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October 2009

Dear Welfare Fund Participant:

The Board of Trustees hereby adopts the following amendment to the Summary Plan Description and Plan Document, 2007 Edition:

Effective this 1st day of July, 2009, the *Out-of-Area Benefit* section on page 41 of the Summary Plan Description and Plan Document is amended by adding the following paragraphs after the second bullet point and at the end of the section:

If your primary care physician <u>refers</u> you to a specific out-of-network physician specialist and <u>recommends</u> that a specific out-of-network physician specialist perform a surgery, and you use the surgical services of the out-of-network physician specialist, after complying with the additional terms and conditions set forth below, then:

- The Plan will pay benefits (including the charges of the physician specialist and other necessary providers) at the rate of 80%/20% less the network deductible listed on your Schedule of Benefits; and
- Your deductible and out-of-pocket maximum will be the same as the network amounts.

You must satisfy the following additional terms and conditions to be eligible for this out-of-area benefit. First, your primary care physician's referral and recommendation must be objective and based on an expectation and opinion on the basis of a medical judgment that the surgical services provided by the specific out-of-network physician specialist will substantially increase the quality of care that you are expected to received than if the same surgical services were provided by a physician specialist within 35 miles of your residence. Second, you must request, *in writing* and *in advance of receiving the services*, to have any surgical services performed by an out-of-network physician specialist under this provision. Any such claims shall otherwise be subject to the provisions set forth in this summary plan description, and any such claims are considered Pre-Service claims. The claims procedure applicable to Pre-Service Claims is set forth on page 88. The Board of Trustees may consult with a health care professional who has appropriate training and experience in a relevant field of medicine to verify that the quality of care would be substantially increased as required hereunder.

Please retain this letter in the front pocket of your SPD booklet for future reference.

Sincerely,

Board of Trustees North Central Illinois Laborers' Health & Welfare Fund