

# **Mahoning & Trumbull County Building Trades Insurance Fund**

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## **SUMMARY OF MATERIAL MODIFICATIONS FOR THE SUMMARY PLAN DESCRIPTION OF THE MAHONING & TRUMBULL COUNTY BUILDING TRADES INSURANCE FUND**

The Trustees have made *changes* that will affect various provisions of the Plan. This "Summary of Material Modifications" explains these changes and should be kept with your Summary Plan Description (SPD). This change is effective as of January 1, 2010.

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### **MENTAL HEALTH - INPATIENT SERVICES (Page 38)**

If you or your dependents are receiving treatment of psychiatric related conditions on an Inpatient basis, the Plan will pay for covered charges up to the annual maximum up to a lifetime maximum amount.

The following services are payable for treatment Psychiatric Treatment - Nervous/Mental Disorders:

- Individual psychotherapy
- Group psychotherapy
- Electroshock therapy and related anesthesia in a hospital or psychiatric hospital
- Psychological testing, limited to one battery of covered person per calendar year.

All charges applied to the Mental Health Service Benefit will subject to completion of the program(s) and/or treatment(s) prescribed by a licensed Physician, a licensed Psychiatrist, a licensed Psychologist, or a Licensed Professional Clinical Counselor.

### **MENTAL HEALTH - OUTPATIENT SERVICES (Page 39)**

The Fund will pay for all Covered Charges incurred on an outpatient basis up to the calendar year maximum as a result of a nervous and/or mental disorder which are in excess of the deductible provided that the maximum amount payable for professional psychiatric treatment under the clinical supervision of a licensed Physician, a licensed Psychiatrist, a licensed Psychologist, or a Licensed Professional Clinical Counselor, whether performed in an office, Hospital or a community mental health facility approved by the Commission on Accreditation of Hospitals or Certified by

the Department of Mental Health and Mental Retardation, shall not exceed the Annual Maximum amount set forth in the Schedule of Benefits.

All charges applied to the Mental Health Service Benefit will be subject to completion of the program(s) or treatment(s) as prescribed by a licensed Physician, a licensed Psychiatrist, a licensed psychologist, or a Licensed Professional Clinical Counselor.

**SUBSTANCE ABUSE SERVICES - INPATIENT/OUTPATIENT (Page 39)**

This benefit covers treatment of drug abuse and alcoholism related conditions, if you or your dependents are being treated as an Inpatient/Outpatient in a network facility:

Inpatient - \$10,000 maximum calendar year

Outpatient - \$5,000 maximum calendar year

Lifetime Maximum of \$15,000

(Subject to annual deductibles and co-payments)

Services not covered under this benefit include:

- Treatment not prescribed and supervised by a licensed Physician, a licensed Psychiatrist, a licensed psychologist, or a Licensed Professional Clinical Counselor
- Legal services, recreational, vocational, financial, or educational counseling, except as part of a chemical dependency treatment program
- Detoxification or drug withdrawal programs not rendered by a hospital or as part of a maintenance program
- Personal comfort items
- Marriage or family counseling.

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Please keep this information with your Summary Plan Description. Also, if you have any questions regarding these changes, please contact the Fund Office.

BOARD OF TRUSTEES  
MAHONING & TRUMBULL COUNTY  
BUILDING TRADES INSURANCE FUND

June 22, 2010