

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

SUMMARY PLAN DESCRIPTION A – AMENDMENT #2  
SUMMARY PLAN DESCRIPTION C – AMENDMENT #2  
SUMMARY PLAN DESCRIPTION D – AMENDMENT #2

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

EFFECTIVE August 1, 2017, Article 1 of the Summary Plan Description entitled "Schedule of Benefits" is hereby amended as follows:

BENEFITS	TIER 1 HEALTHLINK HMO CONTRACTED PROVIDER	TIER 2 HEALTHLINK PPO CONTRACTED PROVIDER	TIER 3 OUT-OF-NETWORK PROVIDER
CALENDAR YEAR DEDUCTIBLE PER PERSON SEE SECTION 2.03	\$850 – ACTIVE \$1,250 – RETIRED	\$850 – ACTIVE \$1,250 – RETIRED	\$4,000 – ACTIVE \$3,500 – RETIRED
CALENDAR YEAR DEDUCTIBLE PER FAMILY SEE SECTION 2.03	\$2,550 – ACTIVE \$3,750 – RETIRED	\$2,550 – ACTIVE \$3,750 – RETIRED	\$12,000 – ACTIVE \$10,500 – RETIRED
MEDICAL OUT-OF-POCKET  PER PERSON PER FAMILY UNIT SEE SECTION 2.05	\$5,250 – ACTIVE \$4,500 – RETIRED \$10,500 – ACTIVE \$9,000 – RETIRED  DOES INCLUDE DEDUCTIBLE	\$5,250 – ACTIVE \$4,500 – RETIRED \$10,500 – ACTIVE \$9,000 – RETIRED  DOES INCLUDE DEDUCTIBLE	UNLIMITED – ACTIVE UNLIMITED – RETIRED UNLIMITED – ACTIVE UNLIMITED – RETIRED  DOES INCLUDE DEDUCTIBLE
PHARMACY OUT-OF-POCKET  PER PERSON PER FAMILY UNIT SEE SECTION 2.05	\$1,900 – ACTIVE \$2,350 – RETIRED \$3,800 – ACTIVE \$4,700 – RETIRED  DOES INCLUDE DEDUCTIBLE	\$1,900 – ACTIVE \$2,350 – RETIRED \$3,800 – ACTIVE \$4,700 – RETIRED  DOES INCLUDE DEDUCTIBLE	UNLIMITED – ACTIVE UNLIMITED – RETIRED UNLIMITED – ACTIVE UNLIMITED – RETIRED  DOES INCLUDE DEDUCTIBLE

NOTE: THE ABOVE LISTED PHARMACY AND MEDICAL BENEFIT OUT-OF-POCKET MAXIMUMS ARE SEPARATE. DESCRIBED ABOVE WILL BE COMBINED EFFECTIVE JANUARY 1, 2016. IF YOU REACH THE OUT-OF-POCKET MAXIMUM THE COMBINED OUT-OF-POCKET MAXIMUM FOR MEDICAL AT ANY POINT DURING A CALENDAR YEAR, THE PLAN WILL PAY 100% OF ALL COVERED MEDICAL AND PHARMACY EXPENSES THROUGH THE REMAINDER OF THAT CALENDAR YEAR. LIKewise, IF YOU REACH THE OUT-OF-POCKET MAXIMUM FOR PHARMACY AT ANY POINT DURING A CALENDAR YEAR, THE PLAN WILL PAY 100% OF ALL COVERED PHARMACY EXPENSES THROUGH THE REMAINDER OF THAT CALENDAR YEAR.

**EFFECTIVE January 1, 2018**, Article 1 of the Summary Plan Description entitled “Schedule of Benefits” is hereby amended by deleting the Pharmacy Benefits and replacing with the following:

