



**CONSTRUCTION
INDUSTRY LABORERS**

FRINGE BENEFIT FUNDS

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Managed for the Trustees by
Wilson-McShane Corporation

January 2026

TO: ALL PARTICIPANTS OF THE CONSTRUCTION INDUSTRY LABORERS WELFARE FUND

RE: PLAN CHANGES – IMPROVED VISION BENEFIT, IMPROVED ORTHODONTIA BENEFIT AND TERMINATION OF MEDICARE ADVANTAGE PRESCRIPTION DRUG PLAN WITH UNITED HEALTHCARE AND SAV-RX MAPD PLAN FOR MEDICARE ELIGIBLE RETIREES ONLY –

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Participant:

The Board of Trustees may occasionally modify benefits based on the financial status of the Plan or to comply with changes in federal law. We announce the following modifications to your Welfare Plan.

Improved Vision Expense Benefit

Effective January 1, 2026, your Vision Expense Benefit is improving. The Plan's limits are increasing for eye exams, eyeglasses frames, eyeglasses lenses. The new annual limits are as follows:

Eye Exam: No charge up to \$100

Contacts: No charge up to \$155

Glasses:

Frames: No charge up to \$150 Lenses:

Single: No charge up to \$95

Bifocal: No charge up to \$160

Trifocal or Progressive: No charge up to \$200 Lenticular: No charge up to \$210

Previously, the limits were:

Eye Exam: No charge up to \$50

Contacts: No charge up to \$100

Glasses:

Frames: No charge up to \$90

Lenses:

Single: No charge up to \$60
Bifocal: No charge up to \$100
Trifocal or Progressive: No charge up to \$125
Lenticular: No charge up to \$130

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Improved Dental Benefit

The Trustees of the Welfare Fund previously announced an improvement to the Dental Benefit. As previously announced, the annual dental maximum benefit will increase to \$3,000 effective January 1, 2026. In addition, effective January 1, 2026 the annual lifetime orthodontia maximum is increasing from \$2,500 to \$3,500.

FOR MEDICARE RETIREES ONLY – United Healthcare with Sav-Rx Medicare Advantage Prescription Drug Plan (MAPD Plan)

Due to changes in federal law that require changes to Medicare Advantage plans and increased costs for Medicare Advantage plans, the Trustees have determined that the current MAPD plan is not cost-effective for the benefits provided as compared to the Welfare Fund's retiree coverage.

Effective January 1, 2026, the MAPD Plan will be terminated, and those Medicare Retirees and their Medicare eligible dependents will be covered under the self-funded CIL Medical Only Benefit.

1. Are retiree MAPD Plan benefits changing prior to January 1, 2026?

No retiree current MAPD Plan medical and prescription benefits will remain in place through December 31, 2025.

2. What benefits are changing on or after January 1, 2026?

a) Medical Benefits:

The medical benefits will change from the United Healthcare MAPD and will be offered through the self-funded Medical Only benefits under the Plan administered by Plan's third-party administrator, Wilson McShane Corporation.

The Schedule of Benefits under the Medical Only Plan is as follows:

Medicare Part A

Deductible per spell of Illness	100%
Daily Co-Payment from 61 st –90 th day of Hospital confinement.....	100%
Daily Co-Payment from 21 st -100 th day of nursing home confinement for Rehabilitation purposes only	100%

Medicare Part B
Annual Deductible100%
Then 20% of remaining Covered Expenses

b) *Prescription Benefits:*

Prescription benefits will no longer be provided under the Plan. A Medicare Retiree and/or a Medicare eligible Dependent will be required to obtain their own individual Part D prescription plan.

Medicare Retirees and their Medicare eligible dependents can obtain a new Part D plan through various options, including private insurance companies or a standalone plan.

c) *Dental and Vision Benefits:*

There are no changes to the voluntary dental and vision benefits under the plan. However, you are only eligible for these benefits, if upon your initial retirement, you elected voluntary Dental and Vision Benefits under the Plan.

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Please keep this notice with your Summary Plan Description booklet. If you have any questions regarding this change, please contact the Fund's administrative office.

If you have any questions about these changes, please feel free to contact the Fund Office toll free at (833) 479-9429 or at (816) 777-2669.

Sincerely,

BOARD OF TRUSTEES

Statement Regarding Status as a Grandfathered Health Plan

This group health plan believes this Plan 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.