

# **INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #38 HEALTH & WELFARE FUND BENEFIT PLAN**

## **FIFTH SUMMARY OF MATERIAL MODIFICATION TO THE MAY 1, 2022 SUMMARY PLAN DESCRIPTION**

### **Introduction**

The Board of Trustees wishes to announce the following changes to the “I.B.E.W. Local No. 38 Health and Welfare Summary Plan Description/Plan Document for Active Inside, Residential, and Teledata Electricians” (“SPD”) dated May 1, 2022. This document should be read in conjunction with the SPD, which was provided to you previously. Information contained in this Summary of Material Modification (“SMM”) supersedes what is contained in the SPD. However, this SMM only changes those provisions of the SPD to which it specifically refers. The remaining provisions of the SPD remain unaltered. The changes set forth in this SMM are effective on the date indicated below.

### **Updates to Meet Federal Law Requirements Related to Mental Health and Substance Abuse Treatment**

Recent changes to interpretation of the Mental Health Parity and Addiction Equity Act have caused the Plan to amend coverage for treatment of mental health and substance abuse under the Plan. Many of these changes clarify that mental health and substance abuse treatment will be covered the same as comparable surgical and medical benefits. Accordingly, the SPD is amended as follows effective as of December 6<sup>th</sup>, 2023.

1. Article IV, Section F, Subsection 7 is amended to clarify that Drug Abuse that all Medically Necessary treatment of Drug Abuse and Alcoholism is covered. Additional information was also added to make sure you are aware of the Preauthorization requirements for Inpatient Hospital admissions, which are required regardless of whether the hospitalization is for a medical, mental health, or substance abuse Conditions:

#### **7. Drug Abuse and Alcoholism Services**

Medically necessary treatment of Drug Abuse and Alcoholism is covered, including detoxification and rehabilitation services. Other services for treatment of Drug Abuse and Alcoholism include, but are not limited to:

- a. individual and group psychotherapy;
- b. psychological testing; and
- c. family counseling: counseling with family members to assist with diagnosis and treatment. This coverage will provide payment for Covered Services only for those family members who are considered Covered Persons under this Plan Document/Summary Plan Description. Charges will be applied for the Covered Person who is receiving family counseling services, not necessarily the patient receiving treatment for Drug Abuse or Alcoholism.

Inpatient admissions to a Hospital must be preauthorized. The telephone number for Preauthorization is listed on the back of your identification card. Contracting Hospitals in Ohio will assure this Preauthorization is done, and since the Hospital is responsible for obtaining the Preauthorization, there is no penalty to you if this is not done. For Non-Contracting Hospitals or Hospitals outside of Ohio, you are responsible for obtaining Preauthorization. If you do not Preauthorize a Hospital admission and it is later determined that the admission was not Medically Necessary or not covered for any reason, you will be responsible for all Billed Charges.

**Residential care rendered by a Residential Treatment Facility is NOT covered.**

2. Article IV, Section F, Subsection 24 has been amended to remove the exclusion of Skilled Nursing Facility Services “for the treatment of Mental Illness, Drug Abuse or Alcoholism.” Skilled Nursing Facility Services are now available under the Plan for Conditions related to Mental Illness, Drug Abuse, and Alcoholism, just as they would be for medical Conditions, subject to the same limitations.

3. Article IV, Section F, Subsection 10 has been amended to clarify Health Education Services received while an Inpatient of a Hospital or Other Facility Provider. To avoid confusion as to whether this is intended to limit mental health benefits, this Subsection now makes clear that these Health Education Services are in addition to Medically Necessary treatment for mental health and substance abuse disorders:

**10. Health Education Services**

Benefits are provided for educational, vocational and training services while an Inpatient of a Hospital or Other Facility Provider.

**Behavioral Counseling to Promote a Healthy Diet** is covered and includes behavioral dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic diseases. This treatment is in addition to Medically Necessary treatment of mental health and substance abuse disorders as described elsewhere in this SPD.

4. Article IV, Section F, Subsection 17 has been revised to clarify that all Medically Necessary treatments for Mental Illness are covered. The amendment also clarifies that there is coverage for partial hospitalization and intensive outpatient therapy for Mental Illness:

**17. Mental Health Care Services**

Medically Necessary treatments of Mental Illness are covered. Covered Services for the treatment of Mental Illness include, but are not limited to:

- a. individual and group psychotherapy;
- b. electroshock therapy and related anesthesia only if given in a Hospital or Psychiatric Hospital;
- c. psychological testing;
- d. counseling with family members to assist with diagnosis and treatment. This

coverage will provide payment for Covered Services only for those family members who are considered Covered Persons under this Plan Document/Summary Plan Description. Charges will be applied to the Covered Person who is receiving the family counseling services, not necessarily the patient;

- e. Partial hospitalization and intensive outpatient therapy.
- f. In addition, as provided in the PPO Provider's medical policy guidelines, certain behavioral assessment and intervention services for individual, family and group psychotherapy will also be covered for a medical Condition.

**Residential care rendered by a Residential Treatment Facility is not covered.**

Inpatient admissions to a Hospital must be preauthorized. The telephone number for Preauthorization is listed on the back of your identification card. Contracting Hospitals in Ohio will assure this Preauthorization is done, and since the Hospital is responsible for obtaining the Preauthorization, there is no penalty to you if this is not done. For Non-Contracting Hospitals or Hospitals outside of Ohio, you are responsible for obtaining Preauthorization. If you do not Preauthorize a Hospital admission and it is later determined that the admission was not Medically Necessary or not covered for any reason, you will be responsible for all Billed Charges.

5. Article IV, Section H, Subsection 18 is amended to revise the exclusion for Surgery primarily to improve appearance. While such treatment is still excluded, the Plan also excluded Surgery to "treat a Condition through change in body form." Such treatment is covered by the Plan when Medically Necessary to treat a Mental Illness. The exclusion now reads as follows:

- 18. Surgery and other services primarily to improve appearance (including cosmetic Surgery following weight loss or weight loss Surgery), except as specified elsewhere;

6. Article IV, Section H, Subsection 49 was an exclusion for "Outpatient occupational therapy services." This is a clerical amendment as Outpatient occupational therapy services are covered by the Plan.

7. The paragraph in Article IV, Section F, Subsection 20 titled "Speech Therapy" has been revised to clarify that Speech Therapy is covered when Medically Necessary to treat a Condition. Previously, Speech Therapy was only covered when "medically necessary due to a medical Condition such as stroke, aphasia, dysphasia, or post-laryngectomy." This subsection now reads as follows:

- c. **Speech Therapy** – Speech Therapy is covered when Medically Necessary to treat a Condition and performed by a Provider.

**CONCLUSION**

As stated in the Introduction, this SMM should be read in conjunction with the SPD. Information contained in this SMM supersedes what is contained in the SPD. However, this

SMM changes only the provisions to which it specifically refers and any other provisions in the SPD have not been materially modified.

**Please keep this notice with your SPD booklet, and if you have any questions regarding this SMM, please contact the Plan Administrator at (216) 431-7738.**

**Spanish (Español): Para obtener asistencia en Español, llame al (216) 431-7738**

**Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (216) 431-7738.**

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International Brotherhood of Electrical Workers Local No. 38  
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