

If You Move, Notify The Fund Office Immediately!

Most information about your plan is sent to you by mail. For you to receive this information, we must have a correct address on file at the Fund Office at all times.

If you move, it's up to you to let us know your new address. Failure to do so may jeopardize your eligibility or benefits because we have no way to contact you about any changes in the eligibility rules or improvements in benefits.

So don't lose out! **Remember:** the responsibility for letting the Fund Office know your new address is yours.

Board of Trustees

Iowa Laborers District Council
Health and Welfare Trust Fund
150 1st Avenue, Suite 450
Cedar Rapids, IA 52401

You may call **Wellmark's** Customer service line at **(800) 524-9242** if you have questions regarding the benefits of their network.

You may call **Sav-RX's** Customer service line at **(800) 228-3108** and identify your group "IALABOR" if you have questions regarding your prescription drug benefits.

You may call **Delta Dental of Illinois'** Customer service line at **(800) 323-1743** if you have questions regarding your dental benefits.

You may call **Benefits Management Group, Inc.** at its Customer service line at **(319) 365-2810** if you have questions regarding your dental, vision or death benefits.

Questions about eligibility should be addressed to the Fund Office: Toll free at **(866) 280-5348**.

Notice

The information contained herein is for summary purposes only. The terms of the Agreement and Declaration of Trust and amendments thereto shall be the actual governing document of the Fund. Any discrepancies between this document and the Trust document shall be governed by the Trust document.

SCHEDULE OF BENEFITS

**CLASS A: JOURNEYMAN LABORER
Active Employees and Dependents**

(CLASS B: PROBATIONARY/TRAINEE LABORER Benefits are Essentially the Same for Employees Coverage Only)

Death Benefits

Employee Only (under age 70)..... \$10,000

Accidental Death / Dismemberment Benefits

Principal Sum

Employee Only..... \$1,000

Comprehensive Major Medical Expense Benefits

Comprehensive Major Medical Expense Benefits cover most types of health care services and supplies eligible for benefits from this Plan. See "Treatments With Special Limitations".

In-Network – PPO Providers - Wellmark

Deductible Amount:

Each Individual \$250 per Calendar Year
Maximum per Family..... \$750 per Calendar Year

PPO Doctors (You Pay) \$20 per visit

PPO Providers reimbursed at..... 90%

Maximum out of Pocket

(Expenses in Excess of the Deductible Amount)

Each Individual \$3,000
Maximum per Family..... \$6,000

Out-of-Network Providers

Deductible Amount:

Each Individual \$250 per Calendar Year
Maximum per Family..... \$750 per Calendar Year

Maximum out of Pocket

(Expenses in Excess of the Deductible Amount)

Each Individual \$4,000
Maximum per Family..... \$8,000
Reimburse providers at..... 80%

Treatment With Special Limitations

Routine Exam / Wellness Benefit per Calendar Year:

Physical Exams and related services \$250 per person
Well Child Care..... \$500 per Child

Chiropractic Expense Benefits - Deductible Applies

Co-payment Rate 80%
Allowed/Covered Procedures \$40 per Visit
13 Visits Per Calendar Year
Maximum Annual Benefit..... \$700

Prescription Drugs Sav-RX Card

Co-payment

Generic greater of \$10 or 10%
Brand Name greater of \$20 or 20%
Brand Name (with generic equivalent)greater of \$30 or 30%

**Alcoholism or Substance Abuse and
Mental and Nervous Disorders**

Deductible Amount per Person..... \$250

Co-payment Rates

In-patient Treatment 80%
Out-patient Treatment 50%
Co-payment Limit None

Hearing Aid Benefit

Plan Pays \$600*
Once per three (3) Year Period
(*higher benefit available through Amplifon Network Providers)

Vision Benefit

Employee or Spouse \$200 each
Benefit payable once in a two calendar year period
Dependent Child \$150 each
Benefit payable once every calendar year period

Short Term Disability

Short Term Disability Benefit of \$300 for a maximum of 15 weeks for non work related injury. This Short Term Disability Benefit includes 25 hours per week added to your Hour Bank.

Dental Care Benefits (Delta Dental of Illinois)

Delta Dental PPO Network Dentist:

Annual Deductible \$0 per person
Preventative and Diagnostic Services.... Plan Pays 100%
Basic and Restorative Services
Co-payment Plan Pays 85%
Co-payment Participant Pays 15%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Co-payment Participant Pays 50%
Maximum Amount Payable
(Aggregate of All Dental Care Benefits)..... \$1,700
per Person, per Benefit Year*

Delta Dental Premier Dentist:

Annual Deductible \$0 per person
Preventative and Diagnostic Services.... Plan Pays 100%
Basic and Restorative Services
Co-payment Plan Pays 85%
Co-payment Participant Pays 15%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Co-payment Participant Pays 50%
Maximum Amount Payable
(Aggregate of All Dental Care Benefits)..... \$1,200
per Person, per Benefit Year*

Out of Network Dentist:

Annual Deductible \$25 per person
Preventative and Diagnostic Services.... Plan Pays 100%
Basic and Restorative Services
Co-payment Plan Pays 50%
Co-payment Participant Pays 50%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Co-payment Participant Pays 50%
Maximum Amount Payable
(Aggregate of All Dental Care Benefits)..... \$1,000
per Person, per Benefit Year*

Orthodontic Services

Co-payment Plan Pays 50%
\$2,000 Lifetime*

(*adult limitations shown)

ELIGIBILITY RULES

All Employees working for a contributing Employer or Employers within the jurisdiction of the Fund shall be eligible to receive benefits after meeting the following eligibility requirements.

