



# Indiana/Kentucky/Ohio Regional Council of Carpenters' Fringe Benefit Funds

P.O. Box 969, Troy, MI 48099-0969  
Phone: (800) 700-6756

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**To:** To Actives, Non-Medicare Retirees, and Dependents of the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Plan

**From:** The Board of Trustees of the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Plan

**RE:** SUMMARY OF MATERIAL MODIFICATION – KEEP WITH YOUR SUMMARY PLAN DESCRIPTION

**Date:** October 9<sup>th</sup>, 2024

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**Please read this Notice carefully.** It contains important information about changes to the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Fund Plan document (Plan). Please keep this Notice with your Indiana/Kentucky/Ohio Regional Council of Carpenters Welfare Fund Summary Plan Description (SPD).

Please contact the Fund Office if you have any questions about the changes described in this Notice.

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The changes set forth in this Notice are effective January 1, 2024, unless otherwise indicated below.

## 1. UPDATED DEFINITIONS

Currently, the Plan provides definitions for “Drug Abuse” and “Mental Illness.” These terms and definitions have been updated, with Article 1 of the Plan amended to provide the following terms and definitions, which replace “Drug Abuse” and “Mental Illness”:

- (a) **Mental Health Disorder** means any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the *International Classification of Diseases* (ICD), published by the U.S. Department of Health and Human Services, or is listed in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association.



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- (b) Substance Use Disorder** refers to a cluster of psychological, behavioral, and cognitive symptoms associated with the continued use of substances despite substance-related problems, distress, or impairment, such as impaired control or risky use. Substance Use Disorder includes Addiction, which is a state of psychological or physical dependence on the use of drugs or other substances, such as alcohol, but does not include dependence on tobacco and ordinary caffeine-containing drinks.

## **2. CLARIFICATION – MENTAL HEALTH DISORDER BENEFIT, SUBSTANCE USE DISORDER BENEFIT, AND SKILLED NURSING FACILITY BENEFITS**

- (a)** In keeping with the updated terms and definitions detailed above, Article 3, Section 3.2, Medical Benefits, Exclusions, and Other Limitations, ¶ (a), Chart of Benefits, has been updated to reflect those updated terms.
- (b)** In addition, certain inpatient benefits – including treatment for mental health disorders, substance use disorders, and those provided by skilled nursing facilities, have been updated to clarify that such benefits are limited to a 60-day visit limitation per Plan Year. The updated Chart of Benefits now provides as follows:



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<b>Active Employees and Non-Medicare Retirees</b>		
<b>Medical Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Mental Health Disorder Benefit</b>		
Inpatient Residential Treatment Facility  <b>-Precertification Required, see section 3.2(c).</b>  <b>-60-day visit limitation per Plan Year</b>	75% after deductible	<b>No coverage</b>
<b>Substance Use Disorder Benefit</b>		
Inpatient Residential Treatment Facility  <b>-Precertification Required, see section 3.2(c).</b>  <b>-60-day visit limitation per Plan Year</b>	75% after deductible	<b>No coverage</b>
<b>Other Services</b>		
Skilled Nursing Facility  <b>-Precertification Required, see section 3.2(c).</b>  <b>-60-day visit limitation per Plan Year</b>	75% after deductible	<b>No coverage</b>



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## 3. BENEFIT CHANGES TO COMPLY WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT'S PREVENTIVE SERVICE REQUIREMENTS

(a) **Exclusion and Limitations:** Effective December 8, 2022, to ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Patient Protection and Affordable Care Act (ACA), Section 3.2(b) of the Plan has been amended to specifically provide that the exclusions (generally) will not bar coverage for those benefits that federal law requires to be covered as a preventive service. Further, exclusion number 51, which excludes benefits for Developmental Care, has been amended to specifically state that the exclusion will not bar coverage for Applied Behavioral Analysis (ABA) therapy to treat Autism Spectrum Disorder (ASD).

(b) **ABA Therapy:** While previously a covered benefit, effective January 1, 2024, the Chart of Benefits in Article 3, Section 3.2, ¶(a), has been updated to clarify that ABA therapy to treat ASD is covered as follows:

Active Employees and Non-Medicare Retirees		
Medical Benefits	In-Network	Out-of-Network
<b>Outpatient Care</b>		
Applied Behavioral Analysis (ABA) Therapy to treat Autism Spectrum Disorder (ASD)	75% after deductible	60% of Applicable Medicare Rate after deductible



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(c) **Occupational/Physical/Speech Therapy:** This benefit has been amended to clarify that the restorative requirement does not apply to therapies to treat mental health or substance use disorders as follows:

		<b>Active Employees and Non-Medicare Retirees</b>	
<b>Medical Benefits</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Outpatient Care</b>			
Occupational/Physical/Speech Therapy  -for therapies to treat non-mental health disorders, treatment must be restorative: i.e., to restore or improve movement/function, skills, or speech impaired due to an acute episode of disease, injury or trauma, or a congenital anomaly that is expected to achieve measurable improvement within a reasonable timeframe (usually four – six months)  -for therapies to treat mental health or substance use disorders, treatment is not required to be restorative	75% after deductible	60% of Applicable Medicare Rate after deductible	

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE FUND OFFICE AT 800-700-6756.**

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Dear Participant,

Please see the following details regarding your Plan:

### **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 ANNUAL NOTICE**

The Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act) requires group health plans that offer maternity hospital benefits for mothers and newborns to pay for at least a 48-hour hospital stay for the mother and newborn following childbirth (or, in the case of cesarean section, a 96-hour hospital stay), unless the attending provider, in consultation with the mother, decides to discharge earlier.

### **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE**

Your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

If you have any questions about coverage for mastectomy-related services, please feel free to call the Plan Office at (800) 700-6756.

**The Notice of Privacy Practices of the Ohio Carpenters' Health Fund** is available upon request, at no charge, at the Plan Office, 700 Tower Drive, Suite 300, Troy, Michigan 48098, (248) 813-9800.

For any questions regarding your benefits under the Plan, please call the Benefit Office at (800) 700-6756.

You may also access information about your benefits 24 hours a day, 7 days a week by visiting our website at <https://www.ourbenefitoffice.com/IndianaKentuckyCarpenters/Benefits/>

Sincerely,

Indiana/Kentucky/Ohio Regional Council of Carpenters