FIVE RIVERS CARPENTERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
1831 16th AVENUE SW
CEDAR RAPIDS, IA 52404

SUMMARY OF MATERIAL MODIFICATIONS

IMPORTANT BENEFIT CHANGES TO YOUR HEALTH PLAN
EFFECTIVE JANUARY 1, 2014

Elimination of Pre-Existing Conditions.
Pre-existing conditions limitations set forth in the Plan will be eliminated. The Plan will no longer impose any pre-existing condition limitation on any participant regardless of age.

Calendar Year Maximum Benefit Payable per Person.
The Calendar Year Maximum Benefit Payable per Person has been removed (page 4 of the Summary Plan Description under GENERAL SUMMARY OF SCHEDULED BENEFITS). The plan will no longer impose any annual limits on essential health benefits.

Children to Age 26.
In accordance with the applicable dependent coverage requirements under the Affordable Care Act, the Plan will extend medical, dental and vision coverage to a participant's eligible children up to the end of the month in which the child attains age 26 regardless of the child's marital status, student status, employment status, or eligibility for other health insurance coverage. As a result of this change, effective as of January 1, 2014, your otherwise dependent child is not excluded from dependent coverage under the Plan solely because the child has access to health insurance coverage through an employer (as was previously the case). However, if the child has coverage through their own employer or through their own spouse, then this coverage will pay benefits as secondary to that coverage as outlined in the Coordination and Subrogation of Benefits section of your Summary Plan Description.

If you have an otherwise eligible dependent child under age 26 who was denied coverage (or who was not eligible for coverage) solely as a result of having access to health insurance coverage through an employer or were denied coverage previously, you may now enroll that child in coverage (effective as of January 1, 2014) by completing an Enrollment Form and returning it (along with any required documentation) to the Fund Office on or before January 31, 2014. The Enrollment Form must be hand-delivered to the Fund Office or postmarked and mailed by January 31st to be accepted by the Plan. If you fail to do so, dependent coverage will not be available for your non-covered child(ren) until the first day in which you provide the Fund Office with the completed Enrollment Form and verifying information. If your child(ren) of any age is already enrolled in the Plan, no action is needed in order to maintain their coverage under the Plan. A copy of the Enrollment Form has been included with this Summary of Material Modifications.

This summary is a Summary of Material Modifications to the Health Fund. It constitutes an addendum to the Fund's Summary Plan Description ("SPD"), which is available online at www.5RCbenefits.com or on request by calling 1-800-847-0113.