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January 14, 2011

## Dear Participant:

This letter is to advise you of changes to our HFN network. Currently our network is HFN 20 and effective March 1, 2011 our new network will be HFN CHC (Community Health Connect).

Please review the attached list of hospitals. Tier one hospitals listed will be paid at the EPO level, tier two hospitals will be paid at the PPO level. Any hospital that is not on the list will be considered **Out-of-Network**, and paid accordingly.

The physicians network with HFN 20 is being incorporated into the HFN CHC network. As long as the physician does not cancel their contract with HFN, they should be in CHC network. Please make sure you check with HFN at (800)295-5444 to verify that your physician is still in-network.

To access the HFN CHC network go to <a href="www.hfninc.com">www.hfninc.com</a> and click on "Provider Search" on the left side, enter client code "NCILF", click on "HFN CHC" then select "next" at the top of the page. ALL CAPITALIZED items indicate that these facilities are HFN CHC/EPO facilities. If you do not have access to a computer, please contact HFN directly at (800)295-5444.

If you are currently enrolled with Blue Cross Blue Shield or Health Alliance and are not interested in changing networks, you do not need to respond. If you are currently enrolled with HFN 20 and are not interested in changing networks, you will automatically be enrolled with HFN CHC if you do not respond. If you are interested in changing networks please sign the request form and forward to our office prior to January 28, 2011. We will then send you information.

As always, before making any appointment, please contact HFN to make sure your providers are still in-network.

Please contact the Fund office if you have any questions.

Sincerely,

## **Board of Trustees**

The North Central Illinois Laborers' Health and Welfare Fund ("Fund") believes that it is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, 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 the Fund may not include certain consumer protections of the Affordable Care Act 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 Affordable Care Act, for example, the elimination of lifetime limits on benefits. The Fund will notify you when certain other consumer protections are adopted.

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 Lynn Marks, Administrative Manager at (309) 692-0860. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.