AMENDMENT TO THE
SOUTHERN ILLINOIS LABORERS' & EMPLOYERS
HEALTH & WELFARE FUND SUMMARY PLAN DESCRIPTION

SUMMARY PLAN DESCRIPTION A – AMENDMENT #6
SUMMARY PLAN DESCRIPTION C – AMENDMENT #7

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

WHEREAS, the Board of Trustees has determined that the following revisions are necessary to clarify and amend provisions of the SPD; and

NOW THEREFORE, effective December 19, 2023, the following language revisions and additions are hereby approved and incorporated into the below identified sections of the Plan A and Plan C SPD's:

Article 2, Subsection 2.12 of the SPD for Plan A and Plan C, entitled "Prescription Drug Card Program" is hereby amended as follows:

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, except for Medically Necessary gender affirmation treatment – 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.

Article 6 of the SPD for Plan A and Plan C, entitled "Covered Charges", is hereby amended as follows:

The covered charges referred to in this provision are charges incurred for the following services and supplies which are necessary for treatment of an accidental Injury or Sickness and which are Reasonable and Customary as determined by the charges generally incurred for cases of comparable nature and severity in the particular geographical area concerned:

1. Hospital charges for room and board (excluding charges in excess of the Room Limitation), operating, delivery, recovery rooms;

2. Hospital charges for drugs, medicines, and other Hospital services and supplies, if used while confined in the Hospital as a resident patient;

3. Hospital charges for outpatient services;

4. Charges for services of a professional anesthetist; provided such anesthetist in not employed by a Hospital which submits a charge for the services;

5. Charges made by a physician for medical services, including his/her active services as an assistant surgeon;

6. Allergy tests and allergy immunizations;

7. Charges for local professional ambulance service (ground or air) to, but not back from, the nearest Hospital, which can provide treatment unique to the Illness/Sickness. "Local" is defined as service rendered in a metropolitan area. In the case of a rural service, "local" is defined as transportation to the nearest metropolitan area. "Air ambulance" is defined as aircraft specifically designed and operated for medical use only. In no event will ambulance service include scheduled flights of a commercial aircraft, railroad, bus or ship, nor any service rendered for the convenience of the patient;

8. Cardiac rehabilitation not to exceed one 12-week program per Calendar Year, outpatient only;

9. Charges for the following additional services and supplies:
   A. Diagnostic x-ray and laboratory service for diagnosing disease;
   B. Oxygen and the rental of equipment (up to purchase price) for its administration;
   C. Blood or blood plasma and its administration;
   D. Radium, radioactive isotopes and x-ray therapy;
   E. Casts, splints, braces, trusses, crutches, cervical collars, head halter and other traction apparatus;
   F. Colostomy bag, ileostomy supplies and catheters;
   G. Drugs and medicines which are only legally obtainable with a written prescription; and
   H. Diabetic Supplies unless covered by Rx program.

10. Telemedicine charges for services related to the delivery of clinical medicine via real-time telecommunications such as telephone, the internet, or other communication networks or devices that do not involve direct patient contact;

11. Artificial limbs and eyes;

12. Dental services rendered by a physician, Dentist, or oral surgeon for treatment within 6 months of an Injury to the jaw or natural teeth, including initial replacement of these teeth and any necessary dental x-rays;

13. Services of a physical therapist, speech therapist and/or occupational therapist, limited to 50 visits per year, combined (additional visits allowed if determined to be Medically Necessary, see Schedule of Benefits);

14. Reconstructive surgery because of a congenital disease or birth defect of an eligible Dependent child:
    A. Which manifests itself within the first five years of a child's life;
    B. Which impairs a function of the body.

15. Pulmonary rehabilitation following surgery and upon written prescription by primary physician;

16. Elective sterilization, but not for the reversal of elective sterilization;

17. Breast reconstruction in connection with mastectomy is covered (subject to Plan provisions) as follows:
    A. Reconstruction of the breast on which the mastectomy has been performed;
    B. Surgery and reconstruction of the other breast to produce symmetrical appearance; and
    C. Coverage for prosthesis and physical complications of all stages of mastectomy, including lymphedema: in a manner determined in consultation with the attending physician and the patient.

18. Surgical stockings – one pair per lifetime;

19. Orthotics, but not shoes;

20. Any care/treatment recommended and approved by a large case management organization;

21. Implantable contacts, but only following cataract surgery;

22. One dietary counseling session within six months to assist with diabetes management or treatment of a Mental Disorder/Mental Illness or Substance Abuse/Alcoholism Abuse. Thereafter, one dietary counseling session shall be covered during each twelve month period after the initial session. Each dietary counseling session must be prescribed, in writing, by a treating physician.

23. Gender affirmation treatment and services as follows:
    A. Medically Necessary services for the treatment of gender dysphoria, as permitted by the guidelines of the Blue Cross Blue Shield of Illinois, the Plan's contracted Network Provider, which are not Experimental or Investigational. All Plan rules apply, such as Copayments, Deductibles, Coinsurance and out-of-pocket limits.
    B. Any limitations on Mental Disorder/Mental Illness counseling for gender dysphoria will be applied consistently with corresponding limitations on medical/surgical benefits under the MHPAEA.

Article 7 of the SPD for Plan A and Plan C, entitled "Exclusions and Limitations", is hereby amended as follows:

~~28. Transsexual surgery;~~

[Exclusions 29-32 are renumbered to 28-31]

IN WITNESS HEREOF, this Amendment has been approved and signed by the Board of Trustees on this 21st day of February, 2024, to be effective as of the aforementioned date(s).

Chairman, Southern Illinois Laborers' and Employers Health & Welfare Fund

Secretary, Southern Illinois Laborers' and Employers Health & Welfare Fund