

LABORERS'
WELFARE
FUND

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

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Important News Regarding Your Health and Welfare Plan

April 2011

Dear Retiree Medical Basic Plan Participant:

As Trustees of the Chicago Laborers' Welfare Plan (the "Plan"), we value your service and are proud to offer coverage to meet the health care needs of you and your family. With a key commitment to keeping you informed, we want to make you aware of changes to your benefits. These changes, most of which are a result of complying with the Patient Protection and Affordable Care Act (the "Affordable Care Act") are highlighted in this notice. Also included is information the Plan is required to provide about Medicaid and the Children's Health Insurance Program. Please read this notice carefully and place it in the back pocket of your Summary Plan Description (SPD) booklet for future reference.

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Extension of Dependent Child Coverage to Age 26

Effective June 1, 2011, the plan will cover dependent children up to age 26, regardless of circumstances such as being a full-time student, being married, or place of residence. Specifically, the Plan will cover eligible dependent children as follows:

- The Plan will cover your eligible children through age 25.
- Children will not be required to be students.
- Except for a disabled child, an under age 26 child's residence, financial dependence and marital status will not affect eligibility.
- The Plan will exclude any child age 19 or older who is eligible for other group coverage through the child's employer or through the employer of the child's spouse, regardless of whether the child enrolls in such coverage. (This provision will not apply starting June 1, 2014.)

To enroll your child(ren), please see the special enrollment form enclosed with this announcement. For coverage to be effective June 1, 2011, you must send the completed special enrollment form and any required documentation to the Fund Office by May 31, 2011 (dropped off or postmarked).

NOTE: If your child(ren) graduates school in the spring and would have lost eligibility on the day they graduate, you will need to re-enroll that child(ren) using the attached special enrollment form.

Termination of Coverage

The Plan may rescind your or your dependent's coverage for fraud or intentional misrepresentation of a material fact after the Plan provides the individual with notice as required by law. A rescission of coverage is a cancellation of coverage that is retroactive back to the date that the individual should have lost eligibility under the Plan. However, the following situations will not be considered rescissions of coverage:

EMPLOYER PARTICIPANTS –

Builders' Association, Employing Plasterers' Association, Underground Contractors' Association, Mason Contractors' Association, Concrete Contractors' Association, Wrecking Contractors, Concrete Products Employers, Lake County Illinois Employers, Illinois Road Builders Association, Bridge and Highway Structural Builders: i.e. all those who employ Laborers Engaged in the Building and Construction Industry.

- The Plan terminates an individual's coverage back to the date of loss of eligibility when there is a delay in administrative recordkeeping between the individual's loss of eligibility and notice to the Plan of the individual's loss of eligibility.
- The Plan retroactively terminates the individual's coverage because of the individual's failure to make timely self-payments for coverage.

For any other unintentional mistakes or errors under which an individual was covered by the Plan when the individual should not have been covered, the Plan will cancel the individual's coverage prospectively once the mistake is identified. Such cancellation will not be considered a rescission of coverage.

Statement of Grandfathered Plan Status

The Board of Trustees 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 1-708-562-0200 or 1-866-906-0200. 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility.

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-877-357-3268
GEORGIA – Medicaid	MISSOURI – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
IOWA – Medicaid	NEVADA – Medicaid and CHIP
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
KANSAS – Medicaid	
Website: https://www.khpa.ks.gov Phone: 1-800-792-4884	

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-321-5557	
MASSACHUSETTS – Medicaid and CHIP	NEW MEXICO – Medicaid and CHIP
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MINNESOTA – Medicaid	
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	
NEW YORK – Medicaid	TEXAS – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid
Website: http://www.nc.gov Phone: 919-855-4100	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
NORTH DAKOTA – Medicaid	VERMONT – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647

OREGON – Medicaid and CHIP	WASHINGTON – Medicaid
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicallassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
RHODE ISLAND – Medicaid	WISCONSIN – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
<http://1-877-267-2323>, Ext. 61565

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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.

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Chicago Laborers' Welfare Plan

11465 W. Cermak Road, Westchester, IL 60154

708-562-0200 or 866-906-0200

SPECIAL ENROLLMENT OPPORTUNITY THROUGH MAY 31, 2011

EXTENDED COVERAGE FOR ELIGIBLE DEPENDENT CHILDREN

If you have Eligible Dependent children currently not covered under the Plan who will become eligible for coverage effective June 1, 2011, you have a Special Enrollment opportunity starting *now through May 31, 2011* to enroll/re-enroll the child(ren) in the Plan. For coverage to be effective June 1, 2011, you must send this completed form and any required documentation to the Fund Office by *May 31, 2011* (dropped off or postmarked). If you do not re-enroll your child(ren) during this Special Enrollment period and choose to do so later, coverage will not begin until the first of the month following the month the Fund Office receives your enrollment form.

Participant Information

Participant Full Name: _____ Participant SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Date of Birth: _____ Marital Status: Single Married Divorced Widowed

Eligible Dependent Child(ren) Information

Provide all information for Eligible Dependent Child(ren) to be covered under the Plan.

Child's Full Name (First, MI, Last)	Gender F M	Social Security Number	Date of Birth (mm/dd/yyyy)	Currently Insured? Y N	If currently insured or if employer provided coverage is available anywhere else, please provide the name of insurance, policy #, Group # and telephone #
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>		/ /	<input type="checkbox"/> <input type="checkbox"/>	

Eligible Dependent Child(ren) Documentation/Proof

You must also enclose a CERTIFIED STATE OR COUNTY duplicate of the birth certificate to add a child. If you send originals, the Fund Office will make copies and return the originals to you. (A certified duplicate is a copy acquired from the state or county in which the birth occurred). Hospital and church records are *not* acceptable. All information must be completed and provided or your child will not be enrolled under your group health care coverage until then. **If your child was previously covered under the Plan, you are not required to provide documentation.**

Unless your adult dependents contact the Fund and provide an alternate address, their EOB (Explanation of Benefits) and PHI (Protected Health Information) will be sent to your address.

Participant Authorization

I understand that the information on this form will be used to determine eligibility for coverage for my Eligible Dependent Child(ren) under the Chicago Laborers' Welfare Plan effective June 1, 2011. I hereby certify that the information on this form, to the best of my knowledge and belief, is true, correct, and complete. I also understand that willingly falsifying any of the information on this form is considered fraud and may be cause for termination of coverage as well as imposition of penalties.

Participant Name (print): _____

Participant Signature: _____

Date: _____

