



Central Illinois Carpenters Health & Welfare Trust Fund

200 South Madigan Drive, Lincoln, IL 62656 • (866) 732-1919 • www.cichealth.org

Office Hours: 8:00 a.m. to 4:30 p.m., Monday-Friday

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

MARCH 2024

Dear Plan Participant and Covered Dependent(s):

It is the intention of the Board of Trustees of the Central Illinois Carpenters Health & Welfare Trust Fund ("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 or provide notice of updates to the Summary Plan Description. This Summary of Material Modifications contains information regarding updates to your Summary Plan Description ("SPD"). Accordingly, please retain a copy of this Summary of Materials Modifications with your SPD.

EFFECTIVE NOVEMBER 1, 2023

Non-Covered Medical Expenses

The "Non-Covered Medical Expenses" section of the Summary Plan Description was amended as follows: Any expense or charge that results from treatment for weight control or obesity except (1) as provided by the prescription plan and (2) medically necessary bariatric surgery charges and related treatment expenses when the services are provided through an in-network provider and subject to successful completion of a bariatric surgery program.

Bariatric Surgery Coverage

Effective November 1, 2023, the Plan will provide coverage for medically necessary bariatric surgical procedures and expenses if secured through an in-network Blue Cross Blue Shield of Illinois provider. You must obtain pre-certification for all in-network bariatric surgical procedures through Blue Cross Blue Shield of Illinois in advance of the procedure or, if the procedure involves emergency treatment, within 48 hours after admission to the hospital. Pre-certification review can be initiated by calling Blue Cross Blue Shield of Illinois at 1 (800) 635-1928.

EFFECTIVE DECEMBER 19, 2023

Gender Affirmation Treatment and Services

Medically necessary services for the treatment of gender dysphoria, including medical benefits, prescription drug benefits and counseling will be a covered expense under the Plan. The services and treatment included in this coverage will be established by the guidelines of the Plan's contracted network provider (Blue Cross Blue Shield of Illinois). All Plan rules will apply, such as copayments, deductibles, coinsurance, and out-of-pocket limits. The Blue Cross Blue Shield of Illinois coverage guidelines for gender affirmation treatment can be located at:

<https://www.bcbsil.com/member/member-resources/lgbtq-support>

Non-Covered Medical Expenses

The "Non-Covered Medical Expenses" section of the Summary Plan Description was amended as follows: Treatment or service due to injury or sickness caused by a third party in the event the Person has a right to receive damages for the treatment or service from the third party or your personal or family insurance. The Plan shall withhold benefits for any injury, which may be compensable by a third party or your personal or family insurance, until you have (1) secured a final judicial determination of your claim from such State or Federal court which confirms your inability to receive damages and submitted the final judicial determination to the Fund Office within sixty (60) days of issuance, or (2) demonstrated, by appeal, to the Board of Trustees by clear and convincing evidence that filing a claim against the third party would be futile.

EFFECTIVE JANUARY 1, 2024

Prescription Drug Limitations

The "Prescription Drug Limitations" section of the Summary Plan Description was amended to read as follows: Over-the-counter drugs or medicines lawfully obtainable without a prescription order of a Physician or Dentist, unless such drug, medicine or medication is (a) on the Women's Healthcare Drug List and you have a prescription from a qualified practitioner for the item, (b) a preventive product required to be covered under the Affordable Care Act, or (c) covered under the Plan's pharmacy benefit manager opioid management program.

Self-Pay Option

The "Self-Pay Option" section of the Summary Plan Description was amended to read as follows:

When you Retire – Self-Pay

A Retired Employee may apply to make self-payments and/or exhaust any available lookback hours to continue coverage under the Plan if you meet Eligibility Requirements. If you retire and are receiving coverage through available lookback hours and are not making self-payments under the Fund's Retired Participant Program, you may continue coverage with lookback hours past age 65.

Working Owners or Non-Bargaining Unit Employees are not eligible to self-pay, but they may exhaust any available lookback hours to continue coverage under the Plan. It is expressly understood that a Non-Bargaining Unit Union Employee (as defined in this Plan Description) may apply to make self-payments and/or exhaust any available lookback hours to continue coverage under the Plan if he or she meets Eligibility Requirements.

Loss of Eligibility – Retiree Self-Pay

Your eligibility for benefits of the Retired Participant Program will terminate the date you fail to make a self-payment when due or the later of:

- The last day of the month prior to month in which you attain age 65 and/or become eligible for Medicare (note: If you are retired and exhausting lookback hours, and are not making self-payments under the Fund's Retired Participant Program, you may continue coverage with lookback hours past age 65); or
- The last day of the month prior to month in which your Eligible Spouse attains age 65 and/or becomes eligible for Medicare; or
- The date your Eligible Dependent child ceases to be an Eligible Dependent; or
- For retired Bargaining Unit Employees, the last day of any Benefit Quarter during which you failed to maintain good standing and remit all required membership dues and fees to your local union.

Your self-payments for the Retired Participant Program must be made for consecutive Benefit Quarters so there is not a break in coverage and thus, your eligibility remains continuous. If your eligibility terminates because of failure to make self-payments, you will lose the right to make future self-payments, unless you return to work and requalify per the eligibility requirements stated in this Plan Description.

A Final Note

We are pleased to provide you and your family with comprehensive coverage and hope this information helps you get the most out of your benefits. If you have specific questions about your benefits or the Summary Plan Description, please contact the Fund Office toll free at (866) 732-1919.

Sincerely,

The Board of Trustees

This announcement, which serves as a Summary of Material Modifications, contains only highlights of a recent change to the Central Illinois Carpenters Health & Welfare Plan. 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.