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June 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 last item in the section entitled *Contact Information* on page 3 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 Need Information About...	Contact	Contact Information
Dental Benefits	Delta Dental of Illinois P.O. Box 5402 Lisle, IL 60532 Group# 20141	800-323-1743 <a href="http://www.deltadentalil.com">www.deltadentalil.com</a>

2. Effective July 1, 2008, all references to "Guardian Group Dental" in section entitled *Dental Benefits* on page 61 through 64 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition are deleted and are replaced with "Delta Dental of Illinois".
3. Effective July 1, 2008, the subsection entitled "Preventive Care Dental Services" on page 62 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition is replaced with the title "Preventive/Diagnostic Care Dental Services".
4. Effective July 1, 2008, the subsection entitled "Primary Care Dental Services" on page 63 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition is replaced with the title "Primary (Basic) Care Dental Services".
5. Effective July 1, 2008, all references to "Guardian Group Dental" in the subsection entitled *Dental Claims* in the section entitled *Claims and Appeals/Filing Claims* on page 86 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition are deleted and are replaced with "Delta Dental of Illinois".

6. Effective July 1, 2008, all references to "Guardian Group Dental" in the subsection entitled *Where Claims Must Be Filed* in the section *Claim Procedures* on page 87 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition are deleted and replaced with "Delta Dental of Illinois".
7. Effective July 1, 2008, all references to "Guardian Group Dental" in the second to last bullet point in the subsection entitled *Insurance Companies/Vendors* in the section entitled *Important Information About the Plan* on page 108 of the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition are deleted and are replaced with "Delta Dental of Illinois".
8. Effective July 1, 2008, the Dental Benefits Section of the Schedule of Benefits on page 3 of the Schedule of Benefits for the BlueCross BlueShield Preferred Provider Organization (PPO) Plan, the Health Alliance Preferred Provider Organization (PPO) Plan, and the HFN Exclusive Provider Organization/Preferred Provider Organization (EPO/PPO) Plan 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:

Delta Dental of Illinois Dental Benefits			
Calendar Year Deductible ( <i>applies to Preventive/ Diagnostic, Primary (Basic), and Major Care, but not Orthodontic services</i> )	- Individual - Family	\$50 \$100	
Calendar Year Maximum	\$1,500 (combined dental and orthodontia limit)		
Type of Dental Services	Delta Dental PPO Network*	Delta Dental Premier Network*	Out-of-Network*
Preventive/Diagnostic Care Services Coinsurance paid by Plan	100% of reduced fee (deductible applies)	100% of maximum plan allowance (deductible applies)	80% of maximum plan allowance (deductible applies)
Primary (Basic) Care Services Coinsurance paid by Plan	80% of reduced fee (deductible applies)	80% of maximum plan allowance (deductible applies)	80% of maximum plan allowance (deductible applies)
Major Care Services Coinsurance paid by Plan	80% of reduced fee (deductible applies)	80% of maximum plan allowance (deductible applies)	80% of maximum plan allowance (deductible applies)
Orthodontia Benefits (only for Dependent children under age 19) Coinsurance paid by the Plan	50% of reduced fee, subject to lifetime maximum	50% of maximum plan allowance, subject to lifetime maximum	50% of maximum plan allowance, subject to lifetime maximum
Orthodontia Calendar Year Maximum	\$750 (only \$750 will be paid per year on orthodontic charges and the orthodontic payment will be applied toward the Calendar Year Maximum) Orthodontia Lifetime Maximum \$1,500		

\*For expenses incurred from a Delta Dental PPO Network Dentist or a Delta Dental Premier Dentist, you will not be "balance billed" for charges exceeding Delta Dental's allowed PPO fees or Delta Dental's maximum plan allowances, as applicable. *For expenses incurred from an Out-of-Network dentist, you are responsible for charges exceeding Delta Dental's maximum plan allowances.*

9. Effective July 1, 2008, the last item in the section entitled *Contact Information* on page 4 of the Schedule of Benefits for the BlueCross Blue Shield Preferred Provider Organization (PPO) Plan, the Health Alliance Preferred Provider Organization (PPO) Plan, and the HFN Exclusive Provider Organization/Preferred Provider Organization (EPO/PPO) Plan 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 Need Information About...	Contact	Contact Information
Dental Benefits	Delta Dental of Illinois P.O. Box 5402 Lisle, IL 60532 Group# 20141	800-323-1743 <a href="http://www.deltadentalil.com">www.deltadentalil.com</a>

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