

ELIGIBILITY RULES

All Employees working for a contributing Employer or Employers within the jurisdiction of the Fund shall be eligible to receive benefits after meeting the following eligibility requirements.

Eligibility is based on Contribution Quarters / Benefit Quarters as follows:

Contribution Quarters	Benefit Quarters
<i>Work Performed During</i>	<i>Determines Eligibility For</i>
Dec Jan Feb	May Jun Jul
Mar Apr May	Aug Sep Oct
Jun Jul Aug	Nov Dec Jan
Sep Oct Nov	Feb Mar Apr

Initial Eligibility

You will become initially eligible for benefits under the Plan on the first day of the month after you have worked for and which contributions were reported from a contributing Employer or Employers for at least 600 hours worked within a consecutive 12 month period. (You will be eligible for at least one full quarter plus any partial quarter from your initial eligibility date).

Continuation Of Eligibility For Active Employees

Employer Contributions

After becoming initially eligible, you continue to be eligible as long as you are working for a contributing Employer or Employers and those Employers make contributions to the Fund on your behalf for at least 375 hours in each Contribution Quarter as defined above. The quarterly hour requirement may be changed by the Trustees to represent the actual average expense for operating the Plan.

Reserve Accumulation Account (“Hour Bank”)

When you work more than the number of hours required by these Rules for eligibility, those excess hours are credited to your Reserve Accumulation Account or “Hour Bank” and are used to continue your eligibility if you do not have enough normal contributions at a later date. Reserve hours credited to the Employee each Contribution Quarter are automatically used if necessary to continue your eligibility. You earn credit for “excess” hours, if any, immediately beginning on the date you are initially eligible in this Plan.

You may accumulate “excess” hours to your “Hour Bank” for a maximum equivalent of two quarters of continued eligibility (750 hours for work performed starting with the June 2005 contribution quarter). Accumulated hours will be adjusted based on any change to the Employer Contribution rate.

The Reserve Accumulation Account or “Hour Bank” is calculated separately for each Employee, but it is not a savings account that the Employee “owns” or that he can withdraw cash from. Excess hours accumulated to the Hour Bank will be applied only to maintain the Employee’s eligibility for coverage in this Plan.

Your Reserve Accumulation Account or “Hour Bank” may not be used if you are not available for work at Covered Employment in the Industry with an Employer who participates in this Fund or if the Local Union in which you are a member withdraws from participation in this Fund.

An individual Participant may remain eligible under this Plan when not available for work as a Laborer at Covered Employment because of a change in their Union affiliation. A Participant must submit written notification of the change in work status and satisfy each of the following requirements to remain eligible:

- 1. The participant continues to work for the same employer,
- 2. Contributions are made to another Multiemployer Fund,
- 3. The hours worked and the monthly contributions to the other Fund are available so the Fund Administrator can verify continuity of employment, and
- 4. The maximum extension of the “Hour Bank” or Self-payment period is limited to the earlier of two Quarters (6 months) or the satisfaction of the new Plan’s initial eligibility requirement.

Self-Payment of Contributions

After becoming initially eligible, you may be allowed to make self-payments of contributions if you are in danger of losing eligibility due to a period of unemployment. To be eligible to make self-payments, you must be available for work at covered employment in the Industry with an Employer who participates in this Fund.

Your self-payment is equal to 375 hours times the hourly rate in effect for contributing Employers. The self-payment hours requirement is reduced by hours worked in the most recent Contribution Quarter, if any. Failure to make the self-payment to supplement the remainder of your “Hour Bank” will forfeit the “Hour Bank” balance and you will have to meet the Initial Eligibility requirements to reinstate coverage.

If you choose self-payment of contributions, you can extend eligibility for three (3) quarters under the rules. You will not be entitled to COBRA continuation at the end of the self-payment period.

Self-payments must be received at the Fund Office by the date shown on the Termination Notice. All Notices are sent by mail to the last known address on file at the Fund Office, so it is important that any address changes are reported immediately.

Eligibility by means of self-payment can be continued for a maximum of 3 successive Benefit Quarters. For the purposes of this Rule, a self-payment made to supplement an amount remaining in your “Hour Bank” will be considered your first self-payment.

You must make self-payments of contributions for consecutive Benefit Quarters so that your eligibility is continuous. After making 3 consecutive self-payments you will have to meet the Initial Eligibility requirements to reinstate coverage.

Continuation Of Coverage During Disability

If you become totally disabled while you are eligible in this Plan, your eligibility may be continued without the use of your Reserve Accumulation Account.

