

# PLAN SUMMARIES OF MATERIAL MODIFICATION

2009-2016



MASSACHUSETTS  
**LABORERS' BENEFIT  
FUNDS**

## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

---

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200  
P.O. BOX 4000, BURLINGTON, MASSACHUSETTS 01803-0900  
TELEPHONE (781) 272-1000 OR (800) 342-3792 FAX (781) 238-0703

December, 2009

### IMPORTANT NOTICE TO PARTICIPANTS

Dear Plan Participants:

As you may know, under the rules and regulations of the Massachusetts Laborers' Health and Welfare Fund, in addition to specific limits or exclusions that apply to various benefits, there are General Limits and Exclusions that apply to all benefits. The Board of Trustees would like to advise you of a change in one of the Fund's General Limits and Exclusions.

Effective January 1, 2010, **NO** payment will be made for any expenses incurred for you or any one of your eligible dependents for the following:

- **Charges from injuries that occur as a result of engagement in automobile racing, motorcycle racing or other motorized racing equipment, or boxing or wrestling for profit.**

Please note the current General Limit and Exclusion that appears on page 46 of the Fund's 2008 Summary Plan Description (SPD). That General Limit and Exclusion applies to charges from injuries that occur as a result of engagement in inherently dangerous activities, such as automobile racing, motorcycle racing or other motorized racing equipment, bungee jumping, boxing or wrestling for profit, etc., and will only apply to charges incurred prior to January 1, 2010.

Please retain this Notice in your copy of our current SPD for future reference.

If you have any questions about this Notice, please contact:

Health and Welfare Department  
Massachusetts Laborers' Benefit Funds  
14 New England Executive Park  
Burlington, MA 01803  
(781) 272-1000 or  
Toll Free (800) 342-3792

# **MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND**

---

PO BOX 3005 • 1400 DISTRICT AVENUE  
BURLINGTON, MASSACHUSETTS 01803-9005  
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 238-0703

## **2011 BENEFIT CHANGES FOR THE MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND**

Dear Member and Family:

The Trustees of the Massachusetts Laborers' Health and Welfare Fund have adopted benefit changes that will be effective in 2011. The Board wants to continue to provide the best possible Plan of Benefits for our membership, as we understand the important role that the Fund plays in maintaining the health of our members and their families. After careful consideration, the Trustees adopted the Plan changes described in this letter for these reasons:

- To maintain the financial integrity and stability of the Health and Welfare Fund in these challenging economic times;
- To continue to promote and support the healthy lifestyles of our members and their families by offering wellness-related programs; and
- To comply with the requirements of Federal Health Care Reform (the Affordable Care Act, or "ACA"). Two of the new ACA requirements are benefit enhancements that will be effective as of July 1, 2011.

### **PLAN CHANGES EFFECTIVE AS OF JANUARY 1, 2011**

#### **Medical Plan Deductibles**

- Currently, if members and dependents select a Primary Care Physician (PCP), their in-network annual medical plan deductibles are waived for the year. When this provision was initiated, its goal was to encourage our membership to select a PCP who would assist them in maintaining their good health by focusing on preventive care and by referring them to appropriate specialty care, as needed. At this time, approximately 75% of the Fund membership has selected a Primary Care Physician. We trust that members have received valuable advice from their PCPs since the provision's inception, and that they will continue to benefit from their PCP relationships.

As of January 1, 2011, the waiver of the in-network annual medical plan deductible provision will no longer be offered. This means that the following annual deductibles will apply to all members and dependents as of January 1, 2011:

Plan A Annual Deductible		Plan B Annual Deductible	
PPO Provider	Non-PPO Provider in PPO Area	PPO Provider	Non-PPO Provider in PPO Area
\$250 per individual	\$750 per individual	\$500 per individual	\$1,000 per individual
\$500 per family	\$1,500 per family	\$1,000 per family	\$2,000 per family

For details on Plan deductibles, please see page 13 of the 2008 Summary Plan Description.

### Medical Plan Copayments

- Currently, a \$15.00 copayment applies to office visits and other types of medical care. Any existing \$15.00 medical plan copayment will increase to \$20.00 as of January 1, 2011.

### New Smoking Cessation Program

- Recognizing smoking's impact on the health of Laborers and their dependents, the Board of Trustees has entered into a partnership with the Massachusetts Tobacco Control Program to provide Plan participants with a smoking cessation program. The program will provide free telephonic counseling and free nicotine replacement therapy (the patch). Call 1-800-Try-to-Stop, for an initial screening, up to five free telephonic counseling sessions, and up to a free eight-week supply of the patch based on participation in counseling sessions.

This approach can help: government studies show that individuals can *double* the chances of quitting smoking by using an appropriate medication, and individuals can *triple* the chances of quitting by using an appropriate medication plus counseling.

### New Coverage for Skin Reduction Surgery Following Significant Weight Loss

- As of January 1, 2011, coverage will be provided for a panniculectomy (skin reduction surgery following significant weight loss), provided that the member or dependent receives pre-authorization from Blue Cross Blue Shield of Massachusetts.

