



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 ***

April 2021

To All Participants of the
Indiana Laborers Welfare Fund

SUMMARY OF MODIFICATION TO THE PLAN

The Trustees of the Indiana Laborers Welfare Fund wish to announce the following changes to the Plan effective December 1, 2019:

Skilled Nursing Facility Benefit

If you are in a skilled nursing facility, the Plan will cover ancillary charges for services received from a provider not associated with the facility. The Plan will not cover ancillary charges for services received from a provider associated with the facility. Ancillary charges include, but are not limited to, physician visits, therapy and Durable Medical Equipment. As a reminder, the Plan only covers In-Network skilled nursing facilities. In-patient services provided by an Out-of-Network skilled nursing facility are not covered.

Extended Expanded Telehealth Benefit

Effective for services incurred from April 1, 2021 – June 30, 2021, the Plan will cover all virtual visits that are provided by a Physician's office via telephone call or video chat in lieu of a face to face visit in the office. Virtual visits can be for any covered diagnosis, it does not have to be COVID-19 related. If the virtual visit is provided by an In-Network provider (providers in the Anthem Blue Access Network), it will be at **no cost to you**. If the virtual visit is provided by an Out-of-Network provider (any provider NOT in the Anthem Blue Access Network), it will be paid according to the Plan's standard Out-of-Network rates, including the deductible and applicable coinsurance.

Please keep this SMM with your Summary Plan Description (SPD)/Plan Rules and Regulations for easy reference to all Plan provisions. If you have any questions regarding this notice or any other benefits covered by the Plan, you can contact the Fund Office at (800) 962-3158.

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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Francis J. Gantner
Chairman

David A. Frye
Secretary-Treasurer

Somer Taylor
Administrative Manager



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.

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.

Classes C & D Medicare Retirees and their Eligible Dependents will need to pay the full cost of the visit using a credit card through the website or smartphone application at the time of service. You can then submit a claim to the Fund Office for a full reimbursement of the fee.

Class CP Medicare Retirees and Eligible Dependents should call the Labor First Advocacy team at (812) 238-2551 or (800) 962-3158 using Option 5 for more information on telehealth benefits.

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.