

Northern Illinois and Iowa Laborers' Health and Welfare Fund

SUMMARY OF MATERIAL MODIFICATIONS

October 2015

The Board of Trustees of the Northern Illinois and Iowa Laborers' Health and Welfare Fund (the "Plan") is required to provide each participant with a notification of important changes made to the Plan. This notification, which is called a Summary of Material Modifications ("SMM"), is intended to update the January 1, 2015 Summary Plan Description ("SPD"). Therefore, you should place this notice with your SPD and retain it for future reference. If you do not have a copy of the SPD, please contact the Plan's administrative office.

Effective January 1, 2016, the Calendar Year Maximum under the Schedule of Benefits for the Vision Care Expense Benefit and the Dental Care Expense Benefit are amended to read as follows:

Vision Care Expense Benefit	
Calendar Year Maximum	\$200 <i>(The Calendar Year Maximum does not apply to individuals under the age of 18)</i>

Dental Care Expense Benefit	
Calendar Year Maximum	\$500 <i>(Calendar Year Maximum does not apply to preventive care for individuals under age 18)</i>

VISION CARE EXPENSE BENEFIT

Under the Plan's Vision Care Expense Benefit, the Plan currently pays benefits for the actual cost of your eligible Vision Care Expenses up to the calendar year maximum of \$100 per person. Effective January 1, 2016, the Trustees increased the calendar year maximum for eligible Vision Care Expenses to \$200 per person. *(The calendar year maximum does not apply to individuals who are under age 18.)*

DENTAL CARE EXPENSE BENEFIT

Similarly, the Plan imposes an annual limit on dental care. The limit applies as follows:

Adults.

Under the Dental Care Expense Benefit, if you are age 18 or older, the Plan currently pays benefits for the actual cost of your eligible Dental Care Expenses up to the calendar year maximum of \$250 per person. Effective January 1, 2016, the Trustees have increased the calendar year maximum for eligible Dental Care Expenses to \$500 per person.

Children.

Effective January 1, 2016, the following rules will apply to individuals under age 18:

- Preventive Care. The Plan will pay 100% of the actual cost of two preventive dental examinations (including cleanings) per calendar year and one set of dental x-rays per calendar year. This 100% coverage does not include sealants or fluoride treatment. This preventive care benefit is not subject to the \$500 annual limit on nonpreventive benefits.
- Nonpreventive Care. The Plan will pay benefits for the actual cost of eligible nonpreventive Dental Care Expenses provided; however, benefits will only be payable for nonpreventive care until the total amount paid for both preventive and nonpreventive dental care totals \$500 during each calendar year.

COVERAGE OF IMMUNIZATIONS

The Plan covers charges for one routine physical examination per adult, per calendar year, which includes routine immunizations associated with a routine annual physical. The Plan also covers charges for child wellness care from birth to 19 years of age. This includes coverage of certain immunizations (i.e., flu vaccine) which can be received at a pharmacy instead of a doctor's office.

Effective immediately, the Trustees have extended the Plan's coverage to include all medically necessary immunizations (i.e., shingles vaccine) which can be obtained at a pharmacy in accordance with applicable guidelines (which includes guidelines specified by the Centers for Disease Control and Prevention).