before July 1, 1949, your Required Beginning Date remains April 1 of the calendar year following the calendar year in which you attain age 70½.

If a Participant dies without taking any distributions, federal law also stipulates the Required Beginning Date in which a surviving Spouse (if any) is required to begin receiving benefits under the Plan. Effective January 1, 2020, surviving Spouses of Participants born on or after July 1, 1949 are required to begin distributions by December 31 of the calendar year in which the Participant would have reached 72. Surviving Spouses of Participants born before July 1, 1949 must still begin distributions by December 31 of the calendar year in which the Participant would have reached age 70½.

Timing of Beneficiary Distributions:

Plan changes have been made regarding the timing of payments to be made to Beneficiaries when a Participant passes away before receiving his or her entire 401(k) account. These changes have been made to align with recent Federal Law.

Upon the death of a Participant, effective January 1, 2020, following is information regarding the options and timing of payment requirements that would apply to a Participant's Beneficiary (or Beneficiaries):

TYPE OF BENEFICIARY:	BENEFICIARY PAYMENT INFORMATION:
Spouse, Disabled Beneficiary, Chronically Ill Beneficiary, or a Beneficiary who is not more than 10 years younger	<u>Option 1:</u> The Beneficiary must have received the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Participant's death.
	<u>Option 2:</u> The Beneficiary can elect a life annuity, which must begin no later than December 31 of the year immediately preceding the Participant's Required Beginning Date. This option must be elected before September 30 in the year after the Participant's death.
Minor Child	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Minor Child reaching the age of majority.
Applicable Multi-Beneficiary Trust (AMBT)	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Participant's death, except in the case of an AMBT with disabled and/or chronically ill Beneficiaries, where a life annuity may be chosen if elected by September 30 in the year after the Participant's death.
Designated Beneficiary not mentioned above	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 10th anniversary of the Participant's death
A Non-Designated Beneficiary	The Beneficiary must receive the Participant's entire interest no later than end of the calendar year containing the 5th anniversary of the Participant's death.

CARES ACT CHANGES

Definition of Qualified Individual

Certain changes to the 401(k) Plan apply only to those Participants who are defined as “Qualified Individuals” under the provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

A Participant of the 401(k) Plan would be a “Qualified Individual” upon certification of one of the following conditions any time during the period January 1, 2020 through December 31, 2020:

- The Participant, Participant’s spouse or dependent (as defined in Section 152 of the Internal Revenue Code) was diagnosed with the Virus SARS-CoV-2 or COVID-19 by a test approved by the Centers for Disease Control and Prevention, or
- the Participant has experienced adverse financial consequences because the Participant, his spouse, or a member of his household:
 - were quarantined, furloughed or laid off, or had work hours reduced due to COVID-19; or
 - were unable to work due to lack of childcare due to COVID-19; or
 - had a reduction in pay (or self-employment income), had a job offer rescinded or start date for a job delayed due to COVID-19; or
 - owned or operated a business which closed or hours were reduced due to COVID-19.

The IRS may, in the future, expand the definition of Qualified Individual.

Coronavirus-Related Distributions for Qualified Individuals

A Coronavirus-Related Distribution (“CRD”) is a distribution made from an eligible retirement plan to a Qualified Individual from January 1, 2020, to December 30, 2020, for up to a combined limit of \$100,000 from all eligible retirement plans and IRAs in which the Qualified Individual participates.

For federal income tax purposes, the amount of a CRD can be included as income in the year received, or over a three (3) year period (state tax treatment may differ). Note: Whichever method is chosen must be applied to all CRDs received in the taxable year and cannot be changed after the required date for filing your tax return (including extension) for the year of distribution. In addition, all or a portion of a CRD may be repaid to an eligible retirement plan that accepts such repayment or to an IRA, but only during the three (3) year period beginning on the day after the date the CRD was received (and prior federal income tax filings can be amended to reflect the repayment). Any repayment is treated under the 401(k) Plan as a rollover contribution. There is no 10% early withdrawal penalty tax and the CRD is subject to optional federal income tax withholding. State income tax and withholding may also apply.

If you are a Qualified Individual and you take a distribution other than a CRD (or have a loan offset) from the 401(k) Plan in 2020 and before December 30, 2020, you may also be able to treat that distribution as a CRD when you file your federal tax return. Consult your tax advisor for more information.

It is solely your responsibility to make sure that if you had a CRD from the Northern California 401(k) Plan, that it and any other CRDs from eligible retirement plans and IRAs in which you participate, do not exceed \$100,000.

CRDs will be made in accordance with procedures established by the Plan Administrator.

Suspension of Loan Repayments for Qualified Individuals

If you are a Qualified Individual and have a loan with the 401(k) Plan, you were permitted an option to request the suspension of loan repayments due between March 27, 2020 and December 2020. When loan repayments resumed again (early 2021), the repayment amounts would have been adjusted as the remaining loan repayments will be made up over the original term of the loan plus up to one year and will include accrued interest. For information concerning your loan or loan payment call John Hancock at the phone number provided in your SPD.

Suspension of 2020 Required Minimum Distributions (“RMDs”) *See Secure Act Changes*

If 2019 was the first year you would have been required to receive an RMD and you received the 2019 RMD during the period of January 1, 2020 through April 1, 2020, you were permitted to roll over the distribution, to an eligible retirement plan that accepts rollovers or an IRA, until August 31, 2020.

If 2020 was not the first year of your RMD you would have received your 2020 RMD unless you had elected to suspend your 2020 RMD by contacting John Hancock.

If 2020 was the first year of your RMD you would not have received your 2020 RMD unless you had elected to do so by contacting John Hancock.

If you received a RMD in 2020, you were permitted to roll it over to an eligible retirement plan that accepts rollovers or an IRA. The rollover must have been made within 60 days of the distribution (or August 31, 2020, if later).



**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: (888) 547-2054
Phone: (510) 633-0333

December 21, 2022

TO: All Participants, Beneficiaries, Participating Local Unions, and Contributing Employers

FROM: Board of Trustees

**RE: Carpenters Pension Trust Fund for Northern California
Notice of Critical Status – EIN #94-6050970
Plan Year: September 1, 2022 – August 31, 2023**

If you are currently retired and receiving a monthly benefit payment from the Pension Fund, your monthly check will continue uninterrupted.

The Pension Protection Act of 2006 (“PPA”) imposed rules designed to accelerate the funding of defined benefit plans like the Carpenters Pension Trust Fund for Northern California. Previously, plans were required to address funding issues only when a plan would not satisfy minimum funding standards for the current year, and could spread investment losses over longer periods of time. Alternatively, the PPA mandates that plans accelerate funding, anticipate future funding issues based upon projections, and for those certified to be in critical status to develop a “Rehabilitation Plan.”

Federal law requires that you receive this notice. Following the determination of critical status (“red zone”) for prior Plan Years, a Rehabilitation Plan was adopted that was designed to have the Pension Plan emerge from the red zone within the time frame allowed by law.

This is to inform you that on November 29, 2022, the actuary for the Carpenters Pension Trust Fund for Northern California (the “Plan”) certified to the U.S. Department of the Treasury and to the Board of Trustees, that the Plan remains in critical status (the “red zone”) for the Plan Year beginning September 1, 2022. **The certification also notified the IRS that the Plan is making the scheduled progress in meeting the requirement of its Rehabilitation Plan.**

Although the Pension Plan remains in critical (red zone) status, because the Rehabilitation Plan continues to address long term funding issues, no new changes are required at this time.

Critical Status

According to provisions of the PPA, for the Plan Year beginning September 1, 2022, the Plan is labeled as being in critical status because the Plan has an accumulated funding deficiency within the next four Plan years.

Rehabilitation Plan

The Plan’s actuary certified the Plan was in critical status for the first time for the Plan Year beginning September 1, 2009. Federal law requires that pension plans in critical status adopt a Rehabilitation Plan aimed at restoring the financial health of the plan. This is the fourteenth year the Plan has been in critical status. The law permits pension plans in critical status to reduce, or even eliminate, benefits called “adjustable benefits” as part of a Rehabilitation Plan. On July 27, 2010, the Board of Trustees adopted a Rehabilitation Plan consisting of two contribution rate/benefit schedules. All contributing employers and bargaining units adopted the Rehabilitation Plan’s “Preferred Schedule” which does not require elimination or reduction in “adjustable benefits.” To minimize the impact to participants and employers, it was anticipated that the adopted Rehabilitation Plan would address the long term funding issues over the full time frame allowed by law.

The Plan remains in critical status. At this time no further modification to the benefit levels under the Preferred Schedule of the Rehabilitation Plan have been made. The Plan is continuing to make scheduled progress in meeting the requirements of its Rehabilitation Plan.

If, in future years, the Trustees determine that future benefit reductions are necessary, you will receive a separate notice identifying and explaining the effect of those reductions. Any reduction of adjustable benefits (other than a repeal of a recent benefit increase) will not reduce the level of a participant's basic benefit payable at Normal Retirement Age.

Please be advised that whether or not the Plan reduces adjustable benefits in the future, the Plan has not been permitted to pay lump sum benefits (i.e., Level Income Option benefits) since it first provided Notice of Critical Status on December 23, 2009 and will not be permitted to do so while it continues to be in critical status.

Adjustable Benefits

During the rehabilitation period, the Plan continues to offer the following adjustable benefits:

- Disability Pension Benefits (if not yet in pay status);
- Service Pension Benefits;
- Early Retirement Pension Subsidies;
- 75% and 100% Joint-and-Survivor Pension;
- Pre-Retirement Death Benefit;
- 36 and 60 month Guarantee connected with Single-Life Pension.

If the existing Rehabilitation Plan has to be modified sometime in the future, adjustable benefits may be reduced or eliminated.

Employer Surcharge

The law requires that all contributing employers who have not agreed to a Collective Bargaining Agreement that implements the Rehabilitation Plan, pay to the Plan a surcharge to help correct the Plan's financial situation beginning 30 days after the employer is notified that the Plan is in critical status. If applicable, the surcharge would have been 5% of an employer's negotiated contribution rate applicable the first Plan Year in critical status (September 1, 2009 through August 31, 2010) and would have been increased to 10% beginning September 1, 2010 for each succeeding Plan year in which the Plan remains in critical status. **All contributing employers have agreed to a Collective Bargaining Agreement implementing the Rehabilitation Plan, therefore no surcharges have been assessed.**

What's Next

We understand that legally required notices like this one can create concern about the Plan's future. Be assured that the Board of Trustees takes very seriously its obligation to preserve the financial viability of the Plan and has been very proactive in addressing funding issues. Also, if you are currently retired and receiving a monthly benefit payment from the Pension Fund, your monthly check will continue uninterrupted.

With the assistance of the Plan's actuary, legal counsel and other professionals, and working with the contributing employers and the Union, the Trustees have developed a Rehabilitation Plan that addresses these issues. As a final note, since the Pension Plan is influenced by economic and financial variables beyond our control (such as market volatility and changes in employment and/or the number of contributing employers), unexpected developments can further affect the Plan's status and may require additional future corrective actions. Each year the Board of Trustees will review the Plan's progress with its professional advisors and adjust Plan rules as necessary to maintain the Plan's financial integrity.

Where To Get More Information

For more information about this notice or the Pension Plan in general, please contact the Trust Fund Office at the address or phone number below. You have a right to receive a copy of the Rehabilitation Plan from the Plan.

Carpenter Funds Administrative Office of Northern California, Inc.
265 Hegenberger Rd., Suite 100, Oakland, California 94621
Toll-Free: (888) 547-2054 or (510) 633-0333
benefitservices@carpenterfunds.com

As required by law, this notice is being provided to the Pension Benefit Guaranty Corporation (PBGC) and the Department of Labor (DOL).



**CARPENTER FUNDS ADMINISTRATIVE OFFICE
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Toll-Free: (888) 547-2054
Phone: (510) 633-0333

December 21, 2022

TO: All Participants, Beneficiaries, Participating Local Unions, and Contributing Employers

FROM: Board of Trustees

**RE: Carpenters Pension Trust Fund for Northern California
Annual Funding Notice – EIN #94-6050970
Plan Year: September 1, 2021 – August 31, 2022**

Introduction

This notice, which is required by Federal law, includes important information about the funding status of your multiemployer Pension Plan (the “Plan”). It also includes general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”), a federal insurance agency. All traditional pension plans (called “defined benefit pension plans”) must provide this notice every year regardless of their funding status. This notice does not mean that the Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is for the Plan Year beginning September 1, 2021 and ending August 31, 2022 (“Plan Year”).

How Well Funded Is Your Plan

The law requires the administrator of the Plan to tell you how well the Plan is funded, using a measure called the “funded percentage.” The Plan divides its assets by its liabilities on the Valuation Date for the Plan Year to get this percentage. In general, the higher the percentage, the better funded the Plan. The Plan’s funded percentage for the Plan Year and each of the two preceding Plan Years is shown in the chart below. The chart also states the value of the Plan’s assets and liabilities for the same period.

Funded Percentage			
Valuation Date	2021 Plan Year as of September 1, 2021	2020 Plan Year as of September 1, 2020	2019 Plan Year as of September 1, 2019
Funded Percentage	83.7%	83.6%	79.3%
Value of Assets	\$4,995,259,395	\$4,502,646,134	\$4,132,954,062
Value of Liabilities	\$5,969,437,197	\$5,383,101,772	\$5,208,632,898

Year-End Fair Market Value of Assets

The asset values in the chart above are measured as of the Valuation Date. They also are “actuarial values.” Actuarial values differ from market values in that they do not fluctuate daily based on changes in the stock or other markets. Actuarial values smooth out those fluctuations and can allow for more predictable levels of future contributions. Despite the fluctuations, market values tend to show a clearer picture of a plan’s funded status at a given point in time. The asset values in the chart below are market values and are measured on the last day of the Plan Year. The chart also includes the year-end market value of the Plan’s assets for each of the two preceding Plan Years.

Market Value of Assets			
	August 31, 2022 ¹	August 31, 2021	August 31, 2020
Fair Market Value of Assets	\$5,112,873,298	\$ 5,469,802,769	\$4,546,768,942

¹ Unaudited figure, subject to change.

Critical Status

Under federal pension law, a plan generally is in “critical” status if the funded percentage is less than 65 percent (other factors may also apply). If a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time.

The Plan was in “critical” status in the Plan Year ending August 31, 2022, because (1) the Plan had an accumulated funding deficiency for the current Plan Year, and (2) the Plan was in critical status the prior Plan Year and was projected to have an accumulated funding deficiency within the next ten Plan years, and (3) the Plan did not have a projected insolvency. This was the thirteenth year that the Plan was in critical status.

On November 25, 2009, for the Plan Year beginning September 1, 2009, the Plan’s actuary certified the Plan to be in critical status for the first time. The Plan has continued to be certified to be in critical status for all Plan Years, including the Plan Year described in this Notice. Each year, all Participants, Beneficiaries, participating Employers, Local Unions, and the Pension Benefit Guaranty Corporation have been notified of the Plan’s critical status, the requirement that the Board of Trustees adopt a “Rehabilitation Plan” and the possibility that certain types of adjustable benefits could be eliminated under the Rehabilitation Plan.

On July 27, 2010, as required by Federal law for pension plans in critical status, a Rehabilitation Plan consisting of two contribution rate/benefit schedules aimed at restoring the financial health of the Plan was adopted by the Board of Trustees. All contributing employers and bargaining units adopted the Rehabilitation Plan’s “Preferred Schedule” which provided for a series of employer contribution increases and reductions in the future benefit accrual formula. However, no previously earned benefits or “adjustable benefits” were reduced or eliminated.

Annually, the Board of Trustees reviews and, if necessary, updates the Rehabilitation Plan. The Plan is continuing to make scheduled progress in meeting the requirements of its Rehabilitation Plan. Based on reasonable assumptions and the implemented Rehabilitation Plan, the Plan is currently projected to emerge from Critical Status by September 1, 2025.

You may get a copy of the Plan’s Rehabilitation Plan, any updates to the Plan and the actuarial and financial data that demonstrate any action taken by the Plan toward fiscal improvement by contacting the Plan administrator.

If the Plan is in endangered, critical, or critical and declining status for the Plan Year ending August 31, 2023, separate notification of that status will be provided.

Participant Information

The total number of participants in the Plan as of the Plan’s valuation date was 50,584. Of this number, 21,206 were active participant, 18,913 were retired or separated from service and receiving benefits, and 10,465 were retired or separated from service and entitled to future benefits.

Funding & Investment Policies

Every pension plan must have a procedure to establish a funding policy for plan objectives. A funding policy relates to how much money is needed to pay promised benefits. The funding policy of the Plan is based on collective bargaining agreements that provide for employer contributions on an agreed-upon cents-per-hour basis. There are no employee contributions.

Pension plans also have investment policies. These generally are written guidelines or general instructions for making investment management decisions. The investment policy of the Plan is to invest in a manner consistent with the fiduciary standards of ERISA, namely (1) to undertake all transactions in the sole interest of Plan Participants and Beneficiaries, (2) to provide benefits and defray reasonable expenses of Plan administration in a prudent manner, and (3) to diversify assets. All investments shall be made in compliance with relevant laws and the Trust Agreement governing the Trust.

Under the Plan's investment policy, the Plan's assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Allocation of Investments – Year End August 31, 2022	
Interest-bearing cash	0.21%
U.S. Government Securities	1.71%
Corporate Debt Instruments <ul style="list-style-type: none"> • Preferred • All Others 	13.52%
Corporate Stocks <ul style="list-style-type: none"> • Preferred • Common 	17.5%
Partnership/Joint Venture Interests	17.84%
Real Estate	0.40%
Loans (Other than to Participants)	0.62%
Value of Interest in Common/Collective Trusts	32.32%
Value of Interest in Pooled Separate Accounts	1.31%
Value of Interest in 103-12 Investment Entities	4.82%
Other	9.75%
TOTAL	100.00%

For information about the Plan's investment in any of the following types of investments, common/collective trusts, pooled separate accounts, or 103-12 investment entities – contact:

Carpenter Funds Administrative Office of Northern California, Inc.
265 Hegenberger Rd. Suite 100, Oakland, California 94621
Toll-Free: (888) 547-2054 or (510) 633-0333
benefitservices@carpenterfunds.com

Events Having a Material Effect on Assets or Liabilities

By law this notice must contain a written explanation of new events that have a material effect on plan liabilities or assets. This is because such events can significantly impact the funding condition of a plan. For the Plan Year beginning on September 1, 2022 and ending on August 31, 2023, the Plan does not expect there to be any such events.

Right to Request a Copy of the Annual Report

Pension plans must file annual reports with the U.S. Department of Labor. The report is called the "Form 5500." These reports contain financial and other information. You may obtain an electronic copy of your Plan's annual report by going to www.efast.dol.gov and using the search tool. Annual reports also are available from the U.S. Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, Rm N-1513, Washington DC 20210, or by calling 202-693-8673. Or you may obtain a copy of the Plan's annual report by making a written request to the plan administrator. A copy of the Annual Report will not be available until June 2023.

Annual reports do not contain personal information, such as the amount of your accrued benefit. You may contact your Plan administrator if you want information about your accrued benefits. Your Plan administrator is identified below under "Where to Get More Information."

Summary of Rules Governing Insolvent Plans

Federal law has a number of special rules that apply to financially troubled multiemployer plans that become insolvent, either as ongoing plans or plans terminated by mass withdrawal. The plan administrator is required by law to include a summary of these rules in the annual funding notice. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for the plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan's available resources. If such resources are not enough to pay benefits at the level specified by law (see "Benefit Payments Guaranteed by the PBGC" below), the plan must apply to the PBGC for financial assistance. The PBGC will loan the plan the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan's financial condition improves.

A plan that becomes insolvent must provide prompt notice of its status to participants and beneficiaries, contributing employers, labor unions representing participants, and PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected, including loss of a lump sum option.

Benefit Payments Guaranteed by the PBGC

The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans and multiemployer plans. Your Plan is covered by PBGC's multiemployer program. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first \$11 of the Plan's monthly benefit accrual rate, plus 75 percent of the next \$33 of the accrual rate, times each year of credited service. The PBGC's maximum guarantee, therefore, is \$35.75 per month times a participant's years of credited service.

Example 1: If a participant with 10 years of credited service has an accrued monthly benefit of \$600, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant's years of service ($\$600/10$), which equals \$60. The guaranteed amount for a \$60 monthly accrual rate is equal to the sum of \$11 plus $\$24.75$ ($.75 \times \$33$), or $\$35.75$. Thus, the participant's guaranteed monthly benefit is $\$357.50$ ($\$35.75 \times 10$).

Example 2: If the participant in Example 1 has an accrued monthly benefit of \$200, the accrual rate for purposes of determining the guarantee would be \$20 (or $\$200/10$). The guaranteed amount for a \$20 monthly accrual rate is equal to the sum of \$11 plus $\$6.75$ ($.75 \times \$9$), or $\$17.75$. Thus, the participant's guaranteed monthly benefit would be $\$177.50$ ($\$17.75 \times 10$).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In addition, the PBGC guarantees qualified preretirement survivor benefits (which are preretirement death benefits payable to the surviving spouse of a participant who dies before starting to receive benefit payments). In calculating a person's monthly payment, the PBGC will disregard any benefit increases that were made under a plan within 60 months before the earlier of the plan's termination or insolvency (or benefits that were in effect for less than 60 months at the time of termination or insolvency). Similarly, the PBGC does not guarantee benefits above the normal retirement benefit, disability benefits not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay.

For additional information about the PBGC and the pension insurance program guarantees, go to the Multiemployer Page on PBGC's website at www.pbgc.gov/multiemployer. Please contact your employer or plan administrator for specific information about your Pension Plan or Pension Benefit. PBGC does not have that information. See "Where to Get More Information About Your Plan," below.

Where to Get More Information

For more information about this notice, or the Pension Plan in general, please contact the Trust Fund Office at:

Carpenter Funds Administrative Office of Northern California, Inc.
265 Hegenberger Rd., Suite 100, Oakland, California 94621
Toll-Free: (888) 547-2054 or (510) 633-0333
benefitservices@carpenterfunds.com

For identification purposes, the official Plan number is 001 and the Plan's employer identification number or "EIN" is 94-6050970. For more information about the PBGC and benefit guarantees, go to the PBGC's website, www.pbgc.gov, or call PBGC toll-free at 1(800) 400-7242 (TTY/TDD users may call the Federal Relay Service toll free at 1(800) 877-8339 and ask to be connected to 1(800) 400-7242).

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
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www.carpenterfunds.com



January 27, 2023

TO: All Active and Non-Medicare Eligible Retired Plan Participants and their Dependents, including COBRA Beneficiaries

**FROM: BOARD OF TRUSTEES
Carpenters Health and Welfare Trust Fund for California**

RE: Plan Changes

- **Improved Member Assistance Program – Effective 1/1/2023**
- **Allowed Amount Increase – Effective 11/1/2022**
- **No Surprises Act – Effective 9/1/2022**

This Participant Notice advises you of material modifications made to your medical benefits. This information is important to you and your Dependents. Please take the time to read it carefully.

Member Assistance Program (MAP)

Improvements to MAP Benefits for Counseling Visits

Beginning January 1, 2023, the number of free counseling visits increases from four (4) visits to six (6) visits for each personal situation.

Your MAP benefits provide services such as counseling visits, articles and podcasts, and online seminars for a wide variety of needs, including:

- crisis counseling
- relationship counseling
- legal assistance
- financial advice and identity protection
- tobacco cessation coaching
- other work-life services

All Plan enrollees, regardless of which medical plan option you are enrolled in (Indemnity or Kaiser) have access to MAP services. All MAP benefits are free of charge for you to use. For more information or to use MAP services, please contact Anthem MAP at (800) 999-7222 or visit the website at www.anthemmap.com and enter the code: Carpenters Trust.

Indemnity Plan Allowed Amount

The Indemnity Health Plan has a Medicare-based reimbursement strategy for Providers who do not have PPO contracts with Anthem Blue Cross (Non-Contract Providers). In addition, the Plan has a specific Allowed Amount for physician and other health care practitioners when the Provider does not have a PPO Contract with Anthem Blue Cross and is not registered with the Centers for Medicare and Medicaid Services (CMS).

Effective November 1, 2022, the Allowed Amount was increased to \$200 for each visit with a Non-Contract and Non-CMS registered Provider. Prior to November 1, 2022 the Allowed Amount was \$100 for each visit.

No Surprises Act

Indemnity Plan Benefits Improvements for Certain Services from Non-Contract Providers

The No Surprises Act, signed into law in December 2020, protects patients who receive Emergency Services at a hospital or an Independent Freestanding Emergency Department or Air Ambulance Services. This law also protects patients who receive non-emergency services from a Non-Contract Provider at an in-network (Contract) facility.¹ Effective September 1, 2022, participants and dependents receiving these services will only be responsible for paying their in-network Cost-Sharing requirement, and cannot be Balance Billed by the provider or facility for these services.

If you have elected to enroll in the Kaiser HMO Plan, information about the No Surprises Act will be included in the Evidence of Coverage issued by Kaiser Permanente.

