



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

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

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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 clarification of coverage of short-term therapy benefits and vision benefits effective June 1, 2022.

Physical and Occupational Therapy

The Plan provides for treatment of a physical disability for which there is a reasonable expectation of significant improvement in the status of that disability as determined by the Plan. The Plan covers services provided by a registered physical therapist, or a registered or state licensed occupational therapist for short-term therapy.

Services must be ordered by a physician, physician assistant, or nurse practitioner under the supervision of a physician under an individual treatment plan and must be certified by the physician as necessary for the improvement of the patient's condition through "short-term" care. The prescriber must provide a written prescription which includes frequency, duration, and prognosis.

The term "short-term" for purposes of Physical/Occupational Therapy benefits is defined as a continuous course of treatment of "up to 26 weeks" for a specific condition/diagnosis. The "up to 26 weeks" period begins on the first day of therapy. Subsequent short-term treatment for a reinjury or relapse restarts the course of treatment.

If medically necessary, a Participant may request an extension of "short-term" therapy benefits. Requests for an extension of the maximum 26-week period must be recommended by a physician, physician assistant, or nurse practitioner under the supervision of a physician and reviewed by the Fund Office and Medical Management. An extension of benefits will be considered only after a medical review to determine medical necessity, reasonable expectation of significant improvement, and non-experimental treatment status according to accepted standards of medical practices through established medical review mechanism. Extension of benefits will be approved in four week increments with an overall maximum benefit of no more than 52 weeks.

In addition, occupational and physical therapy services will be covered for treatment of a Dependent with a congenital disability without regard to the reasonable expectation of significant improvement of the disability or the “short-term” care of up to 26 weeks limitation.

VISION CARE BENEFITS

The Vision Care portion of the Plan helps pay for your eye care needs. The annual maximum benefit is \$300 per person for all covered services. There is no maximum for pediatric vision essential services, defining “pediatric” as for a child up to age 18; and, defining “services” as essential services such as vision exams.

While you may go to any qualified provider, the Fund offers you discounted prices on covered services and supplies through the EyeMed Vision Care Network. To find a network provider, call 1-866-723-0514 or visit their website at www.eyemedvisioncare.com.

HOW THE VISION CARE PLAN WORKS

Eye Examinations Up to the Annual Maximum Benefit

Benefits are available for an eye examination that is performed by an ophthalmologist, optometrist, or another physician who is licensed to perform vision examinations and prescribe lenses limited to once every calendar year.

Lenses/Frames or Contact Lenses Up to the Annual Maximum Benefit

Coverage is available for lenses and frames including prescription sunglasses limited to once every calendar year. Contact lenses limited to once every calendar year as an alternative to eyeglass lenses and frames.

Lasik Surgery

Lasik surgery is covered for you and your spouse up to a lifetime maximum of \$1,000 per eye per person. Lasik surgery includes:

- FDA-approved indications and indications accepted by the American Academy of Ophthalmology, refractive surgical procedures, such as laser-assisted in situ keratomileusis (LASIK), astigmatic keratotomy (AK), photorefractive keratectomy (PRK), photo astigmatic refractive keratectomy (PARK), laser epithelial keratomileusis (LASEK), Intacs, EpiLasik, implementation of intrastromal corneal ring segments and other refractive surgical procedures.

VISION CARE EXPENSES NOT COVERED

In addition to any general Plan exclusions, the following expenses are not covered under the Plan:

- Services or supplies payable under any other benefits provided by the Plan;
- Refractions when not provided as part of a comprehensive eye exam;
- Orthoptics, vision training, subnormal vision aids and any associated supplemental testing, or aniseikonia lenses, except as provided otherwise by the Plan;
- Any material furnished as the result of a refraction which started before the date on which you or your Dependents become eligible for benefits or after the date eligibility ends except as provided under the Extended Benefits provision;

- Any services or supplies not prescribed by a licensed physician or optometrist;
- Charges for failure to keep a scheduled appointment;
- Care or services provided free, or that would have been provided free if this Plan were not available;
- Expenses that may be paid under Workers' Compensation, occupational disability, or similar laws;
- Expenses incurred for surgical correction of refractive errors and refractive keratoplasty procedures that are not for FDA-approved indications and indications accepted by the American Academy of Ophthalmology; and
- Solutions, cleaning products, frame cases, non-prescription sunglasses, safety glasses, plano lenses, plano contact lenses, two pairs of glasses in lieu of bifocals, electronic vision devices.

EXTENDED BENEFITS

If you order frames while you are eligible for benefits under the Plan, but receive them after your coverage terminates, your purchase of frames or lenses will still be covered if they are received within 31 days after coverage ends.

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.



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 یں 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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