**Coverage for Intrauterine Devices (IUDs)** As of January 1, 2011, coverage will be provided for intrauterine devices (IUDs), a long-term form of birth control.

## **New Self Pay Provision for attaining Eligibility in the Context of Delinquent Employer Contributions**

- As of January 1, 2011, members who do not attain Fund coverage for an Eligibility Period only due to delinquent employer contributions, may self-purchase the needed hours to attain coverage, provided sufficient documentation of hours worked is provided to the Fund, and (ii) members who are eligible for Plan B, but not eligible for Plan A, for an Eligibility Period only due to delinquent employer contributions, may self-purchase the hours necessary to be eligible for Plan A, provided sufficient documentation of hours worked is provided to the Fund.

## **Eligibility Rules for the Retiree Self-Pay Program**

- Currently, one of the eligibility rules for the Retiree Self-Pay Medical Program requires a retiree to be receiving a pension from the Massachusetts Laborers' Pension Fund. As of January 1, 2011, to be eligible for the Retiree Self-Pay Medical Program, the retiree must be receiving a Pension either from the Massachusetts Laborers' Pension Fund *or* from the Laborers' International Union Industrial Pension Fund. All of the other eligibility rules for the Retiree Self-Pay Medical Program will be maintained.

## **FEDERAL HEALTH CARE REFORM CHANGES EFFECTIVE AS OF JULY 1, 2011**

Federal Health Care Reform (the Affordable Care Act) has mandated extensive changes, two of which will be effective for our Plan as of July 1, 2011:

- **Fund coverage for dependent children will be extended to age 26.** To qualify for dependent coverage under the Plan, a child must: (1) meet the definition of "child" as the Fund will define in accordance with the Affordable Care Act; (2) be under age 26; and (3) must not have access to his or her own employment-based health coverage, including employment-based health coverage through the dependent's spouse, if any.<sup>1</sup> Under these new rules, the child can be married and does not have to be financially dependent on the member for support to qualify for Plan coverage. Coverage will not be provided to the dependent's spouse or to children of the dependent. Effective January 1, 2014, Provision (3) will no longer apply.
- As of July 1, 2011, **the Plan's \$1 million lifetime maximum for all covered expenses incurred by an individual in his or her lifetime will be eliminated.** This means that such individuals who were not eligible for, or have lost coverage under the Plan, will be eligible for coverage as of July 1, 2011.

## **NEW ANNUAL LIMITS ON HEALTH BENEFITS EFFECTIVE JULY 1, 2011**

- For the three Plan Years beginning July 1, 2011, the following *annual* limits on the dollar value of health benefits will apply:

There will be a \$1 million annual limit for the Plan Year beginning July 1, 2011, a \$1.25 million annual limit for the Plan Year beginning July 1, 2012, and a \$2 million annual limit for the Plan Year beginning July 1, 2013. There will be no annual Plan limit for the Plan Years beginning January 1, 2014, and thereafter.

<sup>1</sup> Note that a child under age 26 does not actually have to be enrolled in the other coverage to be disqualified for coverage under this Plan. If the child is *eligible* for his/her own employment-based health coverage or employment-based health coverage through his/her spouse, if any, the child *does not qualify* for the Plan's health coverage.

## **REQUIRED NOTICES**

The Affordable Care Act requires that we provide you with certain notices about the Plan. These notices are below. All changes or descriptions outlined in the notices are effective as of July 1, 2011.

### **EXTENDED ELIGIBILITY FOR DEPENDENT COVERAGE**

Individuals whose coverage ended or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 will be eligible to enroll in the Plan as of July 1, 2011. In Spring 2011, members will receive notice of a special 30-day open enrollment period, during which individuals may request enrollment for such children. For more information, please contact the Fund office at (781) 272-1000.

### **ELIMINATION OF THE PLAN'S LIFETIME BENEFIT DOLLAR LIMIT**

The lifetime limit on the dollar value of benefits under the Massachusetts Laborers' Health and Welfare Plan (the "Plan") will no longer apply as of July 1, 2011. Individuals whose coverage ended by reason of reaching a lifetime limit under the Plan will be eligible to enroll in the Plan as of July 1, 2011. In Spring 2011, members will receive a notice to request enrollment, and affected members have 30 days to request enrollment in the Plan. For more information, please contact the Fund office at (781) 272-1000.

### **THIS PLAN IS "GRANDFATHERED" UNDER THE ACA**

The Massachusetts Laborers' Health and Welfare 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.

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 (Tel. 781-272-1000). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

NOTE: This notice is intended as a Summary of Material Modifications (SMM) for the Massachusetts Laborers' Health and Welfare Plan, Plan Number 501, as required by the Employee Retirement Income Security Act of 1974 (ERISA). It describes changes to the information presented in your Summary Plan Description (SPD) booklet, plan communications, and any previous SMMs.

# MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

---

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200

BURLINGTON, MASSACHUSETTS 01803-5201

TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX 781-238-0703

February 2011

## IMPORTANT BENEFIT CHANGES

In an ongoing effort to provide the most comprehensive plan of benefits while maintaining financial integrity, the Board of Trustees of the Massachusetts Laborers' Health and Welfare Fund has made the following changes:

### EFFECTIVE JANUARY 1, 2011

**Genetic Testing:** Will be general excluded from the Plan with the following limited exceptions: Genetic Testing will be covered if the genetic test(s) performed is a covered service under the medical policy guidelines of Blue Cross and blue Shield, and will be limited to a maximum of \$2,500.00 per covered member or eligible dependent per calendar year.

**Intensive Out Patient Program (IOP):** Has been increased from ten (10) days per calendar year to twenty (20) days per calendar year for both mental health and chemical dependency.

**Adolescent Acute Residential Treatment Benefit:** Has been increased from ten (10) days per calendar year to twenty (20) days per calendar year.

### EFFECTIVE MARCH 1, 2011

**Suboxone and Subutex:** Will no longer be covered pharmaceuticals.

### EFFECTIVE JULY 1, 2011

**Definition of Eligible Children:** "...children include the member's natural children, legally adopted children, children placed with the member for adoption, and children for whom the member has legal guardianship provided they are also the member's federal income tax dependent."

The Trustees of the Massachusetts Laborers' Health and Welfare Fund wish you and your family the best of health.

Sincerely,

Board of Trustees

RAD/gdo



## MASSACHUSETTS LABORER'S HEALTH AND WELFARE FUND

---

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200  
BURLINGTON, MASSACHUSETTS 01803-5201  
TELEPHONE (781) 272-1000 OR (800) 342-3792 FAX (781) 238-0703

May 2012

### **Improvements in Mental Health and Substance Use Disorder Benefits**

**Dear Member and Family:**

Enclosed is a letter regarding improvements in the Mental Health and Substance Use Disorder Benefits offered by the Massachusetts Laborers' Health and Welfare Fund. This letter discusses in detail the improvements being made to comply with a federal law, the Mental Health Parity Addiction Equity Act (MHPAEA). The improvements will be effective on July 1, 2012.

At this time, the Trustees would like to highlight the confidential counseling and referral services that will continue to be offered to you and your eligible dependents by the Fund. The Member Assistance Program (MAP), provided through The Wellness Corporation, is designed to offer prompt, professional assistance when members are having personal or family difficulties, or need treatment for Mental Health or Substance Use Disorders. Problems such as family difficulties, marital stress, child concerns, job stress, or substance use may potentially disrupt your life.

The Trustees are interested in promoting your well-being, and therefore developed the MAP program to help provide solutions to the complicated issues that you may face.

To help you to navigate the complex health care delivery system, we encourage you to contact the voluntary MAP program before you begin treatment for any Mental Health or Substance Use Disorder. We also encourage you to use MAP providers.

Also included, is an updated URGENT CARE FACILITY and CVS/CAREMARK MINUTE CLINIC LISTING. These facilities can be used whenever you have a NON-LIFE threatening medical issue when your own health care professional isn't available. By using these facilities, you will be saving both the Fund and yourself money.

As always, feel free to contact the Fund Office at (781) 272-1000 with any questions.

Sincerely,

Board of Trustees

*Este aviso está disponible en español en el sitio de web [www.mlbff.org](http://www.mlbff.org)*



The Trustees of the Massachusetts Laborers' Health and Welfare Fund (the "Fund") are pleased to announce the following improvements in the Mental Health and Substance Use Disorder Benefits offered by the Fund. These improvements are effective on July 1, 2012 and are being made to enable the Fund to comply with the Mental Health Parity Addiction Equity Act (MHPAEA).

## **Improvements in the Fund's Mental Health and Substance Use Disorder Benefits**

### **New Coverage of Mental Health and Substance Use Disorders**

- **Mental Health and Substance Use Disorder Benefits will be treated the same as the Fund's coverage for medical/surgical and other conditions. These benefits will apply to all eligible members, spouses and children. For example, the former 25-day annual limit on inpatient mental health treatment, as well as all other day and visit limits that applied to Mental Health/Substance Use Disorder Benefits, will be eliminated.**

Please see the chart on page X for details on the Fund's new coverage of Mental Health and Substance Use Disorder Benefits.

