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MEMORANDUM

To: Participants of the Joint Welfare Fund of Local 164, IBEW

Date: December 2018

From: Fabian & Byrn, TPA for IBEW Local Union No. 164 Welfare Fund

Re: Correction to the Summary Plan Description, effective January 1, 2018

Correction to Mental Health and Substance Abuse Benefits (Inpatient care) on page V:

Benefit	In-Network	Out of Network
Inpatient care (Maximum 100 days per confinement) See page 28	Full coverage (100% of allowable charge) after a \$200 co-payment. Partial hospitalization is covered as a 2:1 benefit. Pre-authorization is required through Intervention Strategies.	50% of the fee schedule after a \$200 co-payment and deductible has been met. Partial hospitalization is covered as a 2:1 benefit. Pre-authorization is required through Intervention Strategies.

Correction to Inpatient Mental Illness and Alcohol and/or Substance Abuse Treatment page 28:

Inpatient treatment is covered for a maximum of 100 days per confinement. Partial hospitalization is covered as a 2:1 benefit. Two partial hospitalization days will count as one inpatient day. Confinements separated by fewer than 14 days are considered as having occurred during one continuous period of disability, unless the second confinement is due to an entirely different disability. Included in the facilities in which a participant or dependent may be hospitalized are freestanding psychiatric or substance abuse facilities used exclusively for the treatment of mental disorders or substance abuse.

In-Network claims are paid at 100% of allowable charge after a \$200 co-payment.

Out-of-Network claims are paid at 50% of the fee schedule after a \$200 co-payment and the out-of-network deductible has been met. All in-patient and partial hospitalization services must be pre-authorized through Intervention Strategies at 800 663-0404. Member balances are not applied towards the out-of-pocket maximum.

If a patient discharges themselves against medical advice, the claim will not be covered by the Fund.