

**CONSTRUCTION
INDUSTRY LABORERS
FRINGE BENEFIT 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 30, 2015

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

RE: PLAN CHANGES EFFECTIVE JULY 16, 2015

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Participant:

The Trustees of the Construction Industry Laborers Welfare Fund wish to announce the following changes:

- **Dental Course of Treatments** – Currently if you have begun a dental course of treatment but have not completed the course of treatment when you are no longer eligible for benefits, benefits for only that the course of treatment would be continued until completed. With this change, all benefits will end when you are no longer eligible for benefits, even if a course of treatment is not completed. This includes all dental benefits, including orthodontic, temporomandibular joint or temporomandibular pain-dysfunction syndrome treatments.
- **Loss of Benefit for Occupational Accidents and Injuries** – The current Loss of Time Benefits are payable for occupational and non-occupational related accidents and injuries. When you are receiving Loss of Time benefits, you will also receive credit for eligibility up to 400 hours.
- **Timeframe for Filing a Legal Claim to Obtain Benefits** – If you have exhausted the Plan's Claims and Appeals Procedures and are not happy with the outcome pertaining to your benefits, you have the right to bring civil action against the Plan. Any legal action must be filed within two years of the date of the Trustees' final decision regarding the appeal.

(OVER)
EXHIBIT H

Effective January 1, 2016

- **Chiropractic Benefit** – Currently this benefit is only available to the participant. This Benefit has been expanded to also include coverage for your dependent spouse. Benefits are payable for manipulations, physical therapy, x-ray and laboratory tests up to the \$250 maximum per calendar year. Limitations do apply. Please refer to your Summary Plan Description or contact the Fund Office with any questions.
- **Emergency Room Copay** – The emergency room copay will increase from \$62 per visit to \$65 per visit. This is not charged if you are admitted to the hospital.
- **Mandatory Mail Order Program and copayment change**

Currently your copayment for mail order prescriptions is 17% and it is voluntary. Effective January 1, 2016, your copayment will only be 13%, but the program is now mandatory for all maintenance drugs. The Trustees have implemented this program as a convenient and cost-effective way for you to order up to a 90-day supply of "maintenance" or long-term medication for direct delivery to your home.

Beginning January 1, 2016 if you are taking a maintenance medication you will be allowed 2 refills of your 30 day prescription at your retail pharmacy before you will be required to use this mail order service to obtain your prescription. Medication is to be sent in confidential, secure packaging via United States Postal Service. More information will follow in direct letters as well as contact with you and/or your physician regarding this change. The letters will come from LDI representatives to make this transition as smooth as possible.

LDI is dedicated to providing you with personal service. Feel free to call LDI at any time to speak with a customer service specialist about your order or with a pharmacist about your medications. They can be reached at 1(866) 516-3121 Monday - Friday between 8:30 a.m. and 6 p.m. CST. They are open Saturdays from 8:30 a.m. - 1:30 p.m. CST. A Pharmacist-on-Call is available for emergency assistance 24 hours a day/7 days a week at 1(866) 516-3121.

- **Prescription Drug Card Benefit – Step Therapy**

The Plan has elected to enhance the LDI Step Therapy Program in an effort to maintain and preserve a high quality and cost-effective program for you. This program is mandatory for certain medication classes. The Step Therapy Program through LDI is designed to help you take the most cost-effective medications to treat certain conditions. The program promotes the use of generic medications because they are proven to be as safe and effective as brand name medications for most patients, but cost much less.

The Step Therapy Program groups certain medications into "steps". Generic medications, which are the most cost effective, fall into the "first-step" category, preferred brand-name medications fall within the "second-step" category and non-preferred brand-name medications, which are the least cost effective, fall into the "third-step" category. The Step Therapy Program steers members to take first-step medications prior to coverage of a second step medication and to take a second step medication prior to coverage of a third step medication.

