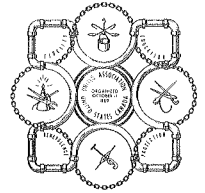


**PLUMBERS AND PIPEFITTERS LOCAL 501
NORTHERN ILLINOIS BENEFIT FUNDS**



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NOTICE TO ALL PARTICIPANTS

December 2009

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

The Board of Trustees is pleased to announce some improvements to your Health and Welfare benefits. Please read the information below and keep this notice with your Summary Plan Description (SPD) booklet for future reference.

Mental/Nervous Disorders and Chemical Dependency

The Plan's benefits for mental health treatment will be changed as shown below effective for covered expenses incurred on and after **January 1, 2010**.

	<u>Current</u>	<u>Effective January 1, 2010</u>
Mental/Nervous Disorders		
Inpatient, partial inpatient & intensive outpatient:		
Number of days allowable per lifetime	31 days	<i>no limit</i>
Payment percentage	80% PPO, 60% non-PPO	80% PPO, 60% non-PPO
Outpatient/office:		
Number of visits allowable per calendar year	25 visits	<i>no limit</i>
Payment percentage:		
Visits 1 - 10 per year	80% PPO, 60% non-PPO	80% PPO, 60% non-PPO
Visits 11 - 25 per year	50%	80% PPO, 60% non-PPO
Chemical Dependency		
Payment percentage	80% PPO, 60% non-PPO	80% PPO, 60% non-PPO
Lifetime maximum benefit	\$15,000	<i>no limit</i>
Allowable inpatient days and outpatient visits combined per calendar year	30 days/visits	<i>no limit</i>
Allowable courses of treatment per lifetime	3 treatments	<i>no limit</i>

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Learning and Behavior Disorders - The Plan currently limits benefits for childhood developmental disorders, such as autism, and behavior and conduct disorders to \$3,000 per calendar year and \$15,000 per lifetime. As of January 1, 2010, those limits will continue to apply to learning disabilities and other disorders that are not considered mental/nervous disorders. Benefits for autism, hyperkinetic syndromes and other conditions that are classified as mental/nervous disorders will NOT be subject to those limits and will be paid the same as other covered medical/surgical claims.

Covered expenses for mental/nervous disorders and chemical dependency:

- Will continue to be subject to the medical review program. All inpatient, partial inpatient and intensive outpatient treatment must be pre-certified by Med-Care Management. *Only medically necessary and appropriate treatment will be covered.*

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- Will be subject to the same calendar year deductibles as non-mental health conditions.
- Will be paid at 80% if the provider participates in the Plan's PPO network, and at 60% if the provider is out-of-network, after all applicable deductibles have been satisfied.
- Will be paid at 100% if the person's out-of-pocket limit (\$1,500 PPO, \$3,000 out-of-network) has been satisfied for the year. In addition, the person's out-of-pocket payments for covered expenses for these conditions will apply toward satisfaction of his annual out-of-pocket limits. (This does not apply to learning disorders and other childhood disorders that are not classified as mental/nervous disorders.)
- Will be subject to all the regular Plan maximums, such as the \$2,000,000 lifetime maximum and the \$500,000 calendar year maximum for all medical benefits.

Obesity Surgery

The Plan will begin covering obesity (bariatric) surgery effective December 1, 2009 for covered individuals who meet ALL of the following requirements:

1. The patient must be at least 100 pounds over his medically desirable weight and have a body mass index (BMI) of at least 40.
2. The obesity must be a threat to the patient's life due to the existence of complicating health factors such as diabetes, heart trouble, hypertension, etc.
3. The patient must have a history of unsuccessful attempts to reduce weight by more conservative measures.
4. The patient's pre-operative tests must include a psychological evaluation.
5. Med-Care Management must pre-authorize the surgery.
6. The surgery must be performed at a Center of Excellence that is in the Plan's PPO network. ("Center of Excellence" means a BCBSIL Blue Distinction facility for bariatric surgery, or a facility designated a Center of Excellence by the American Society of Metabolic and Bariatric Surgery's Surgery Research Corporation. Med-Care Management will be able to advise you if your facility meets this criteria.)

Only one surgical procedure will be covered during a person's lifetime. (For adjustable lap band surgeries, the Plan will also cover follow-up adjustments more than 90 days following the original procedure.)

Obesity surgery for a dependent child is not covered.

Benefits are subject to all other Plan provisions and limitations.

Annual Notice About Breast Reconstruction Benefits

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.