

**AMENDMENT TO THE  
SOUTHERN ILLINOIS LABORERS' & EMPLOYERS  
HEALTH & WELFARE FUND SUMMARY PLAN DESCRIPTION  
DATED JANUARY 1, 2022**

**SUMMARY PLAN DESCRIPTION A – AMENDMENT #2  
SUMMARY PLAN DESCRIPTION C – AMENDMENT #3**

WHEREAS, the Board of Trustees of the Southern Illinois Laborers' & Employers' Health & Welfare Fund may amend the Summary Plan Description pursuant to Article 13 of the Restated Agreement and Declaration of Trust; and

NOW THEREFORE, the Trustees hereby adopt the following amendments effective on the below listed date:

Article 1 entitled "Schedule of Benefits" is hereby *amended* as follows:

<p>TELEMEDICINE PROGRAM SEE SECTION 2.22</p>	<p><u>ALL TELEMEDICINE VISITS, INCLUDING CARE FOR MEDICAL, MENTAL DISORDER, MENTAL ILLNESS AND SUBSTANCE ABUSE/ALCOHOLISM ABUSE, WILL BE SUBJECT TO THE FOLLOWING COVERAGE LIMITS:</u></p> <p>TELEMEDICINE VISITS WILL BE COVERED AT 100% IF DELIVERED THROUGH MD LIVE. <del>UP TO THE PER-VISIT COVERAGE MAXIMUM DESCRIBED BELOW.</del></p> <p>TELEMEDICINE VISITS WILL BE COVERED AT 80% IF VISIT IS WITH AN IN-NETWORK PROVIDER BUT NOT DELIVERED THROUGH MD LIVE.</p> <p>TELEMEDICINE VISITS WILL BE COVERED AT 45% IF TELEMEDICINE VISIT IS NOT DELIVERED THROUGH MDLIVE AND THE PROVIDER IS OUT-OF-NETWORK.</p> <p><u>MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TELEMEDICINE VISITS WILL BE SUBJECT TO THE FOLLOWING PER-VISIT MAXIMUMS:</u></p> <p><del>\$44.00 PER TELEMEDICINE VISIT UP TO 30 MINUTES FOR MEDICAL TREATMENT AND VIDEO CONSULTATIONS</del></p> <p><del>\$175.00 PER TELEMEDICINE VISIT FOR <u>MEDICAL DOCTOR MENTAL HEALTH AND SUBSTANCE ABUSE DIAGNOSTIC EVALUATIONS WITH MEDICAL SERVICES</u></del></p> <p><del>\$80.00 PER TELEMEDICINE VISIT UP TO 40 MINUTES FOR OFFICE/OUTPATIENT <u>MEDICAL DOCTOR MENTAL HEALTH AND SUBSTANCE ABUSE MEDICATION MANAGEMENT</u></del></p> <p><del>\$80.00 PER TELEMEDICINE VISIT FOR <u>PHD/MASTER LEVEL MENTAL HEALTH AND SUBSTANCE ABUSE PSYCHIATRIC DIAGNOSTIC EVALUATIONS</u></del></p> <p><del>\$80.00 PER TELEMEDICINE VISIT UP TO 45 MINUTES FOR <u>PHD/MASTER LEVEL MENTAL HEALTH AND SUBSTANCE ABUSE PSYCHOTHERAPY WITH PATIENT AND/OR FAMILY MEMBER OR FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT</u></del></p>
--	---

PHYSICAL /OCCUPATIONAL/SPEECH THERAPY  SEE SECTION 2.17  <u>(PHYSICAL/OCCUPATIONAL/SPEECH THERAPY VISITS ARE A COVERED CHARGE IF MEDICALLY NECESSARY DUE TO ILLNESS OR INJURY, INCLUDING MENTAL DISORDERS, MENTAL ILLNESS, OR SUBSTANCE ABUSE/ALCOHOLISM ABUSE)</u>	80% AFTER DEDUCTIBLE 50 VISITS PER CALENDAR YEAR COMBINED  <u>ADDITIONAL VISITS ALLOWED IF MEDICALLY NECESSARY</u>	45% AFTER DEDUCTIBLE 50 VISITS PER CALENDAR YEAR COMBINED  <u>ADDITIONAL VISITS ALLOWED IF MEDICALLY NECESSARY</u>
---	---	---

