

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

*** Important Welfare Benefit Changes ***

June 2017

To All Participants of the
Indiana Laborers Welfare Fund

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

Effective March 1, 2016 – Total Self-Payment Clarification

The Plan was modified to clarify that a Participant can make a total self-payment (with no hours reported in the required previous qualification periods) if evidence of a continued Total Disability, as defined by the Plan, is satisfactorily provided to the Trustees.

Effective December 1, 2016 – Diabetes Training and Education Benefit Limit

In order to comply with the Affordable Care Act, there will no longer be a lifetime limit for this benefit.

Effective December 1, 2016 – Eye Care Benefit Maximums

In order to comply with the Affordable Care Act, the maximums for this benefit were clarified as Usual, Customary and Reasonable Charges.

Effective March 21, 2017 - Clarification of Self-Payment Due Date

In order to clarify the due date of self-payments, the Trustees changed the wording of “made in a timely manner” and replaced it with “post-marked by the tenth of the month”. The effected sentence will now read:

Self-Payments not post-marked by the tenth of the month will not be accepted and coverage will be terminated. In such a case, the Participant may only again participate in the Plan by returning to active work and meeting the requirements for initial participation set forth in Section 3.01.

Effective March 21, 2017 – Clarification in Definition of Coverage and Qualification Period

The Trustees replaced the language of the definition to better state the difference between these two phrases.

Section 11.09 – Coverage Period or Qualification Period

“Coverage Period” means the period during which a Participant or Retiree is eligible for coverage.

“Qualification Period” means the period during which a Participant or Retiree accrues credited hours.

Effective April 1, 2017 – Initial Eligibility Rules

The Plan was amended to clarify the language for initial eligibility and for what period of time that will last. The language is as follows:

Each new Employee or Employee who transfers employment to an Employer under the collective bargaining agreement with the Union or Local Union under the jurisdiction of the Union, must have a completed Registration Card on file with the Fund Office and may become a Participant in the Plan on the first day of the month following the month in which 600 hours of Employer contributions have been made within six months or less on his behalf. Once eligibility is established, the Participant will remain eligible until the end of that Coverage Period.

This means that if you gain eligibility at any point in the 4 month Coverage Period, you will remain covered until the end of that period. The continuation of coverage rules will be applied for the following Coverage Period.

Effective for Claims processed on or after April 11, 2017 – Definition of Usual, Customary and Reasonable Charges or UCR

In order to clarify the definition for UCR, the following items will be added to the definition:

- Out-of-network claims will be based on the Fair Health Relative Value at the 90th percentile
- Claims where Medicare pays secondary will be based on 150% of the Medicare fee schedule.

Effective July 1, 2017 – 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.

The cost of this new program is \$20 per visit. You will need to pay the \$20 using a credit card when you make the phone call. If the online doctor directs you to go to the emergency room or an urgent care center, you will not be charged. The Trustees hope this new benefit will help reduce the cost of non-urgent ER visits for both you and the Fund.

Effective July 1, 2017 – Partnership With Amplifon Hearing Health Care

The Plan has teamed with Amplifon Hearing Health Care, a third-party service provider, to provide you and your family with greater access to in-network hearing care providers and discounts. Amplifon representatives can be reached at (866) 349-9051 or you can visit the website at www.amplifonusa.com/indianalaborers for further information and assistance. Please reference the attached informational pamphlet from Amplifon for additional details.

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