Effective for services on or after September 1, 2022, the Fund is implementing a number of improvements to the Indemnity Plan to comply with the No Surprises Act, including:

Emergency Services

Emergency Services are covered:

- Without the need for a prior authorization determination, even if the services are provided out-of-network;
- Without regard to whether the health care provider furnishing the Emergency Services is a Contract provider or a Contract emergency facility, as applicable, with respect to the services;
- Without imposing any administrative requirement or limitation on out-of-network Emergency Services that is more restrictive than the requirements or limitations that apply to Emergency Services received from Contract providers and Contract emergency facilities;
- At the Contracted coinsurance when received from either a Contract or Non-Contract Provider;
- By calculating the Cost-Sharing requirement for out-of-network Emergency Services as if the total amount that would have been charged for the services were equal to the Recognized Amount for the services; and
- By counting any Cost-Sharing payments made by the Participant or beneficiary with respect to the Emergency Services toward any Contract deductible or Contract Coinsurance Maximum applied under the Plan regardless of whether Emergency Services are furnished by a Contract provider or Non-Contract emergency facility.

¹ The federal law does not apply for non-emergency services from a Non-Contract Provider at an in-network facility if the Non-Contract Provider meets certain notice and consent requirements for such services.

In general, you cannot be Balance Billed for these items or services. Your Cost-Sharing amount for Emergency Services from Non-Contract Providers will be based on the lesser of billed charges from the provider or the Qualified Payment Amount (QPA).

For example, you received Emergency Services at a Non-Contract facility and you've already met your deductible. The billed charge is \$2,000. However, the Qualified Payment Amount (QPA) for those services is \$1,000. As a Participant in Carpenter Funds Indemnity Plan A/R, Emergency Services are covered at 90% (after your deductible is satisfied).

Therefore, your Cost-Sharing responsibility will be only \$100 – 10% coinsurance of the \$1,000 QPA.

You cannot be Balance Billed, nor will you have to pay a higher Non-Contract coinsurance. Your entire Cost-Sharing responsibility in our example is \$100.

Non-Emergency Items or Services from a Non-Contract Provider at a Contract Facility

With regard to Covered non-emergency items or services performed by a Non-Contract Provider at a Contract facility, these items or services are covered by the Plan:

- With a Cost-Sharing requirement that is no greater than the Cost-Sharing requirement that would apply if the items or services had been furnished by a Contract provider;
- By calculating the Cost-Sharing requirements as if the total amount that would have been charged for the items and services by such Contract provider were equal to the Recognized Amount for the items and services;
- By counting any Cost-Sharing payments made by the Participant or beneficiary toward any Contract deductible and Contract coinsurance maximum applied under the Plan regardless of whether such Cost-Sharing payments were made with respect to items and services furnished by a Contract or Non-Contract provider.

In general, you cannot be Balance Billed for these items or services. Your Cost-Sharing amount for non-emergency services performed at a Contract facility from Non-Contract Providers will be based on the lesser of billed charges from the provider or the Qualified Payment Amount (QPA).

Non-emergency items or services performed by a Non-Contract Provider at a Contract facility will be covered based on the Plan's definition of Allowed Charge and forgo the financial protections of the No Surprises Act if:

1. At least 72 hours before the day of the appointment (or three (3) hours in advance of services rendered in the case of a same-day appointment) the Participant or dependent is supplied with:
 - written notice that the provider is a Non-Contract Provider with respect to the Plan,
 - an estimate of the charges for treatment and any advance limitations that the Plan may put on the treatment,
 - the names of any Contract providers at the facility who are able to treat the patient, and informed that the patient may elect to be referred to one of the Contract providers listed; and
2. The Participant or dependent gives informed consent to continued treatment by the Non-Contract Provider, acknowledging that the Participant or beneficiary understands that continued treatment by the Non-Contract Provider may result in greater cost to the Participant or beneficiary.

The notice and consent exception for non-emergency items or services provided by a Non-Contract Provider at a Contract facility does not apply to Ancillary Services and items or services furnished as a result of unforeseen, urgent medical needs that arise at the time an item or service is furnished, regardless of whether the Non-Contract Provider satisfied the notice and consent criteria, and therefore these services will be covered as follows:

- With a Cost-Sharing requirement that is no greater than the Cost-Sharing requirement that would apply if the items or services had been furnished by a Contract provider;
- With Cost-Sharing requirements calculated as if the total amount charged for the items and services were equal to the Recognized Amount for the items and services;
- With Cost-Sharing for items and services so furnished counted toward any in-network deductible and in-network coinsurance maximums, as if such Cost-Sharing payments were made for items and services furnished by a Contract provider.

In general, you cannot be Balance Billed for these items or services. The Cost-Sharing Amount for non-emergency services at Contract Facilities by Non-Contract Providers will be based on the Recognized Amount, which is, generally, the lesser of the billed charges from the Non-Contract Provider or the Qualifying Payment Amount (i.e., the Plan's median of contracted rates for the item or service in that location).

Air Ambulance Services

If you receive Air Ambulance Services from a Non-Contract Provider that are otherwise covered by the Plan, those services will be covered by the Plan as follows:

- Air Ambulance Services received from a Non-Contract Provider will be covered with a Cost-Sharing requirement that is no greater than the Cost-Sharing requirement that would apply if the services had been furnished by a Contract provider;
- Your Cost-Sharing Amount will be calculated as if the total amount that would have been charged for the services by a Contract provider of Air Ambulance Services were equal to the lesser of the Qualifying Payment Amount or the billed amount for the services;
- Any Cost-Sharing payments you make with respect to covered Air Ambulance Services will count toward your Contract deductible and Contract coinsurance maximum in the same manner as if those services were received from a Contract provider.

In general, you cannot be Balance Billed for these items or services.

Payments to Non-Contract Providers and Facilities

The Plan will make an initial payment or notice of denial of payment for Emergency Services, Non-Emergency Services at Contract Facilities by Non-Contract Providers, and Air Ambulance Services within 30 calendar days of receiving a clean claim from the Non-Contract Provider or Air Ambulance Service provider. The 30-day calendar period begins on the date the Plan receives the information necessary to decide a claim for payment for the services.

If a claim is subject to the No Surprises Act, the Participant cannot be required to pay more than the Cost-Sharing Amount under the Plan, and the provider or facility is prohibited from billing the Participant or dependent in excess of the required Cost-Sharing Amount.

The Plan will pay a total Plan payment directly to the Non-Contract Provider that is equal to the amount by which the Out-of-Network Rate for the services exceeds the Cost-Sharing Amount for the services, less any initial payment amount.

Continuity of Coverage

If you are a Continuing Care Patient, and the contract with your Contract provider or facility terminates, or your benefits terminate under the Plan because of a change in terms of the providers' and/or facilities' participation in the Plan:

- You will be notified in a timely manner of the contract termination and of your right to elect continued transitional care from the provider or facility; and
- You will be allowed up to ninety (90) days of continued coverage at the Contract Cost-Sharing Amount to allow for a transition of care to a Contract provider.

Incorrect Contract Provider Information

A list of Contract providers is available to you without charge on the website (www.anthem.com) or by calling the phone number on your ID card. The network consists of providers, including hospitals, of varied specialties as well as general practice, who are contracted with the Plan or an organization contracting on its behalf.

If you obtain and rely upon incorrect information provided by the Plan about whether a provider is a Contract provider from the Plan or its administrators, the Plan will apply the Contract Cost-Sharing Amount to your claim, even if the provider was a Non-Contract Provider when the service were received.

Complaint Process

If you believe you've been billed incorrectly, or otherwise have a complaint under the No Surprises Act, contact the Trust Fund Office.

EXTERNAL REVIEW OF CERTAIN COVERAGE DETERMINATIONS

Effective September 1, 2022

If your initial claim for benefits related to an Emergency Service, Non-Emergency Service provided by a Non-Contract Provider at a Contract facility, and/or Air Ambulances service has been denied (i.e., an adverse benefit determination), and you are dissatisfied with the outcome of the Plan's internal claims and appeals process, you may be eligible for External Review of the determination. Please contact the Fund Office for a copy of the Fund's External Review procedures.

PATIENT PROTECTIONS

Effective September 1, 2022

The Indemnity Plan does not require the selection or designation of a primary care provider (PCP) or pediatrician. You have the ability to visit any Contract or Non-Contract Health Care Provider; however, payment by the Plan may be less for the use of a Non-Contract Provider.

You do not need prior authorization from the Fund, Anthem Blue Cross, or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Anthem Blue Cross at www.anthem.com or call the Fund Office at (888) 547-2054.

NEW/REVISED DEFINITIONS OF THE PLAN

Effective September 1, 2022

To implement the protections of the No Surprises Act, effective September 1, 2022, the Fund is adopting the following new/revised definitions of terms in the Plan.

Air Ambulance Service means medical transport for patients by a rotary wing air ambulance, as defined in 42 CFR § 414.605, or fixed wing air ambulance, as defined in 42 CFR § 414.605.

The definition of “Allowed Charge” is Amended and modified as follows:

Allowed Charge/Allowed Amount/Allowable Charge means:

- a. For Emergency Services provided by Non-Contract Providers, Non-Emergency Services provided by a Non-Contract provider at a Contract facility, and for Air Ambulance Services, the Out-of-Network Rate, as defined below.
- b. For all other services, the lesser of:
 - (1) The dollar amount this Plan has determined it will allow for covered Medically Necessary services or supplies provided by Non-Contract Providers as determined by the Plan’s Preferred Provider Organization based on appropriate and reasonable charges for the services in the geographical area where the services are provided. With respect to Non-Contract Hospitals or Facilities within the Contract Provider service area for other than Emergency Services, the Allowed Charge will be the negotiated contract rate of the Contract Hospital or Facility that is geographically nearest to the Hospital or Facility where treatment was received. The Plan’s Allowed Charge is not based on or intended to be reflective of fees that have traditionally been described as usual and customary (U&C), usual, customary and reasonable (UCR) or any other traditional term. Non-Contract Providers’ bills often exceed the Plan’s Allowed Charge, and in such cases the Plan’s benefits will be based on the Allowed Charge not the Non-Contract Providers billed rate except as provided for Emergency Services provided by Non-Contract Providers, for Non-Emergency Services provided by a Non-Contract provider at a Contract facility, and for Air Ambulance services. When using Non-Contract Providers, the Eligible Individual is responsible for any difference between the actual billed charge and the Plan’s Allowed Charge, in addition to any copay and coinsurance required by the Plan.
 - (2) The Non-Contract Provider’s actual billed charge.

Ancillary Services are, with respect to a Contract Health Care Facility:

- Items and services related to emergency medicine, anesthesiology, pathology, radiology, and neonatology, whether provided by a physician or non-physician practitioner,
- Items and services provided by assistant surgeons, hospitalists, and intensivists;
- Diagnostic services, including radiology and laboratory services, and subject to designated exceptions specified; and
- Items and services provided by a Non-Contract Provider if there is no Contract Provider who can furnish such item or service at such facility.

The definition of “Balance Billing” is Amended and modified as follows:

Balance Billing/Billed is a bill from a Health Care Provider to a patient for the difference (or balance) between this Plan’s Allowed Charges and what the provider actually charged (the billed charges). Amounts associated with Balance Billing are not covered by this Plan, even if the Plan’s Coinsurance Maximum limits are reached. See also the provisions related to the Plan’s Out-of-Pocket Expenses and the Plan’s definition of Allowed Charge. Remember, amounts exceeding the Allowed Charge do not count toward the Plan’s Coinsurance Maximum and may result in Balance Billing to you. **Non-Contract Providers commonly engage in Balance Billing.** This means a Plan Participant may be billed for any balance that may be due in addition to the amount payable by the Plan. **Generally, you can avoid Balance Billing by using Contract Providers.**

Pursuant to the No Surprises Act, you may not be Balance Billed for Emergency Services, Air Ambulance Services, and, unless appropriate notice and consent criteria are met, Non-Emergency Services performed by non-participating providers at a participating facility. For these services, Cost-Sharing payments shall count toward any in-network deductible and in-network coinsurance maximum.

Continuing Care Patient means an individual who, with respect to a provider or facility—

- Is undergoing a course of treatment for a serious and complex condition from the provider or facility;
- Is undergoing a course of institutional or inpatient care from the provider or facility;
- Is scheduled to undergo non-elective surgery from the provider, including receipt of postoperative care from such provider or facility with respect to such a surgery;
- Is pregnant and undergoing a course of treatment for the pregnancy from the provider or facility; or
- Is or was determined to be terminally ill (as determined under section 1861(dd)(3)(A) of the Social Security Act) and is receiving treatment for such illness from such provider or facility.

Cost-Sharing means the amount a Participant or beneficiary is responsible for paying for a covered item or service under the terms of the Plan. Cost-Sharing generally includes copayments, coinsurance, and amounts paid towards deductibles, but does not include amounts paid towards premiums, Balance Billing by Non-Contract Providers, or the cost of items or services that are not covered under the Plan.

The **Cost-Sharing Amount** for Emergency and Non-Emergency Services at Contract Facilities performed by Non-Contract Providers, and Air Ambulance Services from Non-Contract Providers will be based on the Recognized Amount.

The definition of “Emergency (Qualified)” is Amended and modified as follows:

Emergency Medical Condition means a medical condition, including mental health condition or substance use disorder, manifested by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or placing the health of a woman or her unborn child in serious jeopardy.

Emergency Services means the following:

- An appropriate medical screening examination that is within the capability of the emergency department of a hospital or of an independent freestanding emergency department, as applicable, including Ancillary Services routinely available to the emergency department to evaluate such emergency medical condition; and
- Within the capabilities of the staff and facilities available at the hospital or the independent freestanding emergency department, as applicable, such further medical examination and treatment as are required to stabilize the patient (regardless of the department of the hospital in which such further examination or treatment is furnished).

Emergency Services furnished by a Non-Contract Provider or Non-Contract Emergency Facility (regardless of the department of the hospital in which such items or services are furnished) also include post stabilization services (i.e., items and services provided after the patient is stabilized) as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which the Emergency Services were furnished until:

- The attending emergency physician or treating provider determines that the Participant or beneficiary is able to travel a reasonable distance using nonmedical transportation or nonemergency medical transportation; and
- The Participant or beneficiary is supplied with a written notice of the following:
 - a. The provider is a Non-Contract Provider with respect to the Plan,
 - b. An estimate of the charges for treatment and any advance limitations that the Plan may put on your treatment,
 - c. The names of any Contract Providers at the facility who are able to treat the patient, and that the patient may elect to be referred to one of the Contract Providers listed; and
 - d. The patient (or their authorized representative) gives informed voluntary consent to continued treatment by the Non-Contract Provider, acknowledging that the patient (or their authorized representative) understands that continued treatment by the Non-Contract Provider may result in greater cost to the Participant or beneficiary.

Health Care Facility (for non-emergency services) is each of the following:

- A hospital (as defined in section 1861(e) of the Social Security Act);
- A hospital outpatient department;
- A critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act); and
- An ambulatory surgical center described in section 1833(i)(1)(A) of the Social Security Act.

Independent Freestanding Emergency Department is a Health Care Facility (not limited to those described in the definition of Health Care Facility) that is geographically separate and distinct from a hospital under applicable State law and provides Emergency Services.

No Surprises Act means the No Surprises Act (Public Law 116-260, Division BB).

Non-Contract Emergency Facility means an emergency department of a hospital, or an independent freestanding emergency department (or a hospital, with respect to Emergency Services as defined), that does not have a contractual relationship directly or indirectly with a group health plan or group health insurance coverage offered by a health insurance issuer, with respect to the furnishing of an item or service under the Plan or coverage.

Non-Contract Provider means a health care provider who does not have a contractual relationship directly or indirectly with the Plan with respect to furnishing of an item or service under the Plan.

Out-of-Network Rate: With respect to Emergency Services provided by a Non-Contract Provider, non-emergency services furnished by a Non-Contract Provider at a Contract Facility, and Air Ambulance Services by a Non-Contract Provider, **Out-of-Network Rate** means one of the following:

- The amount the parties negotiate;
- The amount approved under the independent dispute resolution (IDR) process; or
- If the state has an All-Payer Model Agreement, the amount that the state approves under that system.

Out-of-Pocket Maximum or Limit: The No Surprises Act modifies the definition of Coinsurance Maximum, an Out-of-Pocket Limit, provided in the Summary Plan Description for Emergency Services, non-emergency services furnished by a Non-Contract Provider at a Contract Facility, and Air Ambulance Services. Any Cost-Sharing payments (e.g., copayments, *coinsurance*, and deductible) made by the Participant or beneficiary are counted towards any in-network deductible or Out-of-Pocket Limit.

Qualifying Payment Amount (QPA) means the amount calculated using the methodology described in 29 CFR § 2590.716-6(c), which is generally the median of the contracted rates of the Plan or issuer for the item or service in the area.

Recognized Amount means (in order of priority) one of the following:

- An amount determined by an applicable All-Payer Model Agreement under section 1115A of the Social Security Act;
- An amount determined by a specified state law; or
- The lesser of the amount billed by the provider or facility or the Qualifying Payment Amount (QPA).

For Air Ambulance Services furnished by Non-Contract Providers, the **Recognized Amount** is the lesser of the amount billed by the provider or facility or the Qualifying Payment Amount (QPA).

Serious and Complex Condition means with respect to a Participant, beneficiary, or enrollee under the Plan one of the following:

- In the case of an acute illness, a condition that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent;
- In the case of a chronic illness or condition, a condition that is—
 - a. Life-threatening, degenerative, potentially disabling, or congenital; and
 - b. Requires specialized medical care over a prolonged period of time.

Termination: In the context of Continuity of Care, **Termination** includes, with respect to a contract, the expiration or nonrenewal of the contract, but does not include a termination of the contract for failure to meet applicable quality standards or for fraud.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. You may also call the Plan's Administrative Office at (510) 633-0333 or Toll Free at (888) 547-2054.

* * * * *

Because this Plan is a "grandfathered health plan," we are required by law to provide this notice to you:

Grandfathered Health Plan: The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the Indemnity Medical Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("the Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator or the Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this notice with your benefit booklet. If you have any questions, please contact Benefit Services at the Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to benefitservices@carpenterfunds.com. Forms and information can be found on our website at www.carpenterfunds.com.

The Board of Trustees maintains the right to change or discontinue the types and amounts of benefits under this Plan. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plan. Only the full Board of Trustees is authorized to interpret the Plan. The Board has discretion to decide all questions about the Plan, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret this Plan on behalf of the Board or to act as an agent of the Board.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

265 Hegenberger Road, Suite 100
Oakland, California 94621
(510) 633-0333 • (888) 547-2054
www.carpenterfunds.com



March 1, 2023

**RE: Carpenters Pension Trust Fund for Northern California
Carpenters Annuity Trust Fund for Northern California
Income Tax Withholding**

Dear Retiree/Beneficiary:

As a reminder, you may choose federal income tax withholding from your retirement payments. You may also elect to have no withholding.

In 2023, the automatic federal income tax withholding threshold for monthly benefits is \$2,315. If you wish to change your income tax withholding amount you must submit a new *Form W-4P Withholding Certificate for Pension or Annuity Payments*.

If your monthly Retirement Payments are less than \$2,315 per month in 2023

- We *will not* automatically withhold federal taxes
- You may elect withholding if you like
- If you previously requested withholding, we will continue to withhold taxes

If your monthly Retirement Payments are greater than \$2,315 per month in 2023

We *will* automatically withhold federal taxes assuming “Single or Married filing separately” with no adjustments. However, you may elect an alternative withholding calculation based on the following:

- A different marital status, and/or
- Income from a job, other pension or annuity plan, and/or
- Other types of income, deductions, or
- No withholding at all

If you previously requested withholding, we will continue to withhold taxes

Exception: If the Fund Office has no U.S. street address on record, a Retiree is subject to mandatory withholding at “Single or Married filing separately” with no adjustments regardless of the Retiree’s request for an alternative, lower withholding rate.

If you are a California resident, we will automatically withhold state taxes if 10% of the amount of federal withholding is at least \$10. You may elect to withhold a different amount or no withholding at all for state personal income tax by completing a DE-4P form. If you elect to have state taxes withheld, you can change or cancel withholding instructions at any time.

To obtain a federal W-4P Withholding Form or California State DE-4P Form:

- Contact the Fund Office Benefit Services Department
Phone: (510) 633-0333 or Toll Free at (888) 547-2054
Email: benefitservices@carpenterfunds.com, or
Visit: www.carpenterfunds.com/forms-and-documents/
- **Visit the Internal Revenue Service website: www.irs.gov**
- **Visit the State of California website: www.edd.ca.gov**

If you request a change, it will be put into effect within 60 days after receipt of the form.

Withholding is one way for you to pay a portion of your income tax. If no tax, or not enough tax, is withheld from your benefits, you may have to pay estimated taxes during the year or a tax penalty at the end of the year. Of course, whether you have to pay state or federal income tax on your benefit payments depends on the total amount of your taxable income. Your decision on withholding is an important one, and you may wish to discuss it with a qualified tax adviser.

Sincerely,
Boards of Trustees



CARPENTERS PENSION TRUST FUND
FOR NORTHERN CALIFORNIA

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: 1 (888) 547-2054
Phone: (510) 633-0333

May 22, 2023

TO: All Participants and Beneficiaries

FROM: Board of Trustees

RE: Carpenters Pension Trust Fund for Northern California

- **Percentage of Contribution Accrual Factor**
- **Change to the Required Beginning Date**

This notice is to advise you of modifications that have been made to the Pension Plan for the Carpenters Pension Trust for Northern California.

Percentage of Contribution Accrual Factor

Effective July 1, 2023, the Collective Bargaining Agreement provides for increases in the contributions paid into the Carpenters Pension Trust Fund for Northern California ("Pension Fund"). Even though the Scheduled Contribution Rate for Pension is increasing, in order to keep the Monthly Benefit at approximately the same amount each year, the Percentage of Contribution Accrual Factor will continue to decrease as shown in the table below. The new money is intended to increase the financial stability of the Pension Fund by paying more towards unfunded liabilities. The same number of Hours in Covered Employment will continue to earn approximately the same dollar value benefit each year.

These changes do not affect benefits earned prior to July 2023. If you are currently retired and receiving a monthly benefit payment from the Pension Fund, your payments will continue uninterrupted.

Effective Dates	Scheduled Contribution Rate	Percentage of Contribution Accrual Factor	(Example) Monthly Benefit, Assuming 1,740 Hours
July 1, 2023 to June 30, 2024	\$11.25	1.071%	\$209.65
July 1, 2024 to June 30, 2025	\$11.40	1.057%	\$209.67
July 1, 2025 to June 30, 2026	\$11.55	1.043%	\$209.61
July 1, 2026 to June 30, 2027	\$11.70	1.030%	\$209.69

Change to the Required Beginning Date

The Required Beginning Date is the date as of which federal law requires Participants to commence benefits under the Plan. Participants who do not apply for benefits on or before their Required Beginning Date will be paid in the form of a 50% Joint and Survivor calculation and they cannot change to another payment election unless proven to be unmarried.

Effective January 1, 2023, if you were born on or after January 1, 1951, your Required Beginning Date is April 1 of the calendar year following the calendar year in which you attain age 73. If you

were born before January 1, 1951 but after July 1, 1949, your Required Beginning Date remains April 1 of the calendar year following the calendar year in which you attain age 72. If you were born before July 1, 1949, your Required Beginning Date was April 1 of the calendar year following the calendar year in which you attained age 70 ½.

If you die before your benefits have begun, federal law also states when your surviving Spouse (if any) is required to commence benefits under the Plan. Effective January 1, 2023, surviving Spouses of Participants born on or after January 1, 1951 are required to begin distributions by December 31 of the calendar year in which you would have reached age 73. Surviving Spouses of Participants born before January 1, 1951 but after July 1, 1949, must still begin distributions by December 31 of the calendar year in which you would have reached age 72. Surviving Spouses of Participants born before July 1, 1949 were required to begin distributions by December 31 of the calendar year in which you would have reached age 70 ½.

Although the Required Beginning Date under the Plan has changed, you may still elect to begin receiving benefits at age 70½, even if you are employed in any capacity.

For more information about this notice or the Pension Plan in general, please contact the Trust Fund Office at benefitservices@carpenterfunds.com or by mail at Carpenter Funds Administrative Office of Northern California, Inc., 265 Hegenberger Rd., Suite 100, Oakland, CA 94621.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep it with your Summary Plan Description.



CARPENTERS HEALTH AND WELFARE
TRUST FUND FOR CALIFORNIA

carpenterfunds.com

265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Toll-Free: 1 (888) 547-2054
Phone: (510) 633-0333

May 30, 2023

TO: All Active and Non-Medicare Eligible Retired Plan Participants and their Dependents, including COBRA Beneficiaries

**FROM: BOARD OF TRUSTEES
Carpenters Health and Welfare Trust Fund for California**

RE: Plan Changes

- **Orthodontic Claims to be paid by Delta Dental**
- **Improvements to Indemnity Plan Benefits**
- **End of the Public Health Emergency (PHE)**

This Participant Notice advises you of material modifications made to your medical and orthodontic benefits. This information is important to you and your Dependents. Please take the time to read it carefully.

Orthodontic Claims for Children
(Applies only to Dependents covered under the Active Plan)

At this time, Orthodontic benefits are payable at the Trust Fund Office. Orthodontic benefits are payable at 50% of Allowed Charges and are paid in one lump sum, up to \$1,500 (lifetime maximum) per Dependent child under the age of 19.

Beginning for services on or after July 1, 2023, orthodontic benefits will remain the same as above; however, benefits will be paid by Delta Dental instead of at the Trust Fund Office.