- **In addition, effective July 1, 2012, there will be no separate Mental Health and Substance Use Disorder Benefits maximums or limitations. The Plan's deductibles, limitations and maximums apply to these benefits the same as they apply to the comparable medical and surgical benefits.**

### **Access to Providers for Mental Health and Substance Use Disorders**

- **Non-emergency hospital or other inpatient facility admissions MUST still be approved in advance by The Wellness Corporation, the provider of the Member Assistance Program (MAP). The MAP can be reached at 1-800-522-6763.**
- **However, it will no longer be necessary to obtain prior authorization before being admitted to a hospital or other authorized inpatient facility on an emergency basis for Mental Health or Substance Use Disorder treatment or before seeking outpatient care for these conditions. <sup>1</sup>**
- **Treatment for Mental Health or Substance Use Disorder conditions may be obtained from a MAP provider, a Blue Cross Blue Shield Union Blue PPO provider, or another provider whose charges are covered, subject to the requirements outlined above for emergency and non-emergency hospital or other inpatient facility admissions.**

---

<sup>1</sup> For emergency admissions to a hospital or inpatient facility for mental health or substance use disorder treatment, you or someone acting on your behalf must contact The Wellness Corporation within 48 hours of admission so the stay can be reviewed and approved as soon as possible after the admission.

Please keep in mind that the Trustees will continue to engage The Wellness Corporation to assist members and their families in negotiating the complex Mental Health/Substance Use Disorder health care delivery system. It is important so that you can receive prompt access to the professional level of care that is most appropriate for your illness/condition. **Therefore, you are strongly encouraged to contact MAP before you begin treatment for any Mental Health or Substance Use Disorder, and you are strongly encouraged to use MAP providers.**

The Fund will continue to cover the first eight (8) counseling office visits for mental health and substance use disorder treatment at 100% through the MAP, although you will not be required to exhaust the eight (8) MAP visits before accessing services through another provider.

The Member Assistance Program can be reached at 1-800-522-6763.

**Plans A & B Schedule of Mental Health and Substance Use Disorder Benefits Effective July 1, 2012**

Provision	PLAN A		PLAN B	
	PPO Provider	Non-PPO Provider in PPO Area	PPO Provider	Non-PPO Provider in PPO Area
<b>MENTAL HEALTH CARE BENEFITS: subject to deductible and applicable copayments</b>				
Inpatient	Fund pays 100% of the first \$50,000 plus 85% of the excess charges with an out-of-pocket maximum of \$2,000	Fund pays 90% of the first \$50,000 plus 75% of the excess charges with an out-of-pocket maximum of \$7,000	Fund pays 100% of the first \$7,500 plus 85% of the excess charges with an out-of-pocket maximum of \$5,000	Fund pays 90% of the first \$7,500 plus 75% of the excess charges with an out-of-pocket maximum of \$7,000
Outpatient	Fund pays 100% after \$20 copayment	Fund pays 80% of R & C fees	Fund pays 100% after \$20 copayment	Fund pays 75% of R & C fees
<b>SUBSTANCE USE DISORDER BENEFITS: subject to deductible</b>				
Inpatient	Paid the same as inpatient mental health care			
Outpatient	Fund pays 100% of covered charges	Fund pays 80% of R & C fees	Fund pays 100% of first \$500 in covered charges, then 90%	Fund pays 75% of R & C fees

**NOTE:** The Fund covers Mental Health/Substance Use Disorder Benefits only after satisfaction of the deductible and applicable copayment.

**Concurrent review of inpatient hospital/facility stays for Mental Health and Substance Use Disorder treatment will continue to be performed by The Wellness Corporation.**

**The Fund covers only those services that are Medically Necessary.** Medically Necessary hospital, outpatient treatment, and physician charges are paid at the same rate as comparable medical/surgical benefits. However, if it is determined that only a portion of your care was Medically Necessary then the Fund will pay only the applicable percentage of the Medically Necessary portion of your care but none of the non-medically necessary portion.

**Charges for Licensed Clinical Psychologists, Licensed Professional Counselors, and Licensed Clinical Social Workers are covered as physician charges.** Also, charges for anyone in the MAP network are covered. This includes psychiatric nurses and other licensed health professionals credentialed by the MAP program.

**This notice is intended as a Summary of Material Modification (SMM) for the Massachusetts Laborers Health and Welfare Fund, Plan Number 501, as required by the Employee Retirement Income Security Act of 1974 (ERISA).** It describes changes to the information presented in your Summary Plan Description (SPD) booklet, plan communications, and any previous SMMs. Please share it with your family and keep it with your SPD and other benefits materials.

**Effective as of July 1, 2012, all contrary references in the Fund's SPD describing Mental Health Care and Treatment of Alcoholism or Substance Abuse Benefits are deleted in their entirety and replaced with the language in this SMM.**

**If you have any questions regarding this SMM, please call the Fund Office at (781) 272-1000.**

7582283v5/00815.001

## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

---

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200  
BURLINGTON, MASSACHUSETTS 01803-5201  
TELEPHONE (781) 272-1000 OR (800) 342-3792 FAX (781) 238-0703

September 2013

### BENEFIT IMPROVEMENTS

Dear Member and Family:

The Trustees of the Massachusetts Laborers' Health and Welfare Fund are pleased to announce the following Benefit Improvements:

**Effective September 1, 2013:**

There will be no lifetime maximum benefit on medically necessary pediatric orthodontia services up to age 19 for Plan A only through our dental plan with Delta Dental of Massachusetts.

