

Important Welfare Plan Information

December 2010

Dear Participant:

One of our responsibilities as your Trustees of the Chicago Laborers' Welfare Fund (the "Plan") is to keep you informed about your benefits. In maintaining this goal, we are pleased to provide you with the following information regarding recent Plan changes.

IMPROVED EXTENDED WEEKLY INCOME BENEFIT RETROACTIVE TO JANUARY 1, 2010

Beginning January 1, 2010, the Plan's requirements for qualifying for the Extended Weekly Income Benefit changed. The Extended Weekly Benefit permits participants to extend Weekly Income Benefits, if eligible.

Under certain circumstances, the Plan will allow you to extend your Weekly Income Benefits for an additional 26 weeks. Effective January 1, 2010, the Plan was revised and you will be eligible for the Plan's Extended Weekly Income Benefit if you meet all of the following:

- Your disability is due to a non-occupational accident or illness; and
- You were an active Eligible Member when the disability began and for at least five years before the disability began, including six out of the twelve consecutive months immediately before your disability began; and
- After 26 weeks of Total Disability and coverage under the Weekly Income Benefit, you continue to be Totally Disabled and unable to perform your normal work as a laborer (or if you are employed in a position other than a laborer, the type of work you normally perform).

See your Summary Plan Description (SPD) for more about the Plan's Weekly Income Benefits.

OTHER BENEFIT CHANGES RETROACTIVE TO JUNE 1, 2010

Retroactive to June 1, 2010, the Plan has expanded certain Plan benefits as described below. Please refer to your Summary Plan Description (SPD) for more information regarding these benefits.

- ***Licensed Marriage and Family Therapists*** have been added to list of legally qualified and licensed doctors, physicians, and other practitioners under the Plan's medical benefits. The Plan may cover benefits for Medically Necessary services provided by a Licensed Marriage and Family Therapist. *Marriage counseling is not covered under your medical benefits.*
- ***Nutritional Counseling*** expenses and services will be covered for documented cases of anorexia or bulimia up to \$400 per calendar year under your medical benefits.

- **Oral appliances provided by a Delta Dental PPO Dentist for sleep apnea** will be covered under the Plan. If you are eligible, the Plan will pay 80% for oral appliances for sleep apnea up to \$500 per appliance (including the cost of any repairs to the appliance). This coverage matches the benefits the Plan provides for TMJ and bruxism appliances, where bite guard replacement is limited to once every three years and the lifetime maximum for bite guard appliances is \$1,000.

COVERAGE FOR SERVICES FROM CONVENIENT CARE CLINICS, NURSE PRACTITIONERS, AND PHYSICIAN ASSISTANTS

Understanding there are times when you need quick and flexible access for a health issue, effective immediately, the Plan will cover health care services you or your dependents receive from a Convenient Care Clinic (CCC). CCCs are clinics located in retail stores, supermarkets, and pharmacies and are also referred to as *walk-in medical clinics*, *retail-based clinics*, or *mini-clinics*. They provide a cost-effective alternative to treating uncomplicated minor illnesses and for receiving preventive health care services instead of visiting a physician's office or urgent care facility.

For covered expenses received at a CCC, the Plan pays the Medical Coinsurance levels for usual and customary charges (subject to the Plan deductible). The Blue Cross Blue Shield of Illinois (BCBSIL) website includes a list of network CCCs and services.

To find a network CCC:

- Go online to www.bcbsil.com
- Click *find a doctor* and select the following options:
 - *Group and PPO* for the health plan
 - *Retail Health Clinics* as provider type
 - *Retail Health Provider* as specialty

When you or your dependent need medical care, consider the following when deciding where to go for treatment:

- CCCs are most often staffed by Nurse Practitioners (NPs) or Physician Assistants (PAs). NPs are licensed registered nurses with advanced education and training who perform tasks often reserved for a physician. They generally work under the direction, supervision, and responsibility of a qualified licensed physician. PAs are health care professionals licensed to practice medicine in medical and surgical settings under the supervision of a physician.
- CCCs offer a narrower range of services than a standard primary care physician office. While most CCCs treat people for common illnesses such as colds, the flu, sprains, ear infections, and pink eye, many also provide preventive care including health screenings, vaccinations, and physical exams.
- Services provided at a CCC typically cost less than care received from a physician's office. Additionally, most CCCs are open seven days a week, 12 hours a day. While we recommend making an appointment, CCCs do not require them and allow walk-ins for receiving treatment.

MICHELLE'S LAW – EXTENDED COVERAGE FOR COLLEGE STUDENTS ON MEDICAL LEAVE

The Plan's eligibility rules for dependent children expanded as of June 1, 2010 due to the passage of Michelle's Law by Congress. Under the law, you may extend benefit coverage for up to one year for any dependent child who would otherwise lose health coverage due to a medical leave of absence from a post-secondary educational institution. However, to qualify for this extended coverage, **all** of the following must apply:

- Your dependent child's medical leave of absence must begin on or after June 1, 2010;
- The leave must result from a serious illness or injury and must be medically necessary, as certified in writing by the physician treating your dependent child;
- On the day before the medical leave of absence begins, your dependent child is entitled to coverage under the provisions of the Plan applicable to students at post-secondary educational institutions; and
- The leave would otherwise result in your dependent child's loss of student status for Plan coverage purposes.

If your dependent child's medical leave of absence meets **all** of the criteria listed above, you may continue his or her coverage for up to one year from the beginning of the leave. However, the extended coverage may end before the one-year period if the dependent child reaches age 26. At this time, you or your child can choose to continue his or her coverage by electing COBRA Continuation Coverage and making the necessary self-payments.

CHANGE IN OVER-THE-COUNTER DRUG COVERAGE THROUGH HEALTH REIMBURSEMENT ARRANGEMENT (HRA) EFFECTIVE JANUARY 1, 2011

Due to changes required under the Affordable Care Act, effective January 1, 2011, you will be reimbursed for over-the-counter (OTC) medicines and drugs from the HRA only when purchased with a prescription (except insulin). When you submit your reimbursement request, please include a copy of the prescription. You will not be reimbursed if you purchase an OTC drug without a prescription.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) – ANNUAL REMINDER

As required by the WHCRA, when the Plan provides benefits to an individual in connection with a mastectomy, the Plan also provides benefits to that individual for:

- Reconstruction of the breast on which a mastectomy is performed;
- Reconstructive surgery on the other breast to achieve a symmetrical appearance;
- Prostheses and physical complications for all stages of a mastectomy, including lymphedemas.

A FINAL NOTE

Be sure to keep this announcement with your SPD for future reference. If you have any questions regarding these changes or your other benefits, please contact the Fund Office at 1-708-562-0200 or 1-866-906-0200.

Sincerely,

Board of Trustees

This information only highlights certain features of the Chicago Laborers' Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right and have the authority to amend, modify, or eliminate benefits at any time, or terminate the Plan when financial conditions dictate. In addition, the Trustees, or such other persons as delegated by the Trustees, have the discretion to interpret and construe the Plan's provisions.