

BENEFIT PLAN IMPROVEMENTS

November 2018

To All Active Class 1 Participants:

The Fund's Trustees are pleased to announce the following benefit improvements applicable to claims incurred on and after January 1, 2019:

Effective September 1, 2018:

Wig Benefit Increased – The maximum payable by the Plan for a covered wig was increased from \$500 to \$2,500. In addition to hair loss due to cancer therapy, benefits will now be payable for wigs purchased as a result of severe or total hair loss due to an underlying disease such as alopecia areata. One wig is payable for a person during their lifetime. (Wigs for hair loss/thinning due to aging, male/female pattern baldness, heredity, or androgenetic alopecia are not covered.)

Effective January 1, 2019:

Dental Benefit Increased – The maximum payable by the Plan for covered dental expenses will increase from \$1,500 to \$3,000 per person per calendar year. The family maximum will no longer apply.

Orthodontia Benefit Increased – The lifetime orthodontia benefit maximum will increase from \$1,500 to \$2,500 per child. The increase will apply to new and existing orthodontia patients. If your child is already receiving orthodontia treatment, the \$1,000 benefit increase can be paid for charges incurred on and after January 1, 2019. As before, orthodontia benefits are only payable for dependent children, and only if the treatment begins while the child is under the age of 19.

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NONDISCRIMINATION STATEMENT

The IBEW Local 701 General Welfare Fund (the "Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Plan provides language assistant services to persons whose primary language is not English, and free aids and services where necessary to people with disabilities to communicate effectively with us. If you need these services, contact the Fund Office.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting the Fund Office by mail, telephone or in person at the IBEW Local 701 General Welfare Fund, 28600 Bella Vista Parkway, Suite 1110, Warrenville, IL 60555, telephone 1-630-393-1701, #3. If you need help filing a grievance, Fund Office personnel are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-630-393-1701 #3.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-630-393-1701 #3.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-630-393-1701 #3

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-630-393-1701 #3 (번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-630-393-1701 #3.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-630-393-1701 #3

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-630-393-1701 #3.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-630-393-1701 #3.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-630-393-1701 #3

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-630-393-1701 #3.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-630-393-1701 #3.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-630-393-1701 #3 (पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-630-393-1701 #3.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-630-393-1701 #3.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-630-393-1701 #3.