PHARMACY BENEFITS	Sav-Rx 3 TIER FORMULARY	ANY OTHER STORE
RETAIL (Sav-Rx) 30 DAY SUPPLY 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	
90 DAY SUPPLY (AT Sav-Rx OTHER RETAIL PHARMACIES) MAINTENANCE MEDICATIONS SEE SECTION 2.17	GREATER OF \$20 OR 25% WITH A MAXIMUM OF \$50 PER GENERIC PRESCRIPTION GREATER OF \$70 OR 30% WITH A MAXIMUM OF \$75 PRESCRIPTION PER BRAND PREFERRED PRESCRIPTION GREATER OF \$90 OR 35% WITH A MAXIMUM OF \$75 PRESCRIPTION PER BRAND NON- PREFERRED PRESCRIPTION	NONE
SPECIALTY MEDICATIONS 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 PRESCRIPTION	NONE
BIO-INJECTABLES PROVIDED BY AND/OR ADMINISTERED BY PHYSICIANS OR AT A MEDICAL FACILITY SEE SECTION 2.19 & SECTION 8.54	30% WITH A MAXIMUM OF \$225 PER COURSE OF TREATMENT SUBJECT TO PLAN'S CALENDAR YEAR DEDUCTIBLE AND CO-INSURANCE	NONE
SPECIALTY MEDICATIONS AND BIO- INJECTIBLES OBTAINED THRU SAV-RX PHARMACY OR MAIL ORDER SEE ARTICLE 2, SECTION 19 & ARTICLE 9, SECTION 54	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 FUND OFFICE AT 1-618-998-1300

**EFFECTIVE August 1, 2017**, Article 2, Section 2.05 of the Summary Plan Description entitled “Summary of Benefits” is hereby amended by deleting the header “Pharmacy Out-of-Pocket Maximum (Including deductible)” and replacing with “Pharmacy Out-of-Pocket Maximum”.

**EFFECTIVE January 1, 2018**, Article 2, Section 2.19 of the Summary Plan Description entitled “Specialty Medications & Bio-Injectables” is hereby amended as follows:

**Section 2.19 Specialty Medications & Bio-Injectables**

The specialty medication and bio-injectable program is for those Participants with specific chronic or rare disease requiring bio-injectable or specialty drugs.

The bio-injectable and specialty drug program utilizes Sav-Rx's Case Management services to help those Participants receive the proper therapies and correct education to assist in improving their quality of life. Because most of these medications can be given either in your Doctor's office or obtained from a Pharmacy and self-administered, this benefit incorporates the delivery of these medications. Your Specialty coordinator and assigned case manager will help guide you through the process to fill your medication.

Covered bio-injectable and specialty drug charges will be paid as follows:

1. Specialty medications obtained through Sav-Rx Pharmacy are subject to co-insurance of 30% per script, with a maximum of \$225 per script subject to the Plan's Pharmacy Out of Pocket Maximums.
2. Specialty medications provided or administered by a physician or at a medical facility are subject to co-insurance of 30% per script, with a maximum of \$225 per course of treatment and subject to the Plan's Pharmacy Out of Pocket Maximums.
3. Bio-injectable obtained through Sav-Rx Pharmacy are subject to co-insurance of 30% per script, with a maximum of \$225 per script subject to the Plan's Medical Out of Pocket Maximums.
4. Bio-injectables provided or administered by a physician or at a medical facility are subject to co-insurance of 30% per script, with a maximum of \$225 per course of treatment, subject to annual Deductibles and co-insurance if not previous met and subject to the Plan's Medical Out of Pocket Maximums.
5. Cancer related drugs are excluded from the 30% co-insurance.
6. The first dialysis treatment each month that includes bio-injectable or specialty medications will be subject to a \$225 Co-Pay.

In those few cases where a bio-injectable or specialty medication is needed right away, your doctor can administer the medication and then before the next dose have your doctor contact the Fund Office so a Sav-Rx case coordinator can make the proper arrangements to provide the medication.

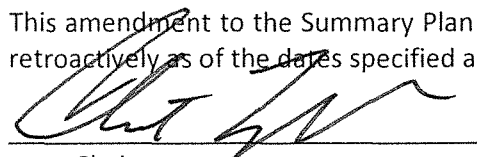
**MEDICATIONS SUCH AS INSULIN AND INJECTABLE MIGRAINE THERAPY ARE EXCLUDED FROM THIS PROGRAM AND CAN BE PURCHASED AT YOUR LOCAL RETAIL PHARMACY OR THE SAV-RX MAIL SERVICE.**

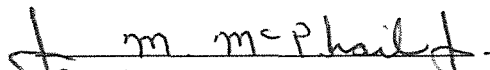
**EFFECTIVE August 1, 2017**, Article 8, Section 8.15 of the Summary Plan Description entitled "Deductible" is hereby amended by deleting the current language and replacing with the following:

Section 8.15 Deductible

The total expenses a Participant or Dependent must incur during a Calendar Year before the Plan pays benefits. Deductible expense shall apply towards satisfaction of the Medical Out-of-Pocket Maximum.

This amendment to the Summary Plan Description is hereby adopted on February 15, 2018 to be effective retroactively as of the dates specified above.

  
Chairman

  
Secretary