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PLAN CHANGE NOTICE

Summary of Material Modifications

Change from Optum Health to Managed Health Network (MHN)

RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE

September 18, 2009

To: PacifiCare (Non-Medicare) Participants

(Not applicable to SecureHorizons or SecureHorizons Direct participants.)

Re: Change From Optum Health to Managed Health Network (MHN)

For Mental Health Services Incurred on or After October 1, 2009

Dear Participant:

We have sent you this notice because you are enrolled in the PacifiCare HMO for your medical benefits and Optum Health for your behavioral, substance abuse and mental health coverage.

Effective October 1, 2009, Optum Health will be replaced by *Managed Health Network* (*MHN*). MHN will provide behavioral, substance abuse and mental health coverage to PacifiCare HMO enrollees with *no change in benefits!*

TRANSITION TO MANAGED HEALTH NETWORK (MHN)

Because most of the mental health providers in the Optum Health network are also in the MHN network, the transition to MHN should be seamless for most people.

If you or an eligible dependent are seeing a provider who is NOT part of the MHN network you will have until March 31, 2010 to continue seeing that non-MHN provider. After March 31 you will need to change to a MHN network provider. To determine whether your provider is a MHN provider go to MHN's website www.mhn.com. You can also call the MHN dedicated phone line at (800) 977-7632 to ask if your provider is in the network or to have your provider added.

If you or an eligible dependent are in inpatient treatment on October 1, 2009, there will be a transition plan to minimize any impact to you. If you are in a hospital or a treatment program for acute care (such as inpatient psychiatric hospitalization) on October 1, 2009 you will continue to

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receive covered benefits until you are discharged from inpatient treatment. Once discharged or ready for the next level of care, it is important that you contact MHN as soon as possible to arrange for any further treatment.

If you or an eligible dependent are receiving outpatient care that is expected to continue beyond September 30, 2009, you must call MHN at (800) 977-7632 after October 1, 2009 (or within 30 days) for pre-authorization (even if you are pre-authorized with Optum Health). Since the majority of the providers are already in the MHN network, there will be minimal disruption in your care. If you or an eligible dependent are being treated by a provider who is in the MHN network, MHN will initially authorize an appropriate number of visits/sessions based on your medical necessity. If you or an eligible dependent are being treated by a provider who is not in the MHN network, MHN will initially authorize the appropriate number of sessions to complete treatment with your current provider and will work with your provider to either transition you to a MHN network provider or contract your provider if possible.

Managed Health Network (MHN) Dedicated Phone Line (800) 977-7632

MHN has established a "dedicated" phone line for TBT participants. Call this number for your service issues related to MHN Prior-Authorizations, addition of a provider to the MHN network, treatment programs, locating a participating provider, benefit questions or billing questions.

If you have questions about this notice, please phone the TBT Plan Administration Office at (800) 533-0119 and ask for the HMO Desk or the Customer Service Unit.

Sincerely,

Nora Johnson TBT Fund Manager On behalf of the Board of Trustees

NJ/mr

PLEASE NOTE

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

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.