

LABORERS'  
WELFARE  
FUND

HEALTH and WELFARE DEPARTMENT of the CONSTRUCTION and  
GENERAL LABORERS' DISTRICT COUNCIL of CHICAGO and VICINITY

11465 CERMAK ROAD  
WESTCHESTER, ILLINOIS 60154-5768

Telephone: (708) 562-0200  
Toll Free: (866) 906-0200  
Welfare Fax: (708) 562-0716  
e-mail: Claims@chilpwf.com  
e-mail: Eligibility@chilpwf.com  
www.chicagolaborersfunds.com

## Mental Health Parity and Addiction Equity Act (MHPAEA) Announcement

### Important Changes Effective January 1, 2010

February 2010

#### BOARD OF TRUSTEES

*Administrator*

JAMES S. JORGENSEN

*Secretary*

ALAN ESCHE

*Appointed by Labor*

JAMES P. CONNOLLY  
MARTIN T. FLANAGAN  
RICHARD KUCZKOWSKI  
SCOTT PAVLIS  
TIM RILEY  
RICHARD SHERMAN

*For Employers*

ALAN ESCHE  
CHARLES J. GALLAGHER  
RICHARD E. GRABOWSKI  
DAVID H. LORIG  
DENNIS P. MARTIN  
TIM J. SCULLY

The Board of Trustees is pleased to announce the following benefit improvements to the Chicago Laborers' Welfare Plan (the "Plan"). These changes are due to the new Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and were effective **January 1, 2010**.

#### Changes to Your Mental Health and Substance Abuse Treatment Benefits

Under the MHPAEA, group health plans cannot impose more restrictive calendar year or lifetime maximums for mental health and substance abuse treatment benefits than they do for medical/surgical benefits. Consequently, beginning January 1, 2010, the Plan revised these benefits as follows:

- Mental or nervous disorders treatment day and/or visit limits will be eliminated.
- Alcoholism/Substance abuse treatment will no longer have a separate lifetime maximum; it will be included as part of the Plan's medical lifetime maximum.
- Alcoholism/Substance abuse treatment expenses, like medical expenses, will be covered at 100% up to the first \$10,000. After that, the Plan's deductible, coinsurance, and coinsurance limit provisions will apply.
- Coinsurance amounts will be:
  - Network inpatient/outpatient: 90% of covered expenses, after the deductible.
  - Non-network inpatient/outpatient: 80% of covered expenses, after the deductible.

#### A Final Note

The attached *Summary of Mental Health and Substance Abuse Treatment Benefits* reflects these improvements. Please review them carefully and share them with your spouse if you are married. Remember, this information summarizes benefit changes effective January 1, 2010. For details on your other benefits, refer to the *Schedule of Benefits* included in your current Summary Plan Description (SPD). Be sure to keep this announcement with your SPD for future reference. If you have any questions regarding these changes or your other benefits, please contact the Fund Office at 1-708-562-0200 or 1-866-906-0200.

Sincerely,

BOARD OF TRUSTEES

*This information only highlights certain features of the Chicago Laborers' Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right and have the authority to amend, modify, or eliminate benefits at any time, or terminate the Plan when financial conditions dictate. In addition, the Trustees, or such other persons as delegated by the Trustees, have the discretion to interpret and construe the Plan's provisions.*

# Chicago Laborers' Welfare Plan

## Summary of Mental Health/Substance Abuse Treatment Benefits

Effective January 1, 2010

### Active Plan 1

Benefits	Benefit Amount/Special Limitations
Annual Deductible	After the Plan pays the first \$10,000 of medical expenses, you must pay: <ul style="list-style-type: none"><li>❖ \$200 per person per calendar year</li><li>❖ \$400 per family per calendar year</li></ul>
Lifetime Maximum	\$1,250,000 per person
Coinsurance	After you pay the annual deductible, the Plan pays the applicable Coinsurance of the next \$7,500 per person of eligible expenses for the calendar year; the Plan then pays 100% of additional expenses up to the lifetime maximum
Medical Coinsurance <ul style="list-style-type: none"><li>❖ Network</li><li>❖ Non-Network</li></ul>	Plan pays: <ul style="list-style-type: none"><li>❖ 90% of covered expenses, after deductible</li><li>❖ 80% of covered expenses, after deductible</li></ul>
Mental or Nervous Disorders Treatment – Inpatient and/or Outpatient <ul style="list-style-type: none"><li>❖ Network</li><li>❖ Non-Network</li></ul>	Plan pays: <ul style="list-style-type: none"><li>❖ 90% of covered expenses, after deductible</li><li>❖ 80% of covered expenses, after deductible</li></ul>
Alcoholism and Substance Abuse Treatment (Includes Detoxification) – Inpatient and/or Outpatient <ul style="list-style-type: none"><li>❖ Network</li><li>❖ Non-Network</li></ul>	Plan pays: <ul style="list-style-type: none"><li>❖ 90% of covered expenses, after deductible</li><li>❖ 80% of covered expenses, after deductible</li></ul>