



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: September 15, 2024

TO: Eligible Participants

FROM: Board of Trustees

SUBJECT: Fox Valley Laborers Health and Welfare Fund
Summary of Material Modifications

BOARDS OF TRUSTEES

WELFARE FUND

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Steven E. Lamp
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Employee Trustees

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Brian M. Urso, Secretary

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 benefit improvements and clarifications provided by your Health and Welfare Plan.

Hearing Benefit Network

Effective November 1, 2024, the Welfare Fund is partnering with EPIC Hearing Healthcare to enhance the hearing benefit. You can obtain a hearing exam with a consultation and hearing aids at discounted prices if you use an EPIC Hearing Healthcare network provider. Call EPIC Hearing Healthcare at (866) 956-5400 or visit www.epichearing.com to receive a referral and find a provider in your area. See enclosed flyer for more information.

The Plan's coverage of hearing aids remains the same for participants and dependents at \$3,000 benefit per ear every 24 months. In addition, a no-cost hearing exam is available every 24 months through an EPIC Hearing provider.

You have a choice of providers, and this new network will not affect the benefit and relationship you may have established with a provider outside of this network. However, the new network can provide savings for you and the Plan.

Retired Participants and Dependents

You and your eligible dependents may continue participation in the Welfare Fund upon your retirement if you meet the eligibility requirements and you are receiving a pension benefit from the Fox Valley and Vicinity Laborers Pension Fund. The welfare benefits include medical, prescription drugs, dental, vision, member assistance program, and a death benefit.

The dependents who are covered under the Plan and listed on your application for retiree welfare benefits on the pension application at the time you commence your pension benefit are the dependents eligible for coverage until they no longer meet the definition of a dependent, you no longer make the welfare self-payment premium, or you choose to terminate their coverage. No new or additional dependents can be covered following your dependent designation on the approved pension application.



Center of Excellence

“Center of Excellence” is a facility that specializes in a particular medical area or condition (such as transplants or cancer treatment), offering high-quality cost-effective care designated by the Preferred Provider Organization or other vendor selected by the Board of Trustees. These facilities may be called a Center of Excellence, Blue Distinction Center, or some other name. Please note that some procedures are only covered if performed at a facility with this distinction.

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 –September 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، تو یہ بولتے انگلش آپ اگر: انتباه یہ ابی دست 1-877-696-6775 کو
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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