

Amendment No. 11 to the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition

The Board of Trustees hereby adopts the following amendment to the Summary Plan Description and Plan Document, 2007 Edition:

- Effective July 1, 2010, the second bullet point on page 2 in the *Introduction* section is deleted and is replaced with the following:

- **Preauthorizing services** – Certain services under the Plan including inpatient hospitalization, outpatient surgeries, inpatient mental health/substance abuse treatment, and Rehabilitation Services require Preauthorization. If these services are not Preauthorized, you will be subject to a \$250 penalty.

- Effective July 1, 2010, the Preauthorization section under the BCBSIL PPO and HFN EPO/PPO heading in the *Contact Information* chart on page 3 is deleted and is replaced with the following:

Preauthorization Inpatient Hospitalization, outpatient surgeries, Rehabilitation Services, and Transplant Benefits	American Health Holding, Inc.	800-892-1893 [phone]
Inpatient Mental Health and Substance Abuse Benefits	Member Assistance Program (MAP) through MHN	800-472-4992 [phone]

- Effective July 1, 2010, the Preauthorization section under the Health Alliance PPO heading in the *Contact Information* chart on page 3 is deleted and is replaced with the following:

Preauthorization Inpatient Hospitalization, outpatient surgeries, Rehabilitation Services, Transplant Benefits, and inpatient Mental Health and Substance Abuse Benefits	Health Alliance Medical Plan 301 S. Vine St. Urbana, IL 61801-3347	800-322-7451 or 217-337-8400 [phone] www.healthalliance.org [web site] (Member sign-up required)
---	--	--

- Effective July 1, 2010, the first call-out box on page 39 in the *Medical Benefits* section is deleted and is replaced with the following:

For Hospitalization, outpatient surgery, Rehabilitation Services, transplant services, or inpatient mental health and/or substance abuse services, remember to have your Hospital stay or treatment Preauthorized by calling the number for your specific Plan that is listed on the *Schedule of Benefits* and on page 3. If you do not Preauthorize these services, they will be subject to the penalty listed in the *Schedule of Benefits*.

5. Effective July 1, 2010, the second bullet (stating that mental health and substance abuse treatment expenses do not apply to the out-of-pocket limit) under the *Out-of-Pocket Maximum* section on page 42 is deleted.

6. Effective July 1, 2010, the *Preauthorization* section on page 44 is deleted and is replaced with the following:

You must have non-emergency Hospitalization, outpatient surgery, Rehabilitation Services, transplant services, and inpatient mental health and substance abuse treatment authorized in advance. If you do not have these benefits Preauthorized, you will be subject to the penalty amount listed in the *Schedule of Benefits*. To obtain Preauthorization, you or your Physician should call the number listed on your Plan ID card or on the *Contact Information* page at least three days before the Hospitalization or treatment. If you have an emergency admission or treatment, you or a family member should call the Preauthorization number within 48 hours of admission or treatment. The Plan does not require you to obtain Preauthorization for a colonoscopy procedure.

7. Effective July 1, 2010, the third paragraph of item 1 in the *Medical Covered Charges* section on page 45 is deleted and is replaced with the following:

Note that all non-emergency Hospital admissions must be Preauthorized in advance of the stay. However, Preauthorization for maternity admissions is not required. The organization responsible for Preauthorization under your medical program (as specified on your medical ID card, or the Member Assistance Program, in the case of inpatient mental health and substance abuse treatment) will evaluate the proposed admission plan and length of stay based on individual treatment needs. You must call for Preauthorization within 48 hours of an emergency admission (or on the next business day after a Friday or weekend admission if the organization responsible for Preauthorization of your emergency admission is not available on the weekend). If you do not request Preauthorization, you will be subject to the penalty listed in the *Schedule of Benefits*.

8. Effective July 1, 2010, the *Mental Health Treatment* section and the *Substance Abuse Treatment* section, and related call-outs on page 50 are deleted and are replaced with the following:

Mental Health Treatment

You and your eligible Dependents are entitled to benefits for Covered Charges incurred for treatment of mental health disorders. Benefits for inpatient and outpatient treatment are paid at the levels, and up to the maximums listed on the *Schedule of Benefits*. All inpatient mental health treatment must be Preauthorized. Your inpatient treatment is subject to a \$250 penalty if it is not Preauthorized.

Preauthorization of inpatient mental health treatment. All expenses for inpatient treatment of mental health disorders must be Preauthorized. Your inpatient treatment is subject to a \$250 penalty if it is not Preauthorized. See the Contact Information for preauthorization information.

Covered mental health treatment includes the following:

- Services furnished by a licensed or accredited Hospital, subject to Preauthorization requirements; and

- Preauthorized inpatient services.

