

Chicago & Vicinity Laborers' District Council Health & Welfare Plan

Important Notice of Improvement to Benefits under Active Plan 1

April 2025

Dear Participant:

The Board of Trustees of the Chicago & Vicinity Laborers' District Council Health & Welfare Plan (the "Plan") is announcing improvements to the Active Plan 1.

The Plan currently covers outpatient Speech, Occupational, and Physical therapies for you and your eligible dependents, subject to the Plan's terms. The Plan also covers Medically Necessary treatment directly related to an autism diagnosis, including Applied Behavioral Analysis Therapy (commonly known as ABA Therapy).

The changes and new benefits now available are explained below.

Changes to Speech Therapy, Physical Therapy, and Occupational Therapy Coverage for Active Plan 1

Effective for eligible claims incurred on or after January 1, 2025, the Plan covers treatment for Speech Therapy for all covered conditions for dependent children with developmental delays.

The Plan also covers Occupational Therapy and Physical Therapy benefits for all covered conditions for dependent children with developmental delays.

Speech Therapy, Physical Therapy or Occupational Therapy is Available for any Covered Condition

The Plan covers the initial 12 Medically Necessary visits to treat any covered condition under the Plan.

Covered conditions may include medical, surgical, behavioral health, mental health, and substance abuse disorders unless otherwise specified under the Plan.

After the initial 12 visits, the Plan covers additional Speech Therapy, Physical Therapy, or Occupational Therapy visits, subject to a review of Medical Necessity.

Clarification Regarding Reconstructive Surgery in Connection with Mastectomy

Effective January 1, 2025, the Plan is amended to clarify that reconstructive surgery in connection with a mastectomy includes aesthetic flat closure.

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: Effective January 1, 2025, the following conforming changes are made to the section references contained in the Active Plan 1 SPD/Plan:

1. In the section entitled “Covered Expenses,” the bullets addressing “*Occupational Therapy*” and “*Physical Therapy*” on page 26 of the SPD/Plan are revised to read as follows:
 - *Occupational Therapy* to treat a specific covered condition, up to twelve (12) outpatient therapy visits per year without the Fund’s prior review. Additional visits may be covered but only if the Fund determines after review that the additional visits are Medically Necessary. Proof of Medical Necessity may be requested for both the initial visits and any additional visits.
 - *Physical Therapy* to treat a specific covered condition, up to twelve (12) outpatient therapy visits per year without the Fund’s prior review. Additional visits may be covered but only if the Fund determines after review that the additional visits are Medically Necessary. Proof of Medical Necessity may be requested for both the initial visits and any additional visits.
2. In the section entitled “Covered Expenses,” the bullet addressing Reconstructive Breast Surgery on page 26 of the SPD/Plan is revised to read as follows

Reconstructive Surgery and breast prosthesis following a mastectomy.

Under the federal Women’s Health Act and Cancer Rights Act, group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. If you or your dependent are receiving benefits under the Plan in connection with a mastectomy and elect reconstructive surgery, federal law requires coverage as determined by you and your Physician for:

- » Reconstruction of the breast on which the mastectomy has been performed;
 - » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
 - » Aesthetic flat closure; and
 - » Prostheses and physical complications at all stages of mastectomy, including lymphedemas.
3. In the section entitled “Covered Expenses,” the bullet entitled “*Speech Therapy*” on page 27 of the SPD/Plan is revised to read as follows:

Speech Therapy to treat a specific covered condition, up to twelve (12) outpatient therapy visits per year without the Fund’s prior review. Additional visits may be covered but only if the Fund determines after review that the additional visits are Medically Necessary. Proof of Medical Necessity may be requested for both the initial visits and any additional visits.

4. In the “Expenses Not Covered” section on page 30 of the SPD/Plan, item 33 excluding developmental delays 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 2025