



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: August 21, 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. This letter contains information on improvements and clarifications of benefits provided by your Health and Welfare Plan.

Seasonal Vaccines

You may now receive your seasonal vaccines (various types of influenza and commercially available COVID-19) at any participating pharmacy with \$0 co-pay when you show your CVS Caremark prescription benefit card. This is a convenient alternative to receiving seasonal vaccines from a doctor's office.

Speech Therapy

Effective June 1, 2023, the services of a registered speech therapist for short-term therapy will be covered when ordered by a physician. The therapy should be for the physical treatment of a physical disability and have a reasonable expectation of significant improvement in the status of the speech disability.

Services are available for up to 26 weeks with the period beginning on the first day of therapy. If medically necessary, an extension of therapy benefits may be requested in four-week increments up to a maximum of 52 weeks.

Developmental Delays

Effective August 1, 2023, evaluation, diagnosis, and treatment of developmental delays will be covered at normal cost sharing (deductible and coinsurance) for children under the age of 36 months. Covered services will include speech therapy, occupational therapy, physical therapy, applied behavioral therapy, social skills therapy, and play therapy.

Services are available for up to 26 weeks with the period beginning on the first day of therapy. If medically necessary, an extension of therapy benefits may be requested in four-week increments up to a maximum of 52 weeks.

Special Education services will not be covered by the Plan.

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Office (847) 742-0900

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Maintenance Medications

Effective November 1, 2023, you will have the option to fill 90-day maintenance medications through the CVS mail order program or through CVS retail pharmacies. If you are currently participating in the mail order program, CVS will notify you of the option to continue mail order fills or allow you to change your preference to pick up the refill at your local CVS retail pharmacy. Please note that 90-day supply fills by mail order or at CVS retail pharmacies is mandatory for maintenance medications after two retail pharmacy fills (one original fill followed by one subsequent refill).

Acne Medications

Effective November 1, 2023, acne medication products will be covered under the prescription drug benefit for all eligible participants and dependents. There are many topical medications on the CVS Caremark formulary drug list used to treat acne. Prior authorization from CVS Caremark will be required for all acne medications. Consult with your physician to determine if you meet the prior authorization criteria and to obtain a prescription.

Medical skin treatments for acne such as light, laser, or thermal therapy are not covered by the Plan.

Cochlear Hearing Implant

This device is a hearing loss solution designed to stimulate hearing in the ear and is surgically placed under the skin. Effective June 1, 2023, this surgery and device will be covered under the medical plan at normal cost sharing (deductible and coinsurance) to eligible participants and dependents.

Non-Bargaining Unit Employee Years of Service

The Death Benefit and the Family Supplemental Benefit are both based on years of service—accumulating a greater level of benefits with more years of service participating in this Plan. For this purpose, a year of service is defined as 12 months of contributions made to the Plan on behalf of the employee. Anniversary credit will be recognized in the year earned, and the benefit level will be credited January 1st of the following year.

Dental Benefits

Effective January 1, 2024, the annual dental maximum benefit for Type B & Type C Services (general and replacement) will increase from \$1,500 to \$2,500 per person each calendar year. The Plan will continue to pay 85% of the covered expenses up to the new maximum after the calendar year deductible of \$50 has been met. General and replacement services cover such treatment as: dental X-rays, filling restorations, extractions, root canals, crowns, oral surgery, etc.

Note, there is no maximum for essential pediatric dental services.

Visit a provider in the Dental Network of America Preferred network for discounts on dental services. Visit www.dnoa.com and select the DNoA PRO plan from the menu or call (866) 522-6758 to find a provider near you.

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 –August 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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