**Effective October 1, 2013:**

The vision program through Davis Vision will eliminate the co-pays for the following items:

- Polycarbonate lenses;
- Plastic photosensitive lenses; and
- Premium anti-reflective coating.

Please keep in mind that the Massachusetts Laborers' Health and Welfare Fund is a Grandfathered Plan and is not subject to all of the requirements of the ACA.

Sincerely,

Board of Trustees

BCM/gdo

**NOTE:** This notice is intended as a Summary of Material Modifications (SMM) for Massachusetts Laborers' Health and Welfare Fund, Plan Number 501, as required by the Employee Retirement Income Security Act of 1974 (ERISA). It describes changes to the information presented in your Summary Plan Description (SPD) booklet, plan communications, and any previous SMMs. Please share it with your family and keep it for future reference.

***Este aviso está disponible en español en el sitio de web [www.mlb主f.org](http://www.mlb主f.org)***

---

## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

---

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200  
BURLINGTON, MASSACHUSETTS 01803-5201  
TELEPHONE (781) 272-1000 OR (800) 342-3792 FAX (781) 238-0703

September 2013

### IMPORTANT HEALTH ANNOUNCEMENT

Dear Member and Family:

Once again, the Board of Trustees of the Massachusetts Laborers' Health and Welfare Fund is pleased to announce the continued health care benefit for all eligible members and your families.

As you may know, the Fund covers seasonal flu shots when received at your doctor's office. To encourage maximum participation, you and your family will no longer be required to go to your doctor's office to get these immunizations. If you or your eligible dependents wish to receive this potentially life-saving immunization from your local pharmacy, health clinic, etc., you can be reimbursed for your out-of-pocket expenses up to \$40.00 per shot per person by completing the enclosed provider claim form and attaching the **original paid receipt** from the participating pharmacy (such as Walgreens, CVS, or another participating pharmacy), or health care professional who administered the immunization.

If you need more than one form, you can either photocopy this form or download a copy from our website at [www.mlbf.org](http://www.mlbf.org). Since the health care community is recommending this immunization, we suggest that you get your flu shot now.

Sincerely,

Board of Trustees

BCM/gdo

**NOTE:** This notice is intended as a Summary of Material Modifications (SMM) for Massachusetts Laborers' Health and Welfare Fund, Plan Number 501, as required by the Employee Retirement Income Security Act of 1974 (ERISA). It describes changes to the information presented in your Summary Plan Description (SPD) booklet, plan communications, and any previous SMMs. Please share it with your family and keep it for future reference.

***Este aviso está disponible en español en el sitio de web [www.mlbf.org](http://www.mlbf.org)***

## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

PO BOX 3005 • 14 NEW ENGLAND EXECUTIVE PARK

BURLINGTON, MASSACHUSETTS 01803-9005

TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 238-0703

### Important Improvements in Your Health and Welfare Benefits

September 2015

Dear Member and Family:

The Trustees of the Massachusetts Laborers' Health and Welfare Fund are very pleased to announce the following benefit improvements:

#### Plan changes effective 9/16/2015:

- Plan will provide coverage of birth control implants and injections

Plan A		Plan B	
All benefits <i>after deductible</i>			
PPO Provider	Non – PPO Provider in PPO area	PPO Provider	Non- PPO Provider in PPO area
Fund pays 100% after \$20.00 copayment	Fund pays 80% of lesser of charges or R&C	Fund pays 90% after \$20 copayment	Fund pays 75% of lesser of charges or R&C

- Plan will provide coverage for outpatient habilitative care (physical, occupational, and speech therapy) with a combined benefit limit of 60 visits per calendar year

Plan A		Plan B	
All benefits <i>after deductible</i>			
PPO Provider	Non – PPO Provider in PPO area	PPO Provider	Non- PPO Provider in PPO area
Fund pays 100% after \$20.00 copayment	Fund pays 80% of lesser of charges or R&C	Fund pays 90% after \$20 copayment	Fund pays 75% of lesser of charges or R&C

#### Plan changes effective 01/01/2016:

##### Wellness Improvements

- Plan will provide a fitness reimbursement benefit up to \$150.00 per calendar year for each member and spouse who have had a routine physical within 12 months preceding the reimbursement submission, and providing sufficient proof of at least 4 months of a paid gym membership for the calendar year for which the reimbursement is sought. Claim forms for this benefit will be available on the Fund website and from the Fund Office.

