Summary of Material Modifications Initiated during the 2015 Plan Year

Over the 2015 Plan Year, the Central Laborers' Welfare Fund Board Trustees adopted changes to the Central Laborers' Welfare Fund Summary Plan Description. Each change resulted in a material modification to the Plan of Benefits. As required by law, the Central Laborers' Welfare Fund Administrative Office must disclose such amendments to all Plan Participants and their eligible Dependents.

Below, please review the Plan language revisions. Should you have any questions regarding the following highlighted Plan changes, please contact the Fund Office at 1-800-252-6571.

Effective February 10, 2015:

The Central Laborers' Welfare Fund ("Plan") was amended, to expand the coverage toward speech therapy to include its use in the treatment of Paradoxical Vocal Cord Motion. The Plan Medical Benefit Exclusion, specifically Exclusion #13, was amended and the new Exclusion #13 was added to read as follows:

"…services are not covered and benefits will not be paid for… #13. Speech therapy unless it is required as the result of:

- A heady injury; or
- A stroke; or
- If used in the treatment of a diagnosis of Paradoxical Vocal Cord Motion, which has been confirmed by two or more physicians who have evaluated the patient.

The speech therapy would only be available up to the restoration of the normal functions that were present prior to the Injury, stroke or diagnosis of Paradoxical Vocal Cord Motion."

Effective February 10, 2015:

To ease the process for Participants or Spouses who have been prescribed treatment for erectile dysfunction, the Central Laborers' Welfare Fund ("Plan") was amended to allow purchases of certain erectile dysfunction medications without the need of a prior authorization. The Plan Prescription Benefit Exclusions, specifically Exclusion #13, was amended and the new Exclusion #13 was added to read as follows:

"…Prescription drug benefits are not payable under the Plan…#13. Charges for erectile dysfunction medications, except for purchases of Viagra, Levitra and Cialis, which will be limited to a quantity not to exceed 12 pills per month."

Effective May 19, 2015:

Clarifications to the current Plan of Benefits were made by the following amendments being approved:

Amendment to page 43 of the Summary Plan Description, adding the following #16 to the list of prescription drug benefits that are not payable under the Plan:

"#16. Drugs required for a specific test, monitoring service, or procedure performed in an outpatient or inpatient setting, which would otherwise be considered under the Medical Benefit Plan or this Summary Plan Description."

Amendment to page 29 of the Summary Plan Description, deleting the following language:

"*Local ambulance service to the Hospital. Transportation by air or rail is considered a Covered treatment, and travel will only be covered to the nearest Hospital providing the necessary medical care or treatment."

And replacing the above deleted language on page 29, with the following:

"*Local ambulance service to the Hospital. Transportation by air or rail is considered a Covered Charge in an emergency when treatment is not available locally. Your Physician must order this treatment, and travel will be covered only to the nearest Hospital providing the necessary medical care or treatment. Notwithstanding the forgoing, approved air transportation charges will be reduced to the published Medicare allowable rates that are applicable on the date transportation is provided."

Effective July 21, 2015:

Acknowledging that there are FDA approved uses for Cialis, other than erectile dysfunction, the Central Laborers' Welfare Fund ("Plan") was amended; specifically Prescription Drug Benefit Exclusion #17 was added and reads as follows:

"…Prescription drug benefits are not payable under the Plan…#17. Cialis, in quantities greater than twelve (12) pills per month, unless for a condition, other than erectile dysfunction, for which an approval for use

has been registered with the Food and Drug Administration and for which use the patient has obtained Fund approval."

Open Enrollment 2016

The Central Laborers' Welfare Fund Open Enrollment period for Plan Year 2016 will begin November 16, 2015 and run through December 15, 2015 for any Participant who, on November 16, 2015, is identified as being eligible for Benefits on January 1, 2016. As in the past, an Open Enrollment form may be completed on-line or by filling out and mailing in the paper Open Enrollment form.

It is very important that all Participants complete the enrollment process and submit either an electronic or paper form by the deadline date designated on the Open Enrollment packet cover letter. Even if a Participant is not making any changes in his or her choice of network or in his or her list of dependents, a new completed enrollment form is still required and copies of cards from any other insurance carrier who provides primary coverage for a spouse or dependents must be submitted to the Fund Office.

If any Participant plans to enroll an Adult Child, age 19 up to age 26, the period during which that enrollment is allowed is limited to a period of 30 days from the date the Open Enrollment documents are mailed. It is critical, so as to ensure that an Adult Child is considered for coverage in 2016, that the Open Enrollment Form, listing that Adult Child, and all required documents that confirm dependency are returned timely.

For questions related to the Open Enrollment process, please contact the Fund Office at 1-800-252-6571, Option 5. Representative will be happy to answer questions and provide any necessary assistance.