The medication classes which qualify for the enhanced Step Therapy Program include: Proton Pump Inhibitors, ADHD, acne medications, asthma, and diabetes. Below is a chart illustrating the brand name drugs that fall within these drug classes required for Step Therapy:

DRUG CLASS	BRAND NAME
Proton Pump Inhibitors (PPI)	Aciphex, Dexilant, Esomeprazole Magnesium, First-Lansoprazole, First-Omeprazole, Nexium, Prevacid, Prevacid Solutab, Zegerid
ADHD	Adderall, Adderall XR, Concerta, Daytrana, Focalin, Focalin XR, Intuniv, Metadate CD, Methylphenidate HCL ER, Ritalin LA, Strattera
Acne	Vyvanse, Oracea, Solodyn
Asthma	Advair Diskus, Advair HFA, Alvesco, Asmanex Twisthaler 30 MET, Asmanex Twisthaler 60 MET, Clarinex, Clarinex-D 12 Hour, Flovent Diskus, Flovent HFA, Foradil Aerolizer, Nasonex, Omnaris, Patanase, Proair HFA, Proventil HFA, Pulmicort Flexhaler, QNASL, QVAR, Rhinocort Aqua, Singulair, Symbicort, Ventolin HFA, Veramyst, Xopenex HFA, Zetonna
Diabetes	Apidra, Bydureon, Byetta, Farxiga, Glumetza, Humalog, Humalog Kwikpen, Humalog Mix 75/25 Kwikpen, Humulin N, Humulin N Kwikpen, Humulin R U-500 (Concentr), Invokamet, Invokana, Janumet, Janumet XR, Januvia, Jentadueto, Kombiglyze XR, Lantus, Lantus Solostar, Levemir, Levemir Flexpen, Levemir Flextouch, Novolin 70/30, Novolin N, Novolog, Novolog Flexpen, Novolog Mix 70/30, Onglyza, Oseni, Toujeo Solostar, Tradjenta, Victoza, Xigduo XR

You will receive a letter directly from LDI notifying if you or your Dependents are taking medications in any "second-step" or "third-step" category. The letter will outline the procedure you must follow beginning January 1, 2016. On or after this date, your prescription for any of these "second-step" or "third-step" categories will be denied unless physician has determined that you require a different medication for medical reasons and the LDI Clinical Department have provided a prior authorization.

You will be required to use the following procedures if you are currently taking any "second-step" or "third-step" prescriptions of the above medication classes:

1. Contact your physician and share the step therapy information contained in your letter. Your physician can decide which first-step medication is right for you.
2. If you have already tried one of the first-step medications and your physician has determined that you require a different medication for medical reasons, then your physician can call LDI's Customer Service Center at (314) 652-3121 or toll-free 866-516-3121 to request a prior authorization for you to continue taking the medication. The LDI Clinical Department can advise your physician if a second-step medication is required.
3. You have the option to take any medication that your physician prescribes. However, it may not be covered under the benefit plan if the proper steps are not taken first.

If you have any questions about these changes, please feel free to contact the Fund Office at (913) 236-5490.

Sincerely,

BOARD OF TRUSTEES

Statement Regarding Status as a Grandfathered Health Plan

This group health plan believes this Plan is a "grandfathered health plan" under 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.

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INDUSTRY LABORERS**

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Managed for the Trustees by

TIC International Corporation

January 27, 2016

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

RE: CLAIMS AND APPEALS – APPOINTING AN AUTHORIZED REPRESENTATIVE

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Participant:

During preparation of the January 1, 2014 Summary Plan Description (SPD), details on designating an Authorized Representative (as stated in the current 2003 SPD/Plan Document) were inadvertently omitted. This notice is to inform you of those details. Please place this notice with your SPD. The below information should be inserted at Section XVII – Claims and Appeals Procedures on page 45 of your SPD as the missing subsection C:

C. DEFINITIONS:

1. Authorized Representative:

- a) A Claimant may select an Authorized Representative by providing written notice to the Fund Office. The Authorized Representative will act on the Claimant's behalf in the pursuit of a benefit Claim or appeal of an adverse benefit determination. The Claimant may select an Authorized Representative by completing a form provided by the Trustees, or otherwise providing sufficient notice to the Fund. A copy of the form may be obtained from the Fund Office. A notice sufficient to designate an Authorized Representative shall contain the full name and social security number of the Claimant, the full name and mailing address of the Authorized Representative, and a short statement that the Claimant wishes to designate the named individual as his Authorized Representative for purposes of filing a specific Claim and/or appeal with the Fund.
- b) An Authorized Representative, once elected, will receive all notices and determinations regarding the Claim that would otherwise be sent to the Claimant. An Authorized Representative will be allowed to make any decision or take any action or inaction that is available to the Claimant regarding the Claim. The Fund will continue to contact the Authorized Representative regarding any references to the Claim or Appeal for which he has been designated for a period of one year, unless the Fund receives written notice from the Claimant terminating the designation as Authorized Representative. The term "Claimant," as used herein, shall include an Authorized Representative selected in accordance with these provisions.

