

CENTRAL ILLINOIS CARPENTERS  
HEALTH and WELFARE TRUST FUND

200 South Madigan Drive • Lincoln • Illinois 62656 • 1 (866) 732-1919

**IMPORTANT INFORMATION ABOUT YOUR BENEFITS**

August 2015

Dear Participant and Covered Dependent(s):

The Trustees of the Central Illinois Carpenters Health and Welfare Trust Fund (the “Plan”) want to make you aware of certain enhancements to your benefits that became effective on January 1, 2015 and thereafter, some of which are the result of the Patient Protection and Affordable Care Act (the “Affordable Care Act”). This Summary of Material Modifications highlights these benefit enhancements, in addition to providing other important information.

**New Late Enrollment Opportunity for Dependents**

The Plan currently requires you to provide notice of a qualifying event (such as marriage, the birth of a child, adoption, placement for adoption of a child or obtaining legal guardianship of a child) to the Fund Office within 30 days of the qualifying event in order for you to add a dependent for coverage purposes. This notice requirement is extended to 60 days if your dependent’s coverage with Medicaid or CHIP is terminated due to a loss of eligibility. As long as the notice requirements are met, and you complete and return the necessary enrollment form and supporting documentation within the required 60-day response timeframe, your dependent’s coverage will commence retroactively to the date of the qualifying event.

Please keep in mind that if you receive an enrollment form from the Fund Office for any reason, whether you are seeking to add a dependent or reinstate your health coverage, the enrollment form and supporting documentation must be completed and returned to the Fund Office within 60 days of the date the form was mailed to you. Your dependents will NOT be covered by the Plan if you do not return this completed form and supporting documents within the required timeframe.

Effective August 1, 2015, if you are eligible for benefits and you acquire a dependent through a qualifying event, but fail to notify the Fund Office and/or fail to return a completed enrollment form (including supporting documentation) within the required timeframes discussed above, you may still seek to enroll the dependent with the Fund Office. Under these circumstances, you would need to request an enrollment form and return the completed form and supporting documentation to the Fund Office. Thereafter, the eligible dependent would be provided coverage from the date the completed enrollment form and supporting documentation is received by the Fund Office. Please note that if you utilize this late enrollment opportunity, coverage for the dependent will not be provided retroactively to the date of the qualifying event, and you must be eligible for benefits with the Fund to enroll the dependent.

## **New Combined Out of Pocket Maximum**

Effective January 1, 2015, the amount you pay for prescriptions applies towards your annual in-network medical out-of-pocket limit. Once the medical out-of-pocket limit is met, the Plan pays 100% of eligible medical and prescription charges for the remainder of the calendar year.

## **Other Important Information**

The Health and Welfare Plan Description has been re-stated effective August 1, 2015. The Plan Description is available to you online at [www.cichealth.org](http://www.cichealth.org) (click on the Health and Welfare link, then click on Plan Description). You may also contact the Fund Office at 1 (866) 732-1919 to request a free paper copy of the Plan Description be mailed to you.

The 2015 Summary of Benefits of Coverage (SBC) is also available online at [www.cichealth.org](http://www.cichealth.org) or by contacting the Fund Office to obtain your free paper copy. This benefit summary is written in the format mandated by the Affordable Care Act.

## **A Final Note**

We are pleased to provide you and your family with comprehensive coverage and hope these enhancements help you get the most of your benefits. If you have specific questions about your benefits, or the content of this Summary of Material Modifications, contact the Fund Office at 1(866) 732-1919.

Sincerely,

Board of Trustees

*This announcement, which serves as a Summary of Material Modifications, contains only highlights of recent changes to the Central Illinois Carpenters Health & Welfare Trust Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*