

# SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH & WELFARE FUND

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## **Summary of Material Modifications**

It is the intention of the Board of Trustees of your Welfare Fund to change benefits from time to time when the financial soundness of the Fund requires, and at other times to comply with changes to the Federal law. The following amendment was made to your Welfare Plan.

### **Out of Network Providers Contracted by In-Network Providers & Emergency Ambulance**

Effective January 1, 2016 the plan was revised so that if a participant utilizes an In-Network (Tier 1 or Tier 2) provider and that provider sub-contracts some services to an out of network provider, the plan will pay the In-Network benefit level for the out of network charges. In addition, all emergency ambulance services will be paid at the In-Network benefit level.

### **Home Health Care**

Effective January 1, 2016 the plan was modified so that Home Health Care benefits now include services for Mental Illnesses and disorders.

### **Convalescent/Skilled Nursing Facility Care**

Effective January 1, 2016 the plan was modified so that Convalescent/Skilled Nursing Facility Care benefits now include services for mental illnesses and disorders.

### **Deductible, Out of Pocket and Benefit Level Changes – January 1, 2017**

Effective January 1, 2017 the deductibles and out of pocket maximums have been changed as follows:

	Plan A, C & D Active	Plan A & C Retiree
Tier 1 and Tier 2 (HMO or PPO)		
Individual Deductible	\$850	\$1,250
Family Deductible	\$2,550	\$3,750
Individual Medical Out of Pocket	\$5,250	\$4,500
Individual Pharmacy Out of Pocket	\$1,900	\$2,350
Family Medical Out of Pocket	\$10,500	\$9,000
Family Pharmacy Out of Pocket	\$3,800	\$4,700
Benefits Payable at:	80% Tier 1 75% Tier 2	80% Tier 1 75% Tier 2

Tier 3 (Non-PPO or HMO provider)		
Individual Deductible	\$4,000	\$3,500
Family Deductible	\$12,000	\$10,500
Individual Medical Out of Pocket	Unlimited	Unlimited
Family Pharmacy Out of Pocket	Unlimited	Unlimited
Family Out of Pocket	45%	45%

**Specialty Medication Coverage**

Effective January 1, 2017 specialty medications will be covered at 70% subject to a maximum charge of \$225.00 per course of treatment. Upon reaching your Pharmacy Out of Pocket Maximum, specialty medications will be covered at 100% with no cost sharing.

**Partnership With Amplifon Hearing Health Care**

Effective January 1, 2017, the Plan has teamed with Amplifon Hearing Health Care, a third-party service provider, to provide you and your family with greater access to in-network hearing care providers and discounts. Amplifon representatives can be reached at (888) 779-0744 for further information and assistance. Please reference the attached informational pamphlet from Amplifon for additional details.

Please keep this notice with your Summary Plan Description booklet and if you have any questions regarding this change, please contact the Plan’s administrative office.

Sincerely,

BOARD OF TRUSTEES

*This announcement, which serves as a Summary of Material Modifications, contains only highlights of recent changes to the Southern Illinois Laborers’ and Employers’ Health & Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*