

BAC LOCAL 15 WELFARE AND PENSION FUND

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KANSAS CITY BRICKLAYERS EMPLOYEES WELFARE FUND SUPPLEMENT TO THE SUMMARY PLAN DESCRIPTION

Effective April 1, 1998

Coverage for **Mental Health Benefits** has the same annual and lifetime maximums as other medical benefits. However, in-patient coverage is limited to two (2) admissions per lifetime and outpatient physician or hospital visits are limited to ten (10) per year and thirty (30) per lifetime. Please refer to the booklet for other conditions for coverage.

Effective July 1, 1998

The **Major Medical Benefit** was improved by adding a provision that once a family incurs more than \$7,500 in out-of-pocket expenses during a calendar year, the Plan will pay 100% of most covered expenses for the remainder of the year.

The **Dental Benefit** yearly maximum was increased from \$500 to \$1,000 per person. The lifetime orthodontic benefit also increased to \$1,000. Retiree coverage became available January 1, 2000.

Employees and spouses are entitled to an "Executive Physical" every other year until age 50 and yearly thereafter. This benefit is available only through Employer Health Services at their Overland Park, KS location.

The spouse of a deceased retiree is allowed to continue for 36 months by self-paying the COBRA rate. The spouse can continue coverage beyond the 36 months until remarriage or Medicare eligibility.

Effective June 1, 1999

A **Well Child Care Benefit** was added which provides 100% coverage for covered expenses for Child Health Supervision Services from birth through age 6 years. The benefit covers physician-supervised services including routine well baby care, pediatric preventative services, developmental assessment and appropriate immunizations and laboratory tests according to the following schedule:

1. Under age 1: all visits.
2. Ages 1-2 years: five visits per year.
3. Ages 3-6 years: one visit per year.

A **Routine Care Benefit** was adopted which provides coverage for routine lab and x-ray tests, pap smears, mammograms and immunizations (excluding flu shots) when done on a routine basis when an illness is not present. School exams are covered and also immunizations after age 7 that are not included in the Well Child Care Benefit. Benefits are limited to \$200 per person per calendar year and are paid at 80% after the deductible is met.

Effective July 1, 1999

The **Major Medical Benefit** co-payment was increased to 90% for covered expenses provided through the Preferred Provider Organization (PPO) network. Covered expenses outside of the network are payable at 80%.

Effective November 23, 1999

The **Death Benefit** and **Accidental Death and Dismemberment Benefit** for Active Employees was increased from \$5,000 to \$10,000.

Effective January 1, 2000

The **Routine Care Benefit** was increased from \$200 to \$315 per person per calendar year. In addition, the co-pays and deductibles were eliminated. The benefit may be used either at Employer Health Services or any physician of your choice. Charges for a routine physical exam are covered every year for participants over age 50, and every other year if under age 50. Retirees are also covered for this benefit as of January 1, 2000 after a \$150 deductible.

Effective April 1, 2000

The age requirement for participation in the Retiree Plan was lowered from age 62 to age 55 for those participants who have earned twenty-five (25) Years of Service with the Pension Fund. Other requirements for participation are unchanged.

Effective August 1, 2000

A **Vision Care Benefit** was added which provides coverage for examinations, lenses, frames, or contact lenses. The Plan pays 80% of the covered charges up to a maximum payment of \$200 per person per calendar year.

Effective January 1, 2001

A **Family Deductible** was added to help lower the out-of-pocket expenses for families of three or more people. The individual deductible remains at \$150 for PHP claims and \$250 for non-PHP claims. However, there is now a family deductible of \$300 for PHP claims and \$500 for non-PHP claims.

Please refer to page 33 of your Summary Plan Description for a list of exclusions and general limitations that apply to all of the benefits.