



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: May 1, 2025

TO: Eligible Participants and Dependents

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 clarifications, improvements, and changes to the benefits provided by your Health and Welfare Plan.

Honorable Discharge from the Military

To clarify Plan language, effective November 1, 2024, a retiree's Dependent previously covered under the Plan whose coverage terminated upon joining the military shall be permitted to re-enroll within 30 days upon an honorable discharge from the military, provided the Dependent still meets the other requirements for eligibility.

PENSION FUND

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Chiropractic Care

Effective November 1, 2024, chiropractic care can now be received at the same time as physical therapy. Please note that the Plan requirements including a physician's prescription indicating the frequency, duration, and diagnosis for physical therapy is still required before claims are processed.

Temporomandibular Joint (TMJ) Disorders

Effective January 1, 2025, medically necessary surgery for temporomandibular joint (TMJ) disorders will be covered under the medical portion of the Plan and subject to the medical annual deductible and coinsurance. Any other services or supplies related to TMJ including non-surgical treatments such as splints, mouth guards, dental appliances, or therapy will continue to be covered under the dental portion of the Plan and subject to the dental deductible, coinsurance, and annual maximum benefit.

Retirees Returning to Active Work

Effective June 1, 2025, a Retired Employee who was covered for retiree welfare benefits prior to June 1, 2025 and who returns to active work and then re-retires will need to have been eligible for welfare coverage for at least one Benefit Quarter within the four Benefit Quarters immediately preceding his re-retirement to once again be eligible for retiree coverage. This requirement is in lieu of the retirement rule of eight Benefit Quarters within the sixteen Benefit Quarters immediately preceding the retirement.



Grandfathered Status

The Fox Valley Laborers Health and Welfare Fund has been considered a “grandfathered health plan” under the Patient Protection and Affordable Care Act (“PPACA” or “Affordable Care Act”) since March 2010. As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted.

Effective June 1, 2025, the Welfare Fund will lose its grandfathered status and implement most of the comprehensive benefits (not already in place) and expand the appeals process and external review that the Affordable Care Act provides, as detailed below.

- **Preventive Care:** As allowed under the Affordable Care Act, preventive care for adults and children will be payable at 100% of the allowable charges and not subject to calendar year deductible amounts. There is no copay, deductible, or coinsurance, if you use a Blue Cross Blue Shield in-network provider--even if the individual or family deductible or out-of-pocket maximum has not been met. Coverage will not be available for preventive care administered by an out-of-network provider or facility.

The Fund will follow the current recommendations of the United States Preventive Services Task Force (USPSTF) recommendations with a grade of either A or B for preventive screenings and medications for adults and children at the recommended age or those with increased risk. The Fund will follow the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention for vaccine recommendations. Further, the Fund will follow the evidence-informed preventive care and screening supported by the Health Resources and Services Administration.

For example, these preventive care services are currently provided at no cost* when prescribed by a physician:

Preventive Medical Care Benefits for Adults:

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- Cholesterol screening for adults of certain ages or at a higher risk
- Colorectal cancer screening for adults 45 to 75 years and bowel preparation medication
- Hepatitis C screening for adults 18 to 79 years of age
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Lung cancer screening for adults 50 to 80 years of age at high risk for lung cancer because of their smoking history or have quit in the past 15 years
- Statin preventive medication for adults 40 to 75 years of age at high risk
- Tobacco use screening for all adults, cessation interventions for tobacco users, and tobacco cessation products

Preventive Medical Care Benefits for Women:

- Bone density screening for all women over age 65 or women age 64 or younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Breast cancer screening mammogram every one to two years for women age 40 and older
- Cervical cancer screening through a Pap test (also called a Pap smear) for women 21 to 65 years of age
- Chlamydia infection screening for younger women and other women at higher risk
- Gonorrhea screening for all women at higher risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use
- Sexually transmitted infections counseling for sexually active women
- Urinary incontinence screening for women yearly

Medical Services for Pregnant Women or Women Who May Become Pregnant:

- Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider, for women with reproductive capacity (not including abortifacient drugs)
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Syphilis screening
- Urinary tract or other infection screening

Preventive Medical Care Benefits for Children:

- Autism screening for children at 18 and 24 months
- Behavioral assessments for children
- Depression screening for adolescents beginning routinely at age 12
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hepatitis B screening for adolescents at higher risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Lead screening for children at risk of exposure
- Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
- Vision screening for all children

Vaccines and Other Immunizations for People of all Ages:

The Plan will cover at no cost sharing many vaccines and immunizations. Eligibility is based on U.S. Centers for Disease Control and Prevention recommendations and age guidelines. For example: adults may receive vaccines for hepatitis A, hepatitis B, meningococcal, and respiratory syncytial virus; and children may receive vaccines for measles/mumps/rubella, pneumococcal, and varicella (chicken pox).

