

**Plumbers and Fitters Local No. 101 Health and Welfare Fund
Summary of Material Modifications**

March 1, 2009

To: All Plan Participants

SUBJECT: Medical Benefit Changes

The Trustees have approved several changes to your medical benefits. The changes are effective on the dates stated below.

WELLNESS BENEFITS

The Plan currently provides a benefit of \$250 per individual per calendar year for all child and adult wellness services, including well doctor visits, routine lab and x-ray and immunizations combined. The plan has been amended (a) effective January 1, 2009 to increase the annual wellness benefit maximum from \$250 to \$300 and (b) effective January 1, 2008 to add a separate \$750 lifetime benefit for well-child immunizations. Office visits for well care will continue to be covered under the \$300 well-care benefit, separately from immunizations. Human Papilloma Virus (HPV) immunizations will also continue to be covered under a separate benefit. Neither HPV nor immunizations will count toward the existing \$300 well-care benefit. If a member of your family had immunization charges that exceeded the wellness benefit maximum in 2008, please contact Benefit Consultants, Inc. at 1-800-434-4620 to determine whether additional benefits are available as a result of this change.

MEDICALLY NECESSARY HOSPITAL AND ANESTHESIA EXPENSES IN CONNECTION WITH DENTAL CARE

The Plan's medical benefits currently exclude coverage for charges for treatment of certain dental care as identified under the Medical Exclusions and Limitations section of your January 1, 2007 Summary plan Description dated. This exclusion also applies to hospital and anesthesia charges incurred in connection with such non-covered dental services. Effective January 1, 2009, the Plan has been amended to provide medical benefits for medically necessary hospital and anesthesia charges in connection with non-covered dental services for children less than nine years of age. This change applies to hospital and anesthesia expenses only. Charges by a dentist for non-covered dental expenses continue not to be covered under the Plan's medical benefits, but may be covered under the Plan's dental benefits.

CHANGE FROM USA/MCO TO MULTIPLAN/PHCS

The Plan's primary managed care network is HealthLink. THAT IS NOT CHANGING. The Plan also utilizes USA/MCO as a supplemental network to Healthlink when services are rendered outside HealthLink's service area. This supplemental network is used primarily for college students residing outside HealthLink's service area and for you and your family when traveling or when seeking specialized care outside HealthLink's service area. Effective May 1, 2009, the supplemental network will change from USA/MCO to Multiplan/PHCS. Multiplan/PHCS provides a more expanded supplemental network. You will receive new ID cards reflecting this change on or before May 1, 2009.

SMOKING CESSATION PROGRAM

The Trustees approved a Smoking Cessation Program effective January 1, 2009. The program covers prescription and non-prescription medications and auriculotherapy to a maximum of \$250 per calendar year and \$500 per lifetime. Non-prescription medications will be reimbursed under the MedTrak Rx card plan at the generic co-pay and reimbursement rate. Auriculotherapy requires prior notification. To comply with this requirement, contact Benefit Consultants, Inc. at 1-800-434-4620.

IMPORTANT REMINDER: NON-NETWORK SURGICAL FACILITIES ARE NOT COVERED

The Plan currently excludes coverage for non-network outpatient surgery facilities and services rendered by non-network physicians (such as surgeons, anesthesiologists, radiologists and pathologists) at non-network outpatient surgery facilities. Some participants have used non-network outpatient surgery facilities only to find after the fact that these services are not covered under the Plan. These non-network outpatient surgical facilities change names and ownership frequently. Although the recommending physician or surgeon may be participating in HealthLink's network, the outpatient surgical facility may not be. **To determine whether the facility is in network and to avoid incurring large dollar out-of-pocket expense, be sure to contact Benefit Consultants, Inc. at 1-800-434-4620 before undergoing outpatient surgical services.**

If you have any questions, please call the Fund office at 1-618-234-5504 or Benefit Consultants Inc at 1-800-434-4620.