

AMENDMENT TO THE
AGC HEALTH PLAN OF ILLINOIS
SUMMARY PLAN DESCRIPTION

WHEREAS, pursuant to the Trust Document and the Summary Plan Description (“Plan”), the Board of Trustees has the authority to amend the Summary Plan Description from time to time; and

WHEREAS, the Trustees desire to amend the Plan to reduce the time limit for filing bills from 365 days to 180 days;

WHEREAS, page 43 of the Plan currently reads as follows:

Time Limit for filing Bills and Responding to Requests

No bill for reimbursement of medical expenses filed with the Administrator more than one year after the date the expense was incurred will be paid by the Plan.

NOW THEREFORE, BE IT RESOLVED that the above language shall be replaced with the following language:

Time Limit for filing Bills and Responding to Requests

No bill for reimbursement of medical expenses filed with the Administrator more than 180 days after the date the expense was incurred will be paid by the Plan.

IN WITNESS WHEREOF, we the Trustees have approved this amendment this 28th day of April, 2010, effective the 1st day of June 2010.

AMENDMENT TO THE
AGC HEALTH PLAN OF ILLINOIS
SUMMARY PLAN DESCRIPTION

WHEREAS, pursuant to the Trust Document and the Summary Plan Description (“Plan”), the Board of Trustees has the authority to amend the Summary Plan Description from time to time; and

WHEREAS, it is the desire of the Trustees to amend the Plan to comply with the new federal mental health parity legislation requiring removal of limits and restrictions on mental health and substance abuse treatment:

NOW THEREFORE, BE IT RESOLVED that the Plan shall be amended as follows:

The limitations and restrictions on mental health and substance abuse treatment are hereinafter removed from the Schedules of Benefits and such future treatment will be covered under the physician and medical benefits provisions of the Plan.

Paragraph 36 on Page 26 of the Plan is replaced with the following language:

36. Treatment of Mental Disorder and Substance Abuse

Benefits for the care and treatment of Mental Disorders and Substance Abuse are covered under the physician and medical benefits provisions of the Plan. Psychiatrists (M.D.), psychologists (Ph.D.) or counselors (Ph.D.) may bill the Plan directly. Other licensed mental health practitioners must bill the Plan through these professionals. The Plan conforms to all of the requirements of the Mental Health Parity Act.

IN WITNESS WHEREOF, we the Trustees have approved this amendment this 28th day of October, 2009, effective the 1st day of January 2010.

AMENDMENT TO THE
AGC HEALTH PLAN OF ILLINOIS
SUMMARY PLAN DESCRIPTION

WHEREAS, pursuant to the Trust Document and the Summary Plan Description (“Plan”), the Board of Trustees has the authority to amend the Summary Plan Description from time to time; and

WHEREAS, it is the desire of the Trustees to amend the Plan to comply with the new federal law commonly referred to as “**Michelle’s Law**”;

NOW THEREFORE, BE IT RESOLVED that the following language shall be added as the last paragraph to definition of **Dependent** on page 3 of the Plan following the sentence: “Should the child cease to be a full-time student, coverage will end on the child’s next birthday”:

A dependent enrolled in the Plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school, shall be treated as a full-time student for a period of twelve [12] months after the first day of the medically necessary leave of absence or until the date on which such coverage would otherwise terminate under the terms of the Plan (such as attaining a maximum age for full-time student coverage).

A medically necessary leave of absence occurs when a dependent, whose coverage is contingent upon maintaining a full-time student status, starts a leave of absence from schools that (i) commences while the student is suffering from a serious illness or injury; (ii) is medically necessary; and (iii) would ordinarily cause the dependent to lose full-time student status for purposes of coverage under the terms of the Plan. Such leave of absence applies only when the Plan is provided with a certification by the treating physician that verifies that (i) the dependent is suffering from a serious illness or injury, and (ii) the leave of absence is medically necessary.

IN WITNESS WHEREOF, we the Trustees have approved this amendment this 28th day of October, 2009, effective the 1st day of January 2010.

AMENDMENT TO THE
AGC HEALTH PLAN OF ILLINOIS
SUMMARY PLAN DESCRIPTION

WHEREAS, pursuant to the Trust Document and the Summary Plan Description (“Plan”), the Board of Trustees has the authority to amend the Summary Plan Description from time to time; and

WHEREAS, it is the desire of the Trustees to amend the Plan to implement Illinois House Bill 5285 to expand dependent care coverage;

WHEREAS, the definition of Dependent in the Plan currently reads as follows:

Dependant is any one of the following:

Your spouse and unmarried children from birth to age 19.

However, a Dependent child will continue to be covered after age 19 through age 23 (prior to age 24), provided the child is a **full-time student** at an accredited school, **primarily dependent upon you for support and maintenance** and is **unmarried**. Should a child cease to be a full-time student, coverage will end on the child’s next birthday.

