

T TEAMSTERS
B BENEFIT
T TRUST

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PLAN CHANGE NOTICE

March 2, 2015

To: Plan I, I-A, I-85, III, III-A, IV, V (Five), V-A, V-A Construction, V-A-NEWS Active Participants, Dependents and COBRA Enrollees

Re: Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance and Annual Maximum Removed - Indemnity Plan Claims Incurred On Or After October 1, 2014

The following Plan revisions apply to the Plan's *Indemnity medical option* and are effective for claims incurred on or after October 1, 2014. Please read this notice carefully. **If you received mental health or alcohol or chemical dependency services under the Indemnity Medical Option on or after October 1, 2014 and your benefits did not conform to the "Revised (new) Benefits" shown below, payment of your claims is being adjusted and you will receive a revised Explanation of Benefits (EOB).**

The calendar year and lifetime maximums specific to treatment for mental health and alcohol or chemical dependency treatments will be eliminated. Benefits for mental health or alcohol or chemical dependency services will be subject to your Plan's *overall medical coverage*.

<u>Revised (new) Benefits</u>	
For Claims Incurred <u>On Or After</u> October 1, 2014	
MENTAL HEALTH SERVICES —IN-HOSPITAL	
Maximum inpatient days per calendar year	<i>None</i>
PPO	100%
Non-PPO	50% of UCR
Pre-authorization required	
MENTAL HEALTH SERVICES —IN MEDICAL OFFICES	
Per visit covered expense maximum	<i>None</i>
PPO	100%
Non-PPO	80% of UCR

<u>Prior (old) Benefits</u>	
For Claims Incurred <u>Before</u> October 1, 2014	
MENTAL HEALTH SERVICES —IN-HOSPITAL	
Maximum inpatient days per calendar year	30
PPO	100%
Non-PPO	50% of UCR
Pre-authorization required	
MENTAL HEALTH SERVICES —IN MEDICAL OFFICES	
Per visit covered expense maximum	\$80
PPO	100%
Non-PPO	80% of UCR

* **NOTE:** The following expenses do not apply to meeting the Plan's Calendar Year copayment limit: (a) the 50% copayment for an inpatient stay in a non-PPO hospital; (b) non-covered charges such as non-PPO provider fees which exceed Usual, Customary and Reasonable (UCR) rates.

<u>Revised (new) Benefits</u> For Claims Incurred <u>On Or After</u> October 1, 2014	<u>Prior (old) Benefits</u> For Claims Incurred <u>Before</u> October 1, 2014
ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT - Inpatient and Outpatient	ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT - Inpatient and Outpatient
Lifetime Maximum Treatments Removed Per Treatment covered maximum at TAP approved facility. Removed	Lifetime Maximum Treatments.... Two Per Treatment covered maximum at TAP approved facility: First Treatment 100% Second Treatment 80% Non-TAP PPO Not covered Deductible Not subject to deductible * <i>Must be pre-authorized by TAP</i>
ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT - Inpatient	
TAP PPO 100% Non-TAP PPO 50% of UCR* * unless emergency DeductibleNot Subject to Deductible Exception: Plan IV is Subject to Deductible Pre-authorization by TAP is required for all non-emergency hospital stays and within 72 hours of an emergency admission.	
ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT - Outpatient	
TAP PPO 100% Non-TAP PPO 80% of UCR Pre-authorization by TAP for all outpatient treatment highly recommended, but not mandated.	

* **NOTE:** The following expenses do not apply to meeting the Plan's Calendar Year copayment limit: (a) the 50% copayment for an inpatient stay in a non-PPO hospital; (b) non-covered charges such as non-PPO provider fees which exceed Usual, Customary and Reasonable (UCR) rates.

ELIMINATION OF THE PLAN'S ANNUAL MAXIMUM:

<u>Revised (new) Benefits</u> For Claims Incurred <u>On Or After</u> October 1, 2014	<u>Prior (old) Benefits</u> For Claims Incurred <u>Before</u> October 1, 2014
INDEMNITY PLAN MEDICAL OPTION BENEFITS —	INDEMNITY PLAN MEDICAL OPTION BENEFITS —
Annual Maximum Benefit Removed	Annual Maximum Benefit \$2 Million Per Beneficiary

The changes described in this Notice replace existing references to benefit limitations in your Plan's *Guide To Your Benefits*, *Summary of Coverage*, or *Comparison of Medical Benefits*. These changes do not modify, eliminate or replace any other Plan provisions, limitations or exclusions related to mental health benefits or to any other Plan benefits.

NOTE TO HMO PARTICIPANTS: *If you are enrolled in an HMO, some Chemical Dependency and all of your Mental Health Services are provided through the HMO - see your HMO Evidence of Coverage (EOC) for more details. However, please retain this Notice with your benefit package for reference in the event that you change to the Indemnity Plan at a future date.*

If you have any questions, please phone the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119. You may also email your inquiries about the status of specific claims to the TBT Administration office at EOBINQUIRY@LIPMANTPA.COM.

Sincerely,



Nora Johnson
Fund Manager

NJ/mr

**PLAN CHANGE NOTICE
RETAIN WITH YOUR BENEFIT PACKAGE
FOR FUTURE REFERENCE**

YOUR TBT PLAN IS A “GRANDFATHERED HEALTH PLAN”

The TBT Board of Trustees has concluded that the Plans discussed in this notice are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at the address listed on this notice. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

SUMMARY OF MATERIAL MODIFICATIONS

This Notice is intended to amend all TBT documents, notices and correspondence, including (but not limited to) Guide To Your Benefits, Summary of Coverage and Comparison of Medical Benefits.

This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes made to your plan of benefits. You should take the time to read this SMM carefully (and share it with your family) and keep it with your copy of the Guide To Your Benefits. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason.

Si usted gustaria una copia en espanol, por favor de contactar la oficina de administracion de Teamsters Benefit Trust.