

LABORERS'  
WELFARE  
FUND

**HEALTH and WELFARE DEPARTMENT of the CONSTRUCTION and  
GENERAL LABORERS' DISTRICT COUNCIL of CHICAGO and VICINITY**

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## Important Welfare Plan Information

December 2011

Dear Participant:

The Board of Trustees of the Chicago Laborers' Welfare Fund is pleased to provide you with the following information regarding recently approved Plan changes to your vision benefits under the Active Plan 1 and Retiree Medical Plan 1 (the "Plan").

### **IMPROVED VISION BENEFIT AND NEW EXPANDED VISION NETWORK EFFECTIVE JANUARY 1, 2012**

Effective for eligible claims incurred on and after January 1, 2012, the Plan is improving the vision benefits offered to participants and changing the vision benefit program's network of providers.

This new vision program will be administered by Vision Service Plan (VSP), which is a preferred provider organization (PPO) with a large national network of participating providers that have agreed to charge discounted rates for most vision services. That means you pay less out of your own pocket when you use a VSP network provider.

#### ***Expanded Vision Network Makes Saving Money Easier***

You always have the option of using network or non-network providers. However, it's important to remember that when you use a VSP PPO provider you'll pay less out of your pocket, have greater coverage and claims for benefits will be filed for you directly by the VSP network provider. Since the new vision program offers you an expanded national network of providers, it should be easy for you to find a VSP network provider and make the most of your vision benefits under the Plan. In the event you use a non-network provider for vision services, you will be required to pay for your services at the time you receive them and then submit a claim reimbursement form to VSP.

Check with your current vision provider to see if they participate in the VSP network. Or, you can find a VSP network provider by visiting the VSP website at [www.vsp.com](http://www.vsp.com) or by calling VSP Member Services at 1-800-877-7195, Monday–Friday, 8:00 a.m.–8:00 p.m.

#### ***Your New VSP Vision Care Benefits at a Glance***

The chart on the next page highlights the Plan's Vision Benefits. Benefits are paid on a calendar year basis. Additional limitations apply for certain services. These limitations are explained later in this section. The highlighted items in the following chart indicate vision benefit improvements.

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<b>Routine Vision Benefits</b>	<b>When You See a VSP Network Provider the Plan Pays</b>	<b>When You See a Non-Network Provider, the Plan Pays Up to the Allowances Listed Below</b>
<b>Eye exams</b>	One per calendar year	One per calendar year
Standard Eye Exam	100%	\$30
Contact Lens Exam	100%	\$95 <sup>1</sup>
<b>Lenses<sup>2</sup></b>	One pair per calendar year	One pair per calendar year
Single vision	100%	\$26
Lined Bifocal	100%	\$39
Lined Trifocal	100%	\$55
Standard progressive lens (No line Bifocal)	100%	\$105
Premium progressive lens (No line Trifocal)	100%	\$105
Lenticular	100%	\$0
<b>Lens Options</b>		
UV Treatment	100%	\$0
Tint	100%	\$15
Transition	100%	\$40
Standard Plastic Scratch Coating	100%	\$25
Standard Polycarbonate–Adults	100%	\$25
Standard Polycarbonate–Kids under 19	100%	\$25
Standard Anti-Reflective Coating	100%	\$0
Polarized	100%	\$40
Oversized	100%	\$0
High Index	100%	\$0
Hyper High Index	100%	\$0
High Sphere	100%	\$0
High Cylinder	100%	\$0
Base Curve	100%	\$0
Bifocal Add High Power	100%	\$0
Prism	100%	\$0
Photochromic	100%	\$0
Other Add-Ons	No discounts	No discounts

<b>Routine Vision Benefits</b>	<b>When You See a VSP Network Provider the Plan Pays</b>	<b>When You See a Non-Network Provider, the Plan Pays Up to the Allowances Listed Below</b>
<b>Contact Lenses</b>		
Contact Lenses (Conventional contact lenses for correction of vision)	100% up to \$250, no discount off additional balance over \$250	\$175
Contact Lenses (Medically necessary after cataract Surgery)	100%	\$175
Disposable Lenses	100 % up to \$250, no discount off additional balance over \$250	\$175
<b>Frames Maximum</b>	100% up to \$75, 20% off balance over \$75	\$75
<b>Additional Discounts</b>	In the VSP network, Plan participants also receive a 20% discount on unlimited additional pairs of glasses and sunglasses (i.e., lenses and frames and any additional lens options selected) within 12 months of the last covered eye exam, once the full benefit for services covered by the Plan has been used by the participant.	

<sup>1</sup> Contact lens exams are only covered when contact lenses are purchased during the same visit.

<sup>2</sup> VSP also covers specialized lens options (i.e., progressive, anti-reflective, photochromic, etc.) at varying limits and copays.

## **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 Plan benefits, please contact the Fund Office at 708-562-0200 or 866-906-0200.

Sincerely,

Board of Trustees

## Statement of Grandfathered Plan Status

The Board of Trustees believes the 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 the 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 the Plan as a grandfathered health plan and what might cause the Plan to change from grandfathered health plan status can be directed to the Fund Office at 708-562-0200 or 866-906-0200. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### SUMMARY OF MATERIAL MODIFICATIONS

EIN: 36-2151212 PLAN: 501

December 2011

*The information contained in this Notice only highlights certain features of the Chicago Laborers' Welfare Plan and is intended to be a Summary of Material Modifications. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language in this Notice 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. Receipt of this Notice does not confer or guarantee eligibility for benefits. In addition, the Trustees, or such other persons as delegated by the Trustees, have the discretion to interpret and construe the Plan's provisions.*

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