

CENTRAL ILLINOIS CARPENTERS

Health and Welfare Trust Fund

December 2009

RE: Benefit Changes to Plan Description

Dear Eligible Participants and Covered Dependents:

The Board of Trustees has implemented some Plan changes effective January 1, 2010. These changes are listed below as follows:

1. Calendar year deductible will be \$500 per individual/\$1,500 maximum per family.
2. In-network benefits will be covered at 80% and out-of-network benefits will be covered at 60%.
3. Wellness Benefit – Remove \$300 cap and pay all wellness at no deductible and no dollar limit at 100% of all reasonable and customary expenses incurred for routine preventative care, including but not limited to physical examinations, immunizations, and related diagnostic testing when performed by an eligible provider. The Plan will cover *routine* colonoscopy, mammogram, PAP test, PSA, blood profiles and HPV vaccine (administered according to established medical guidelines).
4. Prescription Drug Benefit (effective February 1, 2010):

Retail Pharmacy Generic drug – will cost 15% with \$10 minimum

Retail Pharmacy Brand name drug - will cost 30% with \$20 minimum

If the actual cost of the drug is less than the minimum amount, member pays actual cost of the drug.

Mail Order Generic drug \$20 co-pay

Mail Order Brand name drug \$60 co-pay

The Plan Description controls the actual payment of benefits and the administration of the Plan. The summary merely highlights the changes and does not replace the Plan Description. ***In case of any discrepancy between the attached summary and the Plan Description, including any and all amendments, the terms of the Plan Description control.***

If you have any questions about this notice, please contact the Fund office at 1-866-732-1919. You may also visit the website at www.cichealth.org.

Sincerely,

Board of Trustees

Enc.