Submit your Dependent children's orthodontic claims to:

Delta Dental Plan of California
P.O. Box 997330
Sacramento, CA 95899-7330

Improvements to Indemnity Plan Benefits

The Board of Trustees has made the following changes and/or clarifications to your benefits effective for services received on or after July 1, 2023:

- **Maximum Allowable Charge for single hip replacement or single knee replacement:** The Fund has increased the maximum benefit of \$30,000 for a single hip replacement or a single knee joint replacement surgery performed at a hospital (whether inpatient or outpatient) from \$30,000 to \$35,000 for surgeries on or after July 1, 2023. **Maximums will not apply to a single hip replacement or a single knee joint replacement done in an outpatient surgical center.** A list of in-network PPO outpatient surgical centers can be found at: <https://www.anthem.com/find-care/>

- **Smoking cessation:** The Board amended the Plan to allow counseling and interventions for tobacco use (both smoking and chewing tobacco) as follows:
 - screening for tobacco use; and,
 - for tobacco users, at least two (2) tobacco cessation attempts per year. Each “tobacco cessation attempt” includes coverage for:
 - **four (4) tobacco cessation counseling sessions** of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
 - all **FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications)** for a 90-day treatment regimen when prescribed by a health care provider
- **Hospice Benefits:** Hospice benefits were inadvertently omitted from the Rules and Regulations of the Plan in error. To clarify, hospice benefits are available as follows:

If an Eligible Individual is terminally ill, with a life expectancy of 6 months or less, benefits are payable for hospice care provided by an Approved Hospice Program. Covered Services must be prescribed by a Physician and will include nursing services by a registered nurse (R.N.) or a licensed practical nurse (L.P.N.), Medical social services by a person with a Master’s degree in social work, Home health aide, medical supplies normally used by Hospital inpatients and dispensed by the hospice agency, nutritional supplements such as diet substitutes administered intravenously or through hyperalimentation and respite care, not to exceed 8 days. Covered benefits will not include transportation, services of volunteers, food, clothing or housing, services provided by household members, family or friends or services of financial or legal counselors.

- **Autism:** Beginning for services on or after July 1, 2023, the Fund will provide coverage for Applied Behavioral Therapy (ABA) in accordance with Anthem guidelines. In addition, there will be coverage available for physical, occupational and speech therapy (even if habilitative in nature) if the therapy is being done as part of an approved autism plan.

Clarifications of Medical Benefits for COVID-19 Services Effective May 12, 2023

This Notice clarifies important changes in COVID-19 related benefits and administrative deadlines as a result of the declared end of the National Emergency (“NE”) and Public Health Emergency (“PHE”) on May 11, 2023.

The federal government has announced that both the National Emergency (NE) and Public Health Emergency (PHE) related to COVID-19 terminated on May 11, 2023. Consequently, the plan rules concerning coverage of certain benefits related to COVID-19 will be changing. In general, special rules in effect during the emergency will terminate and benefits will be covered under the usual cost-sharing provisions of the Welfare Fund.

Changes to COVID-19 Related Benefits

Below is a brief summary of changes to COVID-19 related medical and prescription drug coverage beginning May 12, 2023:

Benefit	During the Emergency Period	Effective May 12, 2023
COVID-19 vaccines, including boosters	No charge for the vaccine when received at either in-network or out-of-network providers.	<ul style="list-style-type: none"> • Contract Provider: Deductible does not apply, payable at 100% • Non-Contract Provider: Not covered.
COVID-19 diagnostic tests and related services	No charge for COVID-19 test related office visits or lab tests (including rapid diagnostic and swab-and-send tests) performed by either in-network or out-of-network providers.	COVID-19 test related office visits or lab tests will be covered in the same manner and at the same shared cost as any test or lab, based on whether the service is performed with a Contracted or Non-Contracted Provider registered with CMS.
COVID-19 at-home test kits, also known as over-the-counter, or OTC test kits	No charge for up to eight (8) over-the-counter (OTC) COVID-19 tests per month, both in and out-of-network. Reimbursement for out-of-network OTC COVID-19 tests is limited to \$12 per test.	COVID-19 OTC tests are not covered under the plan and are not reimbursable.

Elimination of Extended Deadlines for Administrative Actions

In addition to the changes above, there are also certain administrative timeframes that will return to normal after the end of the NE and PHE.

Below is a brief summary of changes to administrative related deadlines beginning the earlier of 60 days after the announced end of the COVID-19 National Health Emergency, July 10, 2023, or one year from the deadline for your particular deadline, whichever is earlier.

Administrative Timeframe	During the Emergency Period	Return to Normal Timeframes
COBRA, HIPAA, special enrollment and benefit claims and appeals	<p>During the National Emergency, deadlines were extended until the earlier of July 10, 2023, or one year from the original due date for:</p> <ul style="list-style-type: none"> ✓ COBRA elections ✓ Paying COBRA premiums ✓ Electing HIPAA special enrollment ✓ Filing claims, appeals and requests for external review 	<p>Beginning on and after July 10, 2023, these deadlines return to their normal timeframes and due dates.</p> <p>Please see your Summary Plan Description or contact the Fund Office for details on applicable timeframes.</p>

You are still encouraged to use Contracted facilities and Contracted providers whenever possible. Please keep this important notice with your SPD/Rules and Regulations for easy reference to all Plan provisions. Please review these changes carefully and contact the Fund Office with any questions that you may have.

* * * * *

Because this Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

Grandfathered Health Plan: The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the Indemnity Medical Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (“the Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator or the Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this notice with your benefit booklet. If you have any questions, please contact Benefit Services at the Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to benefitservices@carpenterfunds.com. Forms and information can be found on our website at www.carpenterfunds.com.

The Board of Trustees maintains the right to change or discontinue the types and amounts of benefits under this Plan. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plan. Only the full Board of Trustees is authorized to interpret the Plan. The Board has discretion to decide all questions about the Plan, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret this Plan on behalf of the Board or to act as an agent of the Board.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.





CARPENTER FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA, INC.

carpenterfunds.com

265 Hegenberger Road, Suite 100, Oakland, California 94621-1480
Toll-Free: (888) 547-2054 Phone: (510) 633-0333

July 2023

To: All Active Participants and their Beneficiaries – Plan A and Plan R

**From: BOARD OF TRUSTEES
Carpenters Health and Welfare Trust Fund for California**


Re: SUMMARY OF BENEFITS AND COVERAGE (SBC) required by the Affordable Care Act (ACA)

As required by law, group health plans like ours are providing plan participants with a Summary of Benefits and Coverage (SBC) as a way to help understand and compare medical benefits. The SBC provides a brief overview of the medical plan benefits provided by the Carpenters Health and Welfare Trust Fund for California. Please share this SBC with your family members who are also covered by the Plan.

Each SBC contains concise medical plan information in plain language about benefits and coverage. This includes what is covered, what you need to pay for various benefits, what is not covered, and where to go for more information or to get answers to questions. Government regulations are very specific about the information that can and cannot be included in each SBC so the Plan is not allowed to customize much of the form or content. The attached SBC includes:


- A health plan comparison tool called “Coverage Examples.” These examples illustrate how the medical plan covers care for three common health scenarios: having a baby, diabetes care and care for a fractured bone. These examples show the projected total costs associated with each of these three situations, how much of these costs the Plan covers and how much you, the Participant, need to pay. In these examples, it’s important to note that the costs are national averages and do not reflect what the actual services might cost in your area. Plus, the cost for your treatment might also be very different depending on your doctor’s approach, whether your doctor is an In-Network PPO Provider or a Non-PPO Provider, your age and any other health issues you may also have. These examples are there to help you compare how different health plans might cover the same condition—not for predicting your own actual costs.
- A link to a “Glossary” of common terms used in describing health benefits, including words such as “*deductible*,” “*co-payment*,” and “*co-insurance*.” The glossary is standard and cannot be customized by a Plan.
- Websites and toll-free phone numbers you can contact if you have questions or need assistance with benefits.

Please keep this notice with your benefit booklet. If you have any questions, please call Benefit Services at the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to benefitservices@carpenterfunds.com.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.carpenterfunds.com or call 1-888-547-2054. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.carpenterfunds.com or call 1-888-547-2054 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Contract <u>Provider</u> : \$128/individual per calendar year; \$256/family per calendar year. Non-Contract <u>Provider</u> : \$257/person per calendar year; \$514/family per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Mental health, chemical dependency (including detox), member assistance program visits, Contract <u>Provider</u> On-line physician visits up to \$49 per visit, and outpatient <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	There is no <u>out-of-pocket limit</u> on all types of <u>cost sharing</u> , but there is a \$1,289/person (\$2,578/family) on the amount of <u>coinsurance</u> that you must pay for covered services in a year.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, hearing examination and hearing aid expenses, penalties for failure to obtain precertification, <u>deductibles</u> , expenses from Non-Contract <u>providers</u> , outpatient retail/mail order <u>prescription drug</u> expenses, amounts over the reference-based pricing allowances and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.anthem.com/ca or call 1-888-547-2054 for a list of Contract <u>providers</u> in California. See www.bcbs.com or call 1-800-810-2583 for a list of Contract <u>providers</u> outside the state of California.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. <u>Plan</u> pays 100% for physician online visits with a Contract <u>provider</u>.
	<u>Specialist</u> visit	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
	<u>Preventive care/screening/Immunization</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> For adults and children, benefits are limited to one routine physical exam in any 12-month period. For Employee and Spouse only, benefits include one routine Ob-Gyn examination within a 12-month period in addition to the routine physical. Coverage includes any x-rays and laboratory tests provided in connection with the physical examination, including a pap smear. No charge for COVID-19 vaccine and <u>deductible</u> does not apply from a Contract <u>provider</u>. No coverage from a Non-Contract <u>provider</u>. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for. Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Professional/physician charges may be billed separately (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment). Precertification is required for CT/CTA, MRI, Nuclear Cardiology, Pet Scans and Echocardiography.
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com or call 1-800-939-7093.</p>	Generic drugs	Retail: \$15 <u>copay</u> /fill. Mail order: \$26 <u>copay</u> /fill	You pay 100% (unless there are no <u>network</u> pharmacies within 10 miles). <u>Plan</u> reimburses no more than it would have paid had you used an In- <u>Network</u> Retail pharmacy.	<ul style="list-style-type: none"> • Retail Pharmacy – 30-day supply • Mail Order Pharmacy – 90-day supply • <u>Deductible</u> does not apply to outpatient <u>prescription drugs</u>. • <u>Cost sharing</u> for outpatient <u>prescription drugs</u> does not count toward the <u>out-of-pocket limit</u>. • If the cost of the drug is less than the <u>copay</u>, you pay just the drug cost. • Some <u>prescription drugs</u> are subject to <u>preauthorization</u> (to avoid non-payment), or step therapy requirements. • Brand name Proton Pump Inhibitors (PPI) and Cholesterol drugs not covered. • For any new Brand Name Drug approved by the federal FDA, including injectable and infusion drugs, the <u>copay</u> is 50% of the cost of the drug for a minimum of 24 months after the drug has been approved. If the PBM determines that the new FDA-approved drug is a “must not add” drug, the <u>copay</u> will remain at 50% of the cost of the drug. • Mail Order is mandatory if more than 2 prescriptions are filled for maintenance medications.
	Preferred brand drugs (<u>Formulary</u> brand drugs)	Retail: \$15 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$53 <u>copay</u> /fill for single-source <u>formulary</u> brand. Mail order: \$26 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$106 <u>copay</u> /fill for single-source <u>formulary</u> brand.		
	Non-preferred brand drugs (Non- <u>formulary</u> brand drugs)	Retail: \$80 <u>copay</u> /fill; Mail Order: \$133 <u>copay</u> /fill		
	<u>Specialty drugs</u>	Subject to Retail <u>Copays</u> (30-day supply).		
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u> plus any amounts over \$300	For certain outpatient surgeries, the <u>Plan</u> has a maximum benefit payable if services are done at a hospital facility instead of an ambulatory surgery center. To avoid <u>Plan</u> maximums, precertification is required for outpatient surgeries.
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	Medical: 10% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 30% <u>coinsurance</u> (10% <u>coinsurance</u> if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Professional/physician charges may be billed separately. (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment).
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u> .	Limited to emergency care or <u>medically necessary</u> inter-facility transfer to the nearest hospital, only. Services provided by an Emergency Medical Technician (EMT) without subsequent emergency transport are covered. *See Article 1 of the <u>Plan</u> Document for more information on emergency care.
	<u>Urgent care</u>	Medical: 10% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 30% <u>coinsurance</u> (10% <u>coinsurance</u> if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> • Precertification is required. • A maximum of \$35,000 is payable for the hospital facility charges associated with a single hip joint or knee joint replacement surgery. • In a Non-Contract Hospital, the <u>plan</u> covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used). • Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental Health: Office visit: No charge, <u>deductible</u> does not apply. Other outpatient services: 10% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply	30% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Plan pays 100% for physician online visits with a Contract Provider. Services from Non-Contract providers not registered with CMS are limited to \$200/appointment.
	Inpatient services	Mental Health: 10% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply.	30% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Precertification is required. In a Non-Contract Hospital, the plan covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used) Services from Non-Contract providers not registered with CMS are not covered.
If you are pregnant	Office visits	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<ul style="list-style-type: none"> Maternity care may include tests and services described somewhere else in the SBC (i.e., ultrasound). Services from Non-Contract providers not registered with CMS are limited to \$200/appointment
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract providers not registered with CMS are not covered.
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Precertification is required only if hospital stay is more than 48 hours for vaginal delivery or 96 hours for C-section. Services from Non-Contract providers not registered with CMS are not covered.

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
	<u>Rehabilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Habilitation services</u>	Therapy done as part of an approved autism plan: 10% <u>coinsurance</u> ; Other services: Not covered	Not covered	Coverage is limited to therapy that is being done as part of an approved autism plan.
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Precertification is recommended. Limited to 70 days per confinement. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Rental covered up to reasonable purchase price.
	<u>Hospice services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered. Covered if terminally ill. Respite care is limited to 8 days.
If your child needs dental or eye care	Children's eye exam	\$10 <u>copayment</u> /exam	\$10 <u>copayment</u> /exam	Vision benefits are available through a separate vision <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .
	Children's glasses	\$25 <u>copayment</u> , plus all amounts over \$175 for frames	\$25 <u>copayment</u> , plus all amounts over \$35 for single vision lenses and amount over \$45 for frames	
	Children's dental check-up	No charge, a <u>deductible</u> does not apply to these services.		Limited to \$2,500/person for Contract and \$2,000/person for Non-Contract per calendar year. Dental benefits are available through a separate dental <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> • Cosmetic surgery • <u>Habilitation services</u> (except for therapy that is being done as part of an approved autism plan) 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care 	<ul style="list-style-type: none"> • Private-duty nursing • Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> • Acupuncture (up to \$35/visit and 20 visits per calendar year) • Bariatric surgery (with precertification) • Chiropractic care (Employee and spouse only. Up to \$25/visit up to 20 visits per calendar year) 	<ul style="list-style-type: none"> • Dental care (Adult) (up to \$2,500 for Contract and \$2,000 for Non-Contract per calendar year) • Hearing aids (limited to \$800/ear in any 3-year period) 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Routine eye care (Adult) (under separate vision plan) • Routine foot care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Trust Fund Office at 1-888-547-2054. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-547-2054.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-547-2054.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-547-2054.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This **EXAMPLE** event includes services like:
Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$128
<u>Copayments</u>	\$60
<u>Coinsurance</u>	\$1,250
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$1,458

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This **EXAMPLE** event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$128
<u>Copayments</u>	\$330
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$678

Mia's Simple Fracture
(in-network emergency room visit and follow up care)


- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This **EXAMPLE** event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$128
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$270
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$408

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, see www.kp.org/plandocuments or call 1-800-278-3296 (TTY: 711). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-278-3296 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Not Applicable.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,500 Individual / \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-800-278-3296 (TTY: 711) for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not Covered	None
	Specialist visit	\$20 / visit	Not Covered	None
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary	Generic drugs (Tier 1)	\$10 / prescription	Not Covered	Up to a 100-day supply retail and mail order. Subject to formulary guidelines. No Charge for Contraceptives.
	Preferred brand drugs (Tier 2)	\$30 / prescription	Not Covered	Up to a 100-day supply retail and mail order. Subject to formulary guidelines. No Charge for Contraceptives.
	Non-preferred brand drugs (Tier 2)	Same as preferred brand drugs	Not Covered	The cost-sharing for non-preferred brand drugs under this plan aligns with the cost-sharing for preferred brand drugs (Tier 2), when approved through the formulary exception process.
	Specialty drugs (Tier 4)	20% coinsurance up to \$150 / prescription	Not Covered	Up to a 30-day supply retail. Subject to formulary guidelines.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$20 / procedure	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$50 / visit	\$50 / visit	None
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	\$20 / visit	\$20 / visit	Non-Plan providers covered when temporarily outside the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / individual visit. No charge for other outpatient services	Not Covered	Mental / Behavioral Health: \$10 / group visit; Substance Abuse: \$5 / group visit.
	Inpatient services	No Charge	Not Covered	None
If you are pregnant	Office visits	No Charge	Not Covered	Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	None
	Childbirth/delivery facility services	No Charge	Not Covered	None
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Up to 2 hours maximum / visit, up to 3 visits maximum / day, up to 100 visits maximum / year.
	Rehabilitation services	Inpatient: No Charge Outpatient: \$20 / visit	Not Covered	None
	Habilitation services	\$20 / visit	Not Covered	None
	Skilled nursing care	No Charge	Not Covered	Up to 100 days maximum / benefit period.
	Durable medical equipment	No Charge	Not Covered	Requires prior authorization.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
	Hospice services	No Charge	Not Covered	None
If your child needs dental or eye care	Children’s eye exam	No Charge	Not Covered	None
	Children’s glasses	Frames: Amount in excess of \$150 allowance; Lenses: No charge	Not Covered	Frame allowance limited to once every 24 months. Lenses limited to CR-39 clear plastic or polycarbonate (single vision, flat top multifocal, or lenticular).
	Children’s dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult and child) • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care • Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> • Acupuncture (plan provider referred) • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care (30 visit limit/year) • Hearing aids (\$2500 limit / ear every 36 months) 	<ul style="list-style-type: none"> • Infertility treatment • Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Kaiser Permanente Member Services	1-800-278-3296 (TTY: 711) or www.kp.org/memberservices
Department of Labor's Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
California Department of Insurance	1-800-927-HELP (4357) or www.insurance.ca.gov
California Department of Managed Healthcare	1-888-466-2219 or www.healthhelp.ca.gov/

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-788-0616 (TTY: 711)

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-278-3296 (TTY: 711)

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-757-7585 (TTY: 711)

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-278-3296 (TTY: 711)

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$0
- Other (blood work) [copayment](#) \$0

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$10
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$50
The total Peg would pay is	\$60

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$0
- Other (blood work) [copayment](#) \$0

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$800

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$0
- Other (x-ray) [copayment](#) \$0

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$200

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



CARPENTER FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA, INC.

carpenterfunds.com

265 Hegenberger Road, Suite 100, Oakland, California 94621-1480
Toll-Free: (888) 547-2054 Phone: (510) 633-0333

July 2023

To: All Active Participants and their Beneficiaries – Plan B and Flat Rate Plan

**From: BOARD OF TRUSTEES
Carpenters Health and Welfare Trust Fund for California**


Re: SUMMARY OF BENEFITS AND COVERAGE (SBC) required by the Affordable Care Act (ACA)

As required by law, group health plans like ours are providing plan participants with a Summary of Benefits and Coverage (SBC) as a way to help understand and compare medical benefits. The SBC provides a brief overview of the medical plan benefits provided by the Carpenters Health and Welfare Trust Fund for California. Please share this SBC with your family members who are also covered by the Plan.

Each SBC contains concise medical plan information in plain language about benefits and coverage. This includes what is covered, what you need to pay for various benefits, what is not covered, and where to go for more information or to get answers to questions. Government regulations are very specific about the information that can and cannot be included in each SBC so the Plan is not allowed to customize much of the form or content. The attached SBC includes:


- A health plan comparison tool called “Coverage Examples.” These examples illustrate how the medical plan covers care for three common health scenarios: having a baby, diabetes care and care for a fractured bone. These examples show the projected total costs associated with each of these three situations, how much of these costs the Plan covers and how much you, the Participant, need to pay. In these examples, it’s important to note that the costs are national averages and do not reflect what the actual services might cost in your area. Plus, the cost for your treatment might also be very different depending on your doctor’s approach, whether your doctor is an In-Network PPO Provider or a Non-PPO Provider, your age and any other health issues you may also have. These examples are there to help you compare how different health plans might cover the same condition—not for predicting your own actual costs.
- A link to a “Glossary” of common terms used in describing health benefits, including words such as “*deductible*,” “*co-payment*,” and “*co-insurance*.” The glossary is standard and cannot be customized by a Plan.
- Websites and toll-free phone numbers you can contact if you have questions or need assistance with benefits.

Please keep this notice with your benefit booklet. If you have any questions, please call Benefit Services at the Trust Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to benefitservices@carpenterfunds.com.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.carpenterfunds.com or call 1-888-547-2054. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.carpenterfunds.com or call 1-888-547-2054 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Contract <u>Provider</u> : \$128/individual per calendar year; \$256/family per calendar year. Non-Contract <u>Provider</u> : \$257/person per calendar year; \$514/family per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Mental health, chemical dependency (including detox), member assistance program visits, Contract <u>Provider</u> On-line physician visits up to \$49 per visit, and outpatient <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	There is no <u>out-of-pocket limit</u> on all types of <u>cost sharing</u> , but there is a \$6,445/person (\$12,890/family) on the amount of <u>coinsurance</u> that you must pay for covered services in a year.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, hearing examination and hearing aid expenses, penalties for failure to obtain precertification, <u>deductibles</u> , expenses from Non-Contract <u>providers</u> , outpatient retail/mail order <u>prescription drug</u> expenses, amounts over the reference-based pricing allowances and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.anthem.com/ca or call 1-888-547-2054 for a list of Contract <u>providers</u> in California. See www.bcbs.com or call 1-800-810-2583 for a list of Contract <u>providers</u> outside the state of California.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a referral to see a specialist ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. Plan pays 100% for physician online visits with a Contract <u>provider</u>.
	<u>Specialist</u> visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
	<u>Preventive care/screening/Immunization</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> For adults and children, benefits are limited to one routine physical exam in any 12-month period. For Employee and Spouse only, benefits include one routine Ob-Gyn examination within a 12-month period in addition to the routine physical. Coverage includes any x-rays and laboratory tests provided in connection with the physical examination, including a pap smear. No charge for COVID-19 vaccine and <u>deductible</u> does not apply from a Contract <u>Provider</u>. No coverage from a Non-Contract <u>provider</u>. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for. Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Professional/physician charges may be billed separately (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment). Precertification is required for CT/CTA, MRI, Nuclear Cardiology, Pet Scans and Echocardiography.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com or call 1-800-939-7093.</p>	Generic drugs	Retail: \$15 <u>copay</u> /fill. Mail order: \$26 <u>copay</u> /fill	<p>You pay 100% (unless there are no <u>network</u> pharmacies within 10 miles). <u>Plan</u> reimburses no more than it would have paid had you used an In-<u>Network</u> Retail pharmacy.</p>	<ul style="list-style-type: none"> • Retail Pharmacy – 30-day supply • Mail Order Pharmacy – 90-day supply • <u>Deductible</u> does not apply to outpatient <u>prescription drugs</u>. • <u>Cost sharing</u> for outpatient <u>prescription drugs</u> does not count toward the <u>out-of-pocket limit</u>. • If the cost of the drug is less than the <u>copay</u>, you pay just the drug cost. • Some <u>prescription drugs</u> are subject to <u>preauthorization</u> (to avoid non-payment), or step therapy requirements. • Brand name Proton Pump Inhibitors (PPI) and Cholesterol drugs not covered. • For any new Brand Name Drug approved by the federal FDA, including injectable and infusion drugs, the <u>copay</u> is 50% of the cost of the drug for a minimum of 24 months after the drug has been approved. If the PBM determines that the new FDA-approved drug is a “must not add” drug, the <u>copay</u> will remain at 50% of the cost of the drug. • Mail Order is mandatory if more than 2 prescriptions are filled for maintenance medications.
	Preferred brand drugs (<u>Formulary</u> brand drugs)	Retail: \$15 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$53 <u>copay</u> /fill for single-source <u>formulary</u> brand. Mail order: \$26 <u>copay</u> /fill + cost difference between generic and brand for multi-source brand. \$106 <u>copay</u> /fill for single-source <u>formulary</u> brand.		
	Non-preferred brand drugs (<u>Non-formulary</u> brand drugs)	Retail: \$80 <u>copay</u> /fill; Mail Order: \$133 <u>copay</u> /fill		
	<u>Specialty drugs</u>	Subject to Retail <u>Copays</u> (30-day supply).		
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u> plus any amounts over \$300	For certain outpatient surgeries, the <u>Plan</u> has a maximum benefit payable if services are done at a hospital facility instead of an ambulatory surgery center. To avoid <u>Plan</u> maximums, precertification is required for outpatient surgeries.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	Medical: 20% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 40% <u>coinsurance</u> (20% <u>coinsurance</u> if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Professional/physician charges may be billed separately. (Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment).
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u> .	Limited to emergency care or medically necessary inter-facility transfer to the nearest hospital, only. Services provided by an Emergency Medical Technician (EMT) without subsequent emergency transport are covered.*See Article 1 of the <u>Plan</u> Document for more information on emergency care.
	<u>Urgent care</u>	Medical: 20% <u>coinsurance</u> . Mental Health or Substance Abuse: No charge	Medical: 40% <u>coinsurance</u> (20% <u>coinsurance</u> if no choice in hospital due to emergency). Mental Health or Substance Abuse: No charge	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> • Precertification is required. • A maximum of \$35,000 is payable for the hospital facility charges associated with a single hip joint or knee joint replacement surgery. • In a Non-Contract Hospital, the <u>plan</u> covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used). • Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental Health: Office visit: No charge, <u>deductible</u> does not apply. Other outpatient services: 20% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply	40% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Plan pays 100% for physician online visits with a <u>Contract provider</u>. Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
	Inpatient services	Mental Health: 20% <u>coinsurance</u> , <u>deductible</u> does not apply. Substance Abuse: no charge, <u>deductible</u> does not apply.	40% <u>coinsurance</u> , <u>deductible</u> does not apply.	<ul style="list-style-type: none"> Precertification is required. In a Non-Contract Hospital, the <u>plan</u> covers a room with 2 or more beds (or the minimum charge for a 2-bed room in the Hospital if a higher priced room is used) Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<ul style="list-style-type: none"> Maternity care may include tests and services described somewhere else in the SBC (i.e., ultrasound). Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is required only if hospital stay is more than 48 hours for vaginal delivery or 96 hours for C-section. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Habilitation services</u>	Therapy done as part of an approved autism plan: 10% <u>coinsurance</u> ;	Not covered	Coverage is limited to therapy that is being done as part of an approved autism plan.

