



4208 W. Partridge Way, Unit 3 • Peoria, IL 61615

Toll Free: 1-866-692-0860 • **Phone:** 309-692-0860 • **Fax:** 309-692-0862

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RE: 2014 Plan Changes

Dear Participant,

The North Central Illinois Laborers' Health & Welfare Fund Board of Trustees is pleased to announce two changes to the Plan:

- The inclusion of deductibles and co-payments toward the Out-of-Pocket Maximum; and
- The addition of coverage for routine costs of clinical trials under certain circumstances.

These changes are the result of the Affordable Care Act (ACA) provisions that become effective for this Plan on July 1, 2014. The remainder of this letter explains these changes.

Out-of-Pocket Maximum

The annual Out-of-Pocket Maximum limits your share of the annual cost of covered services to \$2,500 per person or \$7,500 per family for in-network services. There is no maximum for out-of-network services.

Previously, the Plan did not count your annual deductible and any co-payments toward your Out-of-Pocket Maximum. Beginning July 1, 2014, these amounts will count toward your Out-of-Pocket Maximum, thereby limiting your costs even further.

Clinical Trials Coverage

The ACA requires plans like ours to cover routine costs of clinical trials related to cancer or other life-threatening illnesses. A clinical trial will be covered if the trial meets specific statutory requirements for being an "approved" trial, the individual satisfies certain criteria, and the trial is provided under certain conditions.

To be covered, the incurred charges must be for services provided on or after July 1, 2014 and due to participation in a Phase I, II, III, or IV Approved Clinical Trial conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition. In addition, the covered charges must be those that are:

- Ancillary to participation in the Approved Clinical Trial and would otherwise be covered under this Plan if you were not participating in the Approved Clinical Trial; and
- Not attributable to any device, item, service, or drug that is being studied as part of the Approved Clinical Trial or is directly supplied, provided, or dispensed by the provider of the Approved Clinical Trial.

This coverage applies to you and your covered dependents. Charges related to participation in an Approved Clinical Trial are covered if you (or your covered dependent) meet the following conditions:

- Satisfy the protocol prescribed by the Approved Clinical Trial provider; and
- Either:
 - Your (or your dependent's) in-network provider determines that participation in the Approved Clinical Trial is medically appropriate; or
 - You (or your dependent) provide the Plan with medical and scientific information establishing that participation in the Approved Clinical Trial would be medically appropriate.

An Approved Clinical Trial means a Phase I, II, III, or IV clinical trial that is being conducted to study the prevention, detection, or treatment of cancer or other life-threatening disease or condition. The Approved Clinical Trial's study or investigation must be

- Approved or funded by one or more of:
 - The National Institutes of Health (NIH),
 - The Centers for Disease Control and Prevention (CDC),
 - The Agency for Health Care Research and Quality (AHCRO),
 - The Centers for Medicare and Medicaid Services (CMS),
 - A cooperative group or center of the NIH, CDC, AHCRO, CMS, the Department of Defense (DOD), or the Department of Veterans Affairs (VA);
 - A qualified non-governmental research entity identified by NIH guidelines for grants; or
 - The VA, DOD, or Department of Energy (DOE) if the study has been reviewed and approved through a system of peer review that the Secretary of HHS determines is comparable to the system used by NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;
- A study or trial conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or
- A drug trial that is exempt from investigational new drug application requirements.

The following are **Excluded Expenses**:

- Expenses incurred due to participation in an Approved Clinical Trial that are:
 - The investigational items, devices, services, or drugs being studied as part of the Approved Clinical Trial;
 - Items, devices, services, and drugs that are provided solely for data collection and analysis purposes and not for direct clinical management of the patient; or
 - Items, devices, services, or drugs inconsistent with widely accepted and established standards of care for a patient's particular diagnosis.
- Expenses incurred at a non-network provider if a network participating provider will accept the patient in an Approved Clinical Trial.
- Expenses incurred at a non-network provider, unless the Approved Clinical Trial is only offered outside the patient's state of residence.

Please retain this in the front pocket of your SPD for future reference.

Please call our office if you have any questions about these changes or your benefits in general.

Sincerely,

Board of Trustees

This announcement, which serves as a Summary of Material Modifications, contains only highlights of recent changes to the North Central Illinois Laborers' Health & Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.