

# SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH & WELFARE FUND

5100 Ed Smith Way, Suite A • Marion • Illinois 62959 • (618) 998-1300

## *Employer Trustees*

JAMES MCPHAIL, SECRETARY  
ROBERT BALINT  
BRIAN REHBEIN  
JERRY ROSS  
LAURA WILSON

## *Union Trustees*

MATT SMITH, CHAIRMAN  
RODNEY MASTERSON  
ERIC OLLER  
DANIEL WIGGINS  
JERRY WOMICK

## SUMMARY OF MATERIAL MODIFICATIONS IMPORTANT INFORMATION ABOUT YOUR BENEFITS

APRIL 2024

Dear Participant and Covered Dependent(s):

It is the intention of the Board of Trustees of the Southern Illinois Laborers' and Employers Health & Welfare Fund ("Fund") to change benefits from time to time when the financial soundness of the Fund requires, and at other times to comply with changes to the Federal law. This Summary of Material Modifications ("SMM") advises you of updates to the Fund's Summary Plan Descriptions for Plan A and C effective as of the below described dates:

### **Gender Affirmation Treatment and Services**

Effective December 19, 2023, medically necessary services for the treatment of gender dysphoria, including medical benefits, prescription drug benefits and counseling will be a covered expense under the Plan. This includes coverage for growth hormone prescription drugs if determined to be medically necessary for the treatment of gender dysphoria. Experimental or investigational treatments will not be covered.

The services and treatment included in this coverage will be established by the guidelines of the Plan's contracted network provider (Blue Cross Blue Shield of Illinois). All Plan rules will apply, such as copayments, deductibles, coinsurance and out-of-pocket limits. The Blue Cross Blue Shield of Illinois coverage guidelines for gender affirmation treatment can be located at:

<https://www.bcbsil.com/member/member-resources/lgbtq-support>

### **Plan Subrogation and Reimbursement Requirements**

The Plan's subrogation and right of reimbursement requirements, which are set forth in detail in your Summary Plan Description, were amended effective October 1, 2023 to require all participants and dependents, as well as your legal representative(s), to sign the Fund's Subrogation and Reimbursement Agreement as a condition to receiving coverage for treatment of injuries or sickness that may be caused by a third-party. Any coverage provided by the Plan will be limited to eligible expenses as defined in the Summary Plan Description.

**A FINAL NOTE**

We continue to work hard, and explore all options possible, to provide you and your family with comprehensive coverage and help you get the most of your benefits. If you have any questions regarding this Summary of Material Modifications, please refer to your SPD or contact the Fund Office of the Southern Illinois Laborers' and Employers Health & Welfare Plan at: 5100 Ed Smith Way, Suite A, Marion Illinois 62959, (618) 998-1300.

Sincerely,

Board of Trustees

*This announcement, which serves as a Summary of Material Modifications, contains only highlights of a recent change to the Southern Illinois Laborers' and Employers Health & Welfare Plan. Full details are contained in the documents that establish the Plans' 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.*