



HEALTH and WELFARE DEPARTMENT of the CONSTRUCTION and GENERAL LABORERS' DISTRICT COUNCIL of CHICAGO and VICINITY

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**Chicago Laborers' Health and Welfare Fund
December 2015**

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INCREASE IN COBRA RATES

Under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA), you or your dependents may continue healthcare coverage past the date coverage would normally end under certain conditions. One condition of continuing coverage under COBRA is paying the monthly COBRA rate, if any. To account for the rising costs of healthcare, the monthly COBRA rates will increase by \$25. These rates will be **effective January 1, 2016** for individuals currently on COBRA and for new COBRA elections.

The tables below set forth the new monthly COBRA rates, effective January 1, 2016. The specific COBRA rate depends on the reason for continuing healthcare coverage under COBRA. "Core Coverage" refers to coverage for medical, prescription drug and death benefits. "Full Coverage" refers to coverage for medical, prescription drug, dental, vision and death benefits.

- If you lose eligibility due to a reduction in hours:

	1st 6 Months		More than 6 Months	
	Core Coverage	Full Coverage	Core Coverage	Full Coverage
Active Plan 1	\$410	\$475	\$785	\$885
Active Plan 2	N/A	\$380	N/A	\$702
Active Plan 3	N/A	\$345	N/A	\$627
Active Plan 4	N/A	\$355	N/A	\$643

- If you lose eligibility due to serving in the military and cease to be a laborer:

	Core Coverage	Full Coverage
Active Plan 1	\$75	\$75
Active Plan 2	N/A	\$75
Active Plan 3	N/A	\$75
Active Plan 4	N/A	\$75

EMPLOYER PARTICIPANTS .

Builders Association, Employing Plasterers Association, Underground Contractors Association, Mason Contractors Association, Concrete Contractors Association, Wrecking Contractors, Concrete Products Employers, Lake County Illinois Employers, Illinois Road Builders Association, Bridge and Highway Structural Builders; i.e. all those who employ Laborers Engaged in the Building and Construction Industry.

- For the spouse or dependent of a member who incurs a COBRA event other than death of the member:

	Core Coverage	Full Coverage
Active Plan 1	\$785	\$885
Active Plan 2	N/A	\$702
Active Plan 3	N/A	\$627
Active Plan 4	N/A	\$643

- For the dependent of a member who dies:

	1st 18 Months		More than 18 Months	
	Core Coverage	Full Coverage	Core Coverage	Full Coverage
Active Plan 1	\$0	\$0	\$785	\$885
Active Plan 2	N/A	\$0	N/A	\$702
Active Plan 3	N/A	\$0	N/A	\$627
Active Plan 4	N/A	\$0	N/A	\$643

STATEMENT OF GRANDFATHERED STATUS

The Board of Trustees believes that the Plan is a "grandfathered health plan" under the Affordable Care Act (the "ACA"), which means that our Plan existed when the healthcare reform law was signed on March 23, 2010, and that we can preserve certain basic health coverage that was already in effect when the law was passed. As with all grandfathered health plans, the Plan must still comply with certain consumer protections in the Affordable Care Act (for example, the elimination of the Plan's lifetime maximums). However, because this Plan is "grandfathered" and not required to adopt other changes required by the Affordable Care Act, this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. Contact the Fund Office if you have questions. You may also contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 866-444-3272 or www.dol.gov/ebsa/healthreform. The website includes a chart summarizing the protections that do and do not apply to grandfathered health plans.

CHICAGO LABORERS' HEALTH AND WELFARE FUND
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