



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: June 1, 2018

TO: Eligible Participants

FROM: Board of Trustees

SUBJECT: Fox Valley Laborers Health and Welfare Fund
Summary of Material Modifications

BOARD OF TRUSTEES WELFARE FUND

Management:
Michael Shales, Chairman
John P. Bryan
Al Orosz

Union:
Martin D. Dwyer, Secretary
Vernon A. Bauman

PENSION FUND

Management:
Michael Shales, Chairman
John P. Bryan
Al Orosz

Union:
Vernon A. Bauman, Secretary
Martin D. Dwyer
David B. Sheahan

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 Summary Plan Description booklet. The letter contains information on an improvement to the eligibility provisions, changes to the loss of time benefit appeal rules and a guide to help you access health care.

Eligibility – Continued Coverage for Active Participants

The Board of Trustees approved amending the Plan to change the “look-back” rule from 1,000 hours to 800 hours. The 800 hour “look-back” rule will be effective from July 1, 2018 to June 30, 2020. Unless otherwise approved by the Trustees, effective July 1, 2020 the “look-back” rule will be 1,000 hours.

Therefore, effective July 1, 2018 to June 30, 2020 to continue coverage the Fund must receive either contributions from your employer for 270 or more hours of work during a contribution quarter or 800 hours or more of work in any four consecutive contribution quarters. The following chart shows how this works.

<u>If you Earn 270 Hours or More During One of These Contribution Quarters</u>	<u>If you Earn 800 Hours or More During This 12-Month Period</u>	<u>You will be Eligible for Benefits During One of These Quarters</u>
February, March, April	12 months ending April 30	July, August, September
May, June, July	12 months ending July 31	October, November, December
August, September, October	12 months ending October 31	January, February, March
November, December, January	12 months ending January 31	April, May, June

However, if you initially became covered because you earned 500 hours in a six-month period, and your coverage started in the middle of a benefit quarter, your coverage will continue through the end of the following benefit quarter.

Loss of Time Benefit Claims:

The Department of Labor has established new language for the Loss of Time benefit appeal rules. In the case of a denial of a claim for Loss of Time benefits filed on or after April 1, 2018, the denial shall include an explanation for any disagreement with:

- a. The findings of the health care and vocational professionals who evaluated or treated the Participant;
- b. The views of medical or vocational professionals obtained on the Plan's behalf without regard to whether the advice was relied upon in making the benefit determination;
- c. A determination made by the Social Security Administration; and,
- d. A statement that the Participant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Participant's claim for benefits.

In addition, the Participant shall be entitled to the following:

- a. Prior to the date the Plan issues an adverse benefit determination on an appeal of a Loss of Time Benefit claim, the Plan shall provide the Participant, free of charge, with any new or additional evidence considered and relied upon on making the benefit determination in connection with the claim; such evidence must be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided to give the Participant a reasonable opportunity to respond prior to that date; and,
- b. Prior to the date the Plan can issue an adverse benefit determination on an appeal of Loss of Time Benefit claim based on a new or additional rationale, the Plan shall provide the Participant, free of charge, with the rationale; the rationale must be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided to give the Participant a reasonable opportunity to respond prior to that date.

Confused About Where to Go for Health Care?

Smart health care choices may save you money. Sometimes it's easy to know when you should go to the emergency room, but other times when you are just not feeling well the emergency room can be an expensive option. Enclosed is a chart which may help you to figure out when to use each of the types of care.

Keep in mind that usually you will pay less if you use in-network providers for the health care needs of you and your family.

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 the provision of preventive health services without any cost sharing. 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 1-847-742-0900. 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.

Board of Trustees effective January 1, 2018

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If you have any questions reading this notice, please contact the Fund Office.

SUMMARY OF MATERIAL MODIFICATIONS – June 2018 – 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.



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-696-6775.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.

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。

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.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.

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.

В Н И М А Н И Е: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-696-6775.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-696-6775.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-696-6775.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-696-6775.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-696-6775まで、お電話にてご連絡ください。

لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذ: ملحوظة
8776966775: والبرقم الصم هاتف. رقم) 8776966775 برقم اتصل. ان بالمج