

PLUMBERS AND PIPEFITTERS LOCAL 501 NORTHERN ILLINOIS BENEFIT FUNDS

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Notice to All Northern Illinois Benefit Fund Participants

December 2003

The Trustees of the Northern Illinois Benefit Fund are pleased to announce the following improvements to your Plan of benefits. After reading this notice, please keep it with your Summary Plan Description (SPD) binder for future reference.

MEDICAL REVIEW PROGRAM

The following does not apply to participants for whom Medicare is primary.

MED-CARE MANAGEMENT PROGRAM ADDED EFFECTIVE JANUARY 1, 2004 - Protecting your medical benefits is an extremely important issue for the Board of Trustees, especially during this time of steeply rising costs. To assist in managing claim costs, the Trustees have retained Med-Care Management, Inc to review the use of expensive medical services such as inpatient hospitalizations. This is to your benefit, since Med-Care will let you know and plan for how many days you can expect to be confined in the hospital. It will assure that you or your dependents will not be confined any longer than necessary and that you will not have to undergo any unnecessary treatment or surgery. You will also be assured that you receive the maximum benefit payment possible under our health care benefit plan.

HOW TO USE THE REVIEW PROGRAM - Participation is easy. You simply call or have your physician call Med-Care Management at 1 (800) 367-1934 whenever hospitalization, outpatient surgery or home health care is recommended for you or one of your covered family members.

NEW I.D. CARDS - Enclosed are your new medical I.D. cards with Med-Care's telephone number. Be sure to show the card to your medical providers so that they will know to call Med-Care on your behalf.

By taking advantage of this service you can help keep your medical costs as low as possible. Med-Care can provide alternatives and help you avoid unnecessary services. The goal of this program is to decrease the total costs of medical care without sacrificing the high level of benefits the Fund now provides. This does not mean less quality care—it means more efficient care. We urge you to read the brochure carefully and to keep it with your other insurance and benefit information for reference. With your help, we can continue to provide a quality health care plan to current and future Plan participants.

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Nurse Anesthetists

The Plan has always covered medically necessary anesthesia administered by a *physician*. Services of a Certified Registered Nurse Anesthetist (CRNA) will *also* be covered by the Plan, subject to all Plan provisions and limitations, and paid in accordance with the Plan's PPO or non-PPO payment provisions. This Plan change was effective for claims incurred on and after September 23, 2003.

Surgical Assistants

Also effective September 23, 2003, the Plan will cover the cost of a surgical assistant, subject to certain limitations. "Surgical assistant" means a medical practitioner who is not a physician but who is licensed to serve as an assistant surgeon in the state where the services are rendered. The services of a surgical assistant will be covered only if the surgical procedure is covered under the Plan, if surgical assistance is medically necessary and if, in the absence of a surgical assistant, the surgeon would have required the assistance of another physician. The maximum allowable charge for the services of a surgical assistant will be 10% of the primary surgeon's fee. Plan coverage of the surgical assistant's fee will be subject to the Plan's PPO and non-PPO payment provisions, and all other Plan provisions and limitations.

Please call the Fund Office if you have any questions about the changes to your benefits.

Summary of Material Modifications EIN: 36-2522076 PN: 501 December 2003

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