



PLUMBERS AND PIPEFITTERS LOCAL 501 NORTHERN ILLINOIS BENEFIT FUNDS

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IMPORTANT NOTICE OUT-OF-NETWORK SURGICAL CENTERS EXCLUDED

To All Northern Illinois Benefit Fund (Health and Welfare) Participants:

This Plan will now exclude charges by ambulatory surgical centers that are not in the Blue Cross Blue Shield of Illinois PPO (BCBSIL) or the Blue Card PPO network. The Trustees have taken this step in order to protect you and the Plan from the excessive fees charged by certain out-of-network ambulatory surgical centers. These facilities can charge fees that are several times higher than PPO facilities.

- This exclusion will apply to all out-of-network ambulatory surgical center charges incurred on and after July 15, 2004.^{*} It applies to all types of procedures, including invasive diagnostic procedures like endoscopies and arthroscopies.
- You cannot assume that a facility is in the PPO network just because the physician or surgeon who referred you to the facility or performs surgery at that facility is a PPO provider.

At this time we are aware of the following surgical centers that are NOT in the BCBSIL PPO network. **THIS IS NOT A COMPLETE LIST.**

- Latino Institute of Surgery, 330 Weston Ave., Aurora
- Ambulatory Surgicenter, 4333 Main St., Downers Grove
- Oakbrook Surgery Center, 2425 W. 22nd St., Oak Brook
- Southwest Surgery Center, 19110 Darwin Dr., Mokena
- Watertown Surgicenter, 845 N. Michigan Ave., Chicago

Most surgical centers ARE in the BCBSIL PPO or Blue Card network. For example there are over 70 facilities within 50 miles of Aurora. However, PPO participation is subject to change. You should **VERIFY PPO PARTICIPATION EACH TIME** you use an ambulatory surgical center.

How to Verify PPO Participation

- Call the facility; or
- Call BCBSIL at 1-800-810-BLUE; OR
- Use the online provider finder as follows:
 1. Have your BCBSIL I.D. card ready and go to www.bcbsil.com.
 2. Click on "start here" under Provider Finder (left side of home page).
 3. Select "Labor Accounts."
 4. Enter the requested information from your BCBSIL I.D. card, then click "submit."
 5. Enter your zip code and select your desired driving distance. Click on "continue."
 6. Under "Other Provider Types," select "surgery center" and click on "continue."
 7. The result will be a list of BCBSIL surgical centers, with phone numbers and driving directions.

^{*} Exception: If Medicare is your primary plan, and if Medicare covers the surgical center's fees, this Plan will consider the amount allowed by Medicare under its normal coordination of benefits rules.

Summary of Material Modifications

EIN: 36-2522076 PN: 501

July 2004

smm/c178/2004-2

(over)

REMINDER—Coverage for Breast Reconstruction

A federal law requires that benefit plans issue written notification to all plan participants and beneficiaries regarding the plan benefits available to a person who is receiving benefits in connection with a mastectomy.

This Plan will provide coverage for the following medical and surgical services provided to a covered person in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

Plan benefits payable for these services and supplies are subject to all applicable deductibles, co-payment percentages and maximum benefit limitations.