

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

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SUMMARY OF MATERIAL MODIFICATION - (Mailed August 2022)

SUMMARY OF PLAN CHANGE: THE OUT-OF-POCKET MAXIMUMS FOR MEDICAL CLAIMS WERE INCREASED TO COMPLY WITH PATIENT PROTECTION AND AFFORDABLE CARE ACT

Effective for medical claims incurred January 1, 2023 and after, Article II – Schedules of Benefits, Sections 2.1 – Active Plan of Benefits, 2.2 – Retiree B Plan of Benefits and 2.3 – Retiree H Plan of Benefits regarding Out of Pocket Maximums shall be amended as follows: [Note: All other provisions of Article II, Section 2.1, 2.2 and 2.3 remain unchanged]

Section 2.1 – Active Plan of Benefits

Table with 3 columns: Category, Amount, and Description. Rows include Medical Out-of-Pocket Maximum (PPO and Non-PPO) and Prescription Out-of-Pocket Maximum.

Section 2.2 – Retiree B Plan of Benefits and Section 2.3 – Retiree H Plan of Benefits

Table with 3 columns: Category, Amount, and Description. Rows include Medical Out-of-Pocket Maximum (PPO and Non-PPO) and Prescription Out-of-Pocket Maximum.

SUMMARY ANNUAL REPORT - FOR PLAN YEAR ENDING DECEMBER 31, 2021

This is a summary of the annual report for KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND, 23-7017526/501 Health (other than dental/vision), Life insurance, Dental, Vision and Temporary Disability for 01/01/2021 through 12/31/2021.

BASIC FINANCIAL STATEMENT: The value of plan assets, after subtracting liabilities of the plan, was \$32,514,409 as of 12/31/2021, compared to \$29,263,290 as of 01/01/2021.

YOUR RIGHTS TO ADDITIONAL INFORMATION: You have right to receive a copy of the full annual report, or any part thereof, on request. The following items are included in that report: 1) An accountant's report; 2) Financial and information on payments to service providers; 3) Assets held for investment; and 4) Transactions in excess of 5% of plan assets.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Per federal law, group health plans & insurance issuers offering group health insurance coverage that includes medical & surgical benefits with respect to a mastectomy shall include medical & surgical benefits for breast reconstructive surgery as part of mastectomy procedure. Breast reconstructive surgery in connection with mastectomy shall at minimum provide for, 1) reconstruction of breast on which mastectomy has been performed, 2) surgery & reconstruction of the other breast to produce symmetrical appearance; 3) prostheses & physical complications for all stages of mastectomy, including lymph edemas; in manner determined in consultation with attending physician & patient.

### IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

**Effective January 1, 2015, the Kentucky Laborers District Council Health and Welfare Fund made changes to the prescription drug plan for those individuals who are Medicare eligible.** The change should provide you with more enhanced coverage while also allowing the Fund to participate in a Medicare savings program. Note that although the plan has changed, the copays for your prescription will remain unchanged. **Current Prescription Benefits under the Kentucky Laborers District Council Health and Welfare Fund:**

<u>RETAIL COPAYS:</u>			<u>MAIL ORDER COPAYS:</u>		
	Generic	\$15		Generic	\$30
	Brand (Formulary)	\$40		Brand (Formulary)	\$80
	Brand (Non Formulary)	\$75		Brand (Non Formulary)	\$150
	Max. Supply Per Prescription Filled - 30 days			Max. Supply Per Prescription Filled - 90 days	

#### 2023 OUT OF POCKET MAXIMUMS:

Active Plan: \$1800 Per Person / \$3600 Per Family Per calendar Year (Includes prescription copays. Does NOT include Vision, Dental or Medical Benefits.)

Retiree Plan: \$1800 Per Person Per calendar Year (Includes prescription copays. Does NOT include Vision, Dental or Medical Benefits.)

In addition, your current coverage under the Kentucky Laborers District Council Health & Welfare Fund pays for health expenses other than prescription drugs. You should also know that if you drop or lose your coverage with the Fund and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you do not have that coverage. Example: if you go 19 months without coverage, your premium will always be at least 19% higher than what many other people pay. You may have to pay this higher premium as long as you have Medicare coverage. Also you may have to wait until the next October to enroll. **For more information about this notice or your current prescription drug coverage:** Contact Kentucky Laborers Health & Welfare Fund at (502) 839-8166, or toll-free within Kentucky at (800) 598-7330.

NOTE: You will receive this notice annually and other times such as before the next period you can enroll in Medicare prescription drug coverage, and if coverage through the Fund changes. You may also request a copy of this notice. **For more information about options under Medicare prescription drug coverage:** More detailed information about Medicare plans that offer prescription drug coverage is in Medicare & You 2006 handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans: 1) Visit [www.medicare.gov](http://www.medicare.gov), or 2) Call State Health Insurance Assistance Program (see Medicare & You handbook for telephone number) for personalized help, or 3.) Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For people with limited income and resources, extra help paying for Medicare prescription drug plan is available. Information about extra help is available from Social Security Administration online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 1-800-772-1213 (TTY 1-800-325-0778).

**NOTE: There is no action required on your part. You will not have to do anything, the change will happen automatically.**

If you have any questions regarding the information in this document, please contact the Fund. The toll-free number is 1 (800) 598-7330.

#### The Health Plan:

*Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and Written information in other formats (large print, audio, accessible electronic formats, other formats), and*

*Provides free language services to people whose primary language is not English, such as: Qualified interpreters and Information written in other languages*

*ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (502) 839-8166.*

*注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (502) 839-8166。*

If you need these services, contact the Fund Office. If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

#### For the Board of Trustees

Kentucky Laborers District Council Health & Welfare Fund