***\*See reverse side for additional important changes\****



## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

PO BOX 3005 • 14 NEW ENGLAND EXECUTIVE PARK  
BURLINGTON, MASSACHUSETTS 01803-9005  
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 238-0703

### 2015 Plan Changes for the Massachusetts Laborers' Health & Welfare Fund Effective 01/01/2015

- **Eligibility Improvement:** Eligible dependent children will continue to receive coverage through the end of the month in which they reach age 26
- **Diabetic Education and Training:** Type 2 Diabetics will be entitled to 10 hours of training with a certified diabetes educator the first year after diagnosis. An additional 2 hours of training will be covered each year thereafter.
- **Skilled Nursing Benefit:** An additional benefit for Inpatient Rehab at a Skilled Nursing Facility will be implemented under the plan's Hospital Benefit, subject to Medical Necessity guidelines and authorized by Blue Cross/Blue Shield of Massachusetts. Maximum coverage of 100 days of SNF Benefits.
- **Removal of Excess Skin:** All medically necessary services authorized by Blue Cross/Blue Shield of Massachusetts and meeting BCBSMA medical policy guidelines will be covered under the plan's Hospital/Surgical expense benefit.
- **X-ray and Laboratory Copayment:** The copayment for most x-ray and laboratory services will be eliminated. The co-pay will only apply to scheduled MRI, CT Scans, and PET scans performed in a Hospital. To avoid the co-payment, schedule your test at a participating Blue Cross/Blue Shield Free standing Imaging Facility. To locate a facility visit [www.bcbsma.com](http://www.bcbsma.com) and use the "Find a Doctor" tool under the member tab.
- **Elimination of coverage:** After careful review of medical opinion, the Board of Trustees has eliminated coverage of the following drugs through your Express Scripts pharmacy coverage: Zohydro, Vivitrol, Zubsolv and Bunavail. Please contact the MAP program at 1-800-522-6763 to arrange alternative treatments.
- **Smoking Cessation:** The Fund's smoking cessation program has been improved. The program now covers 8 weeks of nicotine replacement therapy at no cost to you. For more information or to enroll, contact the MAP program at 1-800-522-6763.
- **ABA Services:** Coverage has been added for Applied Behavior Analysis for children ages 1-6 with a diagnosis of Autism Spectrum Disorder (ASD). The benefit is limited to 6 hours of coverage per week and requires prior authorization from the MAP program.

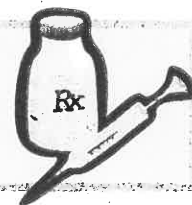


# IMPORTANT CHANGES TO YOUR HEALTH AND WELFARE PLAN

## Improved Access to Vaccinations

Effective 09/01/2014, you will have access to three important vaccines at your participating Express Scripts Pharmacy. It's as easy as showing your Express Scripts Card! No copays or deductibles for the following vaccinations, which eliminates the necessity of submitting any receipts or completing and returning any forms for reimbursement.

- Flu shot
- Pneumonia Vaccine
- Shingles Vaccine (age 60 and over)



## Benefit Improvements Coming in 2015

**Diabetic Education and Training:** Type 2 Diabetics will be entitled to 10 hours of training with a certified diabetes educator the first year after diagnosis; an additional 2 hours of training will be covered each year thereafter.

**Skilled Nursing Benefit:** An additional benefit for Inpatient Rehab at a Skilled Nursing Facility will be implemented under the Plan's Hospital benefit, subject to Medical Necessity Guidelines and authorized by Blue Cross/Blue Shield of Massachusetts.

**Removal of Excess Skin:** All Medically Necessary Services authorized by Blue Cross/Blue Shield of Massachusetts and meeting BCBSMA Medical Policy Guidelines will be covered under the Plan's Hospital/Surgical Benefit.

**X-ray and Laboratory Copayment:** The copayment for most x-ray and laboratory services will be eliminated. The co-pay will only apply to scheduled MRI, CT Scans, or Pet Scans performed in a Hospital. To avoid the copayment, schedule your test at a participating Blue Cross/Blue Shield Free standing Imaging Facility. To locate a facility visit [www.bcbsma.com](http://www.bcbsma.com) and use the "Find a Doctor" tool under the Member tab.

### Kick the Habit for a Healthy Summer

#### QUIT SMOKING

Your Plan's smoking cessation program has been improved! Watch for a flyer with more details or contact

the MAP program at 1-800-522-6763

### Elimination of Coverage:

After careful review of medical opinion, the Board of Trustees has eliminated coverage of the following drugs through your Express Scripts Pharmacy program effective 01/01/2015:

- Zohydro – Please consult with your physician for alternative medication
- Vivitrol, Zubsolv, and Bunavail – Please contact the MAP program at 1-800-522-6763 to arrange treatment alternatives

# MAKING THE MOST OF YOUR PLAN BENEFITS....

## Avoid the Emergency Room

In non-emergency situations visit an Urgent Care Center or a participating CVS Minute Clinic location and avoid paying the \$75.00 Emergency Room Copayment.

To find the most up to date list of Urgent Care Centers in Massachusetts:

- Visit [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor)
- Select Find a Hospital/Facility
- Select Detailed Search by Network and Location
- Select Urgent Care Center to search for urgent care centers

To locate the nearest CVS Minute Clinic:

- Visit [www.minuteclinic.com](http://www.minuteclinic.com)
- Enter your zip code in the Find a Clinic box



## Manage your benefits on the go

You can manage your Dental and Prescription Benefits anytime, anywhere through the convenience of a Mobile App.