Substance Abuse Treatment

Benefits for inpatient substance abuse must be Preauthorized. Your inpatient treatment is subject to a \$250 penalty if it is not Preauthorized. Covered substance abuse treatment includes the following:

- **Inpatient** treatment for confinement in a Treatment Facility for Substance Abuse or Hospital, up to the calendar year maximum listed on the *Schedule of Benefits*.
- **Outpatient** treatment for non-residential care in a Treatment Facility for Substance Abuse, a certified non-residential treatment program, or Hospital, up to the calendar year maximum listed on the *Schedule of Benefits*.

Check your *Schedule of Benefits* for treatment covered by your Plan. Day treatment combined with partial hospitalization may also be available.

A Doctor of Medicine (MD), psychiatrist, psychologist, or certified addictions counselor must recommend the course of treatment. You may receive substance abuse treatment on an inpatient, outpatient, or a combination of inpatient and outpatient basis.

Preauthorization of inpatient substance abuse treatment. All expenses for inpatient substance abuse treatment must be Preauthorized. Your inpatient treatment is subject to a \$250 penalty if it is not Preauthorized. See the Contact Information for preauthorization information.

9. Effective July 1, 2010, the first paragraph of the *MAP Counseling for BCBSIL and HFN Participants* section on page 54 is deleted and is replaced with the following:

When you have a question or an issue you would like to discuss, please call the MAP, as listed on page 3. A clinically trained counselor is available on the MAP Help Line 24 hours a day, 7 days a week. The counselor will assist you in getting the care you need, Preauthorizing inpatient mental health or substance abuse treatment, monitoring your care, and helping you with the claims process.

10. Effective July 1, 2010, the *Required MAP Preauthorization for BCBSIL and HFN Participants* section on page 55 is deleted and is replaced with the following:

You must call the MAP for Preauthorization before you begin any inpatient mental health or substance abuse treatment. The Plan will pay charges for inpatient mental health or substance abuse treatment pursuant to the *Schedule of Benefits*; however, you will be subject to a \$250 penalty if you do not Preauthorize the treatment by calling the number listed on page 3. (However, if you elected Medical Benefits under the Health Alliance Plan, you should call the number on your medical ID Card for Preauthorization.) For emergency treatment, you must contact the Preauthorization provider within 48 hours of treatment.

Call the MAP to have your inpatient mental health or substance abuse treatment Preauthorized. See page 3 for the contact information for Preauthorization.

You may call the MAP at any time of day, seven days per week to request Preauthorization of inpatient mental and substance abuse treatment, to report an emergency treatment, to request a referral to a network provider, or to make an appointment with a counselor.

11. Effective July 1, 2010, the first paragraph of the *Mental Health and Substance Abuse Services for Health Alliance Participants* section on page 55 is deleted and is replaced with the following:

If you elect medical coverage through Health Alliance, you must call Health Alliance to Preauthorize any inpatient mental health or substance abuse services. Health Alliance does not have a formal Member Assistance Program (MAP), but provides mental health and substance abuse services through network and out-of-network providers, as noted on your *Schedule of Benefits*.

12. Effective July 1, 2010, item 16 of the *Medical Exclusions and Limitations* section on page 78 is deleted and is replaced with the following:

16. Non-compliance Preauthorization penalty (for failure to Preauthorize Hospitalization/Rehabilitation Benefits, Inpatient Mental Health services, and Inpatient Substance Abuse services) and non-approved admission days as determined by the Preauthorization organization.

13. Effective July 1, 2010, the first paragraph of the *Health Care Benefit Determination Procedures* section on page 88 is deleted and is replaced with the following:

Procedures for determination of health care claims (which include medical, prescription drug, dental, vision, and hearing) are different for the following types of claims:

- Pre-service (applicable to Hospital, outpatient surgical, Rehabilitation Services, and inpatient mental health and substance abuse claims);
- Urgent care (applicable to Hospital, outpatient surgical, Rehabilitation Services, and inpatient mental health and substance abuse claims);
- Concurrent care (applicable to Hospital, Rehabilitation Services, and inpatient mental health and substance abuse claims); or
- Post-service (applicable to all other health care claims).

14. Effective July 1, 2010, the first paragraph of the *Pre-Service Claims* section and the Example on page 88 are deleted and are replaced with the following:

A pre-service claim is a claim for a benefit for which the Plan requires approval of the benefit (in whole or in part) before you obtain medical care. The Plan requires you to obtain Preauthorization of Hospitalization, outpatient surgery, Rehabilitation Services, transplant services, and inpatient mental health and substance abuse services.

Example

You request Preauthorization of your inpatient mental health treatment after your Physician recommends the hospitalization or other inpatient treatment for your illness.

