



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: May 24, 2024
 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.

Continuous Glucose Monitors

Continuous glucose monitors (CGMs) are an alternative to traditional blood glucose meters and supplies for diabetes management, where instead of testing multiple times per day with a lancet and test strip, the CGM is inserted under the skin allowing it to take glucose readings throughout the day and night in real time. CGMs are available by prescription from your physician and currently filled at a durable medical equipment supplier under the medical benefit.

Effective June 1, 2024, continuous glucose monitors and their sensors, transmitters and supplies when prescribed by a physician will also be available through the pharmacy benefit with copayment, per the pharmacy formulary list.

Dental Treatment in Preparation for Jaw Surgery

Effective January 1, 2023, the medical Plan will provide coverage, subject to deductible and coinsurance, for medically necessary dental treatment in preparation for, in conjunction with, or related to medically necessary corrective jaw surgery, but not including surgery or treatment for temporomandibular joint (TMJ) disorders.

COBRA Credit

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you to extend certain health insurance coverage for yourself and your eligible Dependents when certain circumstances, or qualifying events, would normally cause coverage to end.

Active Participants are eligible for COBRA continuation coverage if the Fund does not receive contributions from your employer for 270 or more hours of work during a Contribution Quarter or 800 hours in a 12-month lookback period. If you lose eligibility

due to a reduction in work hours, you may elect to purchase COBRA Continuation Coverage for yourself and your eligible dependents for up to 18 months.

As a reminder, if the Fund receives some contributions from your employer during a Contribution Quarter, but not the required minimum number of hours to continue eligibility, you will receive COBRA credit to offset the monthly COBRA premium. COBRA credit is the appropriate Welfare rate times the number of hours reported during the Contribution Quarter.

The COBRA credit is limited to two consecutive Benefit Quarters; credit earned during the first Contribution Quarter does not carry over to the second Contribution Quarter. Credits for the second Benefit Quarter are based on hours reported in the corresponding Contribution Quarter. After the second Benefit Quarter on COBRA, no additional COBRA credit will be granted.

A quarterly status report will be mailed to you showing the hours credited on your behalf and will state your eligibility status for the upcoming quarter. This report will also reflect your COBRA credit, if any. Please note, the Fund Office does not automatically apply the credit to extend eligibility—you **must elect** COBRA continuation coverage by completing the enrollment form included with your status report.

The hours credited on your behalf can also be viewed 24/7 on the Participant Dashboard of our website at www.fvlab.com. Notify the Fund Office immediately if you discover any discrepancies in the hours reported.

Non-bargained Participants are not eligible for the COBRA credit.

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 Administrative Manager 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 –May 2024 – 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، توں یہ بولتے انگلش آپ اگر: انتباه یں یہ ابی دست یں یکر 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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