(OVER)

- c) A provider is not an Authorized Representative, unless Claimant specifically designates the provider. However, a Claimant may not assign payment of any Claim to an out of network provider.

2. Claimant: A Claimant is an Employee, Beneficiary, Eligible Dependent, or duly Authorized Representative of an Employee, Beneficiary, or Eligible Dependent who applies for or appeals a Claim for Benefits. A provider is not a Claimant, but may file an initial claim with the designated Preferred Provider Organization, in behalf of a Claimant.

If you have any questions about this notice, please feel free to contact the Fund Office at (913) 236-5490.

Sincerely,

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Statement Regarding Status as a Grandfathered Health Plan

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DECEMBER 28, 2016

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

**RE: PLAN CHANGES – TELEHEALTH AMWELL PROGRAM; HOSPICE LIMITS; DENTAL
AND VISION OPT-OUT OPTION**

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Participant:

The Trustees of the Construction Industry Laborers Welfare Fund wish to announce the following changes:

EFFECTIVE January 1, 2017

Telehealth Amwell Program

The Plan has added a benefit for the Telehealth Amwell Program. This program has no copayment or coinsurance and it is not subject to the deductible under the Plan. This program will allow you access to urgent health care 24/7 through a program run by Blue Cross of Kansas City. This program allows you to visit with a doctor either online using a computer (with a webcam) or through your smartphone. The doctors are available 24 hours a day / 7 days a week and will be able to answer questions, make diagnosis and in some cases prescribe basic medications, when needed. There is no cost to you for this program but prior to using the program you must complete the following easy steps (enclosed is a flyer with more information on the steps below):

- Download the Amwell app onto your smartphone or tablet.
- Open the app and enroll.
- To visit, use the app to select medical or children's medical (there may be other options, but medical is the only services covered by the plan).
- Complete information regarding illness/symptoms and insurance (including your subscriber ID).

(OVER)

Hospice Benefit

The current \$10,000 lifetime limit on hospice care has been removed and replaced with a limit of six month's hospice care every three years.

Dental and Vision Benefits

In order to comply with the law and save the Plan money, there has been a technical change in the nature of dental and vision benefits. The actual benefits will not change. Under the change, you will now be able to opt out of dental and vision benefits. If you do opt out, it will not affect your cost of coverage under the Plan. If you do nothing, your benefits will stay the same.

MyIDCare

MyIDCare is a comprehensive identity protection program offered through Blue KC available at no cost to members and their spouses for as long as you are eligible in the Plan. To participate in this program, all members must enroll either at www.myidcare.com/bluekc or by calling toll free (877) 841-8158. To enroll, you will utilize the enrollment code provided on a flyer that you will receive, your Group ID# and Subscriber #. If you have questions about the program or how to enroll, please contact the Fund Office.

If you have any questions about these changes, please feel free to contact the Fund Office at (913) 236-5490.

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BOARD OF TRUSTEES

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Kansas City

LIVE & IMMEDIATE ACCESS TO CARE

Retail Telehealth Offers Online Doctor Visits 24/7

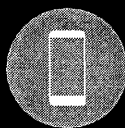
Retail Telehealth Benefits

Schedule and 'see' a doctor online from your phone, tablet or computer, from home, the office or while traveling using the Amwell mobile app.



Open 24 Hours

Doctors are available 24 hours a day, 365 days a year.



Visit Anywhere, Anytime

Install the mobile app and access healthcare from anywhere, anytime.

Services are not currently available in Texas, Arkansas or Louisiana. Prescribing is not allowed in Indiana.



Safe & Secure

Your information is kept private throughout the visit.