NOW THEREFORE, BE IT RESOLVED that the above language shall be replaced with the following language:

Dependant is any one of the following:

Your spouse and unmarried children from birth up to age 26, regardless of student status, and up to age 30 for unmarried dependents on active military duty or veteran status, provided he or she has not been dishonorably discharged.

IN WITNESS WHEREOF, we the Trustees have approved this amendment this 28th day of July, 2009, effective the 1st day of January 2010.

**AMENDMENT TO THE
AGC HEALTH PLAN OF ILLINOIS
SUMMARY PLAN DESCRIPTION**

WHEREAS, the Board of Trustees has the authority to amend the Summary Plan Description;

WHEREAS, the Board of Trustees has determined that annual physical therapy benefits in excess of \$1,500.00 may be warranted in certain circumstances;

WHEREAS, the Board of Trustees has passed a motion to allow annual physical therapy benefits in excess of \$1,500.00, subject to prior authorization and concurrent reviews that the additional therapy is needed. The Board authorized the following concurrent reviews:

Benefit Level Review

Benefits between \$1,501.00 and \$4,000.00 First review
Benefits between \$4,001.00 and \$5,500.00 Second Review
Benefits between \$5,501.00 and \$6,500.00 Third Review
Benefits in excess of \$6,500 Fourth Review

NOW THEREFORE, the Summary Plan Description's Schedule of Benefits are amended to read as follows:

Outpatient Physical Therapy All treatment combined limited to \$1,500.00
each Calendar Year. Treatment in excess of
\$1,500.00 in a Calendar Year is subject to
Prior authorizations and concurrent reviews.

DATED: this Amendment is adopted and effective this 1st day of September, 2008.

**AMENDMENT TO THE
AGC HEALTH PLAN OF ILLINOIS
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WHEREAS, the Board of Trustees has the authority to amend the Summary Plan Description;

WHEREAS, the Board of Trustees passed a motion on October 7, 2008, to amend the Plan to add a \$100.00 copay for emergency room visits;

NOW THEREFORE, the Summary Plan Description's Schedule of Benefits shall hereafter be amended as follows:

There is a \$100.00 copay for emergency room visits. The copay is in addition to the Deductible and Coinsurance. The copay does not apply to the out-of-pocket maximum.

DATED: this Amendment is adopted and effective this 1st day of January, 2009.

**AGC HEALTH PLAN OF ILLINOIS
AMENDMENT TO SUMMARY PLAN DESCRIPTION**

WHEREAS, the combination Plan Document and Summary Plan Description (the "Plan") dated 2008, grants authority to the Trustees to amend provisions of the Plan from time to time; and

WHEREAS, the Trustees desire to amend the Plan to provide for oncology management services;

NOW THEREFORE, BE IT RESOVLED that the Plan shall be amended to add the following section to page 20 of the Plan;

ONCOLOGY PHARMACEUTICAL AND CLINICAL MANAGEMENT PROGRAM

This provision describes a special medical management program designed for certain aspects of care received by cancer patients.

Your Plan has entered into an arrangement with Biologics, a company specializing in oncology management, to assist you and your oncologist during the course of cancer treatment when administered either in an outpatient setting (e.g. in the physician's office or other covered outpatient setting) or an inpatient setting. The program applies to the chemotherapy plan of treatment and other oncology pharmaceuticals to be used in connection with your cancer treatment.

In order to initiate these oncology management services, your oncologist should contact your Plan Administrator to verify Plan benefits. At that time, your oncologist will be asked to contact Biologics and to provide to your assigned Biologics' Oncology Nurse Specialist (ONS) a copy of the treatment plan that your oncologist has prescribed for you. Once the oncologist has contacted Biologics, your assigned ONS will contact you periodically to provide support, education, and answer any questions you might have about your disease and your treatment plan. Your assigned Oncology Nurse Specialist will remain in contact with you and your oncologist for the duration of your chemotherapy treatment plan. In addition, clinical oncology pharmacists will be available to you and your oncologist on a 24/7 basis by contacting 1.800.983.1590. You will be encouraged to call this number if you have questions regarding the cancer drugs being used to treat your cancer, related side effects and other quality of life issues.

If your oncologist determines that oral anti-cancer drugs and/or supportive medications should be taken in your home following the inpatient or outpatient chemotherapy, your oncologist should contact Biologics and those drugs will be sent directly to your home address or another location if you prefer, in time to meet the medication schedule specified by your oncologist. A clinical oncology pharmacist will call you to discuss the medications and answer any questions you may have about the specific drugs you are taking at home.

Unless your oncologist has entered into an agreement with Biologics to accept other reimbursement rates, the payment for all drugs used in the treatment of cancer will be limited to the rate of Average Sales Price plus 10 %.

Average Sales Price is updated quarterly by Medicare.

In order to receive benefit payments under the Plan, your oncologist's chemotherapy plan of treatment must be received by Biologics, and deemed not to be Experimental and/or Investigative.

IN WITNESS WHEREOF, we have affixed our signatures and approved this amendment this 1st day of July, 2009.