

AMENDMENT TO THE  
SOUTHERN ILLINOIS LABORERS' & EMPLOYERS  
HEALTH & WELFARE FUND SUMMARY PLAN DESCRIPTION DATED AUGUST 1, 2017

SUMMARY PLAN DESCRIPTION A – AMENDMENT #1  
SUMMARY PLAN DESCRIPTION C – AMENDMENT #1  
SUMMARY PLAN DESCRIPTION D – AMENDMENT #1  
SUMMARY PLAN DESCRIPTION E – AMENDMENT #1

WHEREAS, the Board of Trustees of the Southern Illinois Laborers' & Employers' Health & Welfare Fund may amend the Summary Plan Description pursuant to Article 13 of the Restated Agreement and Declaration of Trust; and

NOW THEREFORE, the Trustees hereby adopt the following amendment effective on the below listed dates:

**EFFECTIVE January 1, 2018**, all references within the Summary Plan Description to "LDI" or "LDI Pharmacy Benefit Services" shall be changed to SAV-RX.

**EFFECTIVE JANUARY 1, 2018**, Article 1 of the Summary Plan Description entitled "Schedule of Benefits" shall include the following language in the "Pharmacy Benefit" section as follows:

PHARMACY BENEFITS	SAV-RX 3 TIER FORMULARY	ANY OTHER STORE
RETAIL (SAV-RX) 30 DAY SUPPLY SEE SECTION 2.17  90 DAY SUPPLY (AT LDI OTHER RETAIL PHARMACIES) MAINTENANCE MEDICATIONS SEE SECTION 2.17	GREATER OF \$10 OR 25% WITH MAXIMUM OF \$20 PER GENERIC PRESCRIPTION GREATER OF \$35 OR 30% WITH MAXIMUM OF \$40 PER FORMULARY PRESCRIPTION GREATER OF \$45 OR 35% WITH A MAXIMUM OF \$70 PER NON-FORMULARY PRESCRIPTION  GREATER OF \$20 OR 25% WITH A MAXIMUM OF \$50 PER GENERIC PRESCRIPTION  GREATER OF \$70 OR 30% WITH A MAXIMUM OF \$100.00 PRESCRIPTION PER BRAND PREFERRED PRESCRIPTION  GREATER OF \$90 OR 35% WITH A MAXIMUM OF \$75 PRESCRIPTION PER BRAND NON-PREFERRED PRESCRIPTION	NONE
SPECIALTY MEDICATIONS & BIO- INJECTABLES PROVIDED BY AND/OR ADMINISTERED BY PHYSICIANS OR AT A MEDICAL FACILITY SEE SECTION 2.19 & SECTION 8.47	30% WITH A MAXIMUM OF \$225 PER COURSE OF TREATMENT SUBJECT TO PLAN'S CALENDAR YEAR DEDUCTIBLE AND CO-INSURANCE	NONE
<b>SPECIALTY MEDICATIONS AND BIO- INJECTIBLES</b> OBTAINED THRU SAV-RX PHARMACY OR MAIL ORDER SEE ARTICLE 2, SECTION 19 & ARTICLE 9, SECTION 47	30% WITH A MAXIMUM OF \$225 PER PRESCRIPTION	NONE

WAL-MART IS NOT A COVERED PROVIDER OF PRESCRIPTION BENEFITS

SEE SECTION 2.18 FOR A LIST OF COVERED/NON-COVERED DRUGS

MANDATORY GENERIC SUBSTITUTION – IF GENERIC IS AVAILABLE AND BRAND NAME IS DISPENSED MEMBER PAYS  
BRAND CO-PAY PLUS COST DIFFERENTIAL

WHENEVER THERE IS A NEED FOR BIO-INJECTABLE OR SPECIALTY MEDICATION,  
CONTACT SAV-RX AT 1-877-728-7910 OR THE FUND OFFICE AT 1-618-998-1300

EFFECTIVE JANUARY 1, 2018, Article 2, Section 2.17 of the Summary Plan Description entitled “Prescription Drug Card Program” shall be amended as follows:

**Section 2.17 Prescription Drug Card Program**

Three (3) tier Formulary Plan – Retail – SAV-RX; Mail Order – SAV-RX  
Web-site: SAVRX.COM

**Retail**

**30 Day Supply – See of the Schedule of Benefits**

Participant Co-Pay:

<b>Generic</b>	Greater of \$10 of 25%, \$20 maximum
<b>Brand Preferred</b>	Greater of \$35 of 30%, \$40 maximum
<b>Brand Non-Preferred</b>	Greater of \$45 or 35%, \$70 maximum

**90 Day Supply – See of the Schedule of Benefits**

Participant Co-Pay:

<b>Generic</b>	Greater of \$20 of 25%, \$50 maximum
<b>Brand Preferred</b>	Greater of \$70 of 30%, \$75 maximum
<b>Brand Non-Preferred</b>	Greater of \$90 or 35%, \$100 maximum

**RETAIL DRUGS FROM OUT-OF-NETWORK PHARMACY ARE NOT CONSIDERED AN ELIGIBLE EXPENSE  
UNDER THE MEDICAL PLAN.**

**RETAIL DRUGS FROM OUT-OF-NETWORK PHARMACIES ARE NOT CONSIDERED AN ELIGIBLE EXPENSE  
UNDER THE MEDICAL PLAN.**

**WALMART IS NOT A COVERED PROVIDER OF PRESCRIPTION DRUGS.**

**MANDATORY GENERIC SUBSTITUTION**

**IF A GENERIC PRESCRIPTION DRUG IS AVAILABLE TO YOU BUT A BRAND NAME PRESCRIPTION DRUG IS DISPENSED, YOU WILL BE REQUIRED TO PAY THE BRAND PRESCRIPTION DRUG CO-PAY PLUS THE DIFFERENCE IN COST BETWEEN THE GENERIC PRESCRIPTION DRUG AND THE BRAND PRESCRIPTION DRUG**

**NON-COVERED PRESCRIPTION ITEMS:**

Items lawfully obtained without a prescription

Allergy serums

Injectables – See Prior Authorization

Federal legend vitamins

Ostomy Supplies & Products

Fertility drugs

Rogaine

Diet Medications

Devices and applications – unless otherwise stated as covered

Growth hormone drugs – See Prior Authorization

Viagra or any sexual dysfunction drugs

Prescriptions covered without charge under the Federal, State or local programs, to include Worker's Compensation

Any charge for administration of a drug or insulin

Investigational or experimental drugs

Unauthorized refills

Immunization agents, biological sera, blood plasma

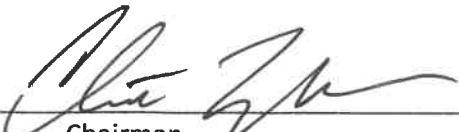
Medication for an eligible member/Dependent confined to a nursing home, sanitarium, extended care facility, Hospital or similar entity

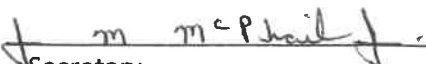
Any charge above the usual and customary, advertised or posted price, whichever is less than scheduled amount.

**PRIOR AUTHORIZATION FOR COVERED PRESCRIPTION ITEMS**

For a comprehensive list of covered prescription items, excluding the non-covered prescription items listed above, please refer to the Fund Pharmacy Benefit Manager SAV-RX's website, SAVRX.com. You can click on the formulary link or the generic link. Your group number is \_\_\_\_\_ and will be needed.

This amendment to the Summary Plan Description is hereby adopted this 19th day of October, 2017 to be effective on and after January 1, 2018.

  
Chairman

  
Secretary