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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