



INDIANA LABORERS WELFARE FUND

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587
Telephone (812) 238-2551 Toll Free (800) 962-3158
Fax (812) 238-2553
www.indianalaborers.org

*** Important Welfare Benefit Changes ***

October 1, 2010

To All Participants of the
Indiana Laborers Welfare Fund

Dear Participant:

This mailing includes the following important announcements:

NOTICE OF PLAN CHANGES – A summary of material modifications notice for changes made to the Plan in order to comply with the new Patient Protection and Affordable Care Act.

DEPENDENTS NOW COVERED UP TO AGE 26 – Dependent children whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of coverage ended before attainment of age 26 are eligible to enroll under certain circumstances. Individuals may request enrollment for such children for 30 days from the date of this notice. Enrollment will be effective December 1, 2010. An enrollment form is included in this mailing. Please complete one form for each dependent you choose to enroll. Additional forms are available on the Fund's website at www.indianalaborers.org.

LIFETIME MAXIMUM BENEFIT ELIMINATED – Effective December 1, 2010 the lifetime maximum on the dollar value of benefits under the Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime maximum will now have benefits available. The Fund will send you a separate notice if you qualify under this provision. Individuals have 30 days from the date of that notice to request enrollment.

ANNUAL NOTICE REGARDING MEDICARE PRESCRIPTION COVERAGE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the following pages for more details.

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. Hazeldine
Chairman

Frank DeGraw
Secretary-Treasurer

Janetta E. England
Administrative Manager





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This letter serves as a summary of material modifications of the Plan.
Please keep this with your Summary Plan Description.

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October 1, 2010

To All Participants of the
Indiana Laborers Welfare Fund

Dear Participant:

The Board of Trustees has made the following changes to the Plan effective December 1, 2010. Most of these changes are mandated to comply with the new Patient Protection and Affordable Care Act:

No Lifetime Maximum Benefit - The lifetime maximum benefit of \$1,000,000 has been eliminated.

Annual Maximum Benefit - The Plan will implement an annual maximum for major medical benefits. The following schedule was adopted:

<u>Plan Year</u>	<u>Annual Limit</u>
December 1, 2010 to November 30, 2011	\$1,000,000
December 1, 2011 to November 30, 2012	\$1,250,000
December 1, 2012 to November 30, 2013	\$2,000,000

Dependents Covered Through Age 25 - The Plan has added a provision to include coverage for dependent children through age 25 (age 26 not covered) who were otherwise not covered by the existing rules for full-time students or disabilities provided the dependent child does not have other health insurance available through his/her employment or through their spouse's employment. Additional information is enclosed regarding enrollment rights for members with dependent children ages 19 through 25 previously dropped from coverage.

Work Hardening/Work Conditioning Program Excluded – The Trustees clarified that work hardening or work conditioning programs are not covered under the Plan. These are individualized programs to work on skills necessary to return to work but are not medically necessary.

Officers-Board of Trustees

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Enrollment for Dependents Under Age 26

The Patient Protection and Affordable Care Act of 2010 requires plans to extend coverage to children aged nineteen (19) to twenty-six (26), except for children who are eligible to enroll in an employer-sponsored group health plan by virtue of their employment or, if married, by virtue of their spouse's employment. This provision is applicable to the Indiana Laborers Welfare Fund as of December 1, 2010. The purpose of this notice is to advise of this change in the Plan and to provide the opportunity for you to re-enroll your adult children whose coverage was terminated under the rules previously in effect. The Plan's rule allowing coverage for full-time students until attainment of age 24 is still in effect.

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended at age 19, but before attainment of age 26, are now eligible to enroll in the Indiana Laborers Welfare Fund. Individuals may request enrollment for such children for 30 days from the date of this notice. Enrollment will be effective December 1, 2010. If you do not enroll said children within the 30 day period, you will not be provided another enrollment opportunity unless you did not enroll them due to the child being enrolled in an employer sponsored plan and the child later loses coverage under that employer sponsored plan. At the time the child loses the employer sponsored plan coverage, you have 30 days to request enrollment of that child in this Plan. For more information contact the Fund Office at the address or telephone number shown above.

The Fund Office will provide a special enrollment form to participants who contact the office to request enrollment of a child age 19 but less than age 26. The form will request information concerning the child's or child's spouse's employment, if applicable, to permit the Fund Office to contact the employer regarding the availability of group health plan coverage to the child.

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 of general medical 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 the address or telephone number shown above. 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.

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Administrative Manager



**INDIANA LABORERS WELFARE FUND
DEPENDENT CHILD ENROLLMENT FORM (AGES 19 through 25)**

To Be Completed for Enrollment for those Dependents who do not have other health care coverage available through their employment or their spouse's employment.

Participant's Name _____ SSN _____

Participant's Address _____

Telephone # _____ Email Address _____

Dependent's Name _____ SSN _____

Dependent's Address (If different) _____

Telephone # _____ Email Address _____

Is Dependent Employed? _____ If Yes, Name of Employer _____

Address of Dependent's Employer (If employed) _____

Telephone Number of Dependent's Employer (If employed) _____

Is Dependent Married? _____ If So, Name of Dependent's Spouse _____

Is Dependent's Spouse Employed? _____ If So, Name of Employer _____

Address of Dependent's Spouse's Employer (If employed) _____

Telephone Number of Dependent's Spouse's Employer (If employed) _____

I hereby attest that health care coverage is not available to this Dependent through either his/her direct employer or through his/her spouse's employer. The Fund Office has our permission to contact the employer(s) listed above, if applicable, for verification of health care coverage availability. I understand that if this information changes, it is our responsibility to notify the Fund Office immediately.

Participant's Signature _____ Date: _____

Dependent's Signature _____ Date: _____

**Important Notice from
Indiana Laborers Welfare Fund
About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Indiana Laborers Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Indiana Laborers Welfare Fund has determined that the prescription drug coverage offered by the Indiana Laborers Welfare Fund is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and, is therefore, considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Indiana Laborers Welfare Fund coverage will be affected.

You will no longer be eligible for Prescription coverage through the Plan.

If you do decide to join a Medicare drug plan and drop your current prescription coverage with the Indiana Laborers Welfare Fund, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Indiana Laborers Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Indiana Laborers Welfare Fund changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2010
Name of Entity/Sender: Indiana Laborers Welfare Fund
Contact--Position/Office: Janetta England, Administrator
Address: 413 Swan Street
Terre Haute, IN 47807
Phone Number: (800) 962-3158