

**CARPENTER FUNDS ADMINISTRATIVE OFFICE  
OF NORTHERN CALIFORNIA, INC.**

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July 24, 2015

**TO: All Non-Medicare eligible Retirees and their Dependents,  
including COBRA Beneficiaries**

**FROM: BOARD OF TRUSTEES  
Carpenters Health and Welfare Trust Fund for California**

**RE: Federal Mental Health Parity and Addiction Equity Act (MHPAEA)**

This notice is to advise you of Plan modifications adopted by the Board of Trustees to comply with a federal law known as the Mental Health Parity and Addiction Equity Act (MHPAEA). As a result of the Plan changes, benefits effective September 1, 2015 for treatment of mental health and substance abuse are impacted. Please read this notice carefully and retain a copy with your Summary Plan Description.

<b>Mental Health Benefits</b>		
<b>Medical Plan Election:</b>	<b>Kaiser</b>	<b>Indemnity Plan</b>
<b>Contracting Network</b>	Kaiser Permanente	Anthem PPO
<b>In-patient Care (including residential treatment)</b>	100%	Following Pre-Admission Review for medical necessity: PPO = \$100 deductible, 90% up to a maximum out-of-pocket of \$1,000 in a calendar year. Non-PPO = \$200 deductible, 70% of Plan Allowed Charge.
<b>Out-patient Treatment at a hospital facility (including partial hospitalization, intensive outpatient treatment)</b>	\$20 copayment per individual visit \$10 copayment per group visit	PPO = \$100 deductible, 90% up to a maximum out-of-pocket of \$1,000 in a calendar year. Non-PPO = \$200 deductible, 70% of Plan Allowed Charge.
<b>Office Visits</b>	\$20 copayment per individual visit \$10 copayment per group visit	PPO = \$100 deductible, 90%. Non-PPO = \$200 deductible, 70% of Plan Allowed Charge.
<b>Emergency Room Care</b>	\$50 per visit copayment (waived if admitted as an in-patient)	PPO = \$100 deductible, 90%. Non-PPO = \$200 deductible, 90% of Plan Allowed Charge.
<b>Severe Mental Illness/Serious Emotional Disturbance of a Child</b>	Benefits will be paid as noted above, based on the type of treatment setting.	Benefits will be paid as noted above, based on the type of treatment setting.
<b>Expenses not covered</b>		Educational, memory, behavioral training and behavioral change services, supplies, or equipment.

<b>Substance Abuse Benefits</b>		
<b>Medical Plan Election:</b>	<b>Kaiser</b>	<b>Indemnity Plan</b>
<b>Contracting Network</b>	Kaiser Permanente	Anthem PPO
<b>In-patient Care (including residential treatment)</b>	100%	Following Pre-Admission Review for medical necessity: PPO = \$100 deductible, 100% for the first course of treatment, 90% for subsequent programs. Non-PPO = \$200 deductible, 70% of Plan Allowed Charge.
<b>Out-patient Treatment</b> (including partial hospitalization, intensive outpatient treatment and office visits)	\$20 copayment per individual visit \$5 copayment per group visit	PPO = \$100 deductible, 100% for the first course of treatment, 90% for subsequent programs. Non-PPO = \$200 deductible, 70% of Plan Allowed Charge.
<b>Emergency Room</b>	\$50 per visit copayment (waived if admitted as an in-patient)	PPO = \$100 deductible, 90%. Non-PPO = \$200 deductible, 90% of Plan Allowed Charge.

**Pre-Admission Review/Utilization Review Program:** All hospital in-patient services must be determined Medically Necessary for Plan benefit payment. Be sure the attending physician or hospital obtain verification of Medical Necessity by requesting Pre-Admission, concurrent, or retrospective Utilization Review. If Utilization Review is not obtained, no benefits will be payable.

**Grandfathered Health Plan:** The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the Fund's medical plans 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 preventative 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 or the Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this notice with your benefit booklet. If you have any questions, please contact Benefit Services at the Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com). Forms and information can be found on our website at [www.carpenterfunds.com](http://www.carpenterfunds.com).

*The Board of Trustees maintains the right to change or discontinue the types and amounts of benefits under this Plan. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plan. Only the full Board of Trustees is authorized to interpret the Plan. The Board has discretion to decide all questions about the Plan, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret this Plan on behalf of the Board or to act as an agent of the Board.*

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