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**PLAN CHANGE NOTICE**

August 20, 1998

To: Plan I, II, III, IV, V (Five), A, G and Comprehensive Retiree Plan (CRP) Participants

Re: Mental Health Services - Benefit Revisions For Claims Incurred On Or After October 1, 1998

Dear Participant:

The following Plan revisions apply only to the *Indemnity medical option* and are effective for claims incurred on or after October 1, 1998.

- The calendar year and lifetime maximums specific to treatment for mental health will be eliminated and benefits for mental health services will be subject to your Plan's overall medical lifetime maximum. (*See your Summary of Coverage for the lifetime maximum applicable to your Plan.*)
- A 30-day calendar year maximum for mental health inpatient confinements will be added.

<b>Revised (new) Benefits</b>	
For Claims Incurred <u>On Or After</u> October 1, 1998	
<b>MENTAL HEALTH SERVICES —IN-HOSPITAL</b>	
Maximum inpatient days per calendar year	
30	
PPO	
100%	
Non-PPO	50% of
UCR	
<b>MENTAL HEALTH SERVICES —IN MEDICAL OFFICES</b>	
Per visit covered expense maximum	\$80
PPO	

<b>Prior (old) Benefits</b>	
For Claims Incurred <u>Before</u> October 1, 1998	
<b>MENTAL HEALTH SERVICES —IN-HOSPITAL</b>	
Lifetime maximum	\$100,000
Calendar year maximum	\$25,000
PPO	
100%	
Non-PPO	50% of
UCR	
<b>MENTAL HEALTH SERVICES —IN MEDICAL OFFICES</b>	
Calendar year maximum	\$3,000
PPO	

PPO		Per visit covered expense maximum	\$80
100%		PPO	
Non-PPO	80% of	100%	
UCR		Non-PPO	80% of
		UCR	

The mental health benefit changes described in this Notice replace all references to such benefits in your Plan's *Guide To Your Benefits, Summary of Coverage, Comparison of Medical Benefits* or in the *CRP Summary Plan Description*. These changes do not modify, eliminate or replace any other Plan provisions, limitations or exclusions related to mental health benefits or to any other Plan benefits.

**NOTE TO HMO PARTICIPANTS:** *If you are enrolled in an HMO, this Notice does not apply. Mental health benefits are provided through the HMO. However, please retain this Notice with your benefit package for reference in the event that you change to the Indemnity Plan at a future date.*

If you have any questions, please phone the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119.

Sincerely,

**Martin R Lowy**

Martin R. Lowy  
Fund Manager

MRL/mr

**PLAN CHANGE NOTICE**  
RETAIN WITH YOUR BENEFIT  
PACKAGE FOR FUTURE REFERENCE