The **Delta Dental** mobile app is available for mobile devices using iOS (Apple) or Android. To download and install the app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

With the **Express Scripts** mobile app, you can skip the pharmacy trip. From up-to-the-minute order status to a handy "medicine cabinet" to keep track of prescriptions, this app is an on-the-go pharmacy that replaces the runaround...with right now!

## Eligibility Improvement

Effective January 1, 2015 eligible dependents will continue to receive coverage through the plan of the primary insured member.

## Find Savings on Dental Care

With our Delta Dental PPO Plus Premier Plan, you have access to Providers in both the DeltaPremier and PPO networks; however, you will benefit from the greatest savings when you receive your dental care from a participating Delta PPO dentist, as they agree to accept deeper discounted fees.

Here is an example of what you could save on a procedure covered at 50% when you see a Delta Dental PPO Dentist.

	More member savings	
When you visit a	Delta Dental PPO dentist	Delta Dental Premier dentist
General dental visit	\$1,288	\$1,288
Delta Dental procedure	\$928	\$1,094
Delta Dental procedure	\$464	\$547

Note: Chart is for illustrative purposes. Actual costs will vary by dentist and geographic area.

**For the greatest savings, be sure to choose a Delta Dental PPO Dentist!**

It's easy to find a Delta Dental PPO dentist. Visit [deltadentalma.com](http://deltadentalma.com) and click on "Find a Dentist".

## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

---

PO BOX 3005 • 1400 DISTRICT AVENUE  
BURLINGTON, MASSACHUSETTS 01803-9005  
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 238-0703

### Important Improvements in Your Health and Welfare Benefits

May 2016

Dear Member and Family:

The Trustees of the Massachusetts Laborers' Health and Welfare Fund are very pleased to announce the following improvements effective May 2016:

#### **Accident/Injury Questionnaires:**

In an effort to control costs and make the most of your Healthcare dollars, the Fund thoroughly investigates all medical claims for potential third party liability (i.e. workers compensation, motor vehicle accident, malpractice).

As a response to member feedback regarding the Fund's current Accident/Injury Questionnaire policies, the Fund has partnered with Blue Cross/Blue Shield of Massachusetts in an effort to simplify this process for our members. You will now be able to provide the necessary information by telephone or online 24 hours a day/7 days a week.

**In the future, you may receive a letter from Blue Cross/Blue shield of Massachusetts that requires your response.** A sample letter is attached for your review. If you receive this letter, please be sure to respond to this inquiry either by phone or online to avoid any disruption with payment of your medical claims.

We hope this improved process provides convenience to our members and increases the response rate to avoid unnecessary claims denials. If you receive a mailing in the envelope shown below, please be sure to respond.

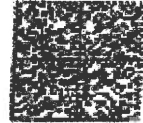
***Este aviso está disponible en español en el sitio de web [www.mlb.org](http://www.mlb.org)***

# SAMPLE LETTER AND ENVELOPE

Blue Cross Blue Shield Of Mass:  
c/o Trover Solutions  
PO Box 37170 Dept. 66445054  
Louisville, KY 40233-7170



PRE SORTED  
FIRST CLASS



RETURN SERVICE REQUESTED

John Doe  
123 Labor Way  
Anywhere, USA

**Your Response Is Required**

**Personal and Confidential  
Important Plan Information**

Blue Cross Blue Shield of Mass  
c/o Trover Solutions  
PO Box 37170 Dept. 66445054  
Louisville, KY 40233-7170



<<DATE>>

John Doe  
123 Labor Way  
Anywhere, USA

**Call 800-828-6091 Today**

**We Need Information About A Recent Claim**

Dear John Doe:

We need your help to gather additional information about the medical treatment you or your family member received recently.

## **Why Do You Need This Information?**

We are trying to find out whether another party may be responsible for the cost of you or your family's care. We work with Blue Cross Blue Shield of Massachusetts to identify injuries or illnesses caused by another person or organization, and to understand whether another insurer - such as auto insurance or a worker's compensation company - or individual is responsible for the cost of medical treatment related to that injury or illness. This is one way Blue Cross keeps premiums as affordable as possible.

## **What Do I Need to Do?**

**Please take a few minutes to respond to this letter, even if the treatment was not related to an accident.**

You can call us at 1-800-828-6091 or visit us online at [www.TroverSolutions.com](http://www.TroverSolutions.com) and select "Respond Online", enter web code 9999999 followed by your event number 123456789

Health Plan: Blue Cross Blue Shield  
Policy Holder: John Doe  
Patient: Jane Doe  
Treatment Date: 05/01/2016  
Medical Provider: Massachusetts General Hospital  
Event Number: 123456789

### **Will My Information Be Kept Confidential?**

We understand that your medical history is personal; we will only ask for information we need to understand whether someone else may be responsible for the cost of your care. We follow the Blue Cross privacy policy and federal health care privacy laws.

We appreciate your cooperation and look forward to hearing from you.

