



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 2019

To All Participants of the
Indiana Laborers Welfare Fund

SUMMARY OF MODIFICATION TO THE PLAN

Gene Therapy Excluded

Effective June 19, 2019, any expenses for services, supplies and/or drugs related to gene therapy will not be covered. Prior to this change, gene therapy charges would be covered if the treatment was medically necessary and pre-certified under the Plan.

Eligibility Self-Payment Guidelines

Effective September 17, 2019, if you work for a non-signatory employer or within a different trade, you will not be eligible to make self-payments to maintain eligibility under this Plan. Prior to this change, self-payments may have been allowed under certain situations.

Emergency Room Copayment

Effective December 1, 2019, the \$70 Emergency Room Copayment will also be waived if the Covered Person is seen in the Emergency Room, held for observation and then admitted to the Hospital. Prior to this change, the \$70 Emergency Room Copayment was waived for one of the following situations: life-threatening sickness (as verified by a Physician), within 72 hours of an accident or are admitted to the hospital based on your emergency room visit, the Copayment will be waived.

Dental Care Benefit

Effective December 1, 2019, composite resin fillings ("white fillings") will be covered on all teeth. Prior to this change, composite resin fillings were only covered on anterior teeth.

Clarification of Weight Loss Surgery Exclusion

In a prior amendment to the Plan, it was clarified that if a procedure, including weight loss surgery, is not covered under the Plan, any complications arising from that procedure are also not covered under the Plan. Effective December 1, 2014, the exclusion was further clarified regarding weight loss surgery. If you received weight loss surgery **that was covered under the Plan**, complications arising from that covered surgery are payable under the Plan.

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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Administrative Manager

IMPORTANT REMINDER ABOUT YOUR TELEHEALTH BENEFIT

The use of the telehealth option is at NO COST to you. You can access this Telehealth Benefit at www.livehealthonline.com or search for "LiveHealth Online" on a smart phone or tablet to download our app for free.

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 online doctor visit benefit is available 24 hours a day, 7 days a week.

Medicare Retirees and their Eligible Dependents 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 a full reimbursement of the fee.

The information on the following page is an illustrative example of the types of providers and typical conditions that are treated as well as the average cost of care for each type of medical provider. As you can see if you do not have a true emergent medical condition you can be treated at a much lower cost than the Emergency Room.

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.

A GUIDE FOR WHERE TO GO WHEN YOU NEED MEDICAL CARE*

Telehealth LiveHealth Online	Nurse Practitioner Retail Clinic	Doctor's Office	Urgent Care Center	Emergency Room
Access telehealth services to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where, and how it works best for you. Go to the following website www.livehealthonline.com or call toll-free at (888) 548-3432.	Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room. "Freestanding" emergency room (ER) locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities
Typical Conditions Treated:				
<ul style="list-style-type: none"> • Colds and flu • Rashes or skin conditions • Sore throats, ear ache, sinus pain • Headaches • Stomachaches • Fever • Allergies • Acne • UTIs and more 	<ul style="list-style-type: none"> • Colds and flu • Rashes or skin conditions • Sore throats, ear ache, sinus pain • Minor cuts and burns • Pregnancy testing • Vaccines 	<ul style="list-style-type: none"> • General health issues • Preventive care • Routine checkups • Immunization and screenings 	<ul style="list-style-type: none"> • Fever and flu symptoms • Minor cuts, sprains, burns, rashes • Headaches • Lower back pain • Joint pain • Minor respiratory symptoms • UTIs 	<ul style="list-style-type: none"> • Sudden numbness, weakness • Uncontrolled bleeding • Seizure or loss of consciousness • Shortness of breath • Chest pain • Head injury/major trauma • Blurry or loss of vision • Severe cuts or burns • Overdose • Broken bones
Your Time:				
No need to leave home or work. Use of mobile device, tablet or computer for virtual visit. Typically answered within minutes.	No appointment needed.	Appointment times required. Shorter wait times than an emergency room.	Walk in scheduling. No appointments taken and wait time will vary.	No appointments taken and wait times can be long and be up to many hours before you are seen.

* The information provided here is intended to be general information on how you can get the most out of your plan and your health care dollars. It is not intended as medical advice. You should consider all relevant factors and to consult with your treating doctor when selecting a health care professional or facility for care. During a medical emergency, go to the nearest hospital or call 911.

Lower Costs

Higher Costs

Telehealth LiveHealth Online	Nurse Practitioner Retail Clinic	Doctor's Office	Urgent Care Center	Emergency Room
Average Cost per Visit Charged to the Indiana Laborers Welfare Plan:				
\$59 per visit*	\$82 per visit*	\$105 per visit*	\$147 per visit*	\$1,636 per visit*
Your Cost after Health and Welfare Fund Payment (assuming In Network provider and your deductible is met):				
\$0 copayment	\$20.50 co-insurance**	\$26.25 co-insurance**	\$36.75 co-insurance**	\$461.50 co-insurance**

* Provided by Anthem Blue Cross and Blue Shield.

** This represents the average cost of each visit and will vary by provider.