

Amendment No. 5
to the June 1, 2018 Plan Document/Summary Plan Description
of the
Stationary Engineers Local 39 Health and Welfare Plan

Effective April 1, 2023, the following changes are made to the Summary Plan Description as noted below:

Chapter 2, Summary of Your Health and Welfare Benefits, page 7, Comprehensive Self-Funded Medical Benefits through Anthem Blue Cross, the second sentence of the Chiropractic and Acupuncture row is restated as follows with the additions in italics:

Maximum of 30 visits per person per calendar year for chiropractic and 30 visits per person per calendar year for acupuncture. *These limits will not be applied to treatment of a diagnosed mental health condition or substance use disorder consistent with generally recognized independent standards of current medical practice.*

Chapter 2, Summary of Your Health and Welfare Benefits, page 7, Comprehensive Self-Funded Medical Benefits through Anthem Blue Cross, the following new rows are inserted (with additions in italics) below Chemical Dependency :

	Anthem Blue Cross Contracted Provider (In- Network)	Out-of-Network
Residential Treatment Facility	<i>100% of negotiated rate (deductible waived)</i>	<i>80% of Allowed Charge for semi-private room and ancillary services (deductible waived)</i>
Partial Hospitalization	<i>90% of negotiated rate</i>	<i>70% of Allowed Charge</i>
Intensive Outpatient	<i>90% of negotiated rate</i>	<i>70% of Allowed Charge</i>

Chapter 2, Summary of Your Health and Welfare Benefits, page 7, Comprehensive Self-Funded Medical Benefits through Anthem Blue Cross, the following new rows are inserted (with additions in italics) below Mental Health:

	Anthem Blue Cross Contracted Provider (In- Network)	Out-of-Network
Residential Treatment Facility	<i>100% of negotiated rate (deductible waived)</i>	<i>80% of Allowed Charge for semi-private room and ancillary services (deductible waived)</i>
Partial Hospitalization	<i>90% of negotiated rate</i>	<i>70% of Allowed Charge</i>
Intensive Outpatient	<i>90% of negotiated rate</i>	<i>70% of Allowed Charge</i>

Chapter 2, Summary of Your Health and Welfare Benefits, page 8, Comprehensive Self-Funded Medical Benefits through Anthem Blue Cross, the following rows are restated as follows, with additions in italics:

	Anthem Blue Cross Contracted Provider (In-Network)	Out-of-Network
Occupational Therapy	\$40,000 per person per injury/illness limit. <i>This limit will not apply to treatment of a diagnosed mental health condition or substance use disorder consistent with generally recognized independent standards of current medical practice.</i>	
	90% of negotiated rate	70% of Allowed Charge
Speech Therapy	Covered only following stroke, accident, injury or surgery, <i>or when part of an approved autism therapy plan.</i>	
	90% of negotiated rate	70% of Allowed Charge

Chapter 6, Cost Management Programs, page 36, the final bullet of the Fast Facts box is restated as follows with the additions in italics:

- The Plan provides personal case management for long-term serious medical care, *including a disability resulting from a mental health or substance use condition.* Call Anthem Blue Cross for more information.

Chapter 6, Cost Management Programs, page 38, Personal Care Management, the first paragraph is restated as follows with the additions in italics:

If you require extensive long-term treatment, *including for a disability resulting from a mental health or substance use condition,* Anthem Blue Cross will work with you to ensure that you obtain medically appropriate care in the most cost-effective and coordinated manner during prolonged periods of intensive medical or behavioral care. A case manager may recommend an alternative treatment plan, which may include services not otherwise covered under the Plan.

Chapter 7, What the Self-Funded Medical Plan Covers, pages 44 and 45, Mental Health Benefits, the following sentence is restated as follows with a removal in strikethrough:

No benefits are provided for ~~pervasive developmental delay, learning disabilities or~~ services that are primarily provided to enhance the academic achievement of a Dependent child.

Chapter 7, What the Self-Funded Medical Plan Covers, page 44, Rehabilitation Therapy, the following paragraph is restated as follows with the additions in italics and a removal in strikethrough:

The Plan will cover Medically Necessary outpatient rehabilitation therapy, including physical, occupational and speech therapy, according to the limits and schedule set forth in the **Summary of Benefits.** ~~No benefits are provided for pervasive developmental delay or learning disabilities of a Dependent child.~~ *Speech therapy is payable only when treatment is following stroke, accidental injury or surgery, or when part of an approved autism therapy plan.* Occupational therapy is limited to \$40,000 per person per injury or illness, *except with respect to*

treatment of diagnosed mental health conditions or substance use disorders consistent with generally recognized independent standards of current medical practice.

Chapter 7, What the Self-Funded Medical Plan Covers, Rehabilitation Therapy, page 45, the first sentence of the second paragraph is restated as follows with the additions in italics:

Charges for habilitation services are not covered, *except when part of an approved autism therapy plan.*

Chapter 7, What the Self-Funded Medical Plan Covers, page 45, Other Services, the following bullet is restated as follows with the additions in italics:

- Nutritional counseling limited to \$100 lifetime for diabetic nutritional program. Any eligible charges over the \$100 lifetime maximum will be reimbursed at 10%. *Nutritional counseling is also available for a medically necessary treatment of mental health condition, including an eating disorder, and dollar limits will not apply.*

Chapter 7, Medical Plan Benefits, page 45, Limitations and Exclusions, the following items are restated as follows with a removal in strikethrough and additions in italics:

- ~~b. Any services in connection with or related to pervasive developmental delay, learning disabilities, services to enhance educational achievement or for social or behavioral problems.~~
- c. Speech therapy (except when treatment is following stroke, accidental injury or surgery, or *when part of an approved autism therapy plan*).
- d. Occupational therapy is limited to \$40,000 per person, per injury or illness, *except with respect to treatment of diagnosed mental health conditions or substance use disorders consistent with generally recognized independent standards of current medical practice.*

Chapter 8, Prescription Drugs, page 49, What the Plan Covers, the following sentence is added to the end of the last bullet about oral erectile dysfunction drugs:

These quantity limits apply regardless of whether treatment is for a medical or a mental health condition.

Chapter 17, Glossary of Defined Terms, page 88, the following definition for Hospital is restated as follows with the additions in italics:


Hospital means any acute care hospital that is licensed under any applicable state statute and must provide: (a) 24-hour inpatient care, and (b) the following basic services on the premises: medical, surgical, *mental health, substance use disorder*, anesthesia, laboratory, radiology, pharmacy and dietary services.

This group health plan believes this plan is a "grandfathered health plan" 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 preventive 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 Trust Fund Office at 925-208-2280. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

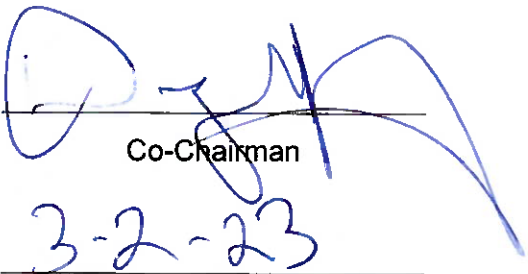
Approved:



Chairman

3/2/23

Date



Co-Chairman

3-2-23

Date

Board of Trustees

Stationary Engineers

Local 39 Health and Welfare Plan