15. Effective July 1, 2010, the fourth and fifth bullets under *Insurance Companies/Vendors* subsection on page 108 are deleted and are replaced with the following:

- MHN administers the Member Assistance Program (MAP) for mental health and substance abuse treatment benefits, including Preauthorization of inpatient treatment and processing claims and appeals for individuals covered under the Blue Cross Blue Shield of Illinois and HFN medical programs.
- Health Alliance:
 - ◆ Administers and provides Preauthorization for medical, inpatient mental health, and inpatient substance abuse claims for individuals covered under the Health Alliance Medical Program; and
 - ◆ Provides access to PPO providers for medical care.

16. Effective July 1, 2010, the definition of Preauthorization on page 117 of the *Definitions* section is deleted and is replaced with the following:

Preauthorization means the process adopted by the Plan of prior authorization of all Hospital admissions of 24 hours or more, outpatient surgery, Rehabilitation Services, transplant services, and inpatient mental health and substance abuse treatment. Preauthorization is performed for the Plan by:

- American Health Holding, Inc. for Blue Cross Blue Shield of Illinois and HFN medical and transplant benefits;
- Health Alliance Medical Plan for Health Alliance medical, transplant, and inpatient mental health and substance abuse benefits; and
- MHN for inpatient mental health and substance abuse benefits under the Member Assistance Program (MAP) for the Blue Cross Blue Shield of Illinois and HFN programs.

Preauthorization is not a guarantee of benefits. Please refer to the *Schedule of Benefits* for coverage information.

17. Effective July 1, 2010, the description of the Penalty for Failure to Preauthorize in the *Schedules of Benefits for the BlueCross BlueShield of Illinois Preferred Provider Organization (PPO) Plan*, the *Schedules of Benefits for the Health Alliance Preferred Provider Organization (PPO) Plan* and the *Schedules of Benefits for the HFN Exclusive Provider Organization/Preferred Provider Organization (EPO/PPO) Plan* is deleted and is replaced with the following:

Penalty for Failure to Preauthorize Inpatient Hospitalization, Outpatient Surgeries, Rehabilitation Services, Inpatient Mental Health Services, and Inpatient Substance Abuse Treatment

18. Effective July 1, 2010, the Mental Health and Substance Abuse benefits description in the *Schedules of Benefits for the BlueCross BlueShield of Illinois Preferred Provider Organization (PPO) Plan* is deleted and is replaced with the following:

Mental Health Services/Substance Abuse Inpatient - Coinsurance	90%	70%
Outpatient - Copay/Coinsurance Day Treatment/Partial Hospital - Coinsurance	Call MAP for in-network providers \$20 copay 90%	40% 70%
<i>Preauthorization of Inpatient Services Required - Call MAP: See Contact Information</i>		

19. Effective July 1, 2010, the Mental Health and Substance Abuse benefits description in the *Schedules of Benefits for the Health Alliance Preferred Provider Organization (PPO) Plan* is deleted and is replaced with the following:

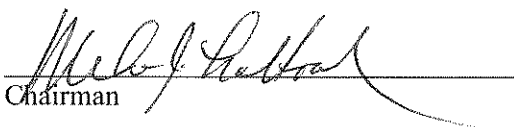
Mental Health Services Inpatient - Coinsurance Outpatient - Copay/Coinsurance <i>Preauthorization of Inpatient Services Required - See Contact Information</i>	90% \$20 copay	70% 40%
Substance Abuse Services Inpatient - Coinsurance Outpatient - Copay/Coinsurance <i>Preauthorization of Inpatient Services Required - See Contact Information</i>	90% \$20 copay	70% 40%

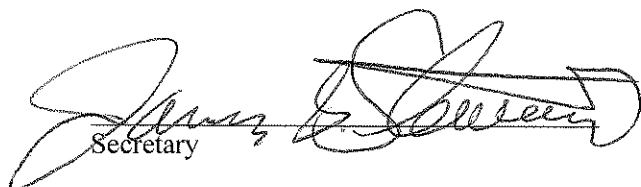
20. Effective July 1, 2010, the Mental Health and Substance Abuse benefits description in the *Schedules of Benefits for the HFN Exclusive Provider Organization/Preferred Provider Organization (EPO/PPO) Plan* is deleted and is replaced with the following under the Medical Benefits PPO/Out-of-Network Section of the HFN Schedule of Benefits:

Mental Health Services/Substance Abuse Inpatient - Coinsurance	90%	70%
Outpatient - Copay/Coinsurance Day Treatment/Partial Hospital - Coinsurance	Call MAP for in-network providers \$20 copay 90%	40% 70%
<i>Preauthorization of Inpatient Services Required - Call MAP: See Contact Information</i>		

IN WITNESS WHEREOF, as authorized by the Board of Trustees, this amendment to the North Central Illinois Laborers' Health and Welfare Fund Summary Plan Description and Plan Document, 2007 Edition, is adopted as of the _____ day of _____ 2010.

The Board of Trustees, by:


Chairman


Secretary

5114615v1/05139.001