Here is a summary of Plan benefit and process improvements and clarifications effective January 1, 2019:

**Benefit Improvements**

1. The following new benefits have been added:
   
   a. Home Intravenous Therapy
   
   b. Hospice Services
   
   c. Pulmonary Rehabilitation
   
   d. Cardiac Rehabilitation
      The Plan will pay 80% of the Blue Shield of California PPO Network Rate or, for out-of-network providers, a maximum benefit of $20.00 per visit.
   
   e. Speech Therapy, when speech impairment or loss is a result of an Illness or Injury
      The Plan will pay 80% of the Blue Shield of California PPO Network Rate or, for out-of-network providers, a maximum benefit of $18.00 per visit.

2. The following benefits have been improved:

   a. All covered Durable Medical Equipment may be replaced every 36 months.

   b. The maximum dollar amount payable per day for Home Health Nursing has been eliminated for in-network services.

   c. The $950 lifetime limit for sleep apnea studies has been eliminated.

   d. The Hearing Aid benefit has increased to $800.00 per device, with a separate $50.00 deductible per device.
3. The following changes have been made to the Plan’s Mental Health benefits:

   a. The inpatient and outpatient visit limitation for Mental Health treatment has been eliminated.

   b. The Plan no longer differentiates between outpatient Mental Health office visits and pharmacologic management visits.

   c. The $100 annual limit on psychiatric testing has been eliminated.

   d. Partial Hospitalization for Mental Health treatment is covered under the Hospital Benefit.

   e. Mental Health day care facilities are covered up to a maximum of $27.00 per day.

4. The following changes have been made to the Deductible:

   a. The Calendar Year Deductible is $250.00