* For more information about limitations and exceptions, see the Plan or policy document at www.carpenterfunds.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Contract Provider (You will pay the least)	Non-Contract Provider (You will pay the most)	
		Other services: Not covered		
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is recommended. Limited to 70 days per confinement. Services from Non-Contract <u>providers</u> not registered with CMS are not covered.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Rental covered up to reasonable purchase price.
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Outpatient: Services from Non-Contract <u>providers</u> not registered with CMS are limited to \$200/appointment. Inpatient: Services from Non-Contract <u>providers</u> not registered with CMS are not covered. Covered if terminally ill. Respite care is limited to 8 days.
If your child needs dental or eye care	Children's eye exam	\$10 <u>copayment</u> /exam	\$10 <u>copayment</u> /exam	Vision benefits are available through a separate vision <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .
	Children's glasses	\$25 <u>copayment</u> , plus all amounts over \$175 for frames	\$25 <u>copayment</u> , plus all amounts over \$35 for single vision lenses and amount over \$45 for frames	
	Children's dental check-up	No charge, a <u>deductible</u> does not apply to these services.		Limited to \$2,500/person for Contract and \$2,000/person for Non-Contract per calendar year. Dental benefits are available through a separate dental <u>plan</u> . Your <u>cost sharing</u> does not count toward the medical <u>plan's out-of-pocket limit</u> .

Excluded Services & Other Covered Services:**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- | | | |
|---|-------------------------|------------------------|
| • Cosmetic surgery | • Infertility treatment | • Private-duty nursing |
| • <u>Habilitation services</u> (except for therapy that is being done as part of an approved autism plan) | • Long-term care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|--|---|---|
| • Acupuncture (up to \$35/visit and 20 visits per calendar year) | • Dental care (Adult) (up to \$2,500 for Contract and \$2,000 for Non-Contract per calendar year) | • Non-emergency care when traveling outside the U.S. |
| • Bariatric surgery (with precertification) | • Hearing aids (limited to \$800/ear in any 3-year period) | • Routine eye care (Adult) (under separate vision plan) |
| • Chiropractic care (Employee and spouse only. Up to \$25/visit up to 20 visits per calendar year) | | • Routine foot care |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Trust Fund Office at 1-888-547-2054. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-547-2054.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-547-2054.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-547-2054.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This **EXAMPLE** event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$128
<u>Copayments</u>	\$60
<u>Coinsurance</u>	\$2,500
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$2,708

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This **EXAMPLE** event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$128
<u>Copayments</u>	\$330
<u>Coinsurance</u>	\$390
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$868

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$128
- Specialist coinsurance 10%
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%


This **EXAMPLE** event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$128
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$530
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$668

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, see www.kp.org/plandocuments or call 1-800-278-3296 (TTY: 711). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-278-3296 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Not Applicable.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,500 Individual / \$3,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-800-278-3296 (TTY: 711) for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not Covered	None
	Specialist visit	\$20 / visit	Not Covered	None
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary	Generic drugs (Tier 1)	Retail: \$10 / prescription; Mail order: \$20 / prescription	Not Covered	Up to a 30-day supply retail or 100-day supply mail order. Subject to formulary guidelines. No Charge for Contraceptives.
	Preferred brand drugs (Tier 2)	Retail: \$30 / prescription; Mail order: \$60 / prescription	Not Covered	Up to a 30-day supply retail or 100-day supply mail order. Subject to formulary guidelines. No Charge for Contraceptives.
	Non-preferred brand drugs (Tier 2)	Same as preferred brand drugs	Not Covered	The cost-sharing for non-preferred brand drugs under this plan aligns with the cost-sharing for preferred brand drugs (Tier 2), when approved through the formulary exception process.
	Specialty drugs (Tier 4)	30% coinsurance up to \$150 / prescription	Not Covered	Up to a 30-day supply retail. Subject to formulary guidelines.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$20 / procedure	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$100 / visit	\$100 / visit	None
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	\$20 / visit	\$20 / visit	Non-Plan providers covered when temporarily outside the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 /admission	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / individual visit. No charge for other outpatient services	Not Covered	Mental / Behavioral Health: \$10 / group visit; Substance Abuse: \$5 / group visit.
	Inpatient services	\$250 /admission	Not Covered	None
If you are pregnant	Office visits	No Charge	Not Covered	Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	None
	Childbirth/delivery facility services	\$250 /admission	Not Covered	None
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Up to 2 hours maximum / visit, up to 3 visits maximum / day, up to 100 visits maximum / year.
	Rehabilitation services	Inpatient: \$250 / admission Outpatient: \$20 / visit	Not Covered	None
	Habilitation services	\$20 / visit	Not Covered	None
	Skilled nursing care	\$250 / admission	Not Covered	Up to 100 days maximum / benefit period.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Plan Provider (You will pay the least)	Non-Plan Provider (You will pay the most)	
	Durable medical equipment	No Charge	Not Covered	Requires prior authorization.
	Hospice services	No Charge	Not Covered	None
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	None
	Children's glasses	Frames: Amount in excess of \$150 allowance; Lenses: No charge	Not Covered	Frame allowance limited to once every 24 months. Lenses limited to CR-39 clear plastic or polycarbonate (single vision, flat top multifocal, or lenticular).
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult and child) • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care • Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> • Acupuncture (plan provider referred) • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care (30 visit limit / year) • Hearing aids (\$2500 limit / ear every 36 months) 	<ul style="list-style-type: none"> • Infertility treatment • Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Kaiser Permanente Member Services	1-800-278-3296 (TTY: 711) or www.kp.org/memberservices
Department of Labor's Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
California Department of Insurance	1-800-927-HELP (4357) or www.insurance.ca.gov
California Department of Managed Healthcare	1-888-466-2219 or www.healthhelp.ca.gov/

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-788-0616 (TTY: 711)

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-278-3296 (TTY: 711)

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-757-7585 (TTY: 711)

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-278-3296 (TTY: 711)

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$250
- Other (blood work) [copayment](#) \$0

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$50
The total Peg would pay is	\$350

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$250
- Other (blood work) [copayment](#) \$0

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$800

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [copayment](#) \$250
- Other (x-ray) [copayment](#) \$0

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$200

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

**SUMMARY ANNUAL REPORT FOR
CARPENTERS HEALTH AND WELFARE TRUST FUND FOR CALIFORNIA**

Plan Year – September 1, 2021 through August 31, 2022

This is a summary of the annual report for the Carpenters Health and Welfare Trust Fund for California, Employer Identification Number 94-1234856, a multiemployer health and welfare plan, for the period September 1, 2021 through August 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California has committed the Fund to pay certain Medical, Hospital, Dental, Orthodontia, Prescription Drug, Vision, Hearing Aid, Physical Examination, Weekly Disability, Mental Health and Substance Abuse claims under the terms of the Plan.

Insurance Information:

The Plan has contracts with Kaiser Foundation Health Plan, Inc. to pay certain medical, hospital, mental health, substance abuse, and prescription drug claims, Voya Financial, Inc. to pay all accidental death, dismemberment, life insurance claims, and all stop loss claims incurred under the terms of the plan. The total premiums paid for all contracts for the Plan year ending August 31, 2022 were \$299,514,734.

Basic Financial Statement:

The value of Plan assets, after subtracting liabilities of the Plan, was \$736,546,487 minus premiums and self-funded claims payable of \$71,299,311, minus claims incurred but not reported of \$23,236,000, minus bank of hours liability of \$168,325,000, equals \$473,686,176 as of August 31, 2022, compared to \$795,724,450 minus premiums and self-funded claims payable of \$74,292,391, minus claims incurred but not reported of \$29,165,457, minus bank of hours liability of \$157,715,000, equals \$534,551,602 as of September 1, 2021. During the Plan year, the Plan experienced an increase in its net assets of \$60,865,426. This increase included unrealized appreciation or 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 \$424,116,674; including employer contributions of \$395,146,547, participant contributions of \$31,392,471, realized gains of \$6,259,737 from the sale of assets, losses from investments of \$32,291,696, and other income of \$23,609,615.

Plan expenses were \$484,982,100. These expenses included \$14,355,714 in administrative expenses, \$2,273,045 in investment expenses, \$299,514,734 in premium costs, and \$168,838,607 in self-funded benefits paid directly to participants and beneficiaries or to service providers on their behalf.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 9/01/2020 \$482,783,275	As of 9/01/2021 \$534,551,602
Employer Contributions	\$407,404,683	\$395,146,547
Participant Contributions	\$31,498,363	\$31,392,471
Investments – Earnings/Losses	\$40,208,384	\$-32,291,696
Sale of Assets - Earnings	\$41,189,910	\$6,259,737
Other Income	\$20,172,879	\$23,609,615
Plan Income	\$540,474,219	\$424,116,674
Insurance Premiums	\$293,341,241	\$299,514,734
Self-Funded Benefits	\$179,995,596	\$168,838,607
Administrative Fees	\$13,711,927	\$14,355,714
Investment Expenses	\$1,657,128	\$2,273,045
Total Expenses	\$488,705,892	\$484,982,100
Ending Balance Value of Net Plan Assets	As of 08/31/2021 \$534,551,602	As of 08/31/2022 \$473,686,176

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 following items are included in that report: 1. an accountant's report; 2. financial information and information on payments to service providers; 3. assets held for investment; 4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan); 5. transactions in excess of 5 percent of the plan assets; and 6. insurance information including sales commissions paid by insurance carriers.

Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Carpenters Health and Welfare Trust Fund for California. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plans' Administrator, at 265 Hegenberger Road, Suite 100, Oakland, California 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

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, 265 Hegenberger Road, Suite 100, Oakland, California 94621 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, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

AVISO

Si usted tiene dificultad en entender alguna parte de este folleto, comuníquese con Carpenter Funds Administrative Office en 265 Hegenberger Road, Suite 100, Oakland, CA 94621. El horario de atención telefónica de las horas de Oficina del Fondo Fiduciario es de 8 la mañana a 5 de la tarde, de lunes a viernes. Usted también puede llamar a la oficina del Plan, teléfono 888-547-2054, para ayuda.

**SUMMARY ANNUAL REPORT FOR
CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA**

Plan Year – September 1, 2021 through August 31, 2022

This is a summary of the annual report for the Carpenters Annuity Trust Fund for Northern California, Employer Identification Number 94-6534591, for the period September 1, 2021 through August 31, 2022. The annual report has been filed with Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement:

Benefits under the Plan are provided by the Carpenters Annuity Trust Fund for Northern California. Plan expenses were \$152,652,332. These expenses included \$4,509,246 in administrative expenses, \$7,836,342 in investment expenses, and \$140,306,744 in benefits paid to participants and beneficiaries. A total of 65,315 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 \$2,922,228,654 as of August 31, 2022, compared to \$3,156,392,867 as of September 1, 2021. During the Plan year, the Plan experienced a decrease in its net assets of \$234,164,213. This decrease includes unrealized appreciation or 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.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2020 \$2,744,317,137	As of 09/01/2021 \$3,156,392,867
Employer Contributions	\$82,478,469	\$84,193,543
Investments – Earnings/Losses	\$379,642,252	(\$129,624,240)
Sale of Assets – Earnings/Losses	\$78,535,011	(\$36,342,353)
Other Income	\$396,536	\$261,169
Plan Income/Loss	\$541,052,268	(\$81,511,881)
Merger of Assets to the Fund	\$0	\$0
Benefits Paid	\$118,041,803	\$140,306,744
Administrative Fees	\$3,492,847	\$4,509,246
Investment Expenses	\$7,441,888	\$7,836,342
Total Expenses	\$128,976,538	\$152,652,332
Ending Balance Value of Net Plan Assets	As of 8/31/2021 \$3,156,392,867	As of 8/31/2022 \$2,922,228,654

The Plan had total loss of \$81,511,881; including employer contributions of \$84,193,543, a net loss of \$36,342,353 from the sale of assets, losses from investments of \$129,624,240 and other income of \$261,169.

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 following items are included in that report: 1. an accountant's report; 2. financial information and information on payments to service providers; 3. assets held for investment; 4. fiduciary information; 5. transactions in excess of 5 percent of the plan assets; 6. insurance information including sales commissions paid by insurance carriers; and 7. information regarding any common or collective trusts and pooled separate accounts, in which the plan participates.

Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Carpenters Annuity Trust Fund for Northern California. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plans' Administrator, at 265 Hegenberger Road, Suite 100, Oakland, California 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

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.

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AVISO

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**SUMMARY ANNUAL REPORT FOR
CARPENTERS VACATION, HOLIDAY, AND SICK LEAVE TRUST FUND FOR NORTHERN CALIFORNIA**

Plan Year – September 1, 2021 through August 31, 2022

This is a summary of the annual report for the Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern California, Employer Identification Number 94-6276537, a multiemployer Vacation, Holiday, and Sick Leave Plan, for the period September 1, 2021 through August 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern California has committed the Fund to pay all vacation, holiday, and sick leave benefits incurred under the terms of the Plan.

Basic Financial Statement:

The value of Plan assets, after subtracting liabilities of the Plan, was \$12,108,319 as of August 31, 2022, compared to \$11,900,732 as of September 1, 2021. During the Plan year, the Plan experienced an increase in its net assets of \$207,587. This increase included unrealized appreciation or 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 \$96,540,835; including employer contributions of \$97,918,911, loss from investments of \$2,747,601, net realized gains on the sale of assets of \$477,278, and other income of \$892,247.

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2020 \$8,462,170	As of 09/01/2021 \$11,900,732
Employer Contributions	\$102,266,842	\$97,918,911
Investments – Earnings/ Losses	(\$531,634)	(\$2,747,601)
Sale of Assets - Earnings/Losses	\$5,875,477	\$477,278
Other Income	\$796,201	\$892,247
Plan Income	\$108,406,886	\$96,540,835
Benefits Paid	\$102,804,367	\$94,229,273
Administrative Fees	\$2,154,537	\$2,026,853
Investment Expenses	\$9,420	\$77,122
Total Expenses	\$104,968,324	\$96,333,248
Ending Balance Value of Net Plan Assets	As of 08/31/2021 \$11,900,732	As of 08/31/2022 \$12,108,319

Plan expenses were \$96,333,248. These expenses included \$2,026,853 in administrative expenses, \$77,122 in investment expenses, and \$94,229,273 in benefits paid to participants. A total of 30,571 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 at this time.

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 following items are included in that report: 1. an accountant's report; 2. financial information and information on payments to service providers; 3. assets held for investment; 4. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan); 5. transactions in excess of 5 percent of plan assets; and 6. Insurance information including sales commissions paid by insurance carriers.

Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern

California. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plans' Administrator, at 265 Hegenberger Road, Suite 100, Oakland, California, 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

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, located at 265 Hegenberger Road, Suite 100, Oakland, California 94621 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 of Labor should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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**SUMMARY ANNUAL REPORT FOR
NORTHERN CALIFORNIA CARPENTERS 401(K) TRUST FUND**

Plan Year – September 1, 2021 through August 31, 2022

This is a summary of the annual report for the Northern California Carpenters 401(k) Trust Fund, Employer Identification Number 80-0204601, for the period September 1, 2021 through August 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement:

Benefits under the Plan are provided by the Northern California Carpenters 401(k) Trust Fund. Plan expenses were \$9,479,960. These expenses included \$349,005 in administrative expenses, \$283,206 in investment expenses, and \$8,847,749 in benefits paid to participants and beneficiaries. A total of 3,851 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 \$149,131,636 as of August 31, 2022, compared to \$166,168,492 as of September 1, 2021. During the Plan year, the Plan experienced a decrease in its net assets of \$17,036,856. This decrease included unrealized appreciation or 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/loss of \$7,556,896; including employee contributions of \$20,670,899, employer contributions of \$761,381, other contributions of \$220,955, loss from investments of \$29,210,131 and other income of \$0.

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 following items are included in that report: 1. an accountant's report; 2. financial information and information on payments to service providers; 3. assets held for investment; 4. fiduciary information, including non-exempt transactions between the Plan and parties-in-interest (that is, persons who have certain relationships with the Plan); 5. insurance information; and 6. information regarding any common or collective trusts in which the plan participates.

Obtaining Copies of a Summary Annual Report:

The report provided is a summary of the annual report filed for the Northern California Carpenters 401(k) Trust Fund. To obtain a copy of the full annual report or any part thereof, write or call the Carpenter Funds Administrative Office of Northern California, Inc., which is the Fund Manager appointed by the Plan Administrator, at 265 Hegenberger

<i>Condensed Financial Statement</i>		
Beginning Balance Value of Net Plan Assets	As of 09/01/2020 \$126,835,809	As of 09/01/2021 \$166,168,492
Participating Employee Contributions	\$18,162,686	\$20,670,899
Employer Contributions	\$489,910	\$761,381
Other Contributions	\$441,105	\$220,955
Investments – Earnings/Losses	\$30,129,715	(\$29,210,131)
Other Income	\$0	\$0
Plan Income/Loss	\$49,223,416	(\$7,556,896)
Benefits Paid	\$9,250,308	\$8,847,749
Administrative Fees	\$379,258	\$349,005
Investment Expenses	\$261,167	\$283,206
Total Expenses	\$9,890,733	\$9,479,960
Ending Balance Value of Net Plan Assets	As of 08/31/2021 \$166,168,492	As of 08/31/2022 \$149,131,636

Road, Suite 100, Oakland, California 94621; telephone (888) 547-2054. The charge to cover copying costs will be \$15.00 for the full annual report, or \$.25 per page for any part thereof.

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CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA
 (Enrollees of the Self Direct Investment Option)
and
NORTHERN CALIFORNIA CARPENTERS 401(K) TRUST FUND



Disclosure Document

As of March 31, 2023

This document includes important information to help you carefully compare the investment options available under your retirement Plan(s). To comply with federal regulations this information, which contains retirement plan fee information, is being distributed for **participant directed individual account plans**. *If you have not elected to self-direct investments in your Annuity Account or have not enrolled in the Northern California Carpenters 401(k) Plan, these investment options and fees do not apply.*

If you would like additional information about options to self-direct investments in your individual Carpenters Annuity Plan account or information regarding participation in the Northern California Carpenters 401(k) Plan, please contact John Hancock Retirement Plan Services or the Carpenter Funds Administrative Office - Benefit Services Department. For advisory help you may contact Pensionmark Retirement Services Group. Contact information is as follows:

John Hancock Retirement Plan Services (“John Hancock”)

www.myplan.johnhancock.com or call (833) 388-6466 from 8:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days

Carpenter Funds Administrative Office of Northern California (“Fund Office”)

265 Hegenberger Road, Suite 100, Oakland, California 94621

www.carpenterfunds.com or call (888) 547-2054 or email: benefitservices@carpenterfunds.com

Pensionmark Financial Group (“Pensionmark”)

www.pensionmark.com or call (888) 201-5488 from 8:30AM to 5:00PM Pacific Time.

Si tiene preguntas acerca de esta información, llame al 1(888) 440-0022. Los Agentes de servicio a los participantes están disponibles de 10:00 a.m. a 8 p.m. Hora del Este, todos los días hábiles de la Bolsa de Valores de Nueva York. Para protección suya, todas las llamadas a nuestros agentes son grabadas.

DOCUMENT SUMMARY

This document consists of performance information for the Carpenters Annuity and 401(k) Plans, investment options available, and information regarding how well the investments have performed in the past. It includes the fees and expenses you will pay if you invest in an option as well as Plan related information applicable to each Plan.

- **Carpenters Annuity Trust Fund for Northern California (Sections 1-3)**
- **Northern California Carpenters 401(k) Plan (Sections 4-6)**

Carpenters Annuity Trust Fund for Northern California

Section 1 – Performance Information

The information in this table focuses on the performance of investment options that do not have a fixed or stated rate of return. It shows how these investments have performed in the past and allows you to compare them with appropriate benchmarks for the same time periods. Information about an option's principal risks is available through the following website, myplan.johnhancock.com/investment_info. Please enter code "LO1505" to view your plan investment option details.

Total returns include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower.

For funds with redemption fees, performance shown does not reflect the deduction of this fee which would reduce performance.

Investment options are grouped according to investment objective. Within each investment objective grouping, funds are listed in alphabetical order. For more specific information, please refer to the investments' specific disclosure information.

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Your investment in these options could lose money. For the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at 833-388-6466.

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE	
Income											
American Funds Strategic Bond Fund (Class R6)	RANGX	3.27	3.60	3.60	-6.12	-0.32	3.34	N/A	2.98	03/18/2016	
BENCHMARK: Bloomberg US Aggregate Bond Index ²³		2.54	2.96	2.96	-4.78	-2.77	0.91	1.36	0.63		
Janus Henderson Developed World Bond Fund (Class N)	HFARX	3.95	4.40	4.40	-7.50	-0.84	1.11	N/A	2.25	11/30/2015	
BENCHMARK: Bloomberg Global Aggregate Index (USD Hedged) ⁴		2.22	2.90	2.90	-3.86	-2.13	0.95	1.93	1.24		
John Hancock Income Fund (Class R6) ²	JSNWX	2.59	3.39	3.39	-3.10	1.88	1.68	2.12	N/A	09/01/2011	
BENCHMARK: Bloomberg US Aggregate Bond Index ²³		2.54	2.96	2.96	-4.78	-2.77	0.91	1.36	N/A		
PGIM High-Yield Fund (Class R6)	PHYQX	1.18	3.04	3.04	-4.39	6.12	3.44	4.37	N/A	10/31/2011	
BENCHMARK: ICE BofA US High Yield Index ²⁰		1.13	3.72	3.72	-3.56	5.84	3.06	4.03	N/A		
Western Asset Core Plus Bond Fund (Class IS)	WAPSX	2.27	3.38	3.38	-7.97	-2.66	0.18	1.86	N/A	08/04/2008	
BENCHMARK: Bloomberg US Aggregate Bond Index ²³		2.54	2.96	2.96	-4.78	-2.77	0.91	1.36	N/A		
Target Date											
The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.											
Fidelity Freedom Index 2005 Fund (Premier Class)	FBLPX	2.31	3.69	3.69	-4.08	N/A	N/A	N/A	0.60	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2010 Index ⁶		1.94	3.75	3.75	-6.20	5.41	3.87	4.36	1.61		
Fidelity Freedom Index 2010 Fund (Premier Class)	FCYPX	2.46	4.26	4.26	-4.79	N/A	N/A	N/A	1.51	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2010 Index ⁶		1.94	3.75	3.75	-6.20	5.41	3.87	4.36	1.61		
Fidelity Freedom Index 2015 Fund (Premier Class)	FFYPX	2.57	4.71	4.71	-5.57	N/A	N/A	N/A	2.38	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2015 Index ⁷		2.01	4.05	4.05	-7.23	5.54	3.92	4.67	1.43		
Fidelity Freedom Index 2020 Fund (Premier Class)	FKIPX	2.77	5.32	5.32	-6.34	N/A	N/A	N/A	3.21	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2020 Index ⁸		2.04	4.32	4.32	-7.95	6.03	4.07	5.09	1.59		