COBRA CONTINUATION COVERAGE

On January 1, 1987, this Plan became subject to a Federal Law known as “Continuation of Benefits Requirements Act” (COBRA) which requires the Trustees to offer you and your eligible Dependents the opportunity for a temporary extension of health coverage (called “continuation coverage”) in certain instances where coverage in the Plan would otherwise end. The COBRA regulations establish minimum time periods and conditions for the right to continue coverage; it does not change the Eligibility Rules approved by the Trustees in cases where the Rules are equal or better than the COBRA requirements.

Iowa Laborers District Council  
Health and Welfare Trust Fund



IOWA LABORERS  
Simple Summary  
Schedule and Eligibility Requirements

January 2025

As the Board of Trustees of the Iowa Laborers District Council Health and Welfare Trust Fund (the “Fund”), we are dedicated to ensuring that the Fund provides comprehensive health care benefits for you and your eligible family members in a manner that maintains the financial stability of the Plan. This Simple Summary outlines your Plan’s provisions effective January 1, 2024, which explain your medical network accessibility, your out-of-pocket responsibility, and the eligibility requirements associated with the Plan.

Medical Network in Iowa: Wellmark’s Blue Choice

If you live in Iowa, you will have access to the Blue Choice Point of Service (POS) network, effective January 1, 2023. [Note: If you reside outside of Iowa, the prior Wellmark PPO network will remain the Plan’s designated network for you and your eligible dependents.]

There are many advantages to your health and financial wellbeing when you use the Blue Choice POS network:

- The Blue Choice POS network is broad. It includes 30,000+ providers across Iowa and some surrounding counties, and all of the hospitals in Iowa. This means that there’s an excellent chance the doctor(s) you see and your chosen hospital in Iowa participate in the Blue Choice POS network. If you don’t know whether your provider participates in the Blue Choice POS network, just ask your provider.

• Finding a Blue Choice POS network provider will be an easy and simple task, and you can nominate a physician to join the network if you like. To find a provider, visit [www.Wellmark.com](http://www.Wellmark.com) or call Customer Service at 800-524-9242. If you want to nominate a doctor for network inclusion, you can submit a request using the myWellmark app. Just select Messages, then use the Ask a Question feature. Be sure to provide your full name and the address of the Primary Care Provider being selected for yourself and each of your eligible dependents. If you'd prefer not to take that route, you can just call Customer Service at 800-524-9242, Monday through Friday, 7:30 am to 5 pm. To maximize your benefits selecting an in-network provider is important as out-of-network providers are subject to a higher Deductible and a lower provider reimbursement rate leading to higher costs to you.

• You will continue to have both in-network and out-of-network benefits coverage. You will pay less out-of-pocket when you see in-network providers. Be aware that some out-of-network providers (that is providers who do not participate in the Blue Choice POS network) may participate in the Wellmark PPO network.

**If You Move, Notify the Fund Office Immediately!**  
Most information about your plan is sent to you by mail. For you to receive this information, we must have your correct address on file at the Fund Office at all times.

If you move, it's up to you to let us know your new address. Failure to do so may jeopardize your eligibility or benefits because we have no way to contact you about any changes in the eligibility rules or improvements in benefits. So don't lose out! **Remember:** the responsibility for letting the Fund Office know your new address is yours.

**Board of Trustees**  
Iowa Laborers District Council Health and Welfare Fund  
3925 Fountains Blvd NE, Ste 104  
Cedar Rapids, IA 52411  
You may call **Wellmark's** Customer service line at **(800) 524-9242** if you have questions regarding the benefits of their network.  
You may call **Sav-RX's** Customer service line at **(800) 228-3108** and identify your group as "IALABOR" if you have questions regarding your prescription drug benefits.  
You may call **BlueCross BlueShield Blue Dental's** Customer service line at (877) 333-0164 if you have questions regarding your

dental benefits.  
You may call **Benefits Management Group, Inc.** at its Customer service line at (319) 365-2810 if you have questions regarding your dental, vision, or death benefits.

**Notice:** The information contained herein is for summary purposes only. The terms of the Agreement and Declaration of Trust and amendments thereto shall be the actual governing document of the Fund. Any discrepancies between this document and the Trust document shall be governed by the Trust document.

