

DETROIT & VICINITY TROWEL TRADES

Health and Welfare Fund

P.O. Box 99490 • Troy, MI 48099-9490 • Phone (248) 828-6000 • Fax (248) 828-6001

The Affordable Care Act prohibits health plans from applying dollar limits below a specific amount on coverage for certain benefits. This year, if a plan applies a dollar limit on the coverage it provides for certain benefits in a year, that limit must be at least \$2 million.

Your health coverage, offered by the Detroit and Vicinity Trowel Trades Health and Welfare Fund, does not meet the minimum standards required by the Affordable Care Act described above. Your coverage has an annual limit of:

**\$4,000 for nuclear medicine;
\$4,000 for laboratory benefits for Active Participants, COBRA Participants, and non-bargaining unit Participants;
\$3,000 for laboratory benefits for Early Retirees, Permanently and Totally Disabled Participants, and Surviving Spouses;
\$500 for hearing aids for Active Participants only (one or more hearing aids every three years);
\$1,000 for physical therapy;
\$3,000 for prescription drug benefits for Active Participants, COBRA Participants, and non-bargaining unit Participants;
\$100 for prescription drug benefits for Early Retirees, Permanently and Totally Disabled Participants, and Surviving Spouses;
\$400 for pediatric traditional dental benefits
\$1,500 for pediatric Golden Dental DMO dental benefits;
\$50 for pediatric eye examination;
\$75 for pediatric single lenses;
\$90 for pediatric bifocal lenses;
\$100 for pediatric trifocal lenses;
\$100 for pediatric frames;
\$140 for pediatric contact lenses (in lieu of frames and lenses).**

*** Until the government provides additional guidance, the Fund will interpret “pediatric” to mean dependent children who have not yet reached age 16.**

(over)

Your health plan has requested that the U.S. Department of Health and Human Services waive the requirement to provide coverage for certain key benefits of at least \$2 million this year. Your health plan has stated that meeting this minimum dollar limit this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. Based on this representation, the U.S. Department of Health and Human Services has waived the requirement for your plan until April 30, 2014.

If you are concerned about your plan's lower dollar limits on key benefits, you and your family may have other options for health care coverage. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact the Fund's Administrative Manager at:

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