



Post Office Box 5820  
Fremont, California 94537

39420 Liberty Street, Suite 260  
Fremont, California 94538

Telephone (510) 796-4676 • (800) 533-0119 • FAX (510) 795-0680

**PLAN CHANGE NOTICE – REVISED**

August 24, 1998

To: Plan A Participants

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

THIS NOTICE REPLACES THE ONE DATED AUGUST 20, 1998 ADDRESSED TO PLAN I, II, III, IV, V (FIVE), A, G AND COMPREHENSIVE RETIREE PLAN (CRP) PARTICIPANTS.

Dear Participant:

**Some of the Plan A benefits listed in the August 20 Notice were in error. Please discard that Notice.**

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><u>Revised (new) Benefits</u></b>	
For Claims Incurred <u>On Or After</u> October 1, 1998	
MENTAL HEALTH SERVICES —IN-HOSPITAL	
Maximum inpatient days per calendar year	30
PPO	100%
Non-PPO	50% of UCR
MENTAL HEALTH SERVICES —IN MEDICAL OFFICES	
Per visit covered expense maximum	\$25
PPO	100%
Non-PPO	80% of UCR

<b><u>Prior (old) Benefits</u></b>	
For Claims Incurred <u>Before</u> October 1, 1998	
MENTAL HEALTH SERVICES —IN-HOSPITAL	
Lifetime maximum	\$25,000
PPO	100%
Non-PPO	50% of UCR
MENTAL HEALTH SERVICES —IN MEDICAL OFFICES	
Calendar year maximum visits	25
Per visit covered expense maximum	\$25
PPO	100%
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**  
This Notice replaces the one dated August 20, 1998  
addressed to Plan I, II, III, IV, V (Five), A, G and  
Comprehensive Retiree Plan (CRP) Participants.