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AFL-CIO HEALTH & WELFARE PLAN SUMMARY OF PLAN CHANGES

January 1, 2014 Benefit Changes

The Affordable Care Act (ACA) requires that annual dollar limits on any “Essential Health Benefit” be removed effective January 1, 2014. In compliance with these new regulations, the AFL-CIO Health & Welfare Plan (the Plan) has made the following changes to your plan of benefits effective January 1, 2014:

- Benefits for Durable Medical Equipment that were formerly limited to \$100,000 per calendar year are now unlimited.
- Benefits for Hospice Care that were formerly limited to \$5,000 during the entire period of time you are covered under the Policy are now unlimited.
- Benefits for Prosthetic Devices that were formerly limited to \$100,000 per calendar year are now unlimited.
- Benefits for Temporomandibular Joint (TMJ) services that were formerly limited to \$1,500 during the entire period of time you are covered under the Policy are now unlimited.

For each of the benefit changes listed above, other than the removal of the overall dollar limitation noted, there is no change to (1) the services that are covered by the Plan, or (2) any other restrictions or requirements that may apply.

Extended Coverage of Children Up to Age 26 with Other Employment-Based Health Coverage

As was communicated in late 2010, effective January 1, 2011, the Plan began extended coverage for any child, stepchild, adopted child, or foster child of a Participant through the end of the month in which the child turns age 26. This extended coverage applies once the child ceases to satisfy the definition of Dependent under the Plan, and is available regardless of school status, marital status and/or financial dependency on the Participant. However, until January 1, 2014, this extended coverage was available only if the child did not have other employment-based health coverage available (through his or her own employment or through a spouse’s employment). If such other employment-based health coverage was available to the child, he or she was not eligible for the extended coverage under this Plan.

If a child has been excluded from coverage under this Plan solely because of this “other employment-based health coverage” restriction, and you would now like to cover that child under the Plan, please contact the Plan Administrator for enrollment instructions. A special enrollment window will apply through January 26, 2014, with coverage effective as of January 1, 2014 or, if later, the beginning of the month following loss of the other coverage (although you must still contact the Plan prior to January 26th, and coverage must begin on or before May 1, 2014). After

January 26, 2014, any such child will need to be enrolled through a regular open enrollment period (generally in June, with coverage effective July 1).

Vision Benefit Name Change

A few years ago, UnitedHealthcare began shifting the branding of its vision care from Spectera to UnitedHealthcare Vision. Please note that this is a change in the branding only. ***There is no change in your benefits, no change in your provider network, and no disruption to your service or benefits administration. The comprehensive benefits provided for vision services received from a Network Provider remain unchanged.***

While most of the contact information remains the same, please note the website has changed to www.myuchvision.com.

If you have questions about the branding name change to UnitedHealthcare Vision, or your benefits, please call the UnitedHealthcare Vision customer service number (toll free) at 1-800-638-3120.

Pharmacy Benefit Coverage – Contraceptives and Oral Chemotherapeutic Agents

Effective August 1, 2012, the ACA began requiring nongrandfathered plans to provide pharmacy benefit contraception coverage at no cost for all covered women. Despite its grandfathered status, the AFL-CIO Health & Welfare Plan also began waiving the copayment for Tier 1 pharmacy benefit contraception coverage effective August 1, 2012. Since that time all Tier 1 contraceptives have been provided at no cost to the Plan's participants.

In addition, no prescription drug copayment is required on any Tier for oral chemotherapeutic agents. This change became effective on January 1, 2009 and has been administered accordingly by UHC.

Clarification to Summary Description of Non-network Provided Professional Fees

Please note the following clarified language to the ***Non-Network*** provided Professional Fees section of the Summary Plan Description (SPD):

Professional Fees for Surgical and Medical Services – Professional fees for surgical procedures and other medical care received in a Hospital, Skilled Nursing Facility, Inpatient Rehabilitation Facility or Alternative Facility –

Non-Network – 20% for inpatient services; no copayment for all other services.

The Professional Fees benefit coverage was correctly summarized in the brief UHC summary material provided to participants at enrollment, as well as in the Summary of Benefits and Coverage (SBC) provided during open enrollment earlier this year. If you had a Non-Network claim for professional services that were not provided inpatient and were charged a 20% Copayment, UHC will reprocess your claim and pay the provider for the 20% Copayment.

Defense of Marriage Act (DOMA)

In accordance with recent changes in federal law, effective September 15, 2013, the same-sex spouse of an insured participant who meets the federal definition of a spouse will be eligible for COBRA and continuation coverage or conversion coverage under the Plan, and will no longer be taxed on such coverage.

Updated Board of Trustee Listing

Below is a current list of the Board of Trustees of the AFL-CIO Health & Welfare Fund:

Sujatha Blackstone
Samantha Connolly
Shari Cannon
Timothy Gray
Shelia Marion
Michael Noonan

Each of the Trustees can be reached by mail at 815 16th Street, NW, Washington, D.C. 20006, or by phone by calling (202) 637-5000.

General Contact Information Change

Below are updated telephone numbers for UMR (the Plan Administrator) that replace telephone numbers provided in the Summary Plan Description.

Toll-Free: (877) 423-5246
(859) 226-1719 or (859) 226-1783
Fax: (859) 226-1726

If you have questions or need additional information, please contact the Plan Administrator:

AFL-CIO Health & Welfare Plan
333 West Vine St., Suite 500
Lexington, KY 40507
(877) 423-5246
email@afcliotpa.org

In addition, this and other information is posted on the Plan's website, www.afcliotpa.org.

**THIS IS A MATERIAL MODIFICATION TO THE SUMMARY PLAN DESCRIPTION
AND SHOULD BE RETAINED WITH THAT DOCUMENT**

The Board of Trustees of the AFL-CIO Health & Welfare Fund believes this plan is a "grandfathered health plan" under the ACA. As permitted by the ACA, 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 ACA 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 ACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund office, UMR, 333 West Vine Street, Suite 500, Lexington, KY 40507 or 1-888-999-7741. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.