



INDIANA LABORERS WELFARE FUND

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This letter serves as a summary of material modifications of the Plan.
Please keep this with your Summary Plan Description.

*** Important Welfare Benefit Changes ***

December 2017

To All Participants of the
Indiana Laborers Welfare Fund

The Trustees have amended the Plan to make the following changes:

Elimination of the Waiver of Life Insurance Premium for Totally Disabled

Prior to March 21, 2017, an Employee who was Totally Disabled before age 60 could continue Life Insurance coverage without the required self-payment. **For Total Disabilities that occur on or after March 21, 2017**, this premium waiver is no longer available. If, on or after March 21, 2017, an Employee becomes Totally Disabled and would like to continue Life Insurance coverage, the Employee would have to pay the required Self-Payments.

Medical Care Review Program

In addition to the benefits that currently require pre-certification, effective September 18, 2017, specialty injectable medications over \$2,000 will also require pre-certification. These are medications that you will receive from your physician and typically your physician's office will coordinate the pre-certification. Please contact the Fund Office for a complete list of benefits that require pre-certification.

Skilled Nursing Care and Residential Treatment Facilities

Prior to December 1, 2017, if you needed inpatient medical treatment at a Skilled Nursing Facility or inpatient mental health or substance abuse treatment at a Residential Treatment Facility, the plan would cover the charges according to the Schedule of Benefits. **For treatment on or after December 1, 2017**, if you need inpatient medical treatment at a Skilled Nursing Facility or inpatient mental health or substance abuse treatment at a Residential Treatment Facility, you must receive such inpatient care at an In-Network Facility. Out-of-Network Facilities will no longer be covered unless it is an approved Medicare facility.

Loss of Time Benefit - Definition of Successive Periods of Disability

Prior to March 21, 2017, successive periods of disability due to the same or related causes shall be considered as the same period of disability, unless separated by a release for return to work following recovery. **On or after March 21, 2017**, successive periods of disability due to the same or related causes shall be considered as the same period of disability, unless separated by a release for return to work.

REMINDER – New LiveHealth Online Doctor Visit Benefit Added

The Fund is partnering with Anthem to offer a new feature called LiveHealth Online. The LiveHealth Online program gives covered non-Medicare persons the capability to speak with a certified physician online (with a webcam) or through a smartphone in order to get quick access to certain prescriptions or other advice regarding a medical situation. This on-line doctor visit benefit is available 24 hours a day, 7 days a week and can be accessed at www.livehealthonline.com. Technical assistance can be obtained by calling toll-free at (888) 548-3432. This benefit is not meant for emergency situations but it can help in deciding whether a medical situation is an emergency.

Officers-Board of Trustees

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Administrative Manager



The cost of this new program is \$20 per visit. If the online doctor directs you to go to the emergency room or an urgent care center, you will not be charged.

Medicare Retirees and their Eligible Dependents

You will need to pay the full cost of the visit using a credit card through the website of smartphone application at the time of service. You can then submit a claim to the Fund Office for reimbursement of the fee (less the \$20 copayment).

All Other Covered Persons

You will need to pay the \$20 using a credit card through the website or smartphone application at the time of service.

The Trustees hope this new benefit will help reduce the cost of non-urgent ER visits for both you and the Fund.

Statement Regarding Status as a Grandfathered Health Plan

This group health plan believes this 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 preventive 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 Fund Office at 1-800-962-3158. You may also contact the Participant Benefits Security Administration, U.S. 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.

If you have any questions regarding these changes, please contact the Fund Office at 1-800-962-3158.

Sincerely,

Board of Trustees

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