

CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL HEALTH & WELFARE PLAN

Important Notice of Changes to Benefits under Active Plans 2, 3, and 4

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 Plans 2, 3, and 4.

Infertility Benefits for Active Plans 2, 3, and 4

Effective for eligible claims incurred on or after January 1, 2022, the infertility treatment lifetime maximum is increased to \$25,000 for Active 2, 3, and 4 participants and spouses.

EPIC Hearing Aids for Active Plans 2, 3, and 4

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 (SPD) for Active Plans 2, 3, and 4.

Coverage for Autism Treatment, Including Applied Behavioral Analysis Therapy (ABA), for Active Plans 2, 3, and 4

Effective for eligible claims on or after April 1, 2022, Active Plans 2, 3, and 4 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 Plans 2, 3, and 4

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 Plans 2, 3, and 4 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 Plans 2, 3, and 4

As detailed in the SPD, Active Plans 2, 3, and 4 offer smoking cessation benefits up to a maximum of \$1,000 per person (participant and spouse) per lifetime. The SPD is clarified to no longer specifically name Laser Concepts of Chicago as a provider of such services, and Active Plans 2, 3, and 4 provide the smoking cessation benefits, subject to the limitations set forth in the SPD.

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 and other benefits information for easy reference. Capitalized terms used but not defined in this Notice have the meaning as set forth in the SPD.

Sincerely,

Board of Trustees

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. 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.

SUMMARY OF MATERIAL MODIFICATIONS

EIN: 36-2151212 Plan No.: 501

April 2022