Variable Rate Investments-Average Annual Total Returns (%)										
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
Fidelity Freedom Index 2025 Fund (Premier Class)	FLIPX	2.82	5.66	5.66	-6.59	N/A	N/A	N/A	3.98	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2025 Index ⁹		2.02	4.58	4.58	-8.37	6.97	4.31	5.65	2.14	
Fidelity Freedom Index 2030 Fund (Premier Class)	FMKPX	2.83	5.83	5.83	-6.59	N/A	N/A	N/A	5.10	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2030 Index ¹⁰		1.94	4.84	4.84	-8.49	8.55	4.70	6.30	3.26	
Fidelity Freedom Index 2035 Fund (Premier Class)	FNIPX	2.84	6.36	6.36	-6.85	N/A	N/A	N/A	7.11	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2035 Index ¹¹		1.78	5.10	5.10	-8.22	10.61	5.18	6.90	4.85	
Fidelity Freedom Index 2040 Fund (Premier Class)	FPIPX	2.84	6.86	6.86	-7.13	N/A	N/A	N/A	8.48	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2040 Index ¹²		1.61	5.31	5.31	-7.81	12.51	5.62	7.31	6.38	
Fidelity Freedom Index 2045 Fund (Premier Class)	FQIPX	2.88	6.96	6.96	-7.05	N/A	N/A	N/A	8.51	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2045 Index ¹³		1.47	5.46	5.46	-7.50	13.69	5.86	7.48	7.35	
Fidelity Freedom Index 2050 Fund (Premier Class)	FRLPX	2.83	6.95	6.95	-7.09	N/A	N/A	N/A	8.51	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹⁴		1.40	5.53	5.53	-7.33	14.11	5.92	7.47	7.72	
Fidelity Freedom Index 2055 Fund (Premier Class)	FTYPX	2.85	6.97	6.97	-7.10	N/A	N/A	N/A	8.50	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2055 Index ¹⁵		1.37	5.55	5.55	-7.33	14.16	5.86	7.40	7.76	
Fidelity Freedom Index 2060 Fund (Premier Class)	FUIPX	2.87	6.99	6.99	-7.06	N/A	N/A	N/A	8.50	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2060 Index ³		1.36	5.55	5.55	-7.36	14.13	5.77	N/A	7.73	
Fidelity Freedom Index 2065 Fund (Premier Class)	FVIPX	2.86	7.03	7.03	-7.06	N/A	N/A	N/A	8.50	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2060 Index ³		1.36	5.55	5.55	-7.36	14.13	5.77	N/A	7.73	
Fidelity Freedom Index Income Fund (Premier Class)	FAPIX	2.36	3.68	3.68	-3.78	N/A	N/A	N/A	0.08	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate Income Index ⁵		1.88	3.56	3.56	-5.19	5.42	3.75	3.87	1.92	
Growth & Income										
American Funds - Washington Mutual Investors Fund (Class R6)	RWMGX	1.87	1.16	1.16	-5.32	18.12	9.96	11.34	N/A	05/01/2009
BENCHMARK: S&P 500 Index ²¹		3.67	7.50	7.50	-7.73	18.60	11.19	12.24	N/A	
Cohen & Steers Real Estate Securities (Class Z)	CSZIX	-1.99	2.60	2.60	-19.36	11.77	7.37	N/A	8.16	10/01/2014
BENCHMARK: FTSE NAREIT All Equity Index ¹⁶		-1.74	1.74	1.74	-19.40	10.17	6.25	6.45	6.85	
Columbia Dividend Income Fund (Institutional 3 Class)	CDDYX	0.91	-0.15	-0.15	-2.47	17.14	10.18	11.16	N/A	11/08/2012
BENCHMARK: Russell 1000 Index ²⁴		3.16	7.46	7.46	-8.39	18.55	10.87	12.01	N/A	
Vanguard 500 Index Fund (Admiral Shares)	VFIAX	3.67	7.49	7.49	-7.77	18.56	11.15	12.20	N/A	11/13/2000
BENCHMARK: S&P 500 Index ²¹		3.67	7.50	7.50	-7.73	18.60	11.19	12.24	N/A	
Growth										
AB Large Cap Growth Fund (Class Z)	APGZX	6.77	11.74	11.74	-8.89	15.90	13.17	N/A	13.43	06/30/2015
BENCHMARK: Russell 1000 Growth Index ¹⁸		6.84	14.37	14.37	-10.90	18.58	13.66	14.59	12.90	
Carillon Eagle Mid Cap Growth Fund (Class R6)	HRAUX	0.77	6.74	6.74	-11.30	16.14	8.67	12.00	N/A	08/15/2011
BENCHMARK: Russell Midcap Growth Index ²¹		1.38	9.14	9.14	-8.52	15.20	9.07	11.17	N/A	
Franklin Small Cap Value Fund (Class R6)	FRCSX	-4.80	2.20	2.20	-5.11	22.63	6.81	N/A	8.96	05/01/2013
BENCHMARK: Russell 2000 Value Index ²⁰		-7.17	-0.66	-0.66	-12.96	21.01	4.55	7.22	8.09	
JPMorgan Small Cap Growth Fund (Class R6)	JGSMX	-3.55	4.66	4.66	-17.56	10.87	5.97	10.94	N/A	11/30/2010
BENCHMARK: Russell 2000 Growth Index ¹⁹		-2.47	6.07	6.07	-10.60	13.36	4.26	8.49	N/A	

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE	
Janus Henderson Global Life Sciences Fund (Class I) BENCHMARK: S&P 500 Index ³¹	JFNIX	2.69 3.67	-1.28 7.50	-1.28 7.50	1.40 -7.73	14.32 18.60	10.91 11.19	14.06 12.24	N/A N/A	07/06/2009	
Vanguard Information Technology Index Fund (Admiral Shares) BENCHMARK: Dow Jones US Technology Index ²⁵	VITAX	9.70 12.14	20.95 24.75	20.95 24.75	-6.49 -9.32	23.05 23.23	18.84 18.45	19.48 19.21	N/A N/A	03/25/2004	
Vanguard Mid-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Mid Cap 450 Index ²⁸	VIMAX	-1.12 -2.60	3.87 2.39	3.87 2.39	-9.86 -9.77	18.73 20.01	8.13 8.58	10.17 10.79	N/A N/A	11/12/2001	
Vanguard Small-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Small Cap 1750 Index ²⁹	VSMAX	-3.61 -4.38	3.74 3.56	3.74 3.56	-9.33 -9.75	19.67 21.24	6.76 6.74	9.19 9.12	N/A N/A	11/13/2000	
Victory Sycamore Established Value Fund (Class I) BENCHMARK: Russell Midcap Value Index ²²	VEVIX	-2.57 -3.15	1.75 1.32	1.75 1.32	-1.30 -9.22	26.04 20.69	10.65 6.54	12.01 8.80	N/A N/A	03/01/2010	
International											
American Funds - New World Fund (Class R6) BENCHMARK: MSCI Emerging Markets Free Index ¹⁷	RNWGX	3.09 2.73	6.67 3.55	6.67 3.55	-6.90 -13.27	12.18 5.28	4.10 -3.29	5.50 -0.44	N/A N/A	05/01/2009	
MFS International Intrinsic Value Fund (Class R6) BENCHMARK: MSCI EAFE Index ²⁶	MINJX	3.59 2.48	9.09 8.47	9.09 8.47	-3.36 -1.38	9.02 12.99	5.32 3.52	8.16 5.00	N/A N/A	05/01/2006	
Vanguard International Growth Fund (Admiral Shares) BENCHMARK: MSCI EAFE Index ²⁶	VWILX	5.45 2.48	12.50 8.47	12.50 8.47	-6.81 -1.38	13.48 12.99	6.54 3.52	8.79 5.00	N/A N/A	08/13/2001	

Total returns are historical and include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower. Note - This Investment Return report is designed to provide investors with an illustration of the performance of only those funds and/or investments in the Plan's lineup as of the report date provided at the top of the first page. This report does not report performance figures for those funds and/or investments that were once in the Plan's lineup, and have since been removed from the lineup prior to the report date at the top of the first page. Further, the performance returns reported on this document represents performance for each respective fund; however, this does not represent the actual performance experience of individual participants within the Plan, due to participant's variability in cash flows, timing of cash flows, etc. For actual performance experience, participants should refer to the Personal rate of Return function online at mylife.jhrps.com, our Voice Response System (VRS), John Hancock participant service center, or periodic participant statements.

²¹In addition to fees charged by JHRPS for its services to the plan, affiliates of JHRPS receive investment management and other fees from the John Hancock Funds and other funds advised or sub-advised by JHRPS's affiliates.

³The Morningstar Lifetime Moderate 2060 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2060. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁴⁴"Bloomberg Global Aggregate Index (USD Hedged) provides a broad based measure of the global investment-grade fixed-rate debt markets and covers the most liquid portion of the global investment grade fixed-rate bond market, including government, credit and collateralized securities. It is not possible to invest directly in an index."

⁵The Morningstar Lifetime Moderate Income Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target of moderate income. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁶The Morningstar Lifetime Moderate 2010 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2010. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁷The Morningstar Lifetime Moderate 2015 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2015. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

- ⁸The Morningstar Lifetime Moderate 2020 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2020. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ⁹The Morningstar Lifetime Moderate 2025 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2025. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁰The Morningstar Lifetime Moderate 2030 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2030. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹¹The Morningstar Lifetime Moderate 2035 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2035. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹²The Morningstar Lifetime Moderate 2040 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2040. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹³The Morningstar Lifetime Moderate 2045 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2045. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁴The Morningstar Lifetime Moderate 2050 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2050. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁵The Morningstar Lifetime Moderate 2055 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2055. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁶FTSE NAREIT All Equity REITs Index: The National Association of Real Estate Investment Trusts (NAREIT) All Equity Index is an unmanaged market weighted index of tax qualified REITs listed on the New York Stock Exchange, American Stock Exchange and the NASDAQ National Market System, including dividends. An investment cannot be made directly into an index.
- ¹⁷MSCI Emerging Markets Free Index is an unmanaged index of a sample of companies representative of the market structure of 26 Emerging Markets countries. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁸Russell 1000 Growth Index: The Russell 1000 Growth Index is an unmanaged index that measures the performance of those Russell 1000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁹Russell 2000 Growth Index: The Russell 2000 Growth Index is an unmanaged index that measures the performance of those Russell 2000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁰Russell 2000 Value Index: The Russell 2000 Value Index is an unmanaged index that measures the performance of those Russell 2000 companies with lower price-to-book ratios and lower forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²¹Russell Midcap Growth Index: The Russell Midcap Growth Index is an unmanaged index that measures the performance of those Russell Midcap companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²²Russell Midcap Value Index: A market-weighted total return index that measures the performance of companies within the Russell Midcap Index having lower price-to-book ratios and lower forecasted growth values. The Russell Midcap Index includes firms 201 through 1000, based on market capitalization, from the Russell 3000 Index. The Russell 3000 Index represents 98% of the of the investable US equity market. An investment cannot be made directly into an index.
- ²³Bloomberg US Aggregate Bond Index is an unmanaged market value-weighted performance benchmark for investment-grade or better fixed-rate debt issues, including government, corporate, asset-backed, and mortgage-backed securities, with maturities of at least one year. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁴Russell 1000 Index: The Russell 1000 Index is an unmanaged index that measures the performance of the 1,000 largest companies in the Russell 3000 Index, which includes the 3,000 largest U.S. companies based on total market capitalization. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁵Dow Jones US Technology Index is an unmanaged index consisting of companies included in the Dow Jones Global Universe Index that derive their primary revenue from the technology sector. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

²⁶MSCI EAFE Index: The MSCI EAFE Index (Europe, Australasia, Far East) is a free float-adjusted market capitalization index that is designed to measure the equity market performance of developed markets, excluding the US & Canada. The MSCI EAFE Index consists of the 22 developed market country indices in Europe, Australasia and the Far East. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

²⁸MSCI US Mid Cap 450 Index: The MSCI US Mid Cap 450 Index represents the universe of medium capitalization companies in the US equity market. This index targets for inclusion 450 companies and represents, as of October 29, 2004, approximately 15% of the capitalization of the US equity market. An investment cannot be made directly into an index.

²⁹MSCI US Small Cap 1750 Index: The MSCI US Small Cap 1750 Index represents the universe of small capitalization companies in the US equity market. This index targets for inclusion 1,750 companies and represents, as of October 29, 2004, approximately 12% of the capitalization of the US equity market. An investment cannot be made directly into an index.

³⁰BofA Merrill Lynch U.S. High Yield Master II Index is an unmanaged index which tracks the performance of below investment grade U.S. dollar-denominated corporate bonds publicly issued in the U.S. domestic market. An investment cannot be made directly into an index.

³¹S&P 500 Index is an unmanaged index and is widely regarded as the standard for measuring large-cap U.S. stock market performance. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

An investment cannot be made directly into an index.

The mutual fund performance and statistical data included here is supplied by Morningstar, Inc. and was collected from company reports, financial reporting services, periodicals and other sources believed to be reliable. Although carefully verified, data are not guaranteed by Morningstar, Inc. or John Hancock Retirement Plan Services, LLC.

The following information focuses on the performance of investment options that have a fixed or stated rate of return. This table shows the annual rate of return of each such option, the term or length of time that you will earn this rate of return, and other information relevant to performance.

Fixed Return Investments			
NAME/TYPE OF OPTION	RETURNS	TERMS	OTHERS
Stable Value			
NYL Guaranteed Interest Account ¹ <i>myplan.johnhancock.com/investment info</i>	2.55%	Semi-Annual	Rate credited through 06/30/2023

¹This investment option is not a mutual fund.

Carpenters Annuity Trust for Northern California

Section 2 – Fee and Expense Information

The following table shows fee and expense information for the plan's investment options. The Total Annual Operating Expenses are expenses that reduce the rates of return of the investment option. This table also shows any redemption fees charged by an investment option upon the sale or exchange of shares and the minimum number of days one must hold the investment in order to avoid a redemption fee.

Expense ratio (gross) does not include fee waivers or expense reimbursements which result in lower actual cost to the investor.

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Stable Value					
NYL Guaranteed Interest Account	0.05%	\$ 0.50	N/A	N/A	
Income					
American Funds Strategic Bond Fund (Class R6)	0.33%	\$ 3.30	N/A	N/A	
Janus Henderson Developed World Bond Fund (Class N)	0.55%	\$ 5.50	N/A	N/A	
John Hancock Income Fund (Class R6)	0.40%	\$ 4.00	N/A	N/A	

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
PGIM High-Yield Fund (Class R6)	0.38%	\$ 3.80	N/A	N/A	
Western Asset Core Plus Bond Fund (Class IS)	0.42%	\$ 4.20	N/A	N/A	
Target Date					
Fidelity Freedom Index 2005 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2010 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2015 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2020 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2025 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2030 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2035 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2040 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2045 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2050 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2055 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2060 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2065 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index Income Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Growth & Income					
American Funds - Washington Mutual Investors Fund (Class R6)	0.26%	\$ 2.60	N/A	N/A	
Cohen & Steers Real Estate Securities (Class Z)	0.75%	\$ 7.50	N/A	N/A	
Columbia Dividend Income Fund (Institutional 3 Class)	0.55%	\$ 5.50	N/A	N/A	
Vanguard 500 Index Fund (Admiral Shares)	0.04%	\$ 0.40	N/A	N/A	
Growth					
AB Large Cap Growth Fund (Class Z)	0.52%	\$ 5.20	N/A	N/A	
Carillon Eagle Mid Cap Growth Fund (Class R6)	0.64%	\$ 6.40	N/A	N/A	
Franklin Small Cap Value Fund (Class R6)	0.62%	\$ 6.20	N/A	N/A	
JPMorgan Small Cap Growth Fund (Class R6)	0.76%	\$ 7.60	N/A	N/A	
Janus Henderson Global Life Sciences Fund (Class I)	0.76%	\$ 7.60	N/A	N/A	
Vanguard Information Technology Index Fund (Admiral Shares)	0.10%	\$ 1.00	N/A	N/A	
Vanguard Mid-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Vanguard Small-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Victory Sycamore Established Value Fund (Class I)	0.58%	\$ 5.80	N/A	N/A	
International					
American Funds - New World Fund (Class R6)	0.57%	\$ 5.70	N/A	N/A	

Fees and Expenses

NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
MFS International Intrinsic Value Fund (Class R6)	0.62%	\$ 6.20	N/A	N/A	
Vanguard International Growth Fund (Admiral Shares)	0.34%	\$ 3.40	N/A	N/A	

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification>. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Please visit myplan.johnhancock.com for a glossary of investment terms relevant to this plan. The glossary is intended to help you better understand your options.

Carpenters Annuity Trust Fund for Northern California

Section 3 – Plan Related Information

PLAN ADMINISTRATIVE EXPENSES

Participant Directed: In addition to the total annual operating fees associated with the investments, an annual pro-rata administrative fee of approximately 0.28%* will be deducted from participant accounts on a monthly basis. As an example: For an account balance of \$50,000 the monthly pro-rata fee would be approximately \$11.67. In addition, participants in the Plan pay a quarterly fixed administrative fee. As an example, for the last four quarters ending March 31, 2023, the fixed administrative fee was on average \$18.93 per quarter.

The Carpenters Annuity Plan may pay outside service providers for administrative services rendered during the year, such as recordkeeping and investment advisory services. Such amounts may be paid from a segregated account under the Annuity Plan and/or may be charged against participants' accounts on a pro-rata basis in accordance with the Amended and Restated Rules and Regulations of the Plan. Any amounts assessed against your account will be disclosed on a quarterly basis.

*0.24% effective September 1, 2023

PARTICIPANT EXPENSES

To ensure that you receive your benefits when eligible, the Trustees of the Carpenters Annuity Trust Fund Trust Fund have a policy in place to locate and pay benefits to unenrolled and missing Participants or Beneficiaries of the Plan. The process of enrolling or locating missing Participants or Beneficiaries can include multiple efforts depending on the amount of the unpaid account balance and how long it takes to locate the individual. Each attempt made to contact such individuals will result in a fee assessment. The costs associated with location services may be revised from time-to-time, and currently include:

Participant Notice	\$10.27	Separation from Service Invalid Address Union Notice	\$8.35
Employer Notice	\$8.61	Separation from Service Invalid Address Locator Service	\$8.35
Union Notice	\$8.38	Separation from Service Follow Up Letter	\$8.35
Un-enrolled or Invalid Address Locator Service	\$8.34	Frozen Account Locator Service	\$8.34
Un-cashed Check(s) Letter	\$30.67	Frozen Account Reinstatement	\$8.27
Un-cashed Check(s) Locator Service	\$20.73	Separation from Service Invalid Address Second Follow Up	\$8.27
		Required Minimum Distribution Locator Service	\$8.94

To avoid an assessment for location efforts, simply keep the Fund Office apprised of your current address and if you have not yet done so, complete an enrollment form which can be downloaded from the website, www.carpenterfunds.com, fill it out and mail or fax it to the Carpenter Fund Office. You can also obtain a form by calling the Fund Office at (888) 547- 2054.

ACCESS TO INFORMATION

As a participant in the plan, you have the right to request paper copies, free of charge, of any information required to be available on the plan website. This includes past and current statements. To request this, you can contact a John Hancock participant service representative at 833-388-6466 from 08:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to our representatives are recorded. In addition, your past and current statements are available through our secure website at mylife.jhrps.com/statements.

ABILITY TO DIRECT INVESTMENTS

“Qualified” Participants have the option of selecting their own investment options from a select group of mutual funds. In order to become a qualified Participant, you must participate in a special education program to learn more about selecting your own investment options. Once qualified, you have the right to transfer into or out of any investment option in your Carpenters Annuity Plan at any time. Investment options in your Annuity Plan may have implemented restrictions such as short-term trading fees and/or trading blackout periods on certain transactions. If these apply to any of the options in the Annuity Plan, they will be explained in the Fees and Expenses section. Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. The plan's named fiduciary, or its delegate, exercises voting, tender and any similar rights associated with the plan's designated investment alternatives. To change any of your investments, you can go to myplan.johnhancock.com at any time, or you can call John Hancock at 1(833) 388-6466 from 8:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to a John Hancock Representative are recorded.

RESTRICTED INVESTMENTS

The following funds have restrictions as described below:

1) Trustee Directed Option: This investment may have restrictions regarding contributions and liquidations. Allocations in this investment may be limited to 0% of your account balance.

Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. Please review the funds' prospectuses for more information.

ABOUT RISK

All investing involves risk. It is possible that your investment objectives may not be met. All mutual funds are subject to market risk and may fluctuate in value.

Neither John Hancock Retirement Plan Services, LLC, its affiliates nor its representatives provide tax, legal or accounting advice. Please contact your own advisors.

Please contact John Hancock at 833-388-6466 for a prospectus, and, if available, a summary prospectus. Investors are asked to consider the investment objectives, risks, and charges and expenses of the investment carefully before investing. The prospectus or summary prospectus, contains this and other information about the investment company. Please read this information carefully before investing.

AVISO

Si usted tiene dificultad en entender alguna parte de este folleto, comuníquese con Carpenter Funds Administrative Office en 265 Hegenberger Road, Suite 100, Oakland, CA 94621. Las horas de oficina son de 8:00 a.m. a 5:00 p.m., lunes a viernes. Usted también puede llamar a la oficina del Plan, teléfono 888-547-2054, para ayuda.

Northern California Carpenters 401(k) Trust Fund

Section 4 – Performance Information

The information in this table focuses on the performance of investment options that do not have a fixed or stated rate of return. It shows how these investments have performed in the past and allows you to compare them with appropriate benchmarks for the same time periods. Information about an option's principal risks is available through the following website, myplan.johnhancock.com/investment_info. Please enter code "LO1502" to view your plan investment option details.

Total returns include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower.

For funds with redemption fees, performance shown does not reflect the deduction of this fee which would reduce performance.

Investment options are grouped according to investment objective. Within each investment objective grouping, funds are listed in alphabetical order. For more specific information, please refer to the investments' specific disclosure information.

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Your investment in these options could lose money. For the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at 833-388-6466.

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE	
Income											
American Funds Strategic Bond Fund (Class R6)	RANGX	3.27	3.60	3.60	-6.12	-0.32	3.34	N/A	2.98	03/18/2016	
BENCHMARK: Bloomberg US Aggregate Bond Index ²⁴		2.54	2.96	2.96	-4.78	-2.77	0.91	1.36	0.63		
Janus Henderson Developed World Bond Fund (Class N)	HFARX	3.95	4.40	4.40	-7.50	-0.84	1.11	N/A	2.25	11/30/2015	
BENCHMARK: Bloomberg Global Aggregate Index (USD Hedged) ⁴		2.22	2.90	2.90	-3.86	-2.13	0.95	1.93	1.24		
John Hancock Income Fund (Class R6) ²	JSNWX	2.59	3.39	3.39	-3.10	1.88	1.68	2.12	N/A	09/01/2011	
BENCHMARK: Bloomberg US Aggregate Bond Index ²⁴		2.54	2.96	2.96	-4.78	-2.77	0.91	1.36	N/A		
PGIM High-Yield Fund (Class R6)	PHYQX	1.18	3.04	3.04	-4.39	6.12	3.44	4.37	N/A	10/31/2011	
BENCHMARK: ICE BofA US High Yield Index ³¹		1.13	3.72	3.72	-3.56	5.84	3.06	4.03	N/A		
Asset Allocation											
New Northern California Carpenter Allocation Option		0.74	3.39	3.39	-7.47	N/A	N/A	N/A	1.18	12/28/2020	
BENCHMARK: Morningstar Moderate Target Risk Index ⁵		1.78	4.33	4.33	-6.22	8.47	4.80	5.74	-1.31		
Target Date											
The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.											
Fidelity Freedom Index 2005 Fund (Premier Class)	FBLPX	2.31	3.69	3.69	-4.08	N/A	N/A	N/A	0.60	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2010 Index ⁷		1.94	3.75	3.75	-6.20	5.41	3.87	4.36	1.61		
Fidelity Freedom Index 2010 Fund (Premier Class)	FCYPX	2.46	4.26	4.26	-4.79	N/A	N/A	N/A	1.51	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2010 Index ⁷		1.94	3.75	3.75	-6.20	5.41	3.87	4.36	1.61		
Fidelity Freedom Index 2015 Fund (Premier Class)	FFYPX	2.57	4.71	4.71	-5.57	N/A	N/A	N/A	2.38	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2015 Index ⁸		2.01	4.05	4.05	-7.23	5.54	3.92	4.67	1.43		
Fidelity Freedom Index 2020 Fund (Premier Class)	FKIPX	2.77	5.32	5.32	-6.34	N/A	N/A	N/A	3.21	06/24/2020	
BENCHMARK: Morningstar Lifetime Moderate 2020 Index ⁹		2.04	4.32	4.32	-7.95	6.03	4.07	5.09	1.59		

