



Managed for the Trustees by
Wilson-McShane Corporation

Enrollment questions: **833-479-9429**

November 2023

Name
Address Line 1
Address Line 2
City, State Zip

Dear Retired Participant,

As previously communicated, effective January 1, 2024, the GKCL Plan will consolidate into the Construction Industry Laborers Welfare Fund (CIL Plan).

In addition to receiving retiree medical coverage through the CIL Plan, you will also have the one-time opportunity to elect dental and/or vision coverage. You will need to make an election, and ensure the election is delivered to the Fund Office, by December 15, 2023. This is a one-time option, you will not be able to change your plan after that date.

NOTE: if there is more than one person in a family, they must all elect either vision and/or dental. Example, member and spouse are both currently eligible, they must both elect dental coverage.

Below is a high-level summary of benefits. You will receive a formal copy of the Summary Plan Description (SPD) that includes full plan details. This SPD is also available on the CIL website, www.cilfunds.com for your reference.

Dental Expense Benefit

Coinsurance.....
80%
Maximum Per Individual
Routine Preventive Visits..... 2 per calendar year
Orthodontia-Lifetime Maximum.....\$2,500
Temporomandibular Joint - once every 5 years.....\$1,000
All Other Charges – Calendar Year Maximum*\$2,000

* Calendar Year Maximum will not apply to Dependents under age 19 for preventive dental care services.

Vision Expense Benefit

Complete Examination *\$50
Lens, Pair *
Single Vision RX.....\$60

Contact Lens RX.....	\$100
Bi-Focal RX.....	\$100
Tri-Focal/Progressive RX.....	\$125
Lenticular RX.....	\$130
Frames*	\$90

* Dependents under age 19 are limited to one examination and one set of glasses or contacts per calendar year. Currently for adults 19 years and older, lenses may be replaced each calendar year, but frames every other calendar year.

Retiree Vision and Dental Self Payment Rates

The rates below are a monthly self-payment rate charged by the Fund.

Benefit Type	Rate
Vision (Composite)	\$7.00
Dental (Single)	\$16.00
Dental (Member and Spouse)	\$32.00
Dental (Family)	\$54.00

Enclosed is the election form. If you want to enroll in dental and/or vision, please complete it and return it to the Fund Office in the return envelope.

Mailing address:
 CIL Welfare Fund, PO Box 909500, Kansas City, MO 64190-9500

You may also scan and email it to:
CIL-Eligibility@wilson-mcshane.com

Please contact us with any questions.

Thank you –

CIL Welfare Eligibility Department