



**CONSTRUCTION  
INDUSTRY LABORERS**

**WELFARE - PENSION  
VACATION FUNDS**

6405 Metcalf, Suite 200  
Overland Park, KS 66202  
Phone (913) 236-5490  
Fax (913) 236-5499

Managed for the Trustees by

TIC International Corporation

October 14, 2016

**TO: ALL ELIGIBLE PARTICIPANTS OF THE CONSTRUCTION INDUSTRY LABORERS  
WELFARE FUND**

**RE: IMPORTANT HEALTH INSURANCE INFORMATION – ANNUAL NOTICES**

Please keep these notices with your Summary Plan Description. If you have any questions regarding any of these federal requirements, please contact the Fund Office at (913) 236-5490.

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**PREMIUM ASSISTANCE UNDER MEDICAID AND THE  
CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)**

You are receiving this notice because you are eligible for coverage from the Construction Industry Laborers Welfare Fund. Coverage under this Plan is automatic upon your eligibility. Therefore, it would be unusual for you and your dependent to not be covered. However, by law you are required to be notified about the availability of premium assistance in the State in which you reside. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your children aren't eligible for these premium assistance programs, you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

(OVER)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>		<b>FLORIDA – Medicaid</b>	
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447		Website: <a href="http://flmedicaidtplecovery.com/hipp/">http://flmedicaidtplecovery.com/hipp/</a> Phone: 1-877-357-3268	
<b>ALASKA – Medicaid</b>		<b>GEORGIA – Medicaid</b>	
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 <a href="mailto:CustomerService@MyAKHIPP.com">Email: CustomerService@MyAKHIPP.com</a>  Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>		Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	
<b>ARKANSAS – Medicaid</b>		<b>INDIANA – Medicaid</b>	
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1 -855-MyARHIPP (855-692-7447)		Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a>  Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1 -800-403-0864	
<b>COLORADO – Medicaid</b>		<b>IOWA – Medicaid</b>	
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943		Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	
<b>KANSAS – Medicaid</b>		<b>NEVADA – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512		Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	
<b>KENTUCKY – Medicaid</b>		<b>NEW HAMPSHIRE – Medicaid</b>	
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570		Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	
<b>LOUISIANA – Medicaid</b>		<b>NEW JERSEY – Medicaid and CHIP</b>	
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447		Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710	

<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofl/public-assistance/index.html">http://www.maine.gov/dhhs/ofl/public-assistance/index.html</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></p> <p>Phone: 1-800-462-1120</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a></p> <p>Phone: 919-855-4100</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a></p> <p>Phone: 1-800-657-3739</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a></p> <p>Phone: 1-844-854-4825</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a></p> <p>Phone: 1-800-694-3084</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a></p> <p>Phone: 1-800-699-9075</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://dhhs.ne.gov/ChildrenFamilyServices/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/ChildrenFamilyServices/AccessNebraska/Pages/accessnebraska_index.aspx</a></p> <p>Phone: 1-855-632-7633</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a></p> <p>Phone: 1-800-692-7462</p>
<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></p> <p>Phone: 401-462-5300</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cf">http://www.coverva.org/programs_premium_assistance.cf</a> Medicaid Phone: 1-800-432-5924</p> <p>CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cf">http://www.coverva.org/programs_premium_assistance.cf</a> <a href="http://www.coverva.org/programs_premium_assistance.cf">m</a> CHIP Phone: 1-855-242-8282</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></p> <p>Phone: 1-888-549-0820</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a></p> <p>Phone: 1-800-562-3022 ext. 15473</p>

<b>SOUTH DAKOTA - Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a>  Phone: 1-877-598-5820, HMS Third Party Liability
<b>TEXAS – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>  Phone: 1-800-362-3002
<b>UTAH – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>  Phone: 307-777-7531
<b>VERMONT– Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

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## **PRIVACY NOTICE AVAILABILITY**

The Privacy Rule requires the Construction Industry Laborers Welfare Fund to follow certain procedures to protect the privacy of your personal health information maintained by the Welfare Fund. The Fund's Privacy Notice describes how medical information about you may be used and disclosed and how you can get access to this information. You may request a copy of the Fund's Privacy Notice by contacting the Fund Office at: TIC International Corporation, 6405 Metcalf Avenue, Cloverleaf Building #3, Suite 200, Overland Park, KS 66202, telephone (913) 236-5490.

## **ANNUAL NOTICE REGARDING MASTECTOMY COVERAGE**

The Trustees of your Welfare Plan are issuing this notice in compliance with the Women's Health and Cancer Rights Act of 1998. Your Welfare Plan provides the benefits required by this law. You have a right to this notice, and the Trustees are providing the notice for your information so that you may be assured that you are treated in accordance with federal law if the need arises.

## **REQUIREMENTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT**

Under federal law, group health plans and health insurance issuers offering group health insurance coverage that includes medical and surgical benefits with respect to a mastectomy shall include medical and surgical benefits for breast reconstructive surgery as part of a mastectomy procedure. Breast reconstructive surgery in connection with a mastectomy shall at a minimum provide for: (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and physical complications for all states of mastectomy, including lymphedema, in a manner determined in consultation with the attending physician and the patient. As part of the Plan's Schedule of Benefits, such benefits are subject to the plan's appropriate cost control provisions such as deductible and coinsurance.