Variable Rate Investments-Average Annual Total Returns (%)										
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE
Fidelity Freedom Index 2025 Fund (Premier Class)	FLIPX	2.82	5.66	5.66	-6.59	N/A	N/A	N/A	3.98	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2025 Index ¹⁰		2.02	4.58	4.58	-8.37	6.97	4.31	5.65	2.14	
Fidelity Freedom Index 2030 Fund (Premier Class)	FMKPX	2.83	5.83	5.83	-6.59	N/A	N/A	N/A	5.10	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2030 Index ¹¹		1.94	4.84	4.84	-8.49	8.55	4.70	6.30	3.26	
Fidelity Freedom Index 2035 Fund (Premier Class)	FNIPX	2.84	6.36	6.36	-6.85	N/A	N/A	N/A	7.11	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2035 Index ¹²		1.78	5.10	5.10	-8.22	10.61	5.18	6.90	4.85	
Fidelity Freedom Index 2040 Fund (Premier Class)	FPIPX	2.84	6.86	6.86	-7.13	N/A	N/A	N/A	8.48	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2040 Index ¹³		1.61	5.31	5.31	-7.81	12.51	5.62	7.31	6.38	
Fidelity Freedom Index 2045 Fund (Premier Class)	FQIPX	2.88	6.96	6.96	-7.05	N/A	N/A	N/A	8.51	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2045 Index ¹⁴		1.47	5.46	5.46	-7.50	13.69	5.86	7.48	7.35	
Fidelity Freedom Index 2050 Fund (Premier Class)	FRLPX	2.83	6.95	6.95	-7.09	N/A	N/A	N/A	8.51	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2050 Index ¹⁵		1.40	5.53	5.53	-7.33	14.11	5.92	7.47	7.72	
Fidelity Freedom Index 2055 Fund (Premier Class)	FTYPX	2.85	6.97	6.97	-7.10	N/A	N/A	N/A	8.50	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2055 Index ¹⁶		1.37	5.55	5.55	-7.33	14.16	5.86	7.40	7.76	
Fidelity Freedom Index 2060 Fund (Premier Class)	FUIPX	2.87	6.99	6.99	-7.06	N/A	N/A	N/A	8.50	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2060 Index ³		1.36	5.55	5.55	-7.36	14.13	5.77	N/A	7.73	
Fidelity Freedom Index 2065 Fund (Premier Class)	FVIPX	2.86	7.03	7.03	-7.06	N/A	N/A	N/A	8.50	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate 2060 Index ³		1.36	5.55	5.55	-7.36	14.13	5.77	N/A	7.73	
Fidelity Freedom Index Income Fund (Premier Class)	FAPIX	2.36	3.68	3.68	-3.78	N/A	N/A	N/A	0.08	06/24/2020
BENCHMARK: Morningstar Lifetime Moderate Income Index ⁶		1.88	3.56	3.56	-5.19	5.42	3.75	3.87	1.92	
Growth & Income										
American Funds - Washington Mutual Investors Fund (Class R6)	RWMGX	1.87	1.16	1.16	-5.32	18.12	9.96	11.34	N/A	05/01/2009
BENCHMARK: S&P 500 Index ²²		3.67	7.50	7.50	-7.73	18.60	11.19	12.24	N/A	
Cohen & Steers Real Estate Securities (Class Z)	CSZIX	-1.99	2.60	2.60	-19.36	11.77	7.37	N/A	8.16	10/01/2014
BENCHMARK: FTSE NAREIT All Equity Index ¹⁷		-1.74	1.74	1.74	-19.40	10.17	6.25	6.45	6.85	
Columbia Dividend Income Fund (Institutional 3 Class)	CDDYX	0.91	-0.15	-0.15	-2.47	17.14	10.18	11.16	N/A	11/08/2012
BENCHMARK: Russell 1000 Index ²⁵		3.16	7.46	7.46	-8.39	18.55	10.87	12.01	N/A	
Vanguard 500 Index Fund (Admiral Shares)	VFIAX	3.67	7.49	7.49	-7.77	18.56	11.15	12.20	N/A	11/13/2000
BENCHMARK: S&P 500 Index ²²		3.67	7.50	7.50	-7.73	18.60	11.19	12.24	N/A	
Growth										
AB Large Cap Growth Fund (Class Z)	APGZX	6.77	11.74	11.74	-8.89	15.90	13.17	N/A	13.43	06/30/2015
BENCHMARK: Russell 1000 Growth Index ¹⁹		6.84	14.37	14.37	-10.90	18.58	13.66	14.59	12.90	
Carillon Eagle Mid Cap Growth Fund (Class R6)	HRAUX	0.77	6.74	6.74	-11.30	16.14	8.67	12.00	N/A	08/15/2011
BENCHMARK: Russell Midcap Growth Index ²²		1.38	9.14	9.14	-8.52	15.20	9.07	11.17	N/A	
Franklin Small Cap Value Fund (Class R6)	FRCSX	-4.80	2.20	2.20	-5.11	22.63	6.81	N/A	8.96	05/01/2013
BENCHMARK: Russell 2000 Value Index ²¹		-7.17	-0.66	-0.66	-12.96	21.01	4.55	7.22	8.09	
JPMorgan Small Cap Growth Fund (Class R6)	JGSMX	-3.55	4.66	4.66	-17.56	10.87	5.97	10.94	N/A	11/30/2010
BENCHMARK: Russell 2000 Growth Index ²⁰		-2.47	6.07	6.07	-10.60	13.36	4.26	8.49	N/A	

Variable Rate Investments-Average Annual Total Returns (%)											
INVESTMENT NAME/COMPARATIVE BENCHMARK	TICKER	1 MONTH	3 MONTH	YTD	1 YEAR	3 YEARS	5 YEARS	10 YEARS	SINCE INCEPTION	INCEPTION DATE	
Janus Henderson Global Life Sciences Fund (Class I) BENCHMARK: S&P 500 Index ²²	JFNIX	2.69 3.67	-1.28 7.50	-1.28 7.50	1.40 -7.73	14.32 18.60	10.91 11.19	14.06 12.24	N/A N/A	07/06/2009	
Vanguard Information Technology Index Fund (Admiral Shares) BENCHMARK: Dow Jones US Technology Index ²⁶	VITAX	9.70 12.14	20.95 24.75	20.95 24.75	-6.49 -9.32	23.05 23.23	18.84 18.45	19.48 19.21	N/A N/A	03/25/2004	
Vanguard Mid-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Mid Cap 450 Index ²⁹	VIMAX	-1.12 -2.60	3.87 2.39	3.87 2.39	-9.86 -9.77	18.73 20.01	8.13 8.58	10.17 10.79	N/A N/A	11/12/2001	
Vanguard Small-Cap Index Fund (Admiral Shares) BENCHMARK: MSCI US Small Cap 1750 Index ³⁰	VSMAX	-3.61 -4.38	3.74 3.56	3.74 3.56	-9.33 -9.75	19.67 21.24	6.76 6.74	9.19 9.12	N/A N/A	11/13/2000	
Victory Sycamore Established Value Fund (Class I) BENCHMARK: Russell Midcap Value Index ²³	VEVIX	-2.57 -3.15	1.75 1.32	1.75 1.32	-1.30 -9.22	26.04 20.69	10.65 6.54	12.01 8.80	N/A N/A	03/01/2010	
International											
American Funds - New World Fund (Class R6) BENCHMARK: MSCI Emerging Markets Free Index ¹⁸	RNWGX	3.09 2.73	6.67 3.55	6.67 3.55	-6.90 -13.27	12.18 5.28	4.10 -3.29	5.50 -0.44	N/A N/A	05/01/2009	
MFS International Intrinsic Value Fund (Class R6) BENCHMARK: MSCI EAFE Index ²⁷	MINJX	3.59 2.48	9.09 8.47	9.09 8.47	-3.36 -1.38	9.02 12.99	5.32 3.52	8.16 5.00	N/A N/A	05/01/2006	
Vanguard International Growth Fund (Admiral Shares) BENCHMARK: MSCI EAFE Index ²⁷	VWILX	5.45 2.48	12.50 8.47	12.50 8.47	-6.81 -1.38	13.48 12.99	6.54 3.52	8.79 5.00	N/A N/A	08/13/2001	

Total returns are historical and include changes in share price and reinvestment of all dividends and capital gains, if any, but not the effect of any sales charges, which are waived for qualified retirement plans. If sales charges were included, total returns would be lower. Note - This Investment Return report is designed to provide investors with an illustration of the performance of only those funds and/or investments in the Plan's lineup as of the report date provided at the top of the first page. This report does not report performance figures for those funds and/or investments that were once in the Plan's lineup, and have since been removed from the lineup prior to the report date at the top of the first page. Further, the performance returns reported on this document represents performance for each respective fund; however, this does not represent the actual performance experience of individual participants within the Plan, due to participant's variability in cash flows, timing of cash flows, etc. For actual performance experience, participants should refer to the Personal rate of Return function online at mylife.jhrps.com, our Voice Response System (VRS), John Hancock participant service center, or periodic participant statements.

²¹In addition to fees charged by JHRPS for its services to the plan, affiliates of JHRPS receive investment management and other fees from the John Hancock Funds and other funds advised or sub-advised by JHRPS's affiliates.

³The Morningstar Lifetime Moderate 2060 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2060. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁴⁴"Bloomberg Global Aggregate Index (USD Hedged) provides a broad based measure of the global investment-grade fixed-rate debt markets and covers the most liquid portion of the global investment grade fixed-rate bond market, including government, credit and collateralized securities. It is not possible to invest directly in an index."

⁵The Morningstar Moderate Index represents a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in a static allocation appropriate for U.S. investors who seek average exposure to equity market risk and returns. An investment cannot be made directly into an index.

⁶The Morningstar Lifetime Moderate Income Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target of moderate income. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

⁷The Morningstar Lifetime Moderate 2010 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2010. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

- ⁸The Morningstar Lifetime Moderate 2015 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2015. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ⁹The Morningstar Lifetime Moderate 2020 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2020. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁰The Morningstar Lifetime Moderate 2025 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2025. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹¹The Morningstar Lifetime Moderate 2030 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2030. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹²The Morningstar Lifetime Moderate 2035 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2035. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹³The Morningstar Lifetime Moderate 2040 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2040. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁴The Morningstar Lifetime Moderate 2045 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2045. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁵The Morningstar Lifetime Moderate 2050 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2050. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁶The Morningstar Lifetime Moderate 2055 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2055. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.
- ¹⁷FTSE NAREIT All Equity REITs Index: The National Association of Real Estate Investment Trusts (NAREIT) All Equity Index is an unmanaged market weighted index of tax qualified REITs listed on the New York Stock Exchange, American Stock Exchange and the NASDAQ National Market System, including dividends. An investment cannot be made directly into an index.
- ¹⁸MSCI Emerging Markets Free Index is an unmanaged index of a sample of companies representative of the market structure of 26 Emerging Markets countries. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ¹⁹Russell 1000 Growth Index: The Russell 1000 Growth Index is an unmanaged index that measures the performance of those Russell 1000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁰Russell 2000 Growth Index: The Russell 2000 Growth Index is an unmanaged index that measures the performance of those Russell 2000 companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²¹Russell 2000 Value Index: The Russell 2000 Value Index is an unmanaged index that measures the performance of those Russell 2000 companies with lower price-to-book ratios and lower forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²²Russell Midcap Growth Index: The Russell Midcap Growth Index is an unmanaged index that measures the performance of those Russell Midcap companies with higher price-to-book ratios and higher forecasted growth values. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²³Russell Midcap Value Index: A market-weighted total return index that measures the performance of companies within the Russell Midcap Index having lower price-to-book ratios and lower forecasted growth values. The Russell Midcap Index includes firms 201 through 1000, based on market capitalization, from the Russell 3000 Index. The Russell 3000 Index represents 98% of the of the investable US equity market. An investment cannot be made directly into an index.
- ²⁴Bloomberg US Aggregate Bond Index is an unmanaged market value-weighted performance benchmark for investment-grade or better fixed-rate debt issues, including government, corporate, asset-backed, and mortgage-backed securities, with maturities of at least one year. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.
- ²⁵Russell 1000 Index: The Russell 1000 Index is an unmanaged index that measures the performance of the 1,000 largest companies in the Russell 3000 Index, which includes the 3,000 largest U.S. companies based on total market capitalization. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

²⁶Dow Jones US Technology Index is an unmanaged index consisting of companies included in the Dow Jones Global Universe Index that derive their primary revenue from the technology sector. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

²⁷MSCI EAFE Index: The MSCI EAFE Index (Europe, Australasia, Far East) is a free float-adjusted market capitalization index that is designed to measure the equity market performance of developed markets, excluding the US & Canada. The MSCI EAFE Index consists of the 22 developed market country indices in Europe, Australasia and the Far East. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

²⁸MSCI US Mid Cap 450 Index: The MSCI US Mid Cap 450 Index represents the universe of medium capitalization companies in the US equity market. This index targets for inclusion 450 companies and represents, as of October 29, 2004, approximately 15% of the capitalization of the US equity market. An investment cannot be made directly into an index.

³⁰MSCI US Small Cap 1750 Index: The MSCI US Small Cap 1750 Index represents the universe of small capitalization companies in the US equity market. This index targets for inclusion 1,750 companies and represents, as of October 29, 2004, approximately 12% of the capitalization of the US equity market. An investment cannot be made directly into an index.

³¹BofA Merrill Lynch U.S. High Yield Master II Index is an unmanaged index which tracks the performance of below investment grade U.S. dollar-denominated corporate bonds publicly issued in the U.S. domestic market. An investment cannot be made directly into an index.

³²S&P 500 Index is an unmanaged index and is widely regarded as the standard for measuring large-cap U.S. stock market performance. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

An investment cannot be made directly into an index.

The mutual fund performance and statistical data included here is supplied by Morningstar, Inc. and was collected from company reports, financial reporting services, periodicals and other sources believed to be reliable. Although carefully verified, data are not guaranteed by Morningstar, Inc. or John Hancock Retirement Plan Services, LLC.

The following information focuses on the performance of investment options that have a fixed or stated rate of return. This table shows the annual rate of return of each such option, the term or length of time that you will earn this rate of return, and other information relevant to performance.

Fixed Return Investments			
NAME/TYPE OF OPTION	RETURNS	TERMS	OTHERS
Stable Value			
NYL Guaranteed Int Acc Restric myplan.johnhancock.com/investment_info	2.55%	Semi-Annual	Rate credited through 06/30/2023
NYL Guaranteed Interest Account ¹ myplan.johnhancock.com/investment_info	2.55%	Semi-Annual	Rate credited through 06/30/2023

¹This investment option is not a mutual fund.

Northern California Carpenters 401(k) Trust Fund Section 5 – Plan Related Information

The following table shows fee and expense information for the plan's investment options. The Total Annual Operating Expenses are expenses that reduce the rates of return of the investment option. This table also shows any redemption fees charged by an investment option upon the sale or exchange of shares and the minimum number of days one must hold the investment in order to avoid a redemption fee.

Expense ratio (gross) does not include fee waivers or expense reimbursements which result in lower actual cost to the investor.

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Stable Value					
NYL Guaranteed Int Acc Restric	0.05%	\$ 0.50	N/A	N/A	
NYL Guaranteed Interest Account	0.05%	\$ 0.50	N/A	N/A	

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Income					
American Funds Strategic Bond Fund (Class R6)	0.33%	\$ 3.30	N/A	N/A	
Janus Henderson Developed World Bond Fund (Class N)	0.55%	\$ 5.50	N/A	N/A	
John Hancock Income Fund (Class R6)	0.40%	\$ 4.00	N/A	N/A	
PGIM High-Yield Fund (Class R6)	0.38%	\$ 3.80	N/A	N/A	
Asset Allocation					
New Northern California Carpenter Allocation Option	0.56%	\$ 5.60	N/A	N/A	
Target Date					
Fidelity Freedom Index 2005 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2010 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2015 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2020 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2025 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2030 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2035 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2040 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2045 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2050 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2055 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2060 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index 2065 Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Fidelity Freedom Index Income Fund (Premier Class)	0.06%	\$ 0.60	N/A	N/A	
Growth & Income					
American Funds - Washington Mutual Investors Fund (Class R6)	0.26%	\$ 2.60	N/A	N/A	
Cohen & Steers Real Estate Securities (Class Z)	0.75%	\$ 7.50	N/A	N/A	
Columbia Dividend Income Fund (Institutional 3 Class)	0.55%	\$ 5.50	N/A	N/A	
Vanguard 500 Index Fund (Admiral Shares)	0.04%	\$ 0.40	N/A	N/A	
Growth					
AB Large Cap Growth Fund (Class Z)	0.52%	\$ 5.20	N/A	N/A	
Carillon Eagle Mid Cap Growth Fund (Class R6)	0.64%	\$ 6.40	N/A	N/A	
Franklin Small Cap Value Fund (Class R6)	0.62%	\$ 6.20	N/A	N/A	
JPMorgan Small Cap Growth Fund (Class R6)	0.76%	\$ 7.60	N/A	N/A	
Janus Henderson Global Life Sciences Fund (Class I)	0.76%	\$ 7.60	N/A	N/A	
Vanguard Information Technology Index Fund (Admiral Shares)	0.10%	\$ 1.00	N/A	N/A	

Fees and Expenses					
NAME/TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Vanguard Mid-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Vanguard Small-Cap Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A	
Victory Sycamore Established Value Fund (Class I)	0.58%	\$ 5.80	N/A	N/A	
International					
American Funds - New World Fund (Class R6)	0.57%	\$ 5.70	N/A	N/A	
MFS International Intrinsic Value Fund (Class R6)	0.62%	\$ 6.20	N/A	N/A	
Vanguard International Growth Fund (Admiral Shares)	0.34%	\$ 3.40	N/A	N/A	

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification>. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Please visit myplan.johnhancock.com for a glossary of investment terms relevant to this plan. The glossary is intended to help you better understand your options.

Northern California Carpenters 401(k) Trust Fund

Section 6 – Plan Related Information

PLAN ADMINISTRATIVE EXPENSES

In addition to the total annual operating fees associated with the investments, an annual administrative fee of approximately 0.30%* will be paid by each participant. The fee is deducted from individual account balances on a pro-rata basis each month. As an example, if you have an account balance of \$50,000 you will pay a quarterly fee of approximately \$12.50 each month. In addition, participants in the Plan pay an annual fixed administrative fee of \$120. This fee is deducted from your account at a rate of approximately \$10 on a monthly basis.

The Northern California Carpenters 401(k) Plan may pay outside service providers for administrative services rendered during the year, such as recordkeeping and investment advisory services. Such amounts may be paid from a segregated account under the 401(k) Plan and/or may be charged against participants' accounts on a pro rata basis or as a specific dollar amount. Any amounts assessed against your account will be disclosed on a quarterly basis.

* 0.26% effective September 1, 2023

PARTICIPANT EXPENSES

The following expenses apply to all participants in the Northern California Carpenters 401(k) Plan if used by the participant. If any of these expenses apply to you, they will appear on your quarterly account statement. For more information regarding these expenses please refer to your Northern California Carpenters 401(k) Summary Plan Description (SPD). The SPD can be obtained by contacting John Hancock. Definitions of each of these expenses are included in the glossary described above and available at myplan.johnhancock.com.

Loan Fees	\$100
Hardship Withdrawal Fee	\$75
Insufficient Funds Fee	\$25

ABILITY TO DIRECT INVESTMENTS

You have the right to transfer into or out of any investment option in your plan at any time, provided such transfer is permitted by the investment offeror. Investment options in your plan may have implemented restrictions such as redemption fees or short-term trading prohibitions. If redemption fees apply to any of the options in this plan, those fees and the holding period required to avoid the fees will be listed in the Fees and Expenses section above. Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. The plan's named fiduciary, or its delegate, exercises voting, tender and any similar rights associated with the plan's designated investment alternatives unless the plan offers an employer stock investment alternative. In the case of employer stock, voting rights are generally exercised based upon participant instruction. Please review the funds' prospectuses for more information. To change any of your investments, you can go to myplan.johnhancock.com at any time, or you can call us at 833-388-6466 from 08:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to our Representatives are recorded.

RESTRICTED INVESTMENTS

Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. Please review the funds' prospectuses for more information.

ABOUT RISK

All investing involves risk. It is possible that your investment objectives may not be met. All mutual funds are subject to market risk and may fluctuate in value.

Neither John Hancock Retirement Plan Services, LLC, its affiliates nor its representatives provide tax, legal or accounting advice. Please contact your own advisors.

Please contact John Hancock at 833-388-6466 for a prospectus, and, if available, a summary prospectus. Investors are asked to consider the investment objectives, risks, and charges and expenses of the investment carefully before investing. The prospectus or summary prospectus, contains this and other information about the investment company. Please read this information carefully before investing.

AVISO

Si usted tiene dificultad en entender alguna parte de este folleto, comuníquese con Carpenter Funds Administrative Office en 265 Hegenberger Road, Suite 100, Oakland, CA 94621. Las horas de oficina son de 8:00 a.m. a 5:00 p.m., lunes a viernes. Usted también puede llamar a la oficina del Plan, teléfono 888-547-2054, para ayuda.



**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

carpenterfunds.com

265 Hegenberger Road, Suite 100, Oakland, California 94621-1480
Toll-Free: (888) 547-2054 Phone: (510) 633-0333

July 2023

To: All Plan Participants and Beneficiaries

From: BOARD OF TRUSTEES
Carpenters Annuity Trust Fund for Northern California

Re: Individual Account Self-Direction

This Notice is to remind you that you have the **option** to direct the investments of your Individual Annuity Account through the Plan's Self-Direct program. You are not required to participate in the Self-Direct program, but it is a feature available to those who would like to pick their own investment options from a select list, and have qualified to do so.

- If you would like to review your Account, log in at carpenterfunds.com.
- If you do not already have a participant login, click the link to register after going to the login page.

To Continue with a Professionally Managed Account	To Self-Direct Your Investments
<p>No action is required. Your account will continue to be Professionally Managed.</p>	<p>To Get Started:</p> <p>Visit www.carpenterfunds.com, under the Retirement-Annuity tab and click the link labeled "Self-Direct Online Seminar" to watch an online educational program about your investment options.</p>
	<p>Choosing Investment Options:</p> <p>Once you have completed the online educational program, you may request all or a part of your Individual Annuity Account be transferred to John Hancock where you can direct your Account within a variety of mutual and target-date retirement funds. Pensionmark, the Plan's financial advisor, can answer questions about investment options and can be reached at (888) 201-5488 or www.Pensionmark.com.</p>
<p>View Plan and Account Information Online</p>	
<p>www.carpenterfunds.com</p>	<p>www.myplan.johnhancock.com</p>

The portion of the Plan allocated to the Self-Directed Subaccount is intended to comply with Section 404(c) of the Employee Retirement Income Security Act of 1974 (ERISA). This means the fiduciaries of the Plan may be relieved of liability for any losses, which are the direct and necessary result of investment instructions given by you with respect to that portion of your Individual Account allocated to the Self-Directed Subaccount.

The Board of Trustees maintains the right to change or discontinue the types and amounts of benefits under this Plan. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plan. Only the full Board of Trustees is authorized to interpret the Plan. The Board has discretion to decide all questions about the Plan, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret this Plan on behalf of the Board or to act as an agent of the Board.

IMPORTANT INFORMATION REGARDING THE NORTHERN CALIFORNIA CARPENTERS 401K PLAN

To: All Participants

From: Plan Administrator of the Northern California Carpenters 401(k) Plan (the "Plan")

Plan Sponsor: Board of Trustees, Northern California Carpenters 401(k) Plan

Date: July 2023

This is an annual notice which only applies to the 2023 Plan Year.

Please read this notice carefully, as it contains important information about certain features of the Plan. To obtain more general information about the Plan, you should obtain a copy of the Plan's Summary Plan Description ("SPD"). See "FOR ADDITIONAL INFORMATION" below for information on how you can obtain a copy of the Plan's current SPD.

NOTE: Many of your Plan elections are made by contacting John Hancock Retirement Plan Services ("John Hancock"). If you wish to contact John Hancock, you may do so:

- 24 hours a day via either the internet at myplan.johnhancock.com or an automated telephone system at 833.388.6466.
- 8AM to 10PM Eastern Time by calling 833.388.6466 to speak with a Participant Service Representative.

QUALIFIED DEFAULT INVESTMENT ALTERNATIVE

You have the right to direct the investment of your account among any of the investment options available under the Plan. Information concerning the available options has been provided to you. If you become a participant in the Plan and do not have an investment election on file, any contribution made on your behalf will be invested in the Plan's qualified default investment, the Fidelity Freedom Index Funds (Premier Class), based on your year of birth, according to the chart below:

Date of Birth	Default Investment
On or before 1937	Fidelity Freedom Index Income (Premier Class)
1938 - 1942	Fidelity Freedom Index 2005 (Premier Class)
1943 - 1947	Fidelity Freedom Index 2010 (Premier Class)
1948 - 1952	Fidelity Freedom Index 2015 (Premier Class)
1953 - 1957	Fidelity Freedom Index 2020 (Premier Class)
1958 - 1962	Fidelity Freedom Index 2025 (Premier Class)
1963 - 1967	Fidelity Freedom Index 2030 (Premier Class)
1968 - 1972	Fidelity Freedom Index 2035 (Premier Class)
1973 - 1977	Fidelity Freedom Index 2040 (Premier Class)
1978 - 1982	Fidelity Freedom Index 2045 (Premier Class)
1983 - 1987	Fidelity Freedom Index 2050 (Premier Class)
1988 - 1992	Fidelity Freedom Index 2055 (Premier Class)
1993 - 1997	Fidelity Freedom Index 2060 (Premier Class)
1998 or later	Fidelity Freedom Index 2065 (Premier Class)

If John Hancock does not have your date of birth on file, contributions will be invested instead in the Fidelity Freedom Index Income Fund (Premier Class) until a valid date of birth is obtained by John Hancock.

IMPORTANT INFORMATION REGARDING THE NORTHERN CALIFORNIA CARPENTERS 401K PLAN

This investment is intended to satisfy the requirements for a "qualified default investment alternative" ("QDIA") under the Employee Retirement Income Security Act of 1974 ("ERISA"). A copy of the Fund Fact Sheet for the Plan's default investment is attached to this Notice.

If you do not make an investment election and your account is invested in the QDIA, you may transfer all or any part of it from the QDIA into any other investment options by contacting John Hancock. Information regarding all of the Plan's investment options and procedures for changing investment elections is available by contacting John Hancock.

Amounts defaulted into the Plan's Stable Value Option prior to December 24, 2007 will also be considered a QDIA pursuant to a special QDIA transition rule.

About Risk

Investing in Target Date Funds: The "target date" in a target date fund is the approximate date an investor plans to start withdrawing money. Because target date funds are managed to specific retirement dates, investors may be taking on greater risk if the actual year of retirement differs dramatically from the original estimated date. Target date funds generally shift to a more conservative investment mix over time. While this may help to manage risk, it does not guarantee earnings growth nor is the fund's principal value guaranteed at any time including at the target date. You do not have the ability to actively manage the investments within target date funds. The portfolio managers control security selection and asset allocation. Target Date funds allocate their investments among multiple asset classes which can include U.S. and foreign equity and fixed income securities.

FOR ADDITIONAL INFORMATION

You should consult the Plan document and SPD for a complete explanation of the Plan's features and information. You may view and/or obtain a copy of the SPD by contacting John Hancock. You can also obtain additional information about the Plan by contacting John Hancock or by contacting the Plan Sponsor.

This Notice is not intended to, nor should you construe it as, modifying any aspect of the current Plan document or SPD.

John Hancock Retirement Plan Services, LLC offers plan administrative services and service programs through which a sponsor or administrator of a plan may invest in various investment options on behalf of plan participants. These investment options have not been individually selected by John Hancock Retirement Plan Services, LLC. John Hancock Trust Company, LLC provides trust and custodial services to such plans.

