



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 ***

March 2011

To All Participants of the
Indiana Laborers Welfare Fund

Dear Participant:

The Board of Trustees has made the following changes to the Plan. Unless noted otherwise, the changes are retro-active to December 1, 2010. These additional changes are to comply with the new Patient Protection and Affordable Care Act as well as the Mental Health Parity Act.

Transplant Benefit - The limitations of \$150,000 per lifetime for transplants, \$10,000 per donor and \$10,000 per transplant/\$60,000 per lifetime for transplant follow-up care have been removed. All covered transplant expenses will be paid under the general medical benefit and paid in accordance with those terms. The deductible and out of pocket limitations will apply.

Substance Abuse Benefit - The following limitations have been removed:

- \$30,000 per lifetime
- 2 inpatient treatments per lifetime
- 15 days per inpatient stay
- \$10,000 for inpatient stays per Plan Year
- \$2,000 per year for outpatient treatments

The benefits for medically necessary substance abuse treatment will be paid under the general medical benefit and paid in accordance with those terms. The deductible and out of pocket limitations will apply.

Dental Benefits for Pediatric Services - The Dental Benefit was changed so that preventative and restorative services to dependents under age 19 are not subject to the \$500 annual maximum. All other provisions of the current Dental Benefit apply.

Class B Benefits Changed - The Class B benefits were modified so that any approved charges in excess of the amount currently paid will be considered under the General Medical Benefit after the deductible is satisfied. The General Medical Benefit covers 50% of out of network services and 75% of in network services after the deductible is satisfied. The Class B coverage will not be eligible for the out of pocket maximum provision. Those members currently enrolled in Class B coverage will receive a letter explaining the changes in more detail along with a new insurance card for the Anthem network.

Effective March 1, 2011 - Class B Benefits No Longer Available

Effective March 1, 2011 the Class B coverage will no longer be an available option under the Plan for Employees. Those participants who retire and are not yet eligible for Medicare will have the option to continue coverage under Class AS. A retiree currently enrolled in Class B will be permitted to remain in that group until he/she becomes eligible for Medicare coverage and switches to the Class C or CP coverage structure.

Effective December 1, 2011 - Mental and Nervous Disorder Benefit - Effective December 1, 2011, the limitation of 30 days for inpatient services and the limit of 30 visits per Plan Year for outpatient services will no longer apply. The benefits for medically necessary mental and nervous disorder treatment will be paid the same as the General Medical Benefit. The deductible will first apply and then benefits will be determined based on whether the provider is in-network (75% benefit) or out of network (50% benefit). The out of pocket maximum for in network services will apply to these services.

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

On behalf of the Board of Trustees, I remain -

Sincerely yours,

Janetta England
Administrative Manager

Officers-Board of Trustees

Edward T. Hazledine
Chairman

Frank DeGraw
Secretary Treasurer

Janetta E. England
Administrative Manager