

## PLUMBERS AND PIPEFITTERS LOCAL 501 NORTHERN ILLINOIS BENEFIT FUNDS



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## NOTICE TO ALL PARTICIPANTS IN THE NORTHERN ILLINOIS BENEFIT FUND

August 2008

## **EXCLUDED PROVIDER**

Effective for charges incurred on and after August 1, 2008, NO BENEFITS will be paid for claims received from the following provider:

Professional Neurological Services 5241 S. Cicero Ave., Ste. 104 P.O. Box 388241 Chicago, IL 60638

Professional Neurological Services may have other addresses in addition to the two listed above. The Plan will exclude claims from any billing address.

This exclusion applies to all claims, regardless of the circumstances under which the claim was incurred. For example, the Plan will not pay a claim from this provider even if it is only for *interpretation* of a test, such as a sensory nerve study, that was physically performed elsewhere.

## 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.

Please keep this notice with your Summary Plan Description booklet for future reference.

• Summary of Material Modifications • EIN: 36-2522076 PN: 501 • August 2008 • No. 2008-2