NOT FDIC INSURED | MAY LOSE VALUE | NOT BANK GUARANTEED | NOT INSURED BY ANY GOVERNMENT AGENCY
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S-P27617-GE 10/15-255636
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**IMPORTANT INFORMATION REGARDING THE
CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA**

To: All Participants enrolled in the self-directed program within the Plan

From: Plan Administrator of the Carpenters Annuity Trust Fund for Northern California
(the "Plan")

Plan Sponsor: Board of Trustees, Carpenters Annuity Trust Fund for Northern California

Date: July 2023

This is an annual notice which only applies to the 2023 Plan Year.

Please read this notice carefully, as it contains important information about certain features of the Plan. To obtain more general information about the Plan, you should obtain a copy of the Plan's Summary Plan Description ("SPD"). See "FOR ADDITIONAL INFORMATION" below for information on how you can obtain a copy of the Plan's current SPD.

NOTE: *Many of your Plan elections are made by contacting John Hancock Retirement Plan Services ("John Hancock"). If you wish to contact John Hancock, you may do so:*

- *24 hours a day via either the internet at myplan.johnancock.com or an automated telephone system at 833.388.6466.*
- *8AM to 10PM Eastern Time by calling 833.388.6466 to speak with a Participant Service Representative.*

QUALIFIED DEFAULT INVESTMENT ALTERNATIVE

You have the right to direct the investment of your account among any of the investment options available under the Plan. Information concerning the available options has been provided to you. If you become a participant in the Plan and do not have an investment election on file, any contribution made on your behalf will be invested in the Plan's qualified default investment, the Fidelity Freedom Index Funds (Premier Class), based on your year of birth, according to the chart below:

<u>Date of Birth</u>	<u>Default Investment</u>
On or before 1937	Fidelity Freedom Index Income (Premier Class)
1938 - 1942	Fidelity Freedom Index 2005 (Premier Class)
1943 - 1947	Fidelity Freedom Index 2010 (Premier Class)
1948 - 1952	Fidelity Freedom Index 2015 (Premier Class)
1953 - 1957	Fidelity Freedom Index 2020 (Premier Class)
1958 - 1962	Fidelity Freedom Index 2025 (Premier Class)
1963 - 1967	Fidelity Freedom Index 2030 (Premier Class)
1968 - 1972	Fidelity Freedom Index 2035 (Premier Class)
1973 - 1977	Fidelity Freedom Index 2040 (Premier Class)
1978 - 1982	Fidelity Freedom Index 2045 (Premier Class)
1983 - 1987	Fidelity Freedom Index 2050 (Premier Class)
1988 - 1992	Fidelity Freedom Index 2055 (Premier Class)
1993 - 1997	Fidelity Freedom Index 2060 (Premier Class)
1998 or later	Fidelity Freedom Index 2065 (Premier Class)

If John Hancock does not have your date of birth on file, contributions will be invested instead in the Fidelity Freedom Index Income Fund (Premier Class) until a valid date of birth is obtained by John Hancock.

IMPORTANT INFORMATION REGARDING THE CARPENTERS ANNUITY TRUST FUND FOR NOTHERN CALIFORNIA

This investment is intended to satisfy the requirements for a "qualified default investment alternative" ("QDIA") under the Employee Retirement Income Security Act of 1974 ("ERISA"). A copy of the Fund Fact Sheet for the Plan's default investment is attached to this Notice.

If you do not make an investment election and your account is invested in the QDIA, you may transfer all or any part of it from the QDIA into any other investment options by contacting John Hancock. Information regarding all of the Plan's investment options and procedures for changing investment elections is available by contacting John Hancock.

Amounts defaulted into the Plan's Stable Value Option prior to December 24, 2007 will also be considered a QDIA pursuant to a special QDIA transition rule.

About Risk

Investing in Target Date Funds: The "target date" in a target date fund is the approximate date an investor plans to start withdrawing money. Because target date funds are managed to specific retirement dates, investors may be taking on greater risk if the actual year of retirement differs dramatically from the original estimated date. Target date funds generally shift to a more conservative investment mix over time. While this may help to manage risk, it does not guarantee earnings growth nor is the fund's principal value guaranteed at any time including at the target date. You do not have the ability to actively manage the investments within target date funds. The portfolio managers control security selection and asset allocation. Target Date funds allocate their investments among multiple asset classes which can include U.S. and foreign equity and fixed income securities.

FOR ADDITIONAL INFORMATION

You should consult the Plan document and SPD for a complete explanation of the Plan's features and information. You may view and/or obtain a copy of the SPD by contacting John Hancock. You can also obtain additional information about the Plan by contacting John Hancock or by contacting the Plan Sponsor.

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John Hancock Retirement Plan Services, LLC offers plan administrative services and service programs through which a sponsor or administrator of a plan may invest in various investment options on behalf of plan participants. These investment options have not been individually selected by John Hancock Retirement Plan Services, LLC. John Hancock Trust Company, LLC provides trust and custodial services to such plans.

NOT FDIC INSURED | MAY LOSE VALUE | NOT BANK GUARANTEED | NOT INSURED BY ANY GOVERNMENT AGENCY

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S-P27617-GE 10/15-255636
RS101415255636



Fidelity Freedom Index 2005 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category³⁵:
Target-Date
2000-2010

PORTFOLIO DETAILS

Ticker	FBLPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	37.37
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2005 Fund	3.69	-4.08	--	--	--	0.60
Morningstar Lifetime Moderate ⁸⁵	3.75	-6.20	5.41	3.87	4.36	--
Target-Date 2000-2010 ^{b39}	4.02	-5.04	5.08	3.51	4.30	--

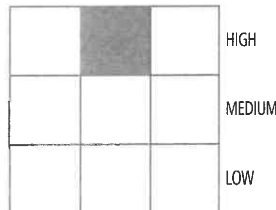
Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Bond Index	42.16
Fidelity® Srs 0-5 Yr Inf-Ptctd Bd Idx	19.52
Fidelity® Series Total Market Index	12.08
Fidelity® Series Treasury Bill Index	9.85
Fidelity® Series Global ex US Index	7.91
Fidelity® Series Intl Dev Mkts Bd Idx	4.97
Fidelity® Series Long-Term Trs Bd Idx	2.99
Fidelity® Srs 5+ Yr Inf-Ptctd Bd Idx	0.40
Fidelity Revere Str Tr	0.00

Morningstar Category

FIXED INCOME STYLE BOX



Morningstar Volatility Analysis



This investment has shown a relatively small range of price fluctuations in the past. Based on this measure, currently more than two thirds of all mutual funds with three-year histories have shown higher levels of risk.

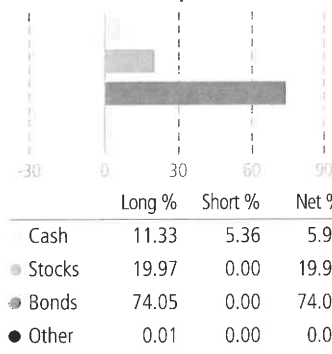
KEY STATISTICS

Turnover Ratio (%) (annualized)	44
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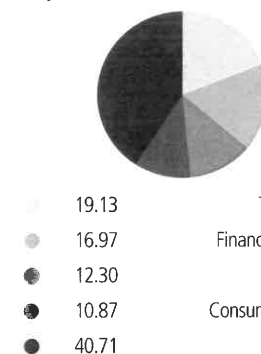
PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Inflation-Protected Securities, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

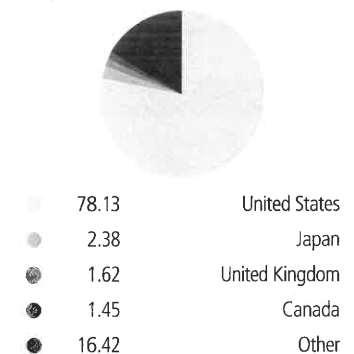
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



^{f1} The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

Marketing support services are provided by John Hancock Distributors LLC.

The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.

A fund's investment objectives, risks, charges and expenses should be considered carefully before investing. The prospectus contains this and other important information about the fund. To obtain a prospectus, contact John Hancock Retirement Plan Services, LLC at (800) 294-3575 or visit our website at myplan.johnhancock.com. Please read the prospectus carefully before investing or sending money.



Fidelity Freedom Index 2010 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category^{c38}:
Target-Date 2000-2010

PORTFOLIO DETAILS

Ticker	FCYPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	69.65
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2010 Fund	4.26	-4.79	--	--	--	1.51
Morningstar Lifetime Moderate ^{b5}	3.75	-6.20	5.41	3.87	4.36	--
Target-Date 2000-2010 ^{b39}	4.02	-5.04	5.08	3.51	4.30	--

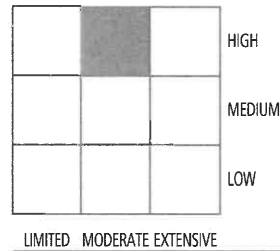
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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Bond Index	38.70
Fidelity® Series Total Market Index	17.44
Fidelity® Srs 0-5 Yr Inf-Ptctd Bd Idx	13.87
Fidelity® Series Global ex US Index	11.41
Fidelity® Series Treasury Bill Index	7.25
Fidelity® Series Intl Dev Mkts Bd Idx	5.00
Fidelity® Series Long-Term Trs Bd Idx	3.23
Fidelity® Srs 5+ Yr Inf-Ptctd Bd Idx	2.99

Morningstar Category

FIXED INCOME STYLE BOX



Morningstar Volatility Analysis



This investment has shown a relatively small range of price fluctuations in the past. Based on this measure, currently more than two thirds of all mutual funds with three-year histories have shown higher levels of risk.

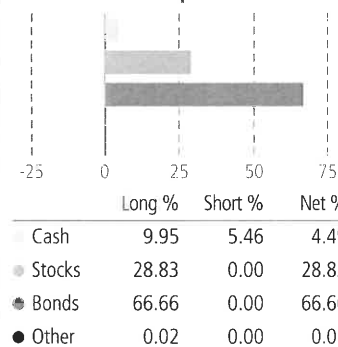
KEY STATISTICS

Turnover Ratio (%) (annualized)	38
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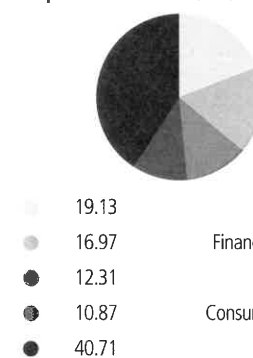
PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Inflation-Protected Securities, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

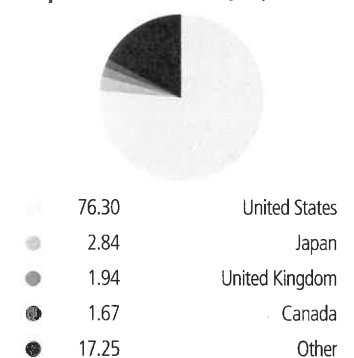
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



^{f1} The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

Marketing support services are provided by John Hancock Distributors LLC.

The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.

A fund's investment objectives, risks, charges and expenses should be considered carefully before investing. The prospectus contains this and other important information about the fund. To obtain a prospectus, contact John Hancock Retirement Plan Services, LLC at (800) 294-3575 or visit our website at myplan.johnhancock.com. Please read the prospectus carefully before investing or sending money.



Fidelity Freedom Index 2015 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category³⁹:
Target-Date 2015

PORTFOLIO DETAILS

Ticker	FFYPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	518.80
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2015 Fund	4.71	-5.57	--	--	--	2.38
Morningstar Lifetime Moderate ⁸⁶	4.05	-7.23	5.54	3.92	4.67	--
Target-Date 2015 ^{b40}	4.27	-5.45	6.05	3.82	4.92	--

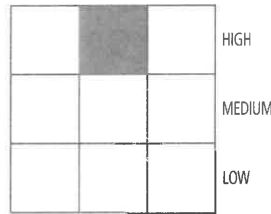
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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Bond Index	35.26
Fidelity® Series Total Market Index	23.00
Fidelity® Series Global ex US Index	15.03
Fidelity® Srs 0-5 Yr Inf-Ptctd Bd Idx	8.19
Fidelity® Srs 5+ Yr Inf-Ptctd Bd Idx	5.57
Fidelity® Series Intl Dev Mkts Bd Idx	5.02
Fidelity® Series Treasury Bill Index	4.37
Fidelity® Series Long-Term Trs Bd Idx	3.46

Morningstar Category

FIXED INCOME STYLE BOX



Morningstar Volatility Analysis



This investment has shown a relatively small range of price fluctuations in the past. Based on this measure, currently more than two thirds of all mutual funds with three-year histories have shown higher levels of risk.

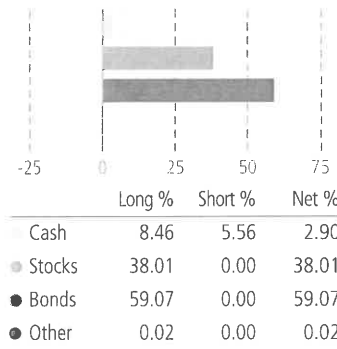
KEY STATISTICS

Turnover Ratio (%) (annualized)	33
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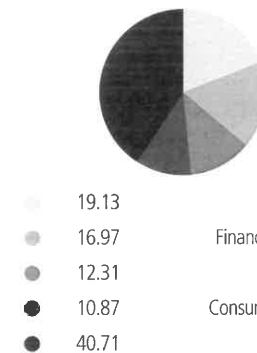
PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Inflation-Protected Securities, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

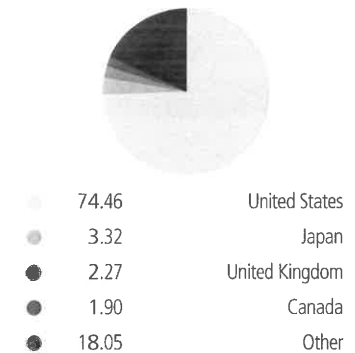
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



^{f1} The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

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Fidelity Freedom Index 2020 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
**Balanced/Asset
Allocation**

Morningstar Category⁴⁰:
Target-Date 2020

PORTFOLIO DETAILS

Ticker	FKIPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	1,552.97
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2020 Fund	5.32	-6.34	--	--	--	3.21
Morningstar Lifetime Moderate ⁸⁷	4.32	-7.95	6.03	4.07	5.09	--
Target-Date 2020 ⁴¹	4.47	-5.76	6.66	3.99	5.38	--

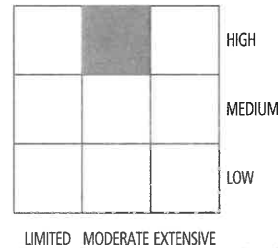
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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Bond Index	31.80
Fidelity® Series Total Market Index	28.62
Fidelity® Series Global ex US Index	18.70
Fidelity® Srs 5+ Yr Inf-Ptctd Bd Idx	8.18
Fidelity® Series Intl Dev Mkts Bd Idx	5.04
Fidelity® Series Long-Term Trs Bd Idx	3.70
Fidelity® Srs 0-5 Yr Inf-Ptctd Bd Idx	2.45
Fidelity® Series Treasury Bill Index	1.44

Morningstar Category

FIXED INCOME STYLE BOX



Morningstar Volatility Analysis



This investment has shown a relatively small range of price fluctuations in the past. Based on this measure, currently more than two thirds of all mutual funds with three-year histories have shown higher levels of risk.

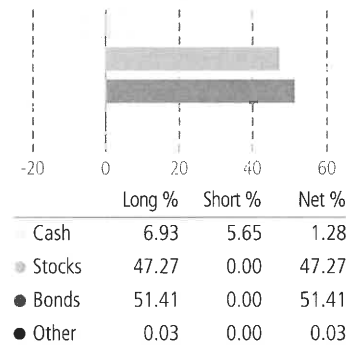
KEY STATISTICS

Turnover Ratio (%) (annualized)	35
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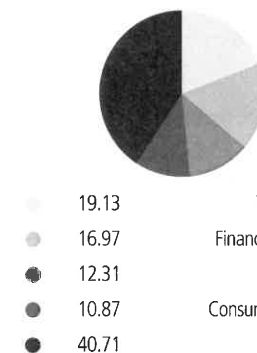
PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

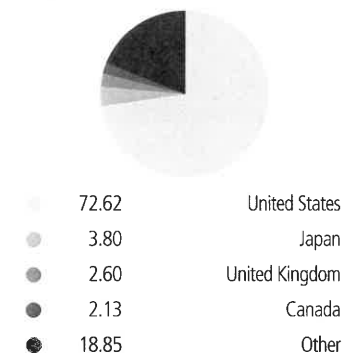
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2025 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category⁴¹:
Target-Date 2025

PORTFOLIO DETAILS

Ticker	FLIPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	2,953.88
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2025 Fund	5.66	-6.59	--	--	--	3.98
Morningstar Lifetime Moderate ⁶⁸	4.58	-8.37	6.97	4.31	5.65	--
Target-Date 2025 ⁶²	4.73	-6.08	7.64	4.33	5.64	--

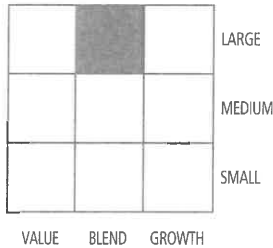
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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Total Market Index	32.97
Fidelity® Series Bond Index	28.28
Fidelity® Series Global ex US Index	21.54
Fidelity® Srs 5+ Yr Inf-Ptctd Bd Idx	8.02
Fidelity® Series Intl Dev Mkts Bd Idx	4.97
Fidelity® Series Long-Term Trs Bd Idx	4.16
Fidelity Revere Str Tr	0.00

Morningstar Category

EQUITY STYLE BOX



Morningstar Volatility Analysis



This investment has shown a relatively moderate range of price fluctuations in the past. For this reason, it currently lands in the middle third of all investments with records of at least three years. However, this investment may experience larger or smaller price declines or price increases depending on market conditions. To offset some of the investment's risk, investors may wish to own investments with different portfolio makeups or investment strategies.

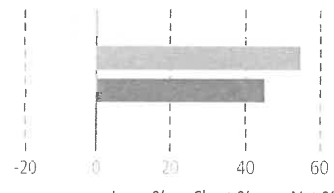
KEY STATISTICS

Turnover Ratio (%) (annualized)	24
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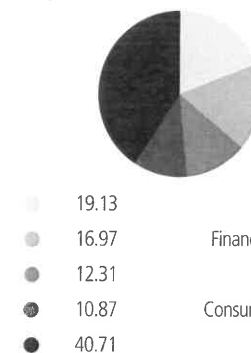
PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

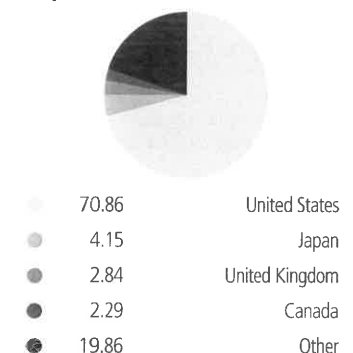
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2030 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category⁴²⁷:
Target-Date 2030

PORTFOLIO DETAILS

Ticker	FMKPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	3,695.63
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2030 Fund	5.83	-6.59	--	--	--	5.10
Morningstar Lifetime Moderate ⁸⁹	4.84	-8.49	8.55	4.70	6.30	--
Target-Date 2030 ^{b43}	5.11	-6.44	9.39	4.95	6.35	--

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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Total Market Index	36.95
Fidelity® Series Bond Index	25.52
Fidelity® Series Global ex US Index	24.14
Fidelity® Series Intl Dev Mkts Bd Idx	4.94
Fidelity® Series Long-Term Trs Bd Idx	4.57
Fidelity® Srs 5+ Yr Inf-Pctcd Bd Idx	3.82

KEY STATISTICS

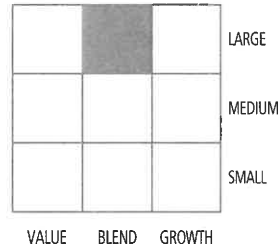
Turnover Ratio (%) (annualized)	20
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PRINCIPAL RISKS

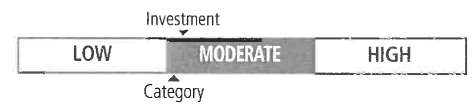
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Morningstar Category

EQUITY STYLE BOX



Morningstar Volatility Analysis

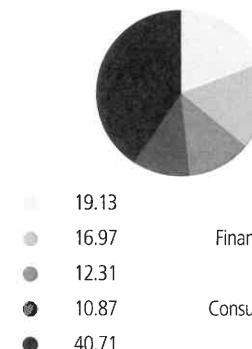


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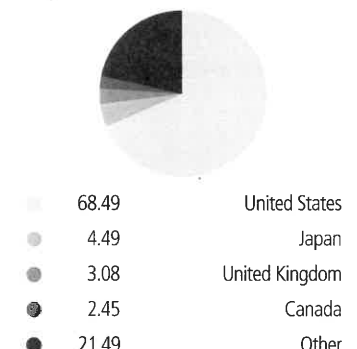
Portfolio Snapshot^{b2}

	Long %	Short %	Net %
Cash	6.14	5.67	0.47
Stocks	61.04	0.00	61.04
Bonds	38.46	0.00	38.46
Other	0.03	0.00	0.03

Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2035 Fund (Premier Class)

AS OF 2023-03-31

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Fund Category:
**Balanced/Asset
Allocation**

Morningstar Category⁴³:
Target-Date 2035

PORTFOLIO DETAILS

Ticker	FNIPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	3,805.30
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2035 Fund	6.36	-6.85	--	--	--	7.11
Morningstar Lifetime Moderate ⁹⁰	5.10	-8.22	10.61	5.18	6.90	--
Target-Date 2035 ⁹⁴	5.57	-6.77	11.19	5.50	6.96	--

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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Total Market Index	44.99
Fidelity® Series Global ex US Index	29.41
Fidelity® Series Bond Index	16.96
Fidelity® Series Long-Term Trs Bd Idx	4.94
Fidelity® Series Intl Dev Mkts Bd Idx	3.65

KEY STATISTICS

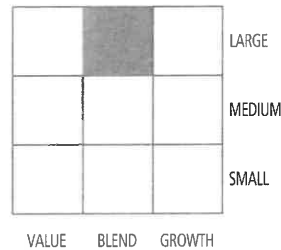
Turnover Ratio (%) (annualized)	15
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PRINCIPAL RISKS

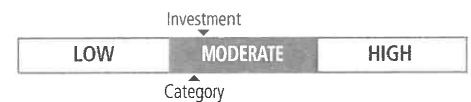
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Morningstar Category

EQUITY STYLE BOX

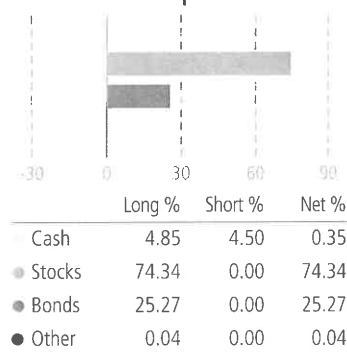


Morningstar Volatility Analysis

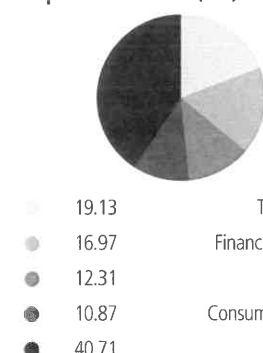


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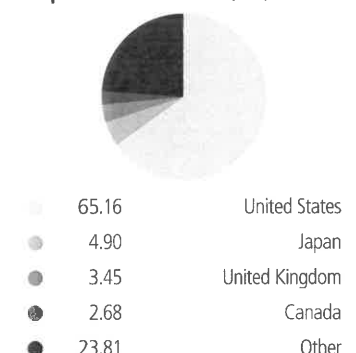
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2040 Fund (Premier Class)

AS OF 2023-03-31

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Fund Category:
Balanced/Asset Allocation

Morningstar Category⁴⁴:
Target-Date 2040

PORTFOLIO DETAILS	
Ticker	FPIPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	3,773.70
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2040 Fund	6.86	-7.13	--	--	--	8.48
Morningstar Lifetime Moderate ⁹¹	5.31	-7.81	12.51	5.62	7.31	--
Target-Date 2040 ^{b45}	5.78	-6.97	12.61	5.92	7.41	--

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TOP TEN HOLDINGS AS OF 2023-02-28	
	% of Assets
Fidelity® Series Total Market Index	52.92
Fidelity® Series Global ex US Index	34.60
Fidelity® Series Bond Index	6.07
Fidelity® Series Long-Term Trs Bd Idx	4.94
Fidelity® Series Intl Dev Mkts Bd Idx	1.46

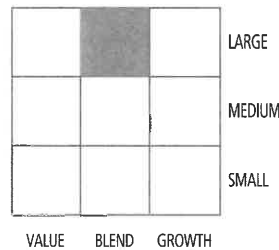
KEY STATISTICS	
Turnover Ratio (%) (annualized)	13

PRINCIPAL RISKS

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Morningstar Category

EQUITY STYLE BOX

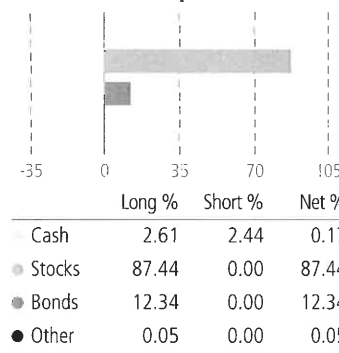


Morningstar Volatility Analysis

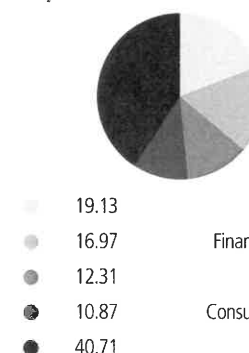


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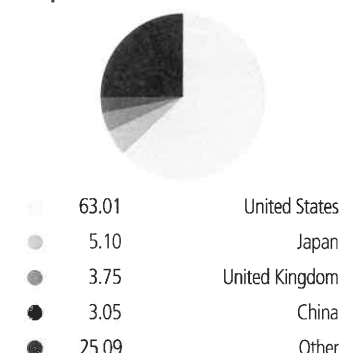
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2045 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category⁴⁵:
Target-Date 2045

PORTFOLIO DETAILS

Ticker	FQIPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	3,366.05
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2045 Fund	6.96	-7.05	--	--	--	8.51
Morningstar Lifetime Moderate ⁹²	5.46	-7.50	13.69	5.86	7.48	--
Target-Date 2045 ⁴⁶	6.16	-6.98	13.59	6.24	7.65	--

Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Total Market Index	54.47
Fidelity® Series Global ex US Index	35.62
Fidelity® Series Long-Term Trs Bd Idx	4.91
Fidelity® Series Bond Index	4.00
Fidelity® Series Intl Dev Mkts Bd Idx	1.00

KEY STATISTICS

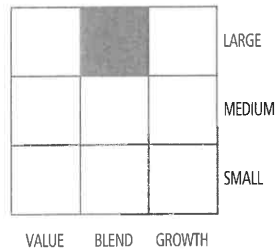
Turnover Ratio (%) (annualized)	12
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PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

Morningstar Category

EQUITY STYLE BOX

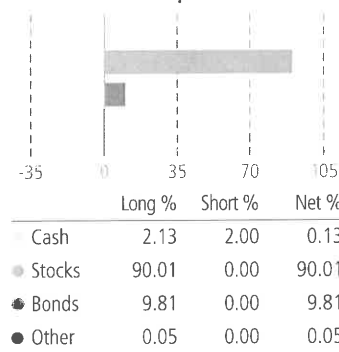


Morningstar Volatility Analysis

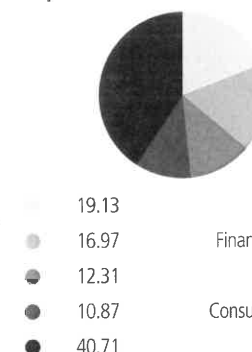


This investment has shown a relatively moderate range of price fluctuations in the past. For this reason, it currently lands in the middle third of all investments with records of at least three years. However, this investment may experience larger or smaller price declines or price increases depending on market conditions. To offset some of the investment's risk, investors may wish to own investments with different portfolio makeups or investment strategies.

