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Chicago Regional Council of Carpenters Welfare Fund

Chicago Regional Council of Carpenters Pension Fund

12 East Erie Street • Chicago, Illinois 60611  
(312) 787-9455 • Kristina M. Guastaferrri, Administrator

November 2009

## IMPORTANT ANNOUNCEMENT REGARDING CHANGES TO THE ACTIVE PLAN OF BENEFITS

Please read the following information carefully. If you are married or have other dependents covered under the Active Plan ("Plan") of benefits for the Chicago Regional Council of Carpenters Welfare Fund ("Fund") please share this information with them. You should file this document with your Summary Plan Description (your benefit booklet) for future reference.

As Trustees for the Chicago Regional Council of Carpenters Welfare Fund, we continually review the Plan to ensure it meets your needs in the most cost effective manner and to update the Plan to reflect legislative changes. As a result of a recent review, and in order to comply with the changes in the law, **the following benefit changes to your Plan are effective for eligible claims incurred on or after January 1, 2010:**

### Mental Health & Substance Abuse Network & Benefit Changes

The Board of Trustees has contracted with ComPsych Guidance Resources (ComPsych) to provide a network and services for all mental health and substance abuse benefits provided under the Plan. This change is effective for claims incurred on or after January 1, 2010.

In addition to the benefits outlined in this notice, you and your dependents now have access to a Members Assistance Program (MAP). The MAP provides confidential support, resources and information to get you through some of life's challenges. The MAP offers up to five free short term counseling sessions for a variety of personal and family issues. If a counselor determines that an issue cannot be addressed in the five free sessions or if a more intensive level of care is required, the counselor will work with you to continue treatment – provided you are eligible and the care is covered under the Plan's mental health and substance abuse provisions. Please see your Summary Plan Description, or visit our website at [www.cdccbenefts.org](http://www.cdccbenefts.org) for more information.

### Transitioning to ComPsych if You are Currently in Care

**If you are currently in treatment with Magellan Behavioral Health Services you must register your care with ComPsych prior to March 1, 2010.** You may register your care by contacting ComPsych at (888) 860-1566 or online at [www.guidanceresources.com/transition](http://www.guidanceresources.com/transition). Please have information about your current provider available. In many cases, your current provider will already be a part of the ComPsych network. It is important for you to register your care in order to determine if you are seeing a network provider.

If your current provider is in the Magellan network but not in the ComPsych network, ComPsych will contact your provider in attempts to have him or her join the ComPsych network. During the transition period, from January 1 through February 28, 2010, eligible participants in this situation will receive in-network benefits. During this transition period, you will be able to work with ComPsych to find a new provider in the event your current provider does not join the ComPsych network. After the transition period ends, your level of benefits will be based upon whether your provider is in the ComPsych network, effective March 1, 2010.

### Mental Health Parity

The Mental Health Parity and Addictions Equity Act of 2008 (MHPAEA) mandates that health plans cannot impose annual or lifetime dollars limits on mental health benefits that are different than those for medical/surgical benefits. Under the new MHPAEA provisions, these requirements are expanded to include substance abuse benefits and to cover benefit provisions other than dollar limits.



Effective January 1, 2010 the Board of Trustees made the following changes to the Mental Health and Substance Abuse benefits:

	<b>ComPsych In-Network Provider</b>	<b>Non-PPO Out of Network Provider</b>
<b>HOSPITAL BENEFITS (Facility Fees)</b>		
<b>In-Patient &amp; Partial Hospitalization</b>		
Penalty for failure to Pre-certify	\$500 per admission	
Hospital Co-Insurance	100% paid by Plan	60% Paid by Plan
	Calendar Year Deductible and Comprehensive Medical Lifetime Maximum does not apply	
Hospital Out of Pocket Maximum	\$0	\$3,000 per admission
Hospital Confinement for Mental Health and Substance Abuse combined	180 days per Calendar Year for In-Patient and Partial Hospitalization combined	
Hospital Out Patient Diagnostic Tests	100% paid by Plan	60% paid by Plan
	Calendar Year Deductible and Comprehensive Medical Lifetime Maximum does not apply	
<b>Emergency Room</b>		
Emergency Room	100% paid by Plan	
	Calendar Year Deductible and Comprehensive Medical Lifetime Maximum does not apply	
Emergency Room Co-Payment	\$100 per Emergency Room Visit Waived if Immediately Admitted to the Hospital	
<b>Residential, Custodial or Group Homes</b>		
Residential, Custodial or Group Homes <b>only</b> for Individuals who Have Suffered from a Traumatic Brain Injury and needs Mental Health or Substance Abuse Treatment	80% of the charged amount, up to a maximum benefit of \$650 per day and subject to 120 days per Lifetime Maximum	No Coverage
	Subject to Comprehensive Medical Lifetime Maximum.	
<b>COMPREHENSIVE BENEFITS (Professional Fees)</b>		
Lifetime Maximum (for Hospital, Comprehensive Medical, Mental Health and Substance Abuse)	\$2,000,000 per Individual	
Calendar Year Deductible	\$200 per Individual \$600 Family Maximum	\$400 per Individual \$1,200 Family Maximum
	Applies to Mental Health & Substance Abuse Benefits	
Coinsurance for Professional Charges	90% paid by Plan	60% paid by Plan
Out-of-Pocket Maximums per Calendar Year	\$1,000 per Individual \$3,000 Family Maximum	\$3,000 per Individual \$9,000 Family Maximum
	Applies to Mental Health & Substance Abuse Benefits	
<b>Intensive Outpatient and Outpatient Treatments</b>		
Plan Pays	90% paid by Plan	60% paid by Plan
<b>Emergency Room</b>		
Professional Fees	90% paid by Plan	90% paid by Plan

All comprehensive medical and professional benefits are subject to the lifetime maximum, calendar year deductible and out-of-pocket maximums. PPO in-network and non-PPO out-of-network deductibles and out-of-pockets maximums are separate and cannot be combined. The Plan does not pay for expenses above reasonable and customary charges for non-PPO out-of-network providers. Please see your Summary Plan Description, or visit our website at [www.cdccbenefts.org](http://www.cdccbenefts.org) for more information.

**Changes to the Non-PPO Hospital & Comprehensive Medical Co-Insurance**

In compliance with the Mental Health Parity and Addictions Equity Act of 2008, the following changes to your Non-PPO out-of-network hospital and comprehensive medical benefits are effective January 1, 2010:

	<b>BlueCross BlueShield In-Network PPO Provider (NO CHANGE)</b>	<b>Out-of-Network Non-PPO Provider</b>
Hospital Benefits	100% paid by Plan (not subject to calendar year deductible)	60% paid by Plan
Comprehensive Medical & Professional Benefits	90% coverage (subject to calendar year deductible and out-of-pocket maximums)	60% paid by Plan*

All comprehensive medical and professional benefits are subject to the calendar year deductible and out-of-pocket maximums. PPO in-network and non-PPO out-of-network deductibles and out-of-pockets maximums are separate and cannot be combined. The Plan does not pay for expenses above reasonable and customary charges for non-PPO out-of-network providers. Please see your Summary Plan Description, or visit our website at [www.cdccbenefts.org](http://www.cdccbenefts.org) for more information.

**Coverage for Newborns**

We understand it can take a few months to obtain a birth certificate for a newborn child. Keep in mind that if you are eligible for benefits, the Fund Office will add your newborn child as a covered dependent under the Plan for up to 90 days from the date of birth. In order to add a newborn child, you (1) must be the natural parent, legally married, (2) provide a copy of the hospital birth record, (3) complete a Participant Information Form and (4) complete an Enrollment Card. Contact the Fund Office to receive these forms, or download them from our website at [www.cdccbenefts.org](http://www.cdccbenefts.org). **An original birth certificate is required to be submitted to the Fund Office to continue coverage beyond 90 days after the newborn's birth.** The original document will be returned to you via certified mail.

If you have any questions about this notice, please contact the Fund Office Monday through Friday, between the hours of 8:00 a.m. and 4:30 p.m. To speak to one of our Participant Service Representatives, please call (312) 787-9455, Menu Option 3.

Sincerely,

The Board of Trustees

SUMMARY OF MATERIAL MODIFICATIONS  
November 2009  
EIN: 36-2229735 Plan No. 501

*This announcement contains highlights of certain features of the Chicago Regional Council of Carpenters Welfare Fund, Active Plan of benefits. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language contained in this announcement and the documents that establish the Plan, the document language will govern and control. The Trustees reserve the right to amend, modify or terminate the Plan at anytime. Receipt of this announcement does not guarantee eligibility.*