Eligibility is based on Contribution Quarters / Benefit Quarters as follows:

Contribution Quarters	Benefit Quarters
<i>Work Performed During</i>	<i>Determines Eligibility For</i>
Dec Jan Feb	May Jun Jul
Mar Apr May	Aug Sep Oct
Jun Jul Aug	Nov Dec Jan
Sep Oct Nov	Feb Mar Apr

Initial Eligibility

You will become initially eligible for benefits under the Plan on the first day of the month after you have worked for which contributions were reported from a contributing Employer or Employers for at least 600 hours worked within a consecutive 12 month period. (You will be eligible for at least one full quarter plus any partial quarter from your initial eligibility date).

Continuation Of Eligibility For Active Employees

Employer Contributions

After becoming initially eligible, you continue to be eligible as long as you are working for a contributing Employer or Employers and those Employers make contributions to the Fund on your behalf for at least 375 hours in each Contribution Quarter as defined above. The quarterly hour requirement may be changed by the Trustees to represent the actual average expense for operating the Plan.

Reserve Accumulation Account ("Hour Bank")

When you work more than the number of hours required by these Rules for eligibility, those excess hours are credited to your Reserve Accumulation Account or "Hour Bank" and are used to continue your eligibility if you do not have enough normal contributions at a later date. Reserve hours credited to the Employee each Contribution Quarter are automatically used if necessary to continue your eligibility. You earn credit for "excess" hours, if any, immediately beginning on the date you are initially eligible in this Plan.

You may accumulate "excess" hours to your "Hour Bank" for a maximum equivalent of two quarters of continued eligibility (750 hours for work performed starting with the June 2005 contribution quarter). Accumulated hours will be adjusted based on any change to the Employer Contribution rate.

The Reserve Accumulation Account or "Hour Bank" is calculated separately for each Employee, but it is not a savings account that the Employee "owns" or that he can withdraw cash from. Excess hours accumulated to the Hour Bank will be applied only to maintain the Employee's eligibility for coverage in this Plan.

Your Reserve Accumulation Account or "Hour Bank" may not be used if you are not available for work at Covered Employment in the Industry with an Employer who participates in this Fund or if the Local Union in which you are a member withdraws from participation in this Fund.

An individual Participant may remain eligible under this Plan when not available for work as a Laborer at Covered Employment because of a change in their Union affiliation. A Participant must submit written notification of the change in work status and satisfy each of the following requirements to remain eligible:

1. The participant continues to work for the same employer,
2. Contributions are made to another Multiemployer Fund,
3. The hours worked and the monthly contributions to the other Fund are available so the Fund Administrator can verify continuity of employment, and
4. The maximum extension of the "Hour Bank" or Self-payment period is limited to the earlier of two Quarters (6 months) or the satisfaction of the new Plan's initial eligibility requirement.

Self-Payment of Contributions

After becoming initially eligible, you may be allowed to make self-payments of contributions if you are in danger of losing eligibility due to a period of unemployment. To be eligible to make self-payments, you must be available for work at covered employment in the Industry with an Employer who participates in this Fund.

Your self-payment is equal to 375 hours times the hourly rate in effect for contributing Employers. The self-payment hours requirement is reduced by hours worked in the most recent Contribution Quarter, if any. Failure to make the self-payment to supplement the remainder of your "Hour Bank" will forfeit the "Hour Bank" balance and you will have to meet the Initial Eligibility requirements to reinstate coverage.

If you choose self-payment of contributions, you can extend eligibility for three (3) quarters under the rules. You will not be entitled to COBRA continuation at the end of the self-payment period.

Self-payments must be received at the Fund Office by the date shown on the Termination Notice. All Notices are sent by mail to the last known address on file at the Fund Office, so it is important that any address changes are reported immediately.

Eligibility by means of self-payment can be continued for a maximum of 3 successive Benefit Quarters. For the purposes of this Rule, a self-payment made to supplement an amount remaining in your "Hour Bank" will be considered your first self-payment.

You must make self-payments of contributions for consecutive Benefit Quarters so that your eligibility is continuous. After making 3 consecutive self-payments you will have to meet the Initial Eligibility requirements to reinstate coverage.

Continuation Of Coverage During Disability

If you become totally disabled while you are eligible in this Plan, your eligibility may be continued without the use of your Reserve Accumulation Account.

COBRA CONTINUATION COVERAGE

On January 1, 1987, this Plan became subject to a Federal Law known as "Continuation of Benefits Requirements Act" (COBRA) which requires the Trustees to offer you and your eligible Dependents the opportunity for a temporary extension of health coverage (called "continuation coverage") in certain instances where coverage in the Plan would otherwise end. The COBRA regulations establish minimum time periods and conditions for the right to continue coverage; it does not change the Eligibility Rules approved by the Trustees in cases where the Rules are equal or better than the COBRA requirements.

Iowa Laborers District Council Health and Welfare Trust Fund



IOWA LABORERS

Simple Summary Schedule and Eligibility Requirements

March 2018

NOTICE: The group health plan provided by the Iowa Laborers District Council Health and Welfare Trust was in effect on March 23, 2010 and is being categorized as 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 and does not have to include certain consumer protections that apply to non-grandfathered health plans, such as 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 plan administrator at Iowa Laborers District Council Health and Welfare Trust c/o BMGI, Inc. (319) 365-2810. 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.