



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: March 20, 2023

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 changes to the eligibility rules.

Eligibility – Continued Coverage for Active Participants

The Board of Trustees approved amending the Plan to extend the “look-back” rule of 800 hours effective on the Benefit Quarter beginning July 1, 2023.

Therefore, effective July 1, 2023, 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.

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 regarding this notice, please contact the Administrative Office.

SUMMARY OF MATERIAL MODIFICATIONS –March 2023 – 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 کے آپ، چارج مفت، خدمات یک مدد یک زبان، تو ییہ بولتے انگلش آپ اگر: انتباه ییہ ابی دست ییہ کال کو 1-877-696-6775.
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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