

JOINT BENEFIT TRUST

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SUMMARY OF MATERIAL MODIFICATIONS

Date July 2013

To: All Active Employees and their Dependents, including COBRA beneficiaries, in the Joint Benefit Trust's 1400 Hour Plan

From: The Board of Trustees

PLAN CHANGES CONCERNING COVERAGE OF MENTAL HEALTH & TREATMENT OF SUBSTANCE ABUSE

This is a Notice concerning certain material modifications that have been made to the JBT 1400 Hour Plan to comply with the "Mental Health Parity and Addiction Equity Act." These Plan improvements took effect **May 1, 2012**. Please take the time to read this notice carefully. If you are enrolled in Kaiser, benefits already comply with the Act. **If you were treated for mental health or substance abuse on or after May 1, 2012 and your benefits did not conform to the column below reading "BENEFIT CHANGE," please contact the Fund Office at (800) 528-4357.**

	CURRENT BENEFITS		BENEFIT CHANGE	
	In-Network	Out-of-Network	In-Network	Out-of-Network
For Both MENTAL HEALTH and SUBSTANCE ABUSE				
Does the Plan's Annual Maximum Apply?	No	No	Yes	Yes
Does the Plan's Out of Pocket Maximum Apply	No	No	Yes	Yes
Do the Plan's Deductibles apply?	No	No	Yes	Yes
MENTAL HEALTH				
Outpatient Preauthorization	Pre-authorization by MHN required.		Pre-authorization by MHN recommended but not required.	
Inpatient Preauthorization	Pre-authorization by MHN required.		Pre-authorization by MHN required.	
Inpatient Mental Health Benefit	MHN provider: 100% of MHN rate.		MHN provider: 100% of MHN rate. Not subject to deductible.	
	Non-MHN provider: No coverage (Coverage for emergency care at non-PPO facility if approved by MHN).		Non-MHN provider: 50% of Usual, Reasonable & Customary Rate (UCR). Subject to deductible.	

	CURRENT BENEFITS		BENEFIT CHANGE	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Mental Health Benefit	In MHN Network: Limit 50 visits/year Visit 1-5 no copay Visit 6-10 \$10 copay Visit 11-15 \$20 copay Visit 16-50 \$30 copay Group Counseling: no Non-MHN provider: No Coverage		In MHN Network: Visit 1-5 no copay Visit 6-10 \$10 copay Visits over 11 \$20 copay Non-MHN provider: 50% of UCR, up to Plan's annual maximum (limit on sessions per year removed). Subject to deductible.	
SUBSTANCE ABUSE				
Out-patient Pre-Authorization	TARP Pre-authorization required	No Benefit	Pre-authorization by TARP recommended but not required.	
In-patient Pre-Authorization	TARP Pre-authorization required	No Benefit	Pre-authorization by TARP required for non-emergency care. Benefits reduced by 50% for non-emergency admissions that are not pre-authorized.	
Inpatient and Outpatient Substance Abuse Benefits	•1st treatment: 100% of charges up to a maximum of \$6,000. •2nd treatment: 100% of charges Maximum: \$6,000 per treatment. Must be at least 36 months between completion of first and start of second treatment. No more than two treatments per lifetime. Exception: Children under age 18 limited to one treatment up to a maximum total charge of \$7,500. •Subsequent treatments: No coverage		Inpatient: TARP PPO: 100% of TARP PPO rate. Not subject to deductible. Non-PPO: 50% of Usual, Reasonable & Customary Rates (UCR). Subject to deductible. Outpatient: PPO: 100% of TARP PPO rate. Not subject to deductible. Non-PPO: 50% of UCR. Subject to deductible. Treatments per lifetime limitation removed.	

PLAN CHANGE CONCERNING COVERAGE OF “LAWFUL SPOUSE”

The Plan covers as a dependent “your lawful spouse.” Based on the US Supreme Court’s June 2013 *Windsor* decision, effective immediately the Plan will cover a same sex spouse lawfully married in a state that recognizes same sex marriage. Effective July 2013, California began to allow same sex couples to lawfully marry.

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Please keep this important notice with your Plan Document/Summary Plan Description for easy reference to all Plan provisions. Should you have any questions, please contact the Fund Office. Receipt of this notice does not constitute a determination of your eligibility. If you wish to contact the Fund Office call the number listed above on this notice.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.