

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

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THE CHICAGO LABORERS' WELFARE PLAN

Notice of Change to Disability Claims and Appeals Procedures

March 2018

Dear Participant:

The Board of Trustees of the Chicago Laborers' Welfare Fund (the "Plan") is committed to keeping you informed of applicable changes to the Plan.

The Department of Labor issued new regulations for administering claims and appeals for disability claims filed on or after April 1, 2018. The new requirements are as follows:

- If your claim for a disability benefit is denied on initial review or on appeal, the Fund Office will provide you with an explanation for why the Plan did not follow or disagreed with the following:
 - (1) The views you presented to the Plan of the health care and vocational professionals who treated or evaluated you;
 - (2) The views of medical or vocational experts obtained by the Plan in connection with the benefit denial, without regard to whether the advice was relied upon in making the benefit denial; and
 - (3) A disability determination made by the Social Security Administration that you presented to the Plan.
- The Fund Office will provide you with the specific internal rules, guidelines, protocols, standards or other similar criteria the Plan relied upon in making the benefit denial or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria do not exist.
- If the claim denial is based on a scientific or clinical judgment, the Fund Office will provide you with either an explanation of the scientific or clinical judgment applied to the specific medical circumstances, or, alternatively, a statement that such explanation will be provided free of charge upon request.

EMPLOYER PARTICIPANTS -

- Before a denial on appeal is issued, the Fund Office will provide you, free of charge, with: (1) any new or additional evidence that was considered, relied upon, or generated by the Plan in connection with your appeal; and (2) any new or additional rationale that is a basis for denying the appeal. The Fund Office will provide you with the evidence or rationale as soon as possible and sufficiently in advance of the deadline for issuing the appeal decision so that you have the opportunity to respond to the evidence or rationale before that deadline.
- All notices regarding the denial of disability claims will be provided to you in a culturally and linguistically appropriate manner in accordance with the requirements of the Department of Labor.

Please note that this Notice only summarizes the changes required under the new regulations, and these new procedural requirements are in addition to the claims and appeals information in the current Summary Plan Description (SPD). You should review the Summary Plan Description if you are filing a claim for any benefits or filing an appeal of a claim denial. Be sure to keep this Notice with your SPD for future reference. If you have any questions regarding these changes or your other Plan benefits, please contact the Fund Office at 708-562-0200 or 866-906-0200.

Sincerely,

The Board of Trustees

Statement of the Plan's Grandfathered Status. The Board of Trustees of the Chicago Laborers' Welfare Fund believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act), which means that the Welfare Plan existed when the health care reform law was signed on March 23, 2010. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Welfare Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and 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 Fund Office at 708-562-0200 or 866-906-0200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or http://www.dol.gov/ebsa/healthreform/. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The information contained in this Notice only highlights certain features of the Chicago Laborers' Welfare Plan (the "Plan") and is intended to be a Summary of Material Modifications. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language in this Notice and the documents that establish the Plan, the document language will govern. The Board of Trustees of the Welfare Fund ("Trustees") reserves the right and has the authority to amend, modify, or eliminate benefits at any time, or terminate the Plan when financial conditions dictate. Receipt of this Notice does not confer or guarantee eligibility for benefits. In addition, the Trustees, or such other persons as delegated by the Trustees, have the discretion to interpret and construe the Plan's provisions.

SUMMARY OF MATERIAL MODIFICATIONS EIN: 36-2151212 PLAN: 501 MARCH 2018

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination Is Against the Law

Health and Welfare Department of the Construction and General Laborers' District Council of Chicago and Vicinity complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health and Welfare Department of the Construction and General Laborers' District Council of Chicago and Vicinity does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health and Welfare Department of the Construction and General Laborers' District Council of Chicago and Vicinity:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ms. Catherine Wenskus, the Civil Rights Coordinator.

If you believe that Health and Welfare Department of the Construction and General Laborers' District Council of Chicago and Vicinity has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Ms. Catherine Wenskus, Civil Rights Coordinator, Health and Welfare Department of the Construction and General Laborers' District Council of Chicago and Vicinity, 11465 West Cermak Road, Westchester, Illinois 60154-5768, Telephone: 1-708-562-0200, Fax: 1-708-947-7297, E-Mail: cathyw@chilpwf.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ms. Catherine Wenskus is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

The Plan's "Grandfathered" Status

The Trustees of the Health and Welfare Department of the Construction and General Laborers' District Council of Chicago and Vicinity believe that this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for external claims review. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding the protections that apply and those that 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 Fund Office at 1-708-562-0200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Illinois Top 15 Languages

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-708-562-0200.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-708-562-0200.
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 1-708-562-0200.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-708-562-0200. 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-708-562-0200.
Arabic	نـاف تامــدخ ةدعاســملا وغلــلاىة رفاوتــت كل نــاجملاب. لصـــتا مقــرب .708-562-562 (مقــر . ةظوحلم: اذاٍ تنــك ثــدحتت ركذا ةغلــلا،
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-708-562-0200.
Gujarati	યુના: જો તમે જરાતી બોલતા હો, તો િન: લ્કુ ભાષા સહ્યય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-708-562-0200.

Language	Message About Language Assistance
Urdu	پـآ ودرا ےِتلـــوب ہیں، وت پـآ وک نـــابز کی ددم کی تامــدخ تفـــم میں تســـدیبـا ہیں ۔ لاک 1-708-562-0200. رکیں رادربـخ: رگـا
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-708-562-0200.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-708-562-0200.
Hindi	ध्यान द : य द आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।
	1-708-562-0200. पर कॉल कर ।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-708-562-0200.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-708-562-0200.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-708-562-0200.