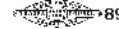




GREATER KANSAS CITY LABORERS FRINGE BENEFIT FUNDS

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

6405 Metcalf, Suite 200 • Overland Park, Kansas 66202
(913) 236-5490 • Fax: (913) 236-5499



June 14, 2010

**TO: ALL ELIGIBLE PARTICIPANTS OF THE GREATER KANSAS CITY LABORERS
WELFARE FUND**

**RE: BLUE CROSS AND BLUE SHIELD OF KANSAS CITY PARTNERSHIP AND
DEDUCTIBLE CHANGES FOR MEDICAL AND DENTAL BENEFITS**

Dear Participant:

The Trustees of the Greater Kansas City Laborers Welfare Fund are pleased to announce the following changes to the Welfare Fund:

➤ **BLUE CROSS AND BLUE SHIELD OF KANSAS CITY PARTNERSHIP**

We are pleased to announce a new partnership with **Blue Cross and Blue Shield of Kansas City (BCBSKC)**. **Effective July 1, 2010**, we will move to the Blue Cross and Blue Shield National Preferred Provider Organization (PPO), which will offer a nationwide network of medical providers for all your health benefit needs.

This is a change in our PPO network only. Your benefits will NOT change as a result of this partnership, and all Customer Service, including benefit inquiries and eligibility, will continue to be handled through the Fund Office, just as they are today. Your prescription drug coverage will also stay the same and all prescriptions will continue to be provided through Express Scripts.

In the Kansas City area, you and your dependent family members will utilize the *Preferred-Care Blue PPO Provider Network*. For the past several years, Kansas City PPO access was through *PHP Freedom Network Select*, which is a wholly-owned subsidiary of BCBSKC. By contracting directly with BCBSKC, you and the Fund will now benefit from improved pricing while retaining the same local network of doctors and facilities. In areas outside of Kansas City, this new partnership will provide you with nationwide access to the *Blue Cross and Blue Shield 'BlueCard' PPO Network*.

You are receiving this notice because you have been eligible for benefits with the Welfare Fund at some point during the past 12 months. If you are eligible for health care benefits effective July 1st, BCBSKC will be sending you a mailing during the week of June 21st, which will include your new ID cards. If you are not currently eligible, and become reinstated in the future, your new BCBSKC ID cards will be sent with your new member information.

PLEASE NOTE: It is important that you continue to use your current ID card for all medical services through June 30th. Your new BCBSKC card will not be valid until on or after July 1, 2010.

IMPORTANT NOTICE: *The new BCBSKC ID card is to be used for MEDICAL SERVICES only. BCBSKC does NOT administer prescription drug benefits for the Welfare Fund. Those services continue to be handled through Express Scripts. Please continue to use your Express Scripts Prescription Card when obtaining covered prescriptions through the Welfare Fund, when you are eligible for benefits with the Fund.*

BCBSKC Networks offer high-quality and cost-effective healthcare with the best geographic access to physicians and hospitals of any PPO plan nationwide. Nationwide coverage through the 'BlueCard' PPO program is available to you and your dependent family members in any state in the United States. This enhancement will provide you with peace of mind that you'll be able to find an in-network healthcare provider wherever you may be.

IMPORTANT NOTICE: *The change to Blue Cross and Blue Shield of Kansas City will reduce costs to the Fund. You can help reduce your out-of-pocket costs and receive the highest level of benefits by making sure you use a Blue Cross Blue Shield PPO provider whenever possible. Steps are provided below to verify a provider's status with BCBS.*

Please note, if you use an Out-of-Network, **Non-Participating** provider, the plan's eligible benefit amount will not be assignable (paid) directly to the provider. This means the plan's benefit payment for a claim at an Out-of-Network, **Non-Participating** provider is paid directly to you, and then you are responsible for the entire claim payment directly to the provider. This policy is standard for all plans with Blue Cross Blue Shield, but only applies to Out-of-Network, **Non-Participating** provider claims.

Below is information that will allow you to search for and determine if your provider(s) are participating in the *Blue Cross Blue Shield PPO Nationwide Network*:

- ❖ You can go directly to the *Blue National Doctor and Hospital Finder Website* at **www.bcbs.com**.
- ❖ You will need the three digit account specific prefix: **(GKF)**. This is the prefix that will be listed on the front of your identification card.
- ❖ You will also need the zip code of the area where you are looking for a participating provider. This will provide you with a detailed search engine where you can look up a provider by name and/or specialty anywhere within the Blue Cross Blue Shield PPO Nationwide Network.
- ❖ To determine if a provider is in the Blue Cross Blue Shield PPO Network over the phone, you may contact Blue Cross Blue Shield of Kansas City at **(800) 340-0109** or you can call the *National Provider Finder* number at **(800) 810-BLUE**.

- ❖ Please note, the participating provider information is subject to change; therefore it is important that you verify provider participation in the Blue Cross Blue Shield PPO network prior to receiving services on or after July 1, 2010.

We are very excited about this new partnership and believe this will provide you and your family improved in-network provider access.

➤ **DEDUCTIBLE CHANGES FOR MEDICAL AND DENTAL BENEFITS**

Decreased Medical Benefit Deductible—Effective May 1, 2010

The medical deductible is the amount you and your dependents pay each calendar year before the Plan begins to pay benefits toward medical expenses. Effective May 1, 2010, the Plan implemented a separate annual deductible for dental benefits, and thereby reduced the medical deductible as follows:

Coverage Type	Pervious Combined Medical & Dental Deductible		Medical Deductible Effective May 1, 2010	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$300	\$400	\$275	\$375
Family	\$500	\$800	\$450	\$750

Dental Benefit Deductible—Effective May 1, 2010

Your dental benefits will no longer be covered under medical or subject to its annual deductible. Instead, a separate annual deductible will apply as follows:

Coverage Type	Dental Deductible Effective May 1, 2010
Single	\$25
Family	\$50

All amounts you have paid toward your Medical or Dental deductible prior to May 1, 2010 will be applied to the total deductible owed for this year. The co-insurance amounts you currently pay will remain the same.

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If you have any questions about either of these Plan changes, please feel free to contact the Fund Office at (913) 236-5490.

Sincerely,

BOARD OF TRUSTEES