

# IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund  
IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Fund

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

September 2013

TO: ALL PARTICIPANTS IN THE IBEW LOCAL NO. 9 AND LINE CLEARANCE  
CONTRACTORS HEALTH & WELFARE FUND

RE: HEALTH & WELFARE FUND PLAN CHANGES EFFECTIVE NOVEMBER 1, 2013

Dear Participant:

As the Board of Trustees of the Local Union No. 9 I.B.E.W. and Line Clearance Contractors Health and Welfare Benefit Fund, we are pleased to announce the following enhancements being made to the Plan, effective November 1, 2013. We will notify you immediately of any future changes made to the health benefits the Fund provides to you and your family.

## **BEGINNING JULY 1, 2013**

### ■ **Initial Eligibility**

An Employee initially becomes eligible after he has worked at least 500 hours in covered employment. Specifically, you become eligible on the first day of the second month after the month in which you have completed the 500 hours of work. Currently, the 500 hours must be worked in Covered Employment and at least within a period of four (4) months. Effective November 1, 2013 the 500 hours must be worked within a period of six (6) months.

#### *For Example:*

If your employer contributed for 500 or more hours for you during the work months of January, February, March, April, May and June; your eligibility will begin August 1.

After satisfying Initial Eligibility, you will remain eligible so long as your Employer continues to report at least 100 hours worked in Covered Employment per month.

### ■ **Speech Therapy, Occupational Therapy, and Physical Therapy Annual Visit Maximums**

The Plan currently has a limit of 36 visits per calendar year for Speech Therapy, 36 visits per calendar year for Occupational Therapy, and 36 visits per calendar year for Physical Therapy. The Trustees are pleased to announce that these limits will be increased to 60 visits per year for each type of Therapy mentioned above, effective November 1, 2013.

## THE PLAN'S "GRANDFATHERED" STATUS

The Trustees believe this plan is a "grandfathered health plan" under the ACA. As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. It is important for you to understand that while the Plan is undergoing changes in order to comply with the ACA, being considered a "grandfathered health plan" under the ACA means that the Plan:

1. Is not required to include certain consumer protections of the Affordable Care Act (ACA) that apply to other plans – *for example, provide preventive health services without any cost sharing.*
2. Must comply with certain other consumer protections in the ACA – *for example, the elimination of lifetime limits on benefits.*

For further information on grandfathered health plans, you can contact the Employee Benefits Security Administration (EBSA), U.S. Department of Labor at **1-800-444-3272**, or at: **[www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)**, or call the Fund Office toll free at **877-423-9155**.

## A FINAL NOTE

If you have questions about these change or any other Plan matters, please call the Fund Office toll free at **877-423-9155**.

Sincerely,

IBEW Local No. 9 and Line Clearance Contractors  
Health and Welfare Fund  
Board of Trustees

*This Summary of Material Modification (SMM) highlights certain features of the Local Union No. 9 I.B.E.W. and Line Clearance Contractors Health and Welfare Benefit Fund. Full details are contained in the documents (Summary Plan Description, Plan Document, etc.) 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.*