Sincerely,



Manager, Customer Service Department

Note: Please call our customer service representative at **1-800-828-6091** today.

*Inquiries made by Trover Solutions on behalf of your health plan are in full compliance with HIPAA*

## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

PO BOX 3005 • 1400 DISTRICT AVENUE  
BURLINGTON, MASSACHUSETTS 01803-9005  
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 238-0703

### Important Improvements in Your Health and Welfare Benefits

#### Medication-Assisted Treatment for Opioid Addiction:

**Effective May 1, 2016, the Fund will provide coverage for injectable naltrexone (Vivitrol) when the following criteria are met:**

#### Initial Therapy:

- ☐ A diagnosis of opioid dependence
- ☐ The member has completed opioid detox and/or has been opioid free for at least 7 days at the initiation of treatment
- ☐ A physician's letter of medical necessity including treatment plan are received by the Fund office
- ☐ Documented participation in a comprehensive treatment program for opioid dependence, such as individual counseling or Narcotics Anonymous
- ☐ Patient is not taking opioid analgesics for pain management
- ☐ Patient does NOT have:
  - A positive urine screen for opioids; **OR**
  - A failed naloxone challenge test; **OR**
  - Acute hepatitis; **OR**
  - Liver failure; **OR**
  - Previous hypersensitivity to naltrexone

**If all of the above criteria are met, authorization will be provided for 6 months and is eligible for renewal up to a maximum of 24 months of coverage.**

#### Renewal criteria:

- ☐ A clinical rationale for continued treatment for the prevention of relapse
- ☐ Documentation of continued treatment in a comprehensive treatment program for opioid dependence
- ☐ A significant improvement in opioid dependence as evidenced by complete abstinence from use

**Please feel free to contact the Fund office at 781-272-1000 or 800-342-3792 with any questions.**

This notice is intended as a Summary of Material Modification (SMM) for the Massachusetts Laborers' Health and Welfare Fund, Plan Number 501, as required by ERISA. It describes changes to the information in your current Summary Plan Description (SPD).

The Massachusetts Laborers' Health and Welfare Fund 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.

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 plan administrator at [insert contact information]. [For ERISA plans, insert: You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dhs.gov/ebsa](http://www.dhs.gov/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

***Este aviso está disponible en español en el sitio de web [www.mlb.org](http://www.mlb.org)***

## MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

PO BOX 1501 • 1400 DISTRICT AVENUE  
BURLINGTON, MASSACHUSETTS 01803-1501  
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 238-0703

### 2016 Plan Changes for the Massachusetts Laborers' Health & Welfare Fund

July 2016

The Board of Trustees is pleased to announce the following benefit improvements to your Health Plan:

#### Effective 07/01/2016 – Infertility Benefits:

The Plan will cover up to three (3) Intrauterine Insemination (IUI) cycles and two (2) Assisted Reproductive Technology (ART) cycles per lifetime. Four types of ART will be allowed for the two-cycle maximum.

- GIFT (Gamete Intrafallopian Fertilization)
- ZIFT (Zygote Intrafallopian Transfer)
- IVF (In Vitro Fertilization)
- ICSI (Intracytoplasmic Sperm Injection)

Benefits are limited to services to diagnose and treat infertility if unable to conceive during one year, or if diagnosed with cancer and expected to become infertile after treatment, or if age 35 or older and unable to conceive for 6 months. Regular plan deductibles, co-payments, and coinsurance will apply.

#### Effective 10/01/2016 – Short Hours Buy-In Rule:

If you do not have enough recorded hours during a 12-month Qualifying Period to obtain eligibility for Plan A or Plan B during the next 6-month Eligibility Period, you may purchase buy-in coverage at the current employer hourly contribution rate if you are short 40 hours or less for either Plan. You are eligible to buy in regardless of whether or not you had coverage in the preceding Eligibility Period. You may have consecutive Short-Hour Buy-In Periods.

Payment must be made in one lump sum. You only have 60 days from the start of the Eligibility Period to elect this buy-in option. Otherwise, COBRA continuation coverage will be available to you.

#### Effective 10/01/2016 – Massage Therapy Authorizations

You will no longer be required to contact the MAP program for prior authorization to access your massage therapy benefits. The benefit remains paid at 80% after deductible up to a maximum benefit of \$50.00 per visit, with a maximum of 12 visits per calendar year.

#### Privacy Notice

The Massachusetts Laborers' Health and Welfare Fund is committed to protecting your information. To review our privacy policy, visit our website at [www.mlbf.org](http://www.mlbf.org). To request a copy of the Fund's privacy policy, contact the Fund office at 781-272-1000 or 1-800-342-3792.



This notice is intended as a Summary of Material Modification (SMM) for the Massachusetts Laborers' Health and Welfare Fund, Plan Number 501, as required by ERISA. It describes changes to the information in your current Summary Plan Description (SPD).

The Massachusetts Laborers' Health and Welfare Fund 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.

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 plan administrator at 781-272-1000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.]