**SCHEDULE OF BENEFITS**  
**CLASS A: JOURNEYMAN LABORER**  
**Active Employees and Dependents**

(CLASS B: PROBATIONARY/TRAINEE LABORER Benefits are Essentially the Same for Employees Coverage Only)

**Death Benefits**  
Employee Only (under age 70)..... \$10,000  
**Accidental Death / Dismemberment Benefits**  
**Principal Sum**  
Employee Only..... \$1,000

**Comprehensive Major Medical Expense Benefits**  
Comprehensive Major Medical Expense Benefits cover most types of health care services and supplies eligible for benefits from this Plan. See "Treatments With Special Limitations".

**In-Network – PPO Providers - Wellmark**  
**Deductible Amount:**  
Each Individual ..... \$750 per Calendar Year  
Maximum per Family..... \$1,500 per Calendar Year

**PPO Doctors (You Pay)** .....\$20 per visit

**PPO Providers** reimbursed at..... 80%

**Maximum out of Pocket**  
(Expenses in Excess of the Deductible Amount)  
Each Individual ..... \$4,000  
Maximum per Family..... \$8,000

**Out-of-Network Providers**  
**Deductible Amount:**  
Each Individual ..... \$750 per Calendar Year  
Maximum per Family..... \$1,500 per Calendar Year

**Maximum out of Pocket**  
(Expenses in Excess of the Deductible Amount)  
Each Individual ..... \$4,000  
Maximum per Family ..... \$8,000  
**Providers Reimbursed at** ..... 70%

**Treatment With Special Limitations**

**Routine Exam / Wellness Benefit per Calendar Year:**  
Physical Exams and related services ..... \$250 per person  
Well Child Care..... \$500 per Child

**Chiropractic Expense Benefits - Deductible Applies**  
Co-payment Rate ..... 80%  
In Network.....\$20 Co-Pay  
Allowed/Covered Procedures ..... \$40 per Visit  
26 Visits Per Calendar Year

**Prescription Drugs Sav-Rx Card**  
**Co-payment**  
Generic ..... greater of \$10 or 10%  
Brand Name .....greater of \$20 or 20%  
Brand Name (with generic equivalent)greater of \$30 or 30%  
Out of Pocket Maximum: \$4,700 individual \$9,400 family

**Alcoholism or Substance Abuse and Mental and Nervous Disorders**  
Deductible Amount per Person..... \$250

**Co-payment Rates**  
In-patient Treatment ..... 80%  
Out-patient Treatment ..... 50%  
Co-payment Limit ..... None

**Hearing Aid Benefit**  
Plan Pays .....\$600\*  
Once per three (3) Year Period  
(\*higher benefit available through Amplifon Network Providers)

**Vision Benefit**  
Employee or Spouse .....\$200 each  
Benefit payable once in a calendar year period  
Dependent Child.....\$150 each  
Benefit payable once every calendar year period

**Short Term Disability**  
Short Term Disability Benefit of \$300 for a maximum of 15 weeks for non work related injury. This Short Term Disability Benefit includes 25 hours per week added to your HourBank.

**Dental Care Benefits (BlueCross BlueShield Blue Dental)**

**BlueCross BlueShield Blue Dental Network Dentist:**  
Annual Deductible .....\$0 per person  
**Preventative and Diagnostic Services**....Plan Pays 100%  
**Basic Restorative, Oral Surgery, Endodontics:**  
Co-payment .....Plan Pays 85%  
Co-payment ..... Participant Pays 15%  
**Major Restorative and Prosthodontic Services**  
Co-payment .....Plan Pays 50%  
Co-payment ..... Participant Pays 50%  
**Maximum Amount Payable**  
(Aggregate of All Dental Care Benefits)..... \$1,700  
per Person, per Benefit Year\*

To search for a dental provider please go to:  
<https://www.wellmark.com/ProviderFinder/Dentist/Search>  
Select by My Plan – Blue Dental – and enter address and search radius, type of dentist and then do your search.

**Out of Network Dentist\*:**  
Annual Deductible .....\$25 per person  
**Preventative and Diagnostic Services**....Plan Pays 100%  
**Basic and Restorative Services**  
Co-payment .....Plan Pays 85%  
Co-payment ..... Participant Pays 50%  
**Major and Prosthodontic Services**  
Co-payment .....Plan Pays 50%  
Co-payment ..... Participant Pays 50%  
**Maximum Amount Payable**  
(Aggregate of All Dental Care Benefits)..... \$1,700  
per Person, per Benefit Year\*

**(\*Note: When you go out of the BlueCross Blue Shield Blue Dental Network you will not receive any price discounts associated with in network providers and you may be subject to balance billing from the out of network providers.)**

**Orthodontic Services**  
Co-payment .....Plan Pays 50%  
\$2,000 Lifetime\*\*

(\*\*adult limitations shown)