

## INDIANA LABORERS WELFARE FUND

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This letter serves as a summary of material modifications of the Plan.

Please keep this with your Summary Plan Description.

\* Important Welfare Benefit Changes \*

OCTOBER 2020

To All Participants of the Indiana Laborers Welfare Fund

## SUMMARY OF MODIFICATION TO THE PLAN

The Trustees of the Indiana Laborers Welfare Fund wish to announce the following changes:

Expanded Telehealth Benefit

Effective for visits from March 24, 2020 through December 31, 2020, the Plan will cover all virtual visits provided by a Physician's office via telephone call or video chat provided in lieu of a face to face visit in the office. Virtual visits can be for any diagnosis, it does not have to be COVID-19 related. If the virtual visit is provided by an In-Network provider (providers in the Anthem Blue Access Network), it will be at no cost to you. If the virtual visit is provided by an Out-of-Network provider (any provider NOT in the Anthem Blue Access Network), it will be paid according to the Plan's standard Out-of-Network rates, including the deductible and applicable coinsurance.

Prior to this change, the Telehealth Benefit was only payable for services provided by LiveHealth Online.

Eye Care Benefit Provider

**Effective November 1, 2020,** Eye Care Benefits will be provided by VSP. More information, including benefits and contact information are described on the enclosed VSP flyer.

Prior to this change, Eye Care Benefits were provided by Davis Vision.

Women's Health & Cancer Rights

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your plan administrator for more information. The Plan's administrative office can be reached in writing at Post Office Box 1587, Terre Haute, Indiana 47808-1587, or by phone (800) 962-3158.

If you have any questions regarding these changes, please contact the Fund Office at 1-800-962-3158.

Sincerely,

**Board of Trustees** 

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## STATEMENT REGARDING STATUS AS A GRANDFATHERED HEALTH PLAN

This group health plan believes 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 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 which protections 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 1-800-962-3158. You may also contact the Participant 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.

## IMPORTANT REMINDER ABOUT YOUR TELEHEALTH BENEFIT

The use of this telehealth option is at <u>NO COST</u> to you. You can access this Telehealth Benefit at www.livehealthonline.com or search for "LiveHealth Online" on a smart phone or tablet to download our app for free.

The LiveHealth Online program gives covered non-Medicare persons the capability to speak with a certified physician online (with a webcam) or through a smartphone in order to get quick access to certain prescriptions or other advice regarding a medical situation. This online doctor visit benefit is available 24 hours a day, 7 days a week.

<u>Medicare Retirees and their Eligible Dependents</u> will need to pay the full cost of the visit using a credit card through the website of smartphone application at the time of service. You can then submit a claim to the Fund Office for a full reimbursement of the fee.

The information on the following page is an illustrative example of the types of providers and typical conditions that are treated as well as the average cost of care for each type of medical provider. As you can see if you do not have a true emergent medical condition you can be treated at a much lower cost than the Emergency Room.