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May 2008

Dear Welfare Fund Participant:

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

1. Effective July 1, 2008, the amount of the weekly Loss of Time Benefits is increased from \$250 per week for up to a maximum of 13 weeks, to \$400 per week for up to a maximum of 26 weeks.
2. Effective July 1, 2008, the second paragraph of the section entitled *Loss of Time Benefits* on page 67 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, is deleted and is replaced with the following:

If you become totally disabled, you may be eligible for weekly Loss of Time Benefits if you:

- Are eligible for coverage under the Plan when you become disabled;
- Are unable to work because of a covered non-occupational accident or sickness;
- Are under the care of a Physician; and
- Are not receiving a pension.

3. Effective July 1, 2008, the first sentence in the first paragraph of the subsection entitled *Benefits* under the section *Loss of Time Benefits* on page 67 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, is deleted and is replaced with the following:

The amount of the weekly Loss of Time Benefits is \$400 per week for up to a maximum of 26 weeks.

4. Effective July 1, 2008, the first sentence in the first call-out box in the section *Loss of Time Benefits* on page 67 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, is deleted and is replaced with the following:

The amount of the weekly Loss of Time Benefit is \$400 per week for up to a maximum of 26 weeks.

5. Effective July 1, 2008, for clarification purposes, the following paragraph is added at the end of the subsection entitled *Benefits* under the section *Loss of Time Benefits* on page 67 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, as follows:

Your Loss of Time Benefits are subject to the Plan's Subrogation and Reimbursement provisions. For accident-related claims, you must sign a subrogation Reimbursement Agreement. See page 99 for additional information about subrogation.

6. Effective July 1, 2008, the first paragraph of the subsection entitled *Continued Eligibility During Disability Periods* on page 68 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, is deleted and is replaced with the following:

If you become Ill or Injured and are unable to work because of a certified disability, you will be credited with 20 disability hours for each full week of the disability to maintain eligibility up to a maximum of 260 hours. Such hours may be credited to any month in which the Loss of Time Benefit is paid, and up to three months after the final month a Loss of Time Benefit was paid. Your credit may not exceed 260 hours during any continuous 12-month period or period of disability due to the same or related causes. A separate Illness or Injury will result in a separate disability that starts a separate 12-month period running for that disability.

7. Effective July 1, 2008, for clarification purposes, the first two paragraphs of the subsection entitled *Subrogation* under the section *Administrative Information* on page 99 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, are deleted and are replaced with the following:

Subrogation gives the plan the right to recover all of the benefits, including Loss of Time Benefits, that it has paid to you or your Dependent, or to those who provided your medical treatment, from another payment source or from you if you have received the payment directly. The Plan has the right to recover those payments, whether or not you have been fully paid for your treatment or other expenses from the same Injury.

For instance, if you are in an automobile accident, you may receive payment for your medical treatment from an automobile insurance company or from the person who was at fault for the accident. If the Plan paid for your expenses that the automobile insurance company is responsible for, the Plan has the right to recover those expenses, including Loss of Time Benefits, from the automobile insurance company or from you if they were paid to you.

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



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May 2008

Dear Welfare Fund Participant:

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

1. Effective July 1, 2008, the following Items 19 and 20 are added to the section entitled *Medical Covered Charges* on page 47 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition:

19. **Breast Cancer Early Detection:** A screening mammogram test and interpretation of the mammogram is payable for females at a frequency that is in accordance with the American Cancer Society recommendations (one screening mammogram at ages 35 - 39, then one screening mammogram annually for ages 40 and older currently, or as changed by the American Cancer Society in the future), covered at 100%, without payment of a deductible or copay by the Participant. This benefit is in addition to the Plan's Wellness Benefit. Additional mammograms that are Medically Necessary because of the patient's condition, medical history, and/or family medical history are covered subject to the Plan's deductibles, coinsurance or copayments and all other Plan provisions.
20. **Cervical Cancer Early Detection:** An office visit to obtain a pap smear lab test or similar FDA approved cervical cancer screening test, the test, and interpretation of the Pap smear lab test are payable for females annually, (the frequency that is in accordance with the American Cancer Society recommendations currently, or as changed by the American Cancer Society in the future), covered at 100%, without payment of a deductible or copay by the Participant. This benefit is in addition to the Plan's Wellness Benefit. Additional pap smears that are Medically Necessary because of the patient's condition, medical history, and/or family medical history are covered subject to the Plan's deductibles, coinsurance or copayments and all other Plan provisions.

2. Effective July 1, 2008, the second paragraph of the section entitled *Wellness, Preventive, Well-Child and Well-Baby Care Benefit* on page 53 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, is deleted and is replaced with the following:

Covered physical examination expenses for you and your Dependents include routine physical examinations performed by a legally qualified network Physician or under a network Physician's direct supervision, including the cost of X-ray and laboratory expenses connected with the examination. Routine prostate examinations are included as Covered Charges under the Wellness benefit. Routine examinations include baseline examinations, periodic examinations and those examinations performed due to a relevant family history. Routine and Medically Necessary colonoscopies, routine mammograms and routine pap smears are not covered under the Wellness Benefit, but are covered by the Plan as provided at items 18, 19, and 20 in the section entitled *Medical Covered Charges* on page 47.

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