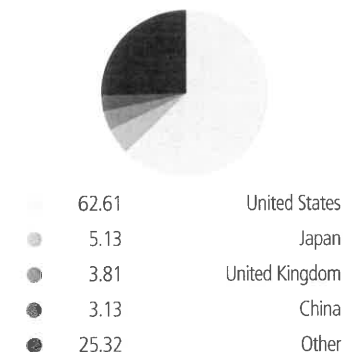
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



f1. The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

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Fidelity Freedom Index 2050 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category⁴⁸:
Target-Date 2050

PORTFOLIO DETAILS	
Ticker	FRLPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	3,073.18
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2050 Fund	6.95	-7.09	--	--	--	8.51
Morningstar Lifetime Moderate ⁹³	5.53	-7.33	14.11	5.92	7.47	--
Target-Date 2050 ^{b48}	6.27	-7.10	13.92	6.31	7.74	--

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TOP TEN HOLDINGS AS OF 2023-02-28	
	% of Assets
Fidelity® Series Total Market Index	54.47
Fidelity® Series Global ex US Index	35.62
Fidelity® Series Long-Term Trs Bd Idx	4.91
Fidelity® Series Bond Index	4.00
Fidelity® Series Intl Dev Mkts Bd Idx	1.00

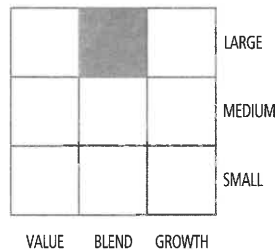
KEY STATISTICS	
Turnover Ratio (%) (annualized)	12

PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

Morningstar Category

EQUITY STYLE BOX

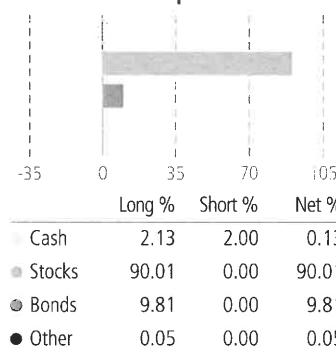


Morningstar Volatility Analysis

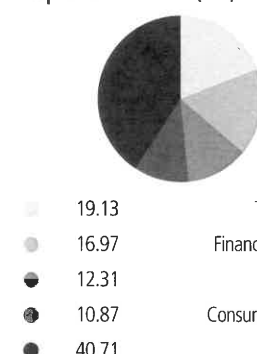


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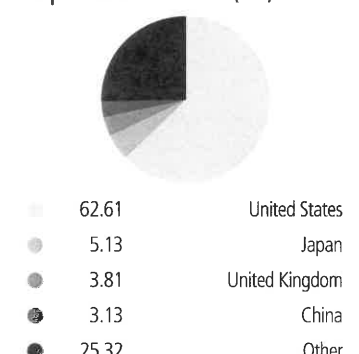
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2055 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category⁴⁶:
Target-Date 2055

PORTFOLIO DETAILS

Ticker	FTYPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	1,853.14
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2055 Fund	6.97	-7.10	--	--	--	8.50
Morningstar Lifetime Moderate ⁹⁴	5.55	-7.33	14.16	5.86	7.40	--
Target-Date 2055 ⁹⁴	6.35	-7.10	14.11	6.36	7.82	--

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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Total Market Index	54.47
Fidelity® Series Global ex US Index	35.62
Fidelity® Series Long-Term Trs Bd Idx	4.91
Fidelity® Series Bond Index	4.00
Fidelity® Series Intl Dev Mkts Bd Idx	1.00

KEY STATISTICS

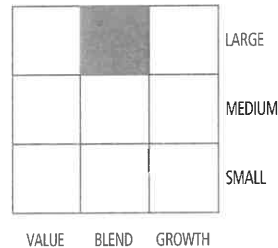
Turnover Ratio (%) (annualized)	12
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PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

Morningstar Category

EQUITY STYLE BOX

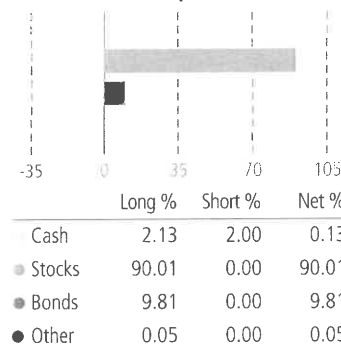


Morningstar Volatility Analysis

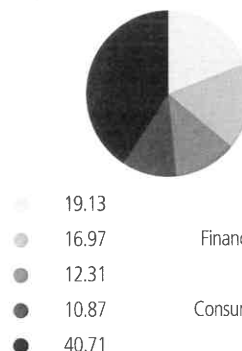


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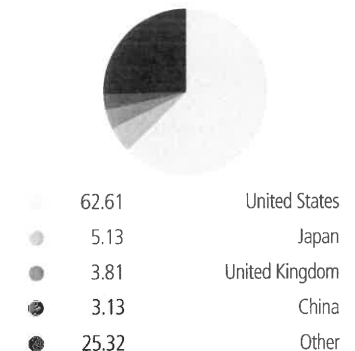
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2060 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category⁵²:
Target-Date 2060+

PORTFOLIO DETAILS

Ticker	FUIPX
Inception Date	2020-06-24
Gross Expense Ratio ¹¹ (%)	0.06
Net Expense Ratio ¹¹ (%)	0.06
Fund Total Net Assets (\$M)	868.81
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2060 Fund	6.99	-7.06	--	--	--	8.50
Morningstar Lifetime Moderate ⁶⁸	5.55	-7.36	14.13	5.77	7.31	--
Target-Date 2060+ ^{b52}	6.35	-7.11	14.26	6.40	8.00	--

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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Total Market Index	54.47
Fidelity® Series Global ex US Index	35.62
Fidelity® Series Long-Term Trs Bd Idx	4.91
Fidelity® Series Bond Index	4.00
Fidelity® Series Intl Dev Mkts Bd Idx	1.00

KEY STATISTICS

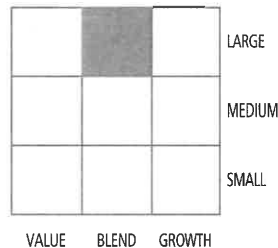
Turnover Ratio (%) (annualized)	12
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PRINCIPAL RISKS

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Morningstar Category

EQUITY STYLE BOX

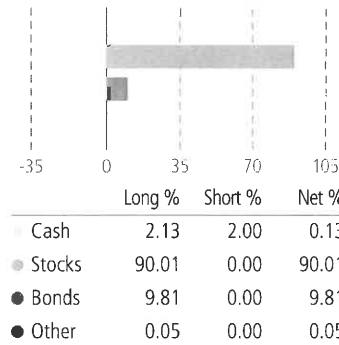


Morningstar Volatility Analysis

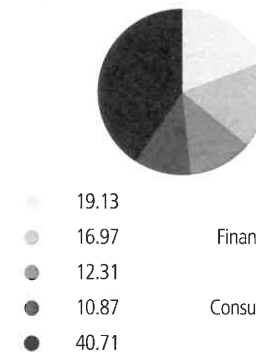


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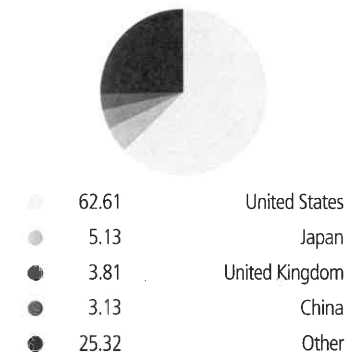
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index 2065 Fund (Premier Class)

AS OF 2023-03-31

INVESTMENT STRATEGY: The investment seeks high total return until its target retirement date; thereafter the fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The fund invests in a combination of Fidelity® U.S. equity funds, international equity funds, bond funds, and short-term funds (underlying Fidelity® funds), each of which (excluding any money market fund) seeks to provide investment results that correspond to the total return of a specific index.

Fund Category:
Balanced/Asset Allocation

Morningstar Category¹⁰⁷:
Target-Date 2065+

PORTFOLIO DETAILS

Ticker	FVIPX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	221.94
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index 2065 Fund	7.03	-7.06	--	--	--	8.50
Morningstar Lifetime Moderate ⁶⁸	5.55	-7.36	14.13	5.77	7.31	--
Target-Date 2065+ ^{b92}	6.52	-7.22	14.59	6.57	0.00	--

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TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Total Market Index	54.46
Fidelity® Series Global ex US Index	35.62
Fidelity® Series Long-Term Trs Bd Idx	4.91
Fidelity® Series Bond Index	4.00
Fidelity® Series Intl Dev Mkts Bd Idx	1.00

KEY STATISTICS

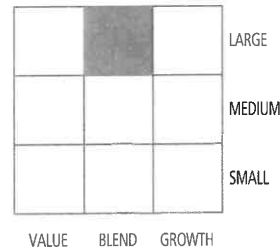
Turnover Ratio (%) (annualized)	11
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PRINCIPAL RISKS

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Morningstar Category

EQUITY STYLE BOX

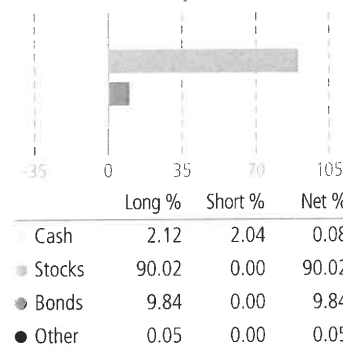


Morningstar Volatility Analysis

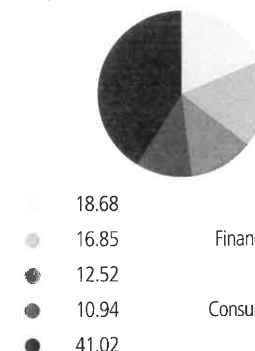


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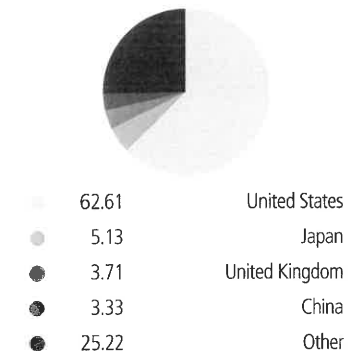
Portfolio Snapshot^{b2}



Top Sectors^{b2} (%)



Top Countries^{b2} (%)



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Fidelity Freedom Index Income Fund (Premier Class)

AS OF 2023-03-31

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Fund Category:
Balanced/Asset Allocation

Morningstar Category³⁰:
Target-Date Retirement

PORTFOLIO DETAILS

Ticker	FAPIX
Inception Date	2020-06-24
Gross Expense Ratio ^{f1} (%)	0.06
Net Expense Ratio ^{f1} (%)	0.06
Fund Total Net Assets (\$M)	380.09
Management Company	Fidelity Management & Research Company L
Portfolio Managers	Andrew J Dierdorf Brett F. Sumsion Finola McGuire Foley

Average Annual Total Returns %

As of 2023-03-31

	YTD	1 Year	3 Year	5 Year	10 Year	Since Inception
Fidelity Freedom Index Income Fund	3.68	-3.78	--	--	--	0.08
Morningstar Lifetime Moderate ^{b4}	3.56	-5.19	5.42	3.75	3.87	--
Target-Date Retirement ^{b32}	3.88	-4.90	3.87	2.94	3.40	--

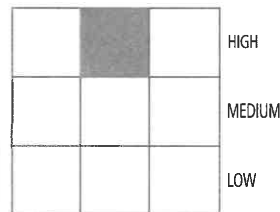
Performance data quoted represents past performance. Past performance is no guarantee of future results. Due to market volatility, current performance may be less or higher than the figures shown. Investment return and principal value will fluctuate so that upon redemption, shares may be worth more or less than their original cost. Performance data does not reflect deduction of redemption fee, which, if such fee exists, would lower performance. For current to the most recent month-end performance information, please log onto myplan.johnhancock.com or call a John Hancock representative at (800) 294-3575.

TOP TEN HOLDINGS AS OF 2023-02-28

	% of Assets
Fidelity® Series Bond Index	42.65
Fidelity® Srs 0-5 Yr Inf-Ptctd Bd Idx	20.28
Fidelity® Series Total Market Index	11.41
Fidelity® Series Treasury Bill Index	10.14
Fidelity® Series Global ex US Index	7.47
Fidelity® Series Intl Dev Mkts Bd Idx	4.97
Fidelity® Series Long-Term Trs Bd Idx	2.96
Fidelity Revere Str Tr	0.00

Morningstar Category

FIXED INCOME STYLE BOX



LIMITED MODERATE EXTENSIVE

Morningstar Volatility Analysis



This investment has shown a relatively small range of price fluctuations in the past. Based on this measure, currently more than two thirds of all mutual funds with three-year histories have shown higher levels of risk.

KEY STATISTICS

Turnover Ratio (%) (annualized)	38
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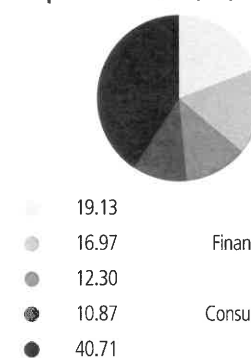
PRINCIPAL RISKS

Principal Risks include: Equity Securities, Foreign Securities, Index Correlation/Tracking Error, Industry and Sector Investing, Inflation-Protected Securities, Interest Rate, Issuer, Lending, Leverage, Loss of Money, Management, Market/Market Volatility, Not FDIC Insured, Passive Management, Prepayment (Call), Target Date and Underlying Fund/Fund of Funds. See disclosure for details.

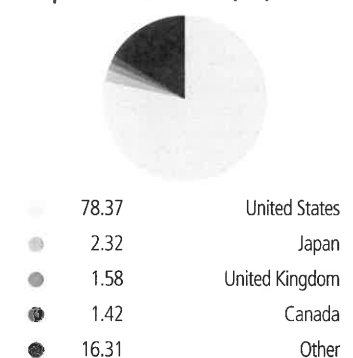
Portfolio Snapshot^{b2}

	Long %	Short %	Net %
Cash	11.49	5.35	6.14
Stocks	18.86	0.00	18.86
Bonds	75.00	0.00	75.00
Other	0.01	0.00	0.01

Top Sectors^{b2} (%)



Top Countries^{b2} (%)



^{f1} The Gross Expense Ratio does not include fee waivers or expense reimbursements which result in lower actual cost to the investor. The Net Expense Ratio represents the effect of a fee waiver and/or expense reimbursement and is subject to change.

Marketing support services are provided by John Hancock Distributors LLC.

The target date is the expected year in which participants in a Target Date Portfolio plan to retire and no longer make contributions. The investment strategy of these Portfolios are designed to become more conservative over time as the target date approaches (or if applicable passes) the target retirement date. The principal value of your investment as well as your potential rate of return, are not guaranteed at any time, including at or after the target retirement date. An investor should examine the asset allocation of the fund to ensure it is consistent with their own risk tolerance.

A fund's investment objectives, risks, charges and expenses should be considered carefully before investing. The prospectus contains this and other important information about the fund. To obtain a prospectus, contact John Hancock Retirement Plan Services, LLC at (800) 294-3575 or visit our website at myplan.johnhancock.com. Please read the prospectus carefully before investing or sending money.



Important Notes

Other:

b2. The portfolio composition, industry sectors, top ten holdings, and credit analysis are presented to illustrate examples of securities that the fund has bought and diversity of areas in which the fund may invest and may not be representative of the fund's current or future investments. The top ten holdings do not include money market instruments and/or futures contracts. The figures presented are as of date shown, do not include the fund's entire investment portfolio, and may change at any time.

b32. Target-Date Retirement Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date Retirement category.

b39. Target-Date 2000-2010 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2000-2010 category.

b40. Target-Date 2015 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2015 category.

b41. Target-Date 2020 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2020 category.

b42. Target-Date 2025 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2025 category.

b43. Target-Date 2030 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2030 category.

b44. Target-Date 2035 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2035 category.

b45. Target-Date 2040 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2040 category.

b46. Target-Date 2045 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2045 category.

b47. Target-Date 2055 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2055 category.

b48. Target-Date 2050 Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2050 category.

b52. Target-Date 2060+ Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2060+ category.

b92. Target-Date 2065+ Average is the average annual total return of the universe of mutual funds designated by Morningstar, Inc. as comprising the Morningstar Target-Date 2065+ category.

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Index Description:

i68. The Morningstar Lifetime Moderate 2060 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2060. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i84. The Morningstar Lifetime Moderate Income Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target of moderate income. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i85. The Morningstar Lifetime Moderate 2010 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2010. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i86. The Morningstar Lifetime Moderate 2015 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2015. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i87. The Morningstar Lifetime Moderate 2020 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2020. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i88. The Morningstar Lifetime Moderate 2025 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2025. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i89. The Morningstar Lifetime Moderate 2030 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2030. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i90. The Morningstar Lifetime Moderate 2035 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2035. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i91. The Morningstar Lifetime Moderate 2040 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2040. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i92. The Morningstar Lifetime Moderate 2045 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2045. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i93. The Morningstar Lifetime Moderate 2050 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2050. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

i94. The Morningstar Lifetime Moderate 2055 Index measures the performance of a portfolio of global equities, bonds and traditional inflation hedges such as commodities and TIPS. This portfolio is held in proportions appropriate for a US investor who has a target maturity date of 2055. The Moderate risk profile is for investors who are comfortable with average exposure to equity market volatility. An investment cannot be made directly into an index.

Morningstar Category Description:

c30. Retirement income portfolios provide a mix of stocks, bonds, and cash for those investors already in or entering retirement. These portfolios tend to be managed to more of a conservative asset-allocation strategy. These portfolios aim to provide investors with steady income throughout retirement.

c38. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2000-2010) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c39. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2011-2015) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c40. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2016-2020) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.



c41. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2021-2025) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c42. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2026-2030) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c43. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2031-2035) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c44. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2036-2040) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c45. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2041-2045) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c46. Target-date portfolios provide a diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2051-2055) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c48. Target-date portfolios provide diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2046-2050) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c52. Target-date portfolios provide a diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2056-2060) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

c107. Target-date portfolios provide a diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind (in this case, the years 2061-2065 and beyond) for retirement. These portfolios aim to provide investors with an optimal level of return and risk, based solely on the target date. Management adjusts the allocation among asset classes to more-conservative mixes as the target date approaches, following a preset glide path. A target-date portfolio is part of a series of funds offering multiple retirement dates to investors.

Principal Risks

Equity Securities: The value of equity securities, which include common, preferred, and convertible preferred stocks, will fluctuate based on changes in their issuers' financial conditions, as well as overall market and economic conditions, and can decline in the event of deteriorating issuer, market, or economic conditions.

Foreign Securities: Investments in foreign securities may be subject to increased volatility as the value of these securities can change more rapidly and extremely than can the value of U.S. securities. Foreign securities are subject to increased issuer risk because foreign issuers may not experience the same degree of regulation as U.S. issuers do and are held to different reporting, accounting, and auditing standards. In addition, foreign securities are subject to increased costs because there are generally higher commission rates on transactions, transfer taxes, higher custodial costs, and the potential for foreign tax charges on dividend and interest payments. Many foreign markets are relatively small, and securities issued in less-developed countries face the risks of nationalization, expropriation or confiscatory taxation, and adverse changes in investment or exchange control regulations, including suspension of the ability to transfer currency from a country. Economic, political, social, or diplomatic developments can also negatively impact performance.

Index Correlation/Tracking Error: A portfolio that tracks an index is subject to the risk that certain factors may cause the portfolio to track its target index less closely, including if the advisor selects securities that are not fully representative of the index. The portfolio will generally reflect the performance of its target index even if the index does not perform well, and it may underperform the index after factoring in fees, expenses, transaction costs, and the size and timing of shareholder purchases and redemptions.

Industry and Sector Investing: Concentrating assets in a particular industry, sector of the economy, or markets may increase volatility because the investment will be more susceptible to the impact of market, economic, regulatory, and other factors affecting that industry or sector compared with a more broadly diversified asset allocation.

Inflation-Protected Securities: Unlike other fixed-income securities, the values of inflation-protected securities are not significantly impacted by inflation expectations because their interest rates are adjusted for inflation. Generally, the value of inflation-protected securities will fall when real interest rates rise and rise when real interest rates fall.

Interest Rate: Most securities are subject to the risk that changes in interest rates will reduce their market value.

Issuer: A stake in any individual security is subject to the risk that the issuer of that security performs poorly, resulting in a decline in the security's value. Issuer-related declines may be caused by poor management decisions, competitive pressures, technological breakthroughs, reliance on suppliers, labor problems or shortages, corporate restructurings, fraudulent disclosures, or other factors. Additionally, certain issuers may be more sensitive to adverse issuer, political, regulatory, market, or economic developments.

Lending: Investing in loans creates risk for the borrower, lender, and any other participants. A borrower may fail to make payments of principal, interest, and other amounts in connection with loans of cash or securities or fail to return a borrowed security in a timely manner, which may lead to impairment of the collateral provided by the borrower. Investments in loan participations may be subject to increased credit, pricing, and liquidity risks, with these risks intensified for below investment-grade loans.

Leverage: Leverage transactions may increase volatility and result in a significant loss of value if a transaction fails. Because leverage usually involves investment exposure that exceeds the initial investment, the resulting gain or loss from a relatively small change in an underlying indicator will be disproportionately magnified.

Loss of Money: Because the investment's market value may fluctuate up and down, an investor may lose money, including part of the principal, when he or she buys or sells the investment.

Management: Performance is subject to the risk that the advisor's asset allocation and investment strategies do not perform as expected, which may cause the portfolio to underperform its benchmark, other investments with similar objectives, or the market in general. The investment is subject to the risk of loss of income and capital invested, and the advisor does not guarantee its value, performance, or any particular rate of return.

Market/Market Volatility: The market value of the portfolio's securities may fall rapidly or unpredictably because of changing economic, political, or market conditions, which may reduce the value of the portfolio.

Not FDIC Insured: The investment is not a deposit or obligation of, or guaranteed or endorsed by, any bank and is not insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other U.S. governmental agency.

Passive Management: The investment is not actively managed, and the advisor does not attempt to manage volatility or take defensive positions in declining markets. This passive management strategy may subject the investment to greater losses during general market declines than actively managed investments.



Risks and Disclosures

Prepayment (Call): The issuer of a debt security may be able to repay principal prior to the security's maturity because of an improvement in its credit quality or falling interest rates. In this event, this principal may have to be reinvested in securities with lower interest rates than the original securities, reducing the potential for income.

Target Date: Target-date funds, also known as lifecycle funds, shift their asset allocation to become increasingly conservative as the target retirement year approaches. Still, investment in target-date funds may lose value near, at, or after the target retirement date, and there is no guarantee they will provide adequate income at retirement.

Underlying Fund/Fund of Funds: A portfolio's risks are closely associated with the risks of the securities and other investments held by the underlying or subsidiary funds, and the ability of the portfolio to meet its investment objective likewise depends on the ability of the underlying funds to meet their objectives. Investment in other funds may subject the portfolio to higher costs than owning the underlying securities directly because of their management fees.