



Date January 2013

To: Participants and Dependents in the Operating Engineers Health and Welfare Trust Fund
(Not Including Utah, Nevada or Hawaii)

**Federal Mental Health Parity And Addiction Equity Act (MHPAEA)
Mental Health and Chemical Dependency Benefit Changes Effective January 1, 2013**

This Notice will advise you of a material modification made to the Trust Fund’s mental health and chemical dependency benefits effective for covered expenses incurred on and after January 1, 2013. These plan changes have been adopted to comply with federal law – the Mental Health Parity And Addiction Equity Act (MHPAEA).

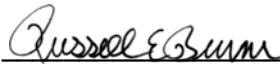
The current and new mental health benefits outlined in the following table apply to participants in the Comprehensive Medical plan ONLY. The current and new chemical dependency benefits apply to all participants including HMO members.

	Current Benefit	New Benefit Effective 1-1-2013
Mental Health Inpatient	Inpatient hospital confinements were limited to 30 days per calendar year with pre-authorization by Anthem Blue Cross required.	No limit on number of medically necessary inpatient days. Inpatient hospital confinements require pre-authorization by Anthem Blue Cross.
Mental Health Outpatient	Outpatient visits were limited to 26 visits per calendar year. Outpatient visits were paid at a 50% coinsurance for both in-network and out-of-network providers.	No limits on the number of medically necessary visits per calendar year. The coinsurance for contract and non-contract provider visits will be paid on the same basis as physician office visits for any other medical treatment under the medical plan.
Annual Out-of-Pocket Limit	Mental health and chemical dependency benefits were not part of the plan’s annual out-of-pocket limit.	Mental health and chemical dependency benefits are subject to the annual out-of-pocket limit the same as any other covered medical expense.

	Current Benefit	New Benefit Effective 1-1-2013
Chemical Dependency Benefit (only available to participants and spouses)	Any chemical dependency treatment or service that was not approved by the Assistance Recovery Program (ARP) and provided by a contract provider is not covered.	The chemical dependency benefit will no longer be an exclusive provider program. Benefits are payable for contract and non-contract providers; however you should contact ARP <u>before receiving treatment</u> so that you can be directed to a contract provider. The Plan will not cover services that ARP determines were not medically necessary.
Inpatient Chemical Dependency	Lifetime maximum of three admissions with the first admission paid at 100%, the second admission paid at 85% and the third admission paid at 75%. There was a limit of 30 days per inpatient treatment program. Pre-authorization by ARP required.	No limit on number of admissions, or days per inpatient treatment program. Inpatient services are paid on the same basis as inpatient hospital services for medical conditions, with pre-authorization by ARP still required.
Outpatient Chemical Dependency and Recovery Home Treatment	Lifetime maximum of three treatment series with the first treatment series paid at 100%, the second treatment series paid at 85% and the third treatment series paid at 75%. There was a limit of 50 visits per benefit year. Recovery Home Treatment was limited to a maximum of 30 days per year.	No limit on number of treatments, or visits per year. Outpatient treatment is payable on the same basis as the physician office visit benefit in the case of professional services or on the same basis as the outpatient hospital benefit for services billed as a facility services. The 30 days limit is eliminated for treatment in an ARP approved recovery home.
Smoking Cessation Medication Maximums (only available to participants and spouses)	Benefits for nicotine gum, patches, or other smoking cessation medications for you and your spouse are limited to a maximum of \$175 in any 12-month period and a lifetime maximum of \$525 per person.	The annual and lifetime maximums on smoking cessation medications will be eliminated.
Sexual Dysfunction Medication or Drugs	Drugs or devices prescribed for treatment of sexual dysfunction (except when caused by a medical condition, as certified by Eligible Individual's Physician).	Drugs or devices prescribed for treatment of sexual dysfunction (except when caused by medical or <i>mental health condition</i> , as certified by Eligible Individual's Physician).

If you have any questions, please contact the Trust Fund Office at the numbers listed above. You may also call the Fringe Benefits office at (800) 532-2105. For chemical dependency benefits, call ARP at (800) 562-3277 for referral to a contract provider and pre-approval of services. Calling ARP before you receive treatment will ensure that you receive the maximum benefits.

Sincerely,
Board of Trustees



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Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Trust Fund Office.