

BAC LOCAL UNION 15 WELFARE FUND

Notice to Plan Participants

The purpose of this Notice is to inform you of changes to the plan effective April 1, 2007. We suggest that you keep this information with your Summary Plan Description.

New Calendar Year Deductibles

The calendar year deductible for covered in-network services has been increased to \$300 per individual, \$600 per family. The calendar year deductible for covered out-of-network services has been increased to \$500 per individual, \$1,000 per family.

Co-Pay % for Out of Network Providers

The participant co-payment percentage for out-of-network care will be increased from 20% to 30%.

\$75 Emergency Room Deductible

Emergency room visits will have a \$75 deductible, which will be waived if the patient is admitted for in-patient hospital services.

New First Year Benefit Maximum

The annual benefit maximum for a member's initial 12 months of eligibility will be \$75,000. This limit applies separately to the member, spouse and each eligible dependent during the member's initial 12 months of eligibility in the plan.

New Annual Benefit Maximum

The annual maximum benefit for each member, spouse and eligible dependent will be \$250,000.

Increased Lifetime Benefit Maximum

The lifetime benefit maximum will be increased to \$750,000 per eligible person. The maximum limits (first year, annual and lifetime) include all benefits, except loss of time, accidental death and dismemberment and death benefits.

Increased Dental Benefit

The calendar year dental benefit maximum will be increased to \$1,500 per eligible person.

If you have any questions regarding these changes in coverage, contact the Fund Office at (913) 236-5490 or toll free (800) 542-4482.

Board of Trustees
April, 2007