CONNECTICUT LABORERS' HEALTH FUND
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OVERVIEW
January 1, 2023

The Connecticut Laborers' Health Fund ("Health Fund" or "Fund") is a Fund which is administered by its Board of Trustees. The Health Fund is intended to provide eligible individuals with creditable, affordable and integrated group health coverage that meets the "minimum essential coverage" requirements of the Affordable Care Act ("ACA"). **Benefits provided under the Fund include Life Insurance, Medical Benefits, Weekly Disability Benefits, Prescription Drug Benefits, Dental Benefits, Massage Therapy, Hearing Benefits; and Vision Benefits.**

INITIAL ELIGIBILITY AND REINSTATEMENT

You will be initially eligible or reinstated for coverage on the first day of the second month where the Health Fund received 300 hours worked in the previous three (3) month period. Coverage will be continued for three (3) consecutive months, as follows:

If you are credited with at least 300 hours within the following 3 months:	**You will be Initially eligible or Reinstated for benefits the months of:**
August through October	December through February
September through November	January through March
October through December	February through April
November through January	March through May
December through February	April through June
January through March	May through July
February through April	June through August
March through May	July through September
April through June	August through October
May through July	September through November
June through August	October through December
July through September	November through January

** *The Information in this Overview is intended to be a brief description of the topics described. In any situation involving Fund benefits, the documents governing the Fund will always control.*

CONTINUED ELIGIBILITY

You will continue to be eligible for coverage on the first day of the second month where the Health Fund has received 1,000 hours, credited on your behalf during the preceding ten (10) months – or – if you have 300 hours credited on your behalf during the preceding three (3) months, as follows:

If you are credited with at least 1,000 hours within the following 10 months:	OR	If you are credited with at least 300 hours within the following 3 months:		You will be eligible for the month of:	
January through October		August through October		December	
February through November		September through November		January	
March through December		October through December		February	
April through January		November through January		March	
May through February		December through February		April	
June through March		January through March		May	
July through April		February through April		June	
August through May		March through May		July	
September through June		April through June		August	
October through July		May through July		September	
November through August		June through August		October	
December through September		July through September		November	

Who are my Eligible Dependents under Fund and ACA rules?

- Your spouse (determined in accordance with Connecticut law governing marriage), and
- Your children up to age 26 (includes natural children, adopted children, children placed with you for adoption, stepchildren and foster children, along with children under court orders known as "Qualified Medical Child Support Orders"). There are also special rules to provide extended Fund coverage for eligible children with physical or mental disabilities.

Effective Date of Fund Coverage for Eligible Dependents

- On the day you become eligible for Fund coverage, your eligible dependents on that date also become eligible, if you provide documentation to the Fund Office within 60 days from the date you become eligible.
- If you marry after the date you initially become covered under the Fund, your spouse becomes covered on the day of your marriage, if you provide documentation to the Fund Office within 60 days of your marriage.
- If, after you initially become covered under the Fund, you have a newborn biological child, an adopted child, a step child, a child placed with you for adoption, or a foster child, such child will become covered on the date of their birth (for a newborn biological child) or on the date the child is adopted or placed in your home (for adopted or foster children), or the date you acquire a step child through marriage, provided you provide the necessary documentation to the Fund Office within 60 days of acquiring the child.
- If the timing rules above are not met, Fund coverage is still provided, but on a prospective basis from the 1st of the month following the month the Fund Office receives the necessary documentation.

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Eligibility While Disabled. If you become "totally disabled" under Fund rules while you are covered for benefits based on your prior work in Covered Employment, the Fund will credit you with forty (40) hours per week, including partial weeks, for each week you are collecting weekly disability benefits from the Health Fund, for up to a maximum of 26 weeks, and, for an additional 26 weeks as long as the Health Fund receives timely attending-physician statements certifying that the participant is still disabled, or upon proof that a participant is receiving Worker's Compensation, for up to a maximum of fifty two (52) weeks, in any period of one hundred and four (104) weeks.

WHEN COVERAGE TERMINATES

Your coverage under this Plan will end at the earliest of the following dates:

1. The last day of the month in which you do not have either 300 hours or 1,000 hours in the periods noted above.
2. The date the employee's employer no longer participates in the Fund, or fails to make contributions to the Fund on his or her behalf (Note that your coverage will end once your eligibility has been exhausted);
3. The first day of the month after the month that your COBRA coverage ceases or in which you fail to make the required COBRA payment. For example, if your last month for COBRA Continuation privileges is August, 2022; and, if you make your COBRA payment for the month of August, 2022, your coverage will terminate at midnight August 31, 2022;
4. The date the Fund terminates;
5. The date you no longer satisfy the rules for coverage; or

If you or any of your family members access benefits after the date coverage terminates and, if the Health Fund mistakenly pays claims on your behalf or on behalf of your family, the Health Fund will seek reimbursement from you for the cost of those benefits paid to you or paid to any providers on your behalf or on behalf of a family member, in addition to any attorney and administrative fees.
The Trustees may, in their sole discretion, change from time to time -- or discontinue entirely -- all or any part of benefits for Participants, including Spouses, and Eligible Dependents, including, but not limited to, eligibility requirements. Such change or discontinuance may be retroactive. The Trustees also may, in their sole discretion, adopt and amend from time to time any rules, policies, or regulations they may deem appropriate. The Trustees have the sole authority to interpret these eligibility rules.

For information about the Affordable Care Act, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act.

Please feel free to call the Fund Office if you would like additional information regarding the Health Fund. The Fund Office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday, except for Holidays. If you would like to visit the Fund Office to get "hands on" help, please be sure to visit us before 3:15.

Fund Office Toll Free Number: 800 922-3240
Fund Office Local Number: 203 934-7991
https://ctlaborersfunds.com
https://ctlaborersfundsmemberportal.com/home

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