



INDIANA LABORERS WELFARE FUND

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587

Telephone (812) 238-2551 Toll Free (800) 962-3158

Fax (812) 238-2553

www.indianalaborers.org

This letter serves as a summary of material modifications of the Plan.

Please keep this with your Summary Plan Description.

*** Important Welfare Benefit Changes ***

August 2015

To All Participants of the
Indiana Laborers Welfare Fund

Dear Participant:

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

Effective April 1, 2015

- The Plan was modified to require that providers or facilities are properly licensed and/or certified under state and/or federal law, if applicable, in order for medical expenses to be covered by the Plan.

Effective August 1, 2015

- The retiree subsidy is increased from 2% to 2.33% for up to 30 years, with a maximum of 70% subsidy. Prior to the change the subsidy maximum was 60%.
- The Non-Occupational Loss of Time (LOT) Benefit was increased from \$228 per week to \$456 per week and the Occupational LOT Benefit was increased from \$54 per week to \$108 per week.
- A benefit was added to the Routine Preventative Care Benefit for lung screenings by low dose CAT scans for those age 55-80 with history of smoking. Benefits will be paid at 100% for in-network services. Out-of-network services will be paid under the General Medical benefits and be subject to the applicable deductibles and copayments.
- A benefit was added to the prescription program through SavRx for smoking cessation at a 50% copayment. The benefit is limited to two 90-day treatments every plan year. Over the counter smoking cessation expenses will not be covered by the Plan. You must have a prescription from your Physician.
- Genetic Testing will be covered as long as the services are pre-certified through the Fund's Medical Care Review firm American Health Holding (AHH) at 866-440-2723 and deemed medically necessary to determine the medical course of treatment for the condition. Genetic testing is becoming useful in cancer patients in order to avoid costly treatment when genetic testing can help determine if the treatment will work. We would also like to alert pregnant women that genetic testing is becoming more and more frequently used during the prenatal visits but is NOT always medically necessary. Please talk to your physician regarding any testing before it is performed to make sure it will be covered under the Plan.

Officers-Board of Trustees

Edward T. Hazledine
Chairman

David A. Frye
Secretary-Treasurer

Janetta E. England
Administrative Manager



Effective December 1, 2015

- The annual maximum dental benefit through Delta Dental was increased from \$500 per calendar year to \$750 per calendar year. The maximum dental benefit does not apply to pediatric dental benefits to Eligible Persons under age 19.
- The Routine Preventative Care Benefit – Colorectal Cancer Screening for colonoscopy was modified to be payable once every 5 years (previously one every 10 years) for those age 50 and over. Benefits will be paid at 100% for in-network services. Out-of-network services will be paid under the General Medical benefit and be subject to the applicable deductibles and copayments.

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 Employee 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.

On behalf of the Board of Trustees, I remain –

Sincerely yours,

Janetta England
Administrative Manager

**BOARD OF TRUSTEES
INDIANA LABORERS WELFARE FUND
413 SWAN STREET TERRE
HAUTE, IN 47807**

**Summary Annual Report for the
INDIANA LABORERS WELFARE FUND**

This is the summary annual report for the INDIANA LABORERS WELFARE FUND, EIN 35-0923209, Plan number 501 for the period December 1, 2013 to November 30, 2014. 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

The value of plan assets, after subtracting liabilities of the plan, was \$252,406,642 as of November 30, 2014, compared to \$241,602,699 as of December 1, 2013. During the plan year the plan experienced an increase in its net assets of \$10,803,943. This increase includes unrealized appreciation 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 \$87,339,899 including employer contributions of \$65,924,564, employee contributions of \$9,228,377, realized gains of \$1,676,725 from the sale of assets, and earnings from investments of \$9,547,013.

Plan expenses were \$76,535,956. These expenses included \$8,397,925 in administrative expenses, \$68,138,031 in benefits paid to participants and beneficiaries, and \$0 in other expenses.

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 items listed below are included in that report.

- An accountant's report
- Financial information and information on payments to service providers
- Assets held for investment
- Transactions in excess of 5% of plan assets
- Insurance information including sales commissions paid by insurance carriers
- Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates

INDIANA LABORERS WELFARE FUND

P.O. Box 1587

Terre Haute, IN 47808-1587



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ADDRESS SERVICE REQUESTED

To obtain a copy of the full annual report, or any part thereof, write or call the office of BOARD OF TRUSTEES INDIANA LABORERS WELFARE FUND, who is the plan administrator, 413 SWAN STREET, TERRE HAUTE, IN, 47807, 812-238-2551. These portions of the report are furnished without charge.

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:

BOARD OF TRUSTEES
INDIANA LABORERS WELFARE FUND Plan Sponsor
413 SWAN STREET TERRE HAUTE, IN 47807
35-0923209

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:

U.S. Department of Labor
Employee Benefits Security Administration
Public Disclosure Room
200 Constitution Avenue, N.W. Room N-1513
Washington, DC 20210