



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: June 1, 2022
TO: Eligible Participants
FROM: Board of Trustees
SUBJECT: Fox Valley Laborers Health and Welfare Fund
Summary of Material Modifications

BOARDS OF TRUSTEES

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This letter is a Summary of Material Modifications to the Plan Document. Please read this letter carefully and keep it with your copy of the January 2019 Edition of the Summary Plan Description booklet. The letter contains information on changes to the coverage of preventive care for Dependent children provided by your Health and Welfare Plan.

The Trustees have expanded benefits to cover routine physical exams and immunizations under the medical portion of the Plan for Dependent children effective June 1, 2022.

Physical Exam Benefits

Benefits are payable for an annual routine physical exam performed by a Medical Doctor (M.D. or D.O.) for you, your spouse, and your Dependent children in accordance with medically acceptable guidelines such as the U.S. Preventive Services Task Force, CDC Advisory Committee on Immunization Practices, and the Health Resources and Services Administration. Benefits include expenses incurred for X-ray and laboratory tests.

Your eligible expenses for a physical exam are fully covered immediately at 100% of the Allowable Charges. You do not need to satisfy the individual annual deductible before receiving benefits.

The following expenses are not covered:

- charges for services or supplies that are covered in whole or in part under any other provisions of the Plan;
- any expense for a physical exam that is not performed by a physician;
- charges that exceed allowable charges; or
- any expense in connection with an illness or injury.

PENSION FUND

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Immunizations

The Plan provides benefits for charges for immunizations for you, your spouse, and your Dependent children in accordance with medically acceptable guidelines such as the U.S. Preventive Services Task Force, CDC Advisory Committee on Immunization Practices, and the Health Resources and Services Administration. These eligible expenses are covered immediately at 100% of the allowable charges through the medical portion of the Plan. You do not need to satisfy the individual annual deductible before receiving benefits.

Please replace page 2 of the Summary of Benefits and Coverage recently received for the Coverage Period of 06/01/2022 – 05/31/2023 with the enclosed revision incorporating the above changes.

Statement of Grandfathered Plan Status

The Fox Valley Laborers Health and Welfare Fund believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (PPACA). As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for a participant annual out-of-pocket maximum spend amount. However, grandfathered health plans must comply with certain other consumer protections in PPACA, 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 Plan Administrator at (847) 742-0900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (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 reading this notice, please contact the Administrative Office.

SUMMARY OF MATERIAL MODIFICATIONS –June 2022 – EIN: 36-6219639 – PLAN NO. 501. This announcement contains highlights of certain features of the Fox Valley Laborers Health and Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language contained in this announcement and the documents that establish the Plan, the document language will govern and control. The Trustees reserve the right to amend, modify or terminate the Plan at any time. Receipt of this announcement does not guarantee eligibility.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% coinsurance	20% coinsurance	For accidental injury, Plan pays 100% of covered expenses for office visits, physician services, and hospital charges incurred within 48 hours of the injury, up to \$750 per person per calendar year (deductible waived).
	Specialist visit	10% coinsurance	20% coinsurance	Chiropractic care and acupuncture is covered for individuals over age five for treatment of the back, neck, spine, and vertebra, for conditions due to subluxation, strains, sprains, and nerve root problems. The care must be provided by a physician.
	Preventive care/screening/immunization	No charge (deductible does not apply)	No charge (deductible does not apply)	Provider must be a physician. Employee, spouse and dependent children's routine exams and immunizations are covered. Immunizations at a pharmacy or retail clinic are covered.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	20% coinsurance	None
	Imaging (CT/PET scans, MRIs)	10% coinsurance	20% coinsurance	None

*For more information about limitations and exceptions, call 1-866-828-0900. Balance billing does not apply to out-of-network emergency room care, air ambulance or treatment from ancillary providers at certain in-network facilities. A Family Supplemental Benefit based on years of service is available to reimburse certain medically necessary expenses that are not covered under the [plan](#), other than [deductible](#) or [out-of-pocket limit](#) expenses.



FOX VALLEY & VICINITY LABORERS

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-696-6775.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-696-6775
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-696-6775。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.
Greek	ΠΡΟΣΟΧΗ: Εάν μιλάτε αγγλικά, οι υπηρεσίες γραμματείας, δωρεάν, είναι διαθέσιμες σε εσάς. Καλέστε 1-877-696-6775.
Gujarati	સાવધાન: જો તમે ઇંગલિશ બોલતા હો, ભાષા સહાય સેવાઓ, નિ:શુલ્ક, તમારા માટે ઉપલબ્ધ છે. 1-877-696-6775 પર કોલ કરો
Hindi	सावधानी: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं नि:शुल्क, आपके लिए उपलब्ध हैं। 1-877-696-6775 पर कॉल करें।
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-696-6775.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-696-6775.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-696-6775.
Urdu	لئے آپ، چارج مفت، خدمات یک مدد یک زبان، تو یہ بولتے انگلش آپ اگر: انتباه یہ ابی دست 1-877-696-6775 کو یکر کال
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

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www.fvlab.com