Article 2, Section 2.08 of the Summary Plan Description entitled “Covered Charges” is hereby *amended* as follows:

**Developmental Genetic Testing**

1. The Plan will cover Reasonable any Customary expenses for chromosome microarray genetic testing of toddlers (defined as Eligible Dependent children ages 0-3), including post-testing temporary rehabilitation charges, subject to a determination of Medical Necessity by the Utilization Review Organization. ~~Any ongoing or lifetime custodial or maintenance rehabilitation charges associated with a toddler’s developmental disability, whether identified through the chromosome microarray genetic testing or otherwise, will not be a Covered Expense under the Plan.~~

Article 2, Section 2.08 of the Summary Plan Description entitled “Covered Charges” is hereby *amended* as follows:

**Section 2.17 Physical Therapy/Occupational Therapy/Speech Therapy**

Covered Expenses for Physical/Occupational/Speech Therapy are limited to 50 visits combined per Calendar Year and will be payable as shown in the Schedule of Benefits.

**LIMITS FOR SPEECH THERAPY**

The Plan provides benefits for speech therapy when rendered by a licensed speech therapist or qualified physician to restore speech loss or correct an impairment which was due to:

1. A congenital defect for which corrective surgery has been performed;
2. An ~~accidental~~ Injury, Illness or Sickness; or
3. A Mental Disorder, Mental Illness, or Substance Abuse/Alcoholism Abuse.

Speech therapy expenses that **will not** be covered are as follows:

1. Self-care/self-help training, or supplies used in connection with such self-care/self-help training; or
2. Therapy provided by a therapist who is the claimant or a relative of the claimant to the following degree: parent, spouse of parent, spouse, child, spouse of child, or parent of child of spouse.

Article 6, subparagraph 22 of the Summary Plan Description entitled “Maternity Benefits” is hereby *amended* as follows:

22. One dietary counseling session within six months to assist with diabetes management or treatment of a Mental Disorder/Mental Illness or Substance Abuse/Alcoholism Abuse. ~~of initial diagnosis of diabetes.~~ Thereafter, one dietary counseling session shall be covered during each twelve month period after the initial session. Each dietary counseling session must be prescribed, in writing, by a treating physician.

Article 7, subsections 27 and 30 of the Summary Plan Description entitled “Exclusions and Limitations” is hereby *amended* as follows:

27. Any loss, expense or charge which results from appetite control, diet programs, diet supplements/pills, nutritional supplements/vitamins, nutritional counseling except following initial diagnosis of diabetes or for treatment of a Mental Disorder, Mental Illness or Substance Abuse/Alcoholism Abuse;
30. Obesity – care and treatment of obesity, weight loss or dietary control (other than preventive body mass index screening and counseling, see Section 2.18, or for treatment of a Mental Disorder, Mental Illness or Substance Abuse/Alcoholism Abuse) whether or not it is, in any case, a part of the treatment for another Sickness. Specifically excluded are charges for bariatric surgery including but not limited to, gastric bypass, stapling and intestinal bypass and lap band surgery, or the excision of excess skin and subcutaneous tissue; including reversals of these procedures.

Article 8, Section 8.33 of the Summary Plan Description entitled “Hospital” is hereby *amended* as follows:

### **Section 8.33                      Hospital**

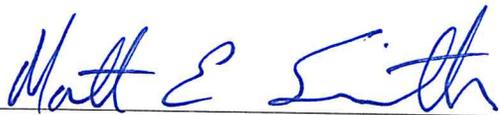
The term “Hospital” means an institution which meets all of the following requirements:

1. It is accredited as a Hospital under the Hospital Accreditation Program of the Joint Commission on Accreditation of Healthcare Organizations; it is legally operated; it has service by registered graduate nurses; and it complies with A or B:

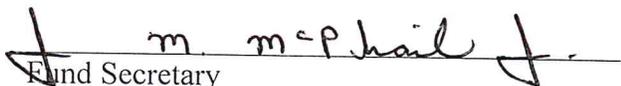


All other provisions of this Plan shall remain unchanged.

Adopted by the Board of Trustees of the Southern Illinois Laborers' & Employers' Health & Welfare Fund this 16<sup>th</sup> day of August 2022, to be effective as of August 18<sup>th</sup>, 2022.



Fund Chairman



Fund Secretary