

**WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS**

**BENEFIT FUNDS**

**PENSION - WELFARE - ANNUITY - LEGAL - TRAINING**

**LOCAL 60**

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January 13, 2014

Dear Participant:

The Affordable Care Act (ACA) prohibits health plans from applying lifetime and/or annual dollar limits for coverage on Essential Health Benefits. Starting January 1, 2014, many mandated changes will apply to your current Plan in accordance with ACA.

**THE FOLLOWING IS A SUMMARY OF THE BENEFITS UNDER THE LOCAL 60 HEALTH AND WELFARE PLAN EFFECTIVE JANUARY 1, 2014:**

- The Basic Expense and Major Medical Expense benefits combined annual dollar limit of \$300,000 has been eliminated on current covered Essential Health Benefits, in accordance with the Affordable Care Act (ACA). Essential Health Benefits are:
  - Ambulatory services
  - Emergency services
  - Hospitalization
  - Maternity and newborn care
  - Mental health and Substance use disorder treatment
  - Prescription drugs
  - Rehabilitative and skill development services and devices
  - Laboratory services
  - Prevention & wellness services and chronic disease management
  - Dental and vision care for children

**NOTE:** There remains no dependent child coverage for maternity and newborn care.  
There remains no dependent coverage for alcohol and substance use disorder services.

- The Medical Equipment/Supplies benefit *no longer has an annual maximum* of \$1,250. The first \$1,500 of eligible charges will be paid in accordance with plan guidelines. You are responsible for 100% of eligible charges from \$1,500 to \$11,500. For all eligible charges after \$11,500, the Plan will pay 20% of usual, customary and reasonable (UCR) charges for the remainder of that calendar year. Please note that a doctor's prescription and letter of medical necessity is still required.
- The Physical, Speech and Occupational Therapy benefits now have a combined 26 visit annual maximum. *The annual maximum of \$1,250 per covered person has been removed.* Please note that these services must be pre-certified.

- **The Plan's current annual dollar maximums on Prescription Drug benefits have been eliminated. The tables below show the new benefit design effective January 1, 2014.** Please note, there remains no copay for generic drugs and a \$25 copay for Brand name drugs.

**Active Single Coverage**

For the first \$2,000 in prescription drug charges per calendar year	<b>Fund pays 100% of eligible prescription cost at point of service less applicable participant co-payments.</b>
For \$2,000 through \$7,000 in prescription drug charges per calendar year	<b>Participant will pay 100% of the cost of the drug.</b>
For all prescription drug charges over \$7,000 per calendar year	<b>Participant will pay 80% of the cost of the drug.</b>

**Active Family Coverage**

For the first \$3,500 in prescription drug charges per calendar year	<b>Fund pays 100% of eligible prescription cost at point of service less applicable participant co-payments (shown above).</b>
For \$3,500 through \$13,500 in prescription drug charges per calendar year	<b>Participant will pay 100% of the cost of the drug.</b>
For all prescription drug charges over \$13,500 per calendar year	<b>Participant will pay 80% of the cost of the drug.</b>

**A discount prescription card is enclosed** for you to use when you fill a prescription at a retail pharmacy. For more information about your discount prescription drug card, **you can visit website [www.local60rx.com](http://www.local60rx.com). You can compare pricing at your local pharmacies and print additional discount cards.**

- Eligible charges for IV Therapy will be reimbursed according to plan guidelines, up to \$20,000. For eligible charges between \$20,000 and \$30,000, you are responsible for 100% of eligible charges. For all eligible charges over \$30,000, the Plan will pay 20% of usual, reasonable and customary (UCR) for the remainder of that calendar year.
- The Dental Benefit annual maximum of \$1,800 per person *for pediatric services has been removed* (for covered dependent children up to the age of 19). The Plan's \$1,500 lifetime maximum limit on Orthodontics for dependent children under age 19 will continue to apply.

- The annual limit of one vision exam for *pediatric* services (for covered children up to the age of 19) **has been removed**. The routine eye examination has been **increased to \$50 per visit maximum/person**.
- The annual limit of one lenses/frames/contacts for *pediatric* services (for covered children up to the age of 19) **has been removed**. **The maximum reimbursement for each pair of lenses/frames/contacts has been increased to \$100**.
- ❖ **There remain annual maximums for the following benefits**, that the Fund believes to be non-essential Health Benefits:
  - Annual maximum of \$1,250 for chiropractic services;
  - Annual maximum of \$1,250 for podiatry services/care;
  - Biennial maximum of \$850 for member hearing aid benefits;
  - Biennial maximum of \$350 for spouse/dependent hearing aid benefits;
  - Annual maximum of \$1,800 for Dental services per person for *non-pediatric* services;
  - **Annual maximum for vision benefits is increased to \$50 for one routine vision exam and \$100 for one pair of lenses/frames/contacts per person for *non-pediatric* services.**

**NOTE:** There remains a \$10 co-payment for all participating provider office visits.  
There remains a \$100 co-payment for all services done at an in-network hospital.

**The Westchester Putnam Counties Heavy and Highway Laborers Local 60 Health & Welfare Fund benefits will otherwise continue to be paid in accordance with the Plan's benefit schedule.**

#### **Notice of Grandfathered Health Plan**

This Westchester Putnam Counties Heavy and Highway Laborers Local 60 Health & Welfare Fund (the "*Plan*") believes this 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 914-769-2440. 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.

**If you have any questions or concerns about this notice, contact the Fund Office at (914) 769-2440.**

**You should keep this Notice together with your Summary Plan Description at all times, these documents should be read together for a description of your current health plan benefits.**

**ERISA Information**

Plan Sponsor: Board of Trustees of the Westchester Putnam Counties Heavy and Highway Laborers  
Local 60 Health & Welfare Fund Welfare Fund

◆ Sponsor's EIN #: 13-1737041 ◆ Plan #: 501 ◆ Plan Year: January 1 to December 31