** Other rules, limits, and exclusions may apply*

- **Clinical Trials:** Expenses for routine patient costs will be covered for eligible participants or dependents participating in an approved Phase I, II, III, or IV clinical trial that studies the prevention, detection, or treatment of cancer or other life-threatening conditions where their participation is appropriate. These costs do not include the actual device, item, or service being studied.
- **External Claim Review:** If your claim is denied or you disagree with the determination regarding your eligibility for benefits or the amount of the benefit, you may request an internal review appeal. Subsequently, if you disagree with the internal review determination, you may request an external appeal review in accordance with the process described in the External Review section of the April 29, 2022 Summary of Material Modification to the Summary Plan Description. An external reviewer either upholds the decision or decides in your favor. The Fund is required by law to accept the external reviewer's decision.

Over-the-Counter (OTC) Medications

Effective June 1, 2025, over-the-counter medications allowed as preventive care per the Affordable Care Act may be redeemed at a pharmacy contracted with the Plan (for example: CVS Pharmacy, Walgreens, Osco, Walmart, Costco, etc.) at no cost to you. When prescribed by your physician, items such as aspirin, folic acid, tobacco cessation products, and birth control can be picked up from a contracted pharmacy without cost sharing. Quantity limits, age limits, and other pertinent drug factors must be met for the medication to be dispensed and with no cost sharing. A prescription from your doctor must be presented, and you will be required to show your CVS Caremark prescription card at the pharmacy for zero cost sharing to apply.

Immunizations

Effective June 1, 2025, in addition to your doctor's office, an expanded list of immunizations can now be administered at a pharmacy contracted with the Plan (for example: CVS Pharmacy, Walgreens, Osco, Walmart, Costco, etc.) with zero cost sharing. This will allow convenient immunizations for many vaccines, such as flu, pneumonia, shingles, tetanus, and more. Eligibility for the immunizations is based on U.S. Centers for Disease Control and Prevention recommendations and age guidelines. You will be required to show your CVS Caremark prescription card at the pharmacy. Contact the pharmacy to schedule an appointment when it is convenient for you.

IMPORTANT NOTICE - Changes to Out-of-Network Coverage

Effective January 1, 2026, benefit coverage for physicians and facilities outside the Blue Cross Blue Shield (BCBS) preferred provider network will be changing, as follows:

- After deductible, Plan pays 70% and you pay 30%
- Annual out-of-pocket maximum amount will not apply to non-PPO providers; therefore, the Plan will not ever pay these charges in full and you will always have an out-of-pocket expense
- Reasonable and customary charges will be considered at 150% of Medicare allowable limits

Services covered under the No Surprises Act such as Non-Network Emergency Services, Non-Network Providers at Network Facilities, and Non-Network Air Ambulance Providers are not impacted by this change.

When seeking treatment from a provider or facility outside the PPO network, in-network discounts are not applicable. This means that you will be paying more out of pocket for your out-of-network care. Benefit coverage is more favorable to you and your out-of-pocket expenses are reduced when your treatment is provided by an in-network provider. Please consider finding a doctor or hospital in the BCBS network by calling (800) 810-2583 or by searching the online tool at www.bcbsil.com.

As health care costs continue to rise, the Trustees will continue to develop long-term strategies to manage costs in the future and offer a sustainable welfare program.

If you have any questions regarding this notice, please contact the Administrative Office.

SUMMARY OF MATERIAL MODIFICATIONS –May 2025 – 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

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| 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. |
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| 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 یہ 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. |

2371 Bowes Road, Suite 500, Elgin, Illinois 60123-5523

OFFICE (847) 742-0900

FAX (847) 742-4430

TOLL FREE (866) 828-0900

www.fvlab.com