

CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL HEALTH & WELFARE PLAN

Important Notice of Change to Benefits under Active Plan 1

April 2022

Dear Participant:

The Board of Trustees of the Chicago & Vicinity Laborers' District Council Health & Welfare Plan (the "Plan") is pleased to announce the following enhancements and updates to the benefits under Active Plan 1:

Infertility Benefits for Active Plan 1

Effective for eligible claims incurred on or after January 1, 2022, the infertility treatment lifetime maximum is increased to \$25,000 for Active 1 participants and spouses.

EPIC Hearing Aids for Active Plan 1

Effective for eligible claims incurred on or after March 1, 2022, participants can receive hearing aids through EPIC Hearing Healthcare ("EPIC"). The Plan's coverage of hearing aids remains the same, but you can obtain reduced rates for most hearing aid fees and services if you use an EPIC network provider.

It is easy to join and use your EPIC network benefits.

- Call the EPIC call center toll free at 1-866-956-5400 or contact EPIC Hearing online at epichearing.com to register and receive information regarding an EPIC network provider in your area.
- Follow through with an in-person or virtual appointment and consultation. A virtual consultation is available if you choose to access your hearing care through EPIC's virtual channel, Right2You.
- An EPIC network provider will conduct a hearing test and discuss the audiogram results with you and will provide you with information regarding the hearing aid to best suit your needs.
- Select your hearing aid and get fitted for your hearing aid. Your fitting and follow-up visits can be scheduled virtually. You will receive up to three follow-up visits, at no additional charge to you, within the first year of your hearing aid purchase.

Hearings aids purchased through the EPIC network are eligible for an extended three-year warranty. EPIC also provides a complimentary one-year supply of batteries for non-rechargeable hearing aids. EPIC provides a 45-day trial period for hearing aids fit in-person at

an EPIC network provider's office and a 70-day trial period for hearing aids fit through Right2You virtual care and direct delivery. The trial period includes a money back guarantee.

If you use an EPIC network provider and purchase your hearing aids through EPIC, you will have access to both private-label and name-brand hearing aids and related technology at published fixed fee pricing (savings that is generally 30-60% off the manufacturer's suggested retail pricing).

Regardless of whether you use an EPIC network provider or a non-network provider for hearing aids, you are responsible for all costs that exceed the Plan's hearing aid maximum benefit (\$1,500 every three calendar years), but you may obtain reduced rates for hearing aid fees and services through EPIC. For more information on the Plan's hearing aid benefit, please see the summary plan description for Active Plan 1, which also serves as the Active Plan 1 plan document (2020 Edition) ("SPD/Plan").

Coverage for Autism Treatment, Including Applied Behavioral Analysis Therapy (ABA), for Active Plan 1

Effective for eligible claims on or after April 1, 2022, Active Plan 1 will cover all Medically Necessary treatment directly related to an autism diagnosis, including coverage of Applied Behavioral Analysis Therapy (ABA).

Over-the-Counter Covid-19 Rapid Tests for Active Plan 1

Effective for eligible claims incurred on or after January 15, 2022, and for the duration of the COVID-19 Public Health Emergency declared by the Secretary of the Department of Health and Human Services, the Plan will cover the cost of over-the counter COVID-19 rapid tests for up to eight tests per rolling 30-consecutive-day period per participant without a prescription. This monthly limit does not include COVID-19 rapid tests ordered or provided by a health care provider or hospital. Tests purchased for employment purposes are not covered by the Plan.

You can obtain COVID-19 rapid tests with no upfront out-of-pocket costs to you through the Plan's pharmacy benefit manager, CVS Caremark by:

- Presenting your prescription drug ID card at any CVS Caremark/retail pharmacy; or
- Requesting COVID-19 rapid tests online at caremark.com or through the CVS/Caremark mobile app.

If you purchase COVID-19 rapid tests from a non-network pharmacy, Active Plan 1 will reimburse the cost of such tests up to \$12 per test (or the actual cost, if lower). All claims must include proof of purchase, along with an attestation that the COVID-19 rapid test is not for employment purposes, has not and will not be reimbursed by another source, and will not be re-sold to another party. You may not seek reimbursement for the cost of COVID-19 rapid tests from your Health Reimbursement Arrangement (HRA) account.

Keep in mind COVID-19 rapid tests have expiration dates on the packaging. Using an expired test may lead to inaccurate results.

Other resources are also available to obtain COVID-19 rapid testing. You can order four free, COVID-19 rapid tests from the federal government at [COVIDtests.gov](https://www.covidtests.gov), and local facilities are also offering testing. Visit dph.illinois.gov for information on testing facilities near you.

Smoking Cessation Benefits for Active Plan 1

As detailed in the SPD/Plan, Active Plan 1 offers smoking cessation benefits up to a maximum of \$1,000 per person (participant and spouse) per lifetime. The SPD/Plan is clarified to no longer specifically name Laser Concepts of Chicago as a provider of such services, and Active Plan 1 provides the smoking cessation benefits, subject to the limitations set forth in the SPD/Plan.

Questions?

If you have questions about your benefits, please contact the Fund Office at (708) 562-0200 or (866) 906-0200 from 8:00 am to 5:00 pm, Monday through Friday.

Final Note

Please share this Notice with your family members who are eligible for coverage and keep it with your SPD/Plan, and other benefits information for easy reference. The Addendum that follows contains the section by section technical conforming revisions to the SPD/Plan for the changes described above. Capitalized terms used but not defined in this Notice have the meaning as set forth in the SPD/Plan.

Sincerely,

Board of Trustees

ADDENDUM

Conforming Changes to the SPD/Plan: The following conforming changes are made to the section references contained in the Active Plan 1 SPD/Plan:

1. Effective for eligible claims incurred on or after January 1, 2022, the following provisions of the SPD/Plan are changed as follows:

- a. In the section entitled "Schedule of Medical Benefits", on page 21 of the SPD/Plan, the row entitled "Infertility Treatment Lifetime Maximum", is amended as follows:

Infertility Treatment Lifetime Maximum	\$25,000 per person per lifetime (Eligible Members and Spouses only)
--	--

- b. In the section entitled "Covered Expenses", which starts on page 22 of the SPD/Plan, in the bullet entitled "Infertility Treatment", on page 25 of the SPD/Plan, the maximum amount is amended to be \$25,000.

2. Effective for eligible claims incurred on or after January 15, 2022, the following provisions of the SPD/Plan as follows:

- a. In the section entitled “Prescription Drug Benefits”, which starts on page 31 of the SPD/Plan, a new section entitled “Over-the-Counter (OTC) Rapid COVID-19 Tests”, is added to the end, after the section entitled “Expenses Not Covered”, which starts on page 36 of the SPD/Plan, to read as follows:

OVER-THE-COUNTER (OTC) RAPID COVID-19 TESTS

Effective for eligible claims incurred on or after January 15, 2022, and for the duration of the COVID-19 Public Health Emergency declared by the Secretary of the Department of Health and Human Services, the Plan will cover the cost of over-the-counter COVID-19 rapid tests for up to eight tests per rolling 30–consecutive-day period per participant without a prescription. This monthly limit does not include COVID-19 rapid tests ordered or provided by a health care provider or hospital. Tests purchased for employment purposes are not covered by the Plan.

You can obtain COVID-19 rapid tests with no upfront out-of-pocket costs to you through the Plan’s pharmacy benefit manager, CVS Caremark by:

- Presenting your prescription drug ID card at any CVS Caremark/retail pharmacy; or
- Requesting COVID-19 rapid tests online at [caremark.com](https://www.caremark.com) or through the CVS/Caremark mobile app.

If you purchase COVID-19 rapid tests from a non-network pharmacy, Active Plan 1 will reimburse the cost of such tests up to \$12 per test (or the actual cost, if lower). All claims must include proof of purchase, along with an attestation that the COVID-19 rapid test is not for employment purposes, has not and will not be reimbursed by another source, and will not be re-sold to another party. You may not seek reimbursement for the cost of COVID-19 rapid tests from your Health Reimbursement Arrangement (HRA) account.

Keep in mind COVID-19 rapid tests have expiration dates on the packaging. Using an expired test may lead to inaccurate results.

Other resources are also available to obtain COVID-19 rapid testing. You can order four free, COVID-19 rapid tests from the federal government at [COVIDtests.gov](https://www.covidtests.gov), and local facilities are also offering testing. Visit dph.illinois.gov for information on testing facilities near you.

3. Effective for eligible claims incurred on or after March 1, 2022, the following provisions of the SPD/Plan are changed as follows:
- a. In the section entitled “Contracted Network Providers”, on page 2 of the SPD/Plan, the following bullet is added:
- *Hearing Aids*. The Plan has contracted with **EPIC Hearing Healthcare (EPIC)** to provide reduced rates for hearing aid fees and services. To utilize the services of EPIC, call 1-866-956-5400 or visit [epichearing.com](https://www.epichearing.com).

- b. In the section entitled “Contact Information”, on page 3 of the SPD/Plan, the following row is added:

Hearing Aid Program	EPIC Hearing Healthcare (EPIC) 1-866-956-5400 epichearing.com
---------------------	--

- c. In the section entitled “Covered Expenses”, which starts on page 22 of the SPD/Plan, the bullet entitled “Hearing Aids”, on page 24 of the SPD/Plan, is amended as follows:

- *Hearing Aids* are covered up to a maximum of \$1,500 every three calendar years. The deductible and Coinsurance provisions do not apply to these expenses. You receive virtual care and may receive reduced rates if you use an EPIC network provider:

It is easy to join and use your EPIC network benefits.

- Call the EPIC call center toll free at 1-866-956-5400 or contact EPIC Hearing online at epichearing.com to register and receive information regarding an EPIC network provider in your area.
- Follow through with an in-person or virtual appointment and consultation. A virtual consultation is available if you choose to access your hearing care through EPIC’s virtual channel, Right2You.
- An EPIC network provider will conduct a hearing test and discuss the audiogram results with you and will provide you with information regarding the hearing aid to best suit your needs.
- Select your hearing aid and get fitted for your hearing aid. Your fitting and follow-up visits can be scheduled virtually. You will receive up to three follow-up visits, at no additional charge to you, within the first year of your hearing aid purchase.

Hearings aids purchased through the EPIC network are also eligible for an extended three-year warranty. EPIC also provides a complimentary one-year supply of batteries for non-rechargeable hearing aids. EPIC provides a 45-day trial period for hearing aids fit in-person at an EPIC network provider’s office and a 70-day trial period for hearing aids fit through Right2You virtual care and direct delivery. The trial period includes a money back guarantee.

If you use an EPIC network provider and purchase your hearing aids through EPIC, you will have access to both private-label and name-brand hearing aids and related technology at published fixed fee pricing (savings that is generally 30-60% off the manufacturer’s suggested retail pricing).

Regardless of whether you use an EPIC network provider or a non-network provider for hearing aids, you are responsible for all costs that exceed the Plan’s hearing aid maximum benefit (\$1,500 every three calendar years), but you may

obtain reduced rates for hearing aid fees and services through EPIC. For more information on the Plan's hearing aid benefit, please see the SPD/Plan.

4. Effective for eligible claim incurred on or after April 1, 2022, the following provisions of the SPD/Plan are changed as follows:
 - a. The section entitled "Medical Covered Expenses", which starts on page 22 of the SPD/Plan is amended to be entitled "Covered Expenses."
 - b. In the section entitled "Covered Expenses", which starts on page 22 of the SPD/Plan, a new bullet is added below "Assistant Surgeon" as follows:
 - *Autism Treatment*, if Medically Necessary, and directly related to an autism diagnosis code. Coverage may include Medically Necessary inpatient and outpatient treatment and prescription drugs, subject to Plan terms.
 - c. In the section entitled "Covered Expenses", which starts on page 22 of the SPD/Plan, under the bullet entitled "Speech Therapy", on page 27 of the SPD/Plan, the third sub-bullet is amended to remove the words "and autism" as follows:
 - Child psychosis, including non-active/conduct disturbances and speech language disorders; and
5. The following provisions of the SPD/Plan are clarified as follows:
 - a. In the section entitled "Contracted Network Providers", on page 2 of the SPD/Plan, the second bullet entitled "Smoking Cessation" is deleted in its entirety.
 - b. In the section entitled "Contact Information", on page 3 of the SPD/Plan, the row entitled "Smoking Cessation Program" is deleted in its entirety.
 - c. In the section entitled "Covered Expenses", which starts on page 22 of the SPD/Plan, the bullet entitled "Smoking Cessation", on page 27 of the SPD/Plan, is clarified as follows:
 - *Smoking Cessation* benefits are covered up to a maximum of \$1,000 per person (Eligible Member and Spouse) per lifetime for medical expenses. Smoking cessation prescription medications are covered under the Prescription Drug Program and are not subject to a lifetime maximum. You do not need to meet any deductibles before benefits are paid. The Plan only covers treatment that is prescribed by a Physician, and a prescription is required for all treatment. The Physician's visit is a covered expense under this benefit.
 - d. In the section entitled "Covered Expenses", which starts on page 22 of the SPD/Plan, the callout box for "Laser Concepts of Chicago", on page 27 of the SPD/Plan, is deleted in its entirety.

* * * *

Statement of the Plan’s Grandfathered Status. The Board of Trustees of the Chicago & Vicinity Laborers’ District Council Health & 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 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 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 & Vicinity Laborers’ District Council Health & Welfare Plan (the “Plan”) and is intended to be a Summary of Material Modifications to the SPD/Plan. The Board of Trustees of the Plan (“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, as set forth in the SPD/Plan.

SUMMARY OF MATERIAL MODIFICATIONS

EIN: 36-2151212 Plan No.: 501

April 2022