LOCAL 731, I.B. OF T. WELFARE PLANS
SUMMARY OF PLAN CHANGES

BENEFIT	FORMER COVERAGE	IMPROVED NEW COVERAGE
Mental Health / Substance Abuse	**— Mental Health —** Inpatient maximum: 45 days/calendar year Outpatient maximum: 50 days/calendar year **— Substance Abuse —** 2 inpatient stays per lifetime, maximum duration per stay: 28 days Court Ordered rehabilitation is excluded.	Effective 01/01/2013 Days and dollar limitations have been removed. Court ordered rehabilitation is covered. Mental Health/Substance Abuse are treated like any other illness, subject to usual plan provisions (deductible, coinsurance, preferred provider, etc).
Wellness Physical	Covered at 80%, and deductible is waived with Blue Cross/Blue Shield of Illinois (BCBSIL) PPO Providers	Effective 05/01/2013 Covered at 100%, and deductible is waived with BCBSIL PPO Providers
Health Coverage while on (Non-Occupational) Loss of Time Benefit (Short Term Disability)	While on Loss of Time Benefit, certain crafts/employees have health coverage for themselves and dependants for up to six months	Effective 07/01/2013 While on Loss of Time Benefit, **ALL** crafts/members have full health coverage for themselves and dependents for up to six months
Special Continuation Rules Self Pay & COBRA	When eligibliity is lost, a member may choose between COBRA for up to 18 months OR Self Pay for up to 9 months. If Self Pay is chosen, COBRA is waived. Only one option is allowed.	Effective 05/01/2013 If a member starts with Self Pay, he/she can switch over to COBRA for the remainder of the 18 months. (Cannot go from COBRA to Self Pay)
Sleep Apnea	Re-supplies are covered at 80% and deductible is waived with Delta Sleep Providers	Effective 04/01/2013 Re-Supplies are covered at 100% and deductible is waived with Delta Sleep Providers
Annual Limit	$1,250,000 per calendar year	Effective 01/01/2013 $2,000,000 per calendar year Effective 01/01/2014 No Limit

IMPORTANT NOTICE REGARDING BENEFIT CHANGES

To All Participants Enrolled in the following Teamsters Local 731 Health and Welfare Funds:

- Health & Welfare Fund of the Excavating, Grading and Asphalt Craft Local No. 731;
- Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund;
- Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund (Hereinafter referred to as "Funds")

The Boards of Trustees are revising the Summary Plan Descriptions to account for the following changes to the Health and Welfare Funds.

Mental Health / Substance Abuse Benefits

- Effective January 1, 2013, the Mental and Nervous Disorder Plan limits of 45-days for inpatient treatment and 50 outpatient visits per calendar year have been deleted.
- The Chemical Dependency, Substance Abuse Plan limit of 2 allowable lifetime courses of inpatient treatment and the 28-day maximum duration of treatment have been removed.
- The exclusion for a court ordered rehabilitation has been removed. A court ordered rehabilitation will be covered, same as any other illness.

Mental health and substance abuse treatment are now covered the same as any other treatment as any other illness pursuant to the Plans. Mental health and substance abuse are subject to the Plans' deductibles, in and out of network coinsurance percentages and precertification review.

Preventive Services - In Network

- Effective May 1, 2013, the Funds will provide 100% coverage (without the application of deductibles) for wellness physicals, screenings and other preventive services at in-network providers. (The Funds' in-network providers are those included in the Blue Cross/Blue Shield of Illinois network.) The Funds' will continue to provide 70% coverage for preventive treatment at out-of-network providers, dependent children are covered at 100%.

The Funds' wellness coverage will now be referred to as the Preventive Service Benefit under the Plan. Coverage under the Preventive Service Benefit will include all Preventive Services (including frequency limits) as defined by the federal government pursuant to the Patient Protection and Affordable Care Act ("ACA"). The Preventive Services covered under the Preventive Service Benefit will include those identified by the United States Preventive Services Task Force, the Center for Disease Control and the Health Resources and Services Administration (including frequency limits and medical necessity recommendations as determined by those agencies).

A current list of those Preventive Services can be found at: www.healthcare.gov, type preventive services in the search portal.

The Plan will continue to pay 70% of Reasonable and Customary Charges for Preventive Services provided by an out-of-network provider. This means that you should consider visiting an in-network provider to ensure that you receive the maximum payment available pursuant to the Plan.

If a Preventive Service reveals symptoms or conditions that require further testing or treatment, benefits for the additional tests and/or treatment are paid identical to treatment for any other Accident or Sickness.

Changes to the Claims and Appeal Procedures

Effective as required by Federal Law, the Plan's claims and appeals procedures will change pursuant to PPACA. Most notably, the Plan is implementing an external review appeal process. If your claim involves an issue dealing with medical judgment or termination of coverage and your claim for benefits is denied after you exhaust the Plan's internal appeal procedures, you may request an external review by an independent review organization within four (4) months of the notice of the final internal denial decision. Your Explanation of Benefits and internal appeal decisions will inform you of your right to request an external review appeal, your external review rights and your right to file suit in federal court pursuant to the Employee Retirement Income Security Act of 1974, as amended once these changes become effective. To request a copy of the Plan's revised claims and appeals procedures, please contact the Fund Office at 630-887-4150.

Special Health Plan Continuation Rules - Self Payments and COBRA

When eligibility in the Health Plan terminates, a member can continue eligibility by either making self payments or by electing continuation of health coverage in accordance with the terms of the Consolidated Omnibus Budget and Reconciliation Act (known as COBRA).

Members can make self-payments to continue coverage for up to nine (9) months, whereas COBRA typically allows coverage up to eighteen (18) months. Before this change, a member had to choose either self-payment or COBRA. The cost of continuing coverage is different for self-payments and for COBRA.

The Trustees have amended the Plan effective May 1, 2013 to allow a member to self-pay, then switch to COBRA if it is cost effective to the member to do so.

The purpose of this amendment is to allow a member the same period of continuation of health coverage allowed under COBRA from the point when eligibility is lost while permitting some months of coverage to be more affordable by making self-payments.

The amount of self-payments can vary based on when you terminate and the Plan's eligibility requirements.

An example is as follows:

Member Paul loses eligibility May 1. Self-payment for May is $300.00 and then $900.00 per month thereafter for eight (8) additional months. COBRA family coverage is $1100.00 per month.

COBRA allows coverage for up to eighteen (18) months. Paul makes self-payments of $300.00 for the first month, then $900.00 for the next eight (8) months, then $1100.00 per month (COBRA) for months ten through eighteen.

Please note that self-pay rates and COBRA rates are reviewed every year and are subject to change. All payments must be made timely or coverage will be terminated. *(The amounts listed in the above examples are examples only - not actual rates)*

Sleep Apnea

The Fund has an agreement with Delta Sleep Providers to receive an enhanced price than what is currently available through BCBS of IL. Deductibles and coinsurance are waived if you elect to utilize Delta Sleep providers. To be consistent with this Policy, the Trustees have amended the Plan to cover resupplies at 100% rather than 80% effective April 1, 2013.

Annual Limit

Effective January 1, 2014, the annual limit of $2,000,000 per person has been lifted.

Loss of Time Benefit

Effective July 1, 2013, if you qualify for the Loss of Time Benefit (non-occupational short-term disability income benefit) you will be credited with full active healthcare coverage for you and your family while you are disabled (up to a maximum of 26 weeks).

The purpose of this improvement is to allow you and your family to continue healthcare coverage for up to 26 weeks while you are out of work due to a non-occupational disability.

Notice Regarding Grandfathered Status

The Trustees of the Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731 believe it is a “grandfathered health plan” pursuant to 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 1000 Burr Ridge Parkway, Suite 301, Burr Ridge, IL 60527, or via telephone at (630) 887-4150. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (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.

PLEASE RETAIN THIS NOTICE WITH YOUR SUMMARY PLAN DESCRIPTION BOOKLET FOR FUTURE REFERENCE

Summary of Material Modifications
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