No Appointments

Just sign in – no more waiting rooms.

To learn more about Retail Telehealth and the Amwell app, visit Amwell.com.

Blue Cross and Blue Shield of Kansas City (Blue KC) wants to improve your access to care. That's why we've partnered with American Well (Amwell)* to bring you care from the comfort and convenience of your home or wherever you are. Beginning June 2016, Retail Telehealth will be available to most Blue KC members. (Medicare Advantage members will not have access)



Get Started Today

With the Amwell app, you'll have healthcare right in the palm of your hand.



Amwell is a faster, easier way to see a doctor.

1: Download the Amwell Mobile App

The Amwell app can be downloaded directly to your smart phone or tablet. Or, if you prefer the web, visit Amwell.com.

2: Enroll

Create an account in a few simple steps. Be sure to include your Blue KC insurance information when creating your account. Your information is stored securely.

3: Choose a Doctor

View a list of available doctors, their experience and ratings, and select one.

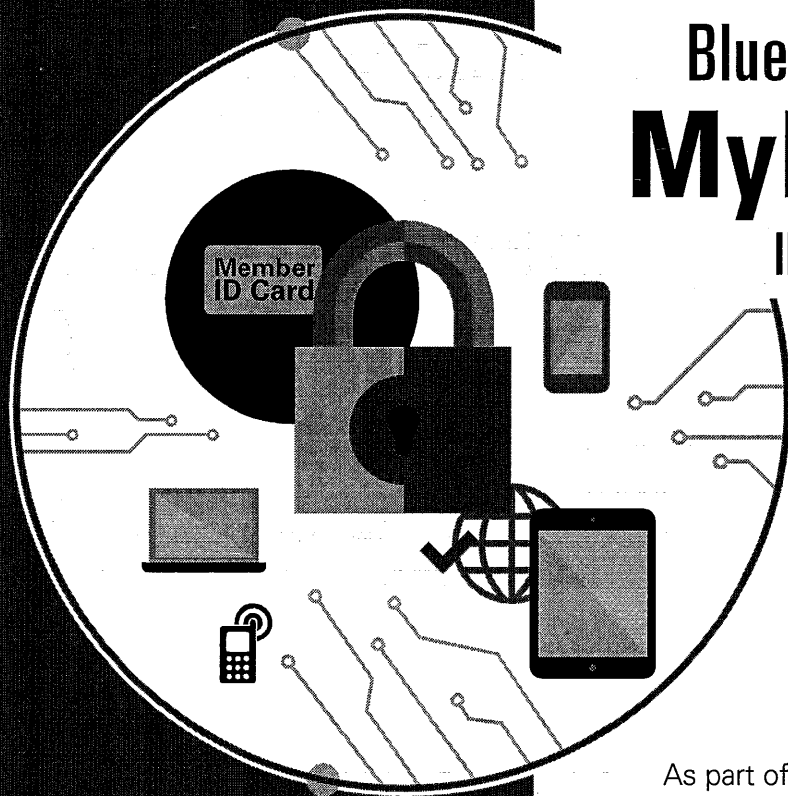
4: Visit

Engage in a secure live video visit directly from the web or your mobile device in high-quality streaming video.

*American Well's Online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks.



Kansas City



Blue KC is now offering **MyIDCare** IDENTITY PROTECTION SERVICES

For more than **75 years**, Blue KC has worked to **protect the health and information of Blue KC members** and the **community** we serve.

As part of our commitment to member safety and security, Blue Cross and Blue Shield of Kansas City (Blue KC) is now offering **MyIDCare™** identity protection services at **no cost** to you.

MyIDCare is a comprehensive identity protection service. It includes **credit and cyber monitoring, identity theft reimbursement insurance, concierge-style identity recovery services**, and it is currently the only monitoring system to protect against medical identity theft.



Blue KC Access Code:
3710892462

Enroll Now

Use the special access code listed, along with your **Blue KC member ID card**, to enroll online at www.myidcare.com/BlueKC or by phone at **1-877-841-8158**, Monday through Friday from 8 a.m. to 8 p.m. Central time.

**Thank you, as always, for trusting Blue KC
with your healthcare coverage.**