



PLUMBERS & STEAMFITTERS LOCAL 166 BENEFIT FUNDS

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April 2025

To: Plumbers and Steamfitters Local 166 Health & Welfare Fund Participants
From: Board of Trustees Plumbers and Steamfitters Local 166 Health & Welfare Fund
Re: Summary of Material Modification – KEEP WITH YOUR SUMMARY PLAN DESCRIPTION
Date: April 18, 2025

Please read this Notice carefully as it contains important information regarding changes to coverage under the Plumbers and Steamfitters Local 166 Health & Welfare Fund. Please keep this Notice with your Summary Plan Description (SPD).

The following changes are effective January 1, 2025 unless otherwise indicated below.

1. NEW – COVERAGE FOR THE TREATMENT OF AUTISM SPECTRUM DISORDER AND ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Previously, the Plan did not provide coverage for Autism Spectrum Disorder, unless required by federal law as a preventive service (which limits the current coverage to screening and diagnosis only). In addition, the Plan did not provide coverage for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Effective January 1, 2025, the Plan provides coverage for the treatment of Autism Spectrum Disorder (ASD) as follows: 80% in-network; 60% out-of-network. Coverage up to screening and diagnosis for ASD will remain 100% in-network; 100% out-of-network in accordance with federal preventive service requirements. These changes also mean that coverage for the treatment of ADHD will now be provided as follows: 80% in-network; 60% out-of-network.

This coverage is subject to all other terms and conditions of the Plan.

2. NEW AND UPDATED DEFINITIONS

The Plan provides definitions for “Autism Spectrum Disorder,” “Developmental Care,” “Illness or Sickness,” and “Mental Health Benefits.” The definition of Autism Spectrum Disorder has been deleted, and the remaining terms have been updated as follows:

Developmental Care – services or supplies, regardless of where or by whom provided which are either:

- provided to an individual who has not previously reached the level of development expected for his age in the following areas of major life activity: a) intellectual; b) receptive and expressive language; c) learning; d) mobility; e) self-direction; f) capacity for independent living; or g) economic self-sufficiency; or
- not considered Rehabilitation in nature if treating conditions that are not considered mental health conditions or substance use disorders; or
- educational in nature.

Illness or Sickness – any physical or mental disease or sickness, disorder or condition which requires treatment by a Physician, including pregnancy and complications of pregnancy.

Mental Health Benefit means a benefit(s) with respect to items or services for mental health conditions, which are conditions, except for substance use disorders, that fall under any of the diagnostic categories listed in the mental, behavioral, and neurodevelopmental disorders chapter (or equivalent chapter) of the most current version of the ICD or that are listed in the most current version of the DSM.

In addition, definitions for the “DSM,” “Habilitation Services,” “ICD,” “MHPAEA,” “Rehabilitation (Therapies),” and “Substance Use Disorder Benefit” were added to the plan, as follows:

DSM means the most current version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders. Effective November 22, 2024, the most current version of the DSM is the Fifth Edition, Text Revision published in March 2022. A subsequent version of the DSM published after November 22, 2024, will be considered the most current version beginning on the first day of the Plan Year that is one year after the date the subsequent version is published.

Habilitation Services are medically necessary health care services and health care devices that assist an individual in partially or fully acquiring, or improving skills and functioning, to the maximum extent practicable. The Plan only covers Habilitation Services that are necessary to address a mental health condition or substance use disorder.

ICD means the most current version of the World Health Organization’s International Classification of Diseases adopted by the Department of Health and Human Services through 45 CFR § 162.1002. Effective November 22, 2024, the most current version of the ICD is the 10th Revision, Clinical Modification adopted for the period beginning on October 1, 2015. A subsequent version of the ICD adopted through 45 CFR § 162.1002 after November 22, 2024, will be considered the most current version beginning on the first day of the Plan Year that is one year after the date the subsequent version is adopted.

MHPAEA means the Mental Health Parity and Addiction Equity Act, as amended, and the regulations promulgated thereunder.

Rehabilitation (Therapies) are medically necessary health care services (including the following therapies: occupational, physical, speech, or respiratory therapies) to restore or improve any of the following:

- (a) movement or function;
- (b) skills, or
- (c) speech,

which were impaired due to any of the following:

- (d) an acute episode of disease, injury, or trauma; or
- (e) a congenial anomaly,

and that is expected to achieve a measurable improvement within a reasonable timeframe (usually 4 – 6 months).

Substance Use Disorder Benefit means any benefit(s) with respect to items or services for substance use disorders, which are those disorders that either (1) fall under any of the diagnostic categories listed as a mental or behavioral disorder due to psychoactive substance use (or equivalent category) in the mental, behavioral, and neurodevelopmental disorders chapter (or equivalent chapter) of the most current version of the ICD; or (2) are listed as Substance-Related and Addictive Disorder (or equivalent category) in the most current version of the DSM.

3. CLARIFICATION – MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFIT

In light of the above, the Chart of Benefits has been updated to provide more clarity regarding the benefits covered as a mental health or substance use disorder benefits. The Plan now provides as follows:

Article 3, Section 3.2(b), Chart of Benefits:

Medical Benefits	In-Network	Out-of-Network
SUBSTANCE USE DISORDER BENEFITS		
Inpatient Care	80%	60%
Outpatient Care	80%	60%
Outpatient Psychotherapy	80%	60%
MENTAL HEALTH BENEFITS		
Inpatient Care	80%	60%
Outpatient Care	80%	60%
Outpatient Psychotherapy	80%	60%

4. BENEFIT CLARIFICATIONS TO COMPLY WITH THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

- **Exclusions and Limitations:** To ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), the following exclusions and limitations in the Plan have been amended to clarify that the Plan does not bar coverage for those benefits that are required to be covered to comply with the MHPAEA. See Section 3.3 of the Plan. Specifically,
 - Exclusions numbered 6 and 26 have been amended to clarify that the exclusion will not apply to self-inflicted injuries, threatened suicide, or an accident or illness that resulted while committing a felony unless due to a medical or mental health condition or substance use disorder.
 - Exclusions numbered 23 and 67 have been amended to explicitly address the difference in therapy benefits for rehabilitation and habilitation.
 - Exclusions numbered 54 and 76 have been amended to clarify that the exclusion for weight-loss benefits, including weight loss programs, will not be applied to nutritional counseling required by the MHPAEA.
 - Exclusions number 39 and 40 have been amended to remove the reference to “organic disease.”
 - Exclusion number 40 has also been amended to exclude coverage for “fertilization procedures.”
 - Exclusion number 83 has been added to clarify that caffeine and tobacco-related substance use disorders will not be covered by the Plan.
- **Nutritional Counseling:** The Plan covers Nutritional Counseling as required by law. To reflect this coverage, the Chart of Benefits in Section 3.3(b) has been updated to provide the following:

Article 3, Section 3.2(b), Chart of Benefits:

Medical Benefits	In-Network	Out-of-Network
OTHER PROVISIONS		
Nutritional Counseling, if required to be covered by the MHPAEA	80%	60%

- **Therapy Services:** The Plan currently covers Rehabilitation Therapies (Occupational, Speech, and Physical Therapies) to treat both medical and mental health conditions and substance use disorders; Habilitation Services are only covered to treat mental health conditions and substance use disorders (not medical conditions). This coverage has not changed, but the Plan has been amended to clarify these benefits. Thus, Article 3, Section 3.2(b), Chart of Benefits, provides as follows:

THERAPY SERVICES		
All therapy must be non-maintenance to be eligible		
Cardiac Rehabilitation Coverage available only for Phase I and Phase II; No coverage available for Phase III.	80%	60%
Chemotherapy	80%	60%
Outpatient dialysis	80%	60%
Hyperbaric & Pulmonary Therapy Treatment must be provided by a Hospital	80%	60%
Radiation therapy	80%	60%
Respiratory therapy	80%	60%
Rehabilitation Therapies: Occupational, Speech, and Physical Therapies	80%	60%
Habilitation Services to treat non-mental health conditions and non-substance use disorders	Not Covered	Not Covered
Habilitation Services (including occupational, physical, and speech habilitation therapies) to treat mental health conditions and substance use disorders only	80%	60%

5. REMINDER OUT-OF-POCKET MAXIMUM FOR PRESCRIPTION DRUGS AND MEDICAL

The Plan's current in-network out-of-pocket maximum for prescription drugs is: \$3,850 / individual; \$7,700 / family. There is no out-of-pocket maximum applicable to out-of-network costs for prescription drugs.

The in-network out-of-pocket maximum for medical is: \$4,000 / individual; \$8,000 / family. There is no out-of-pocket maximum applicable to out-of-network costs for medical.

If you have any questions, please contact the Fund Office.

Sincerely,

The Board of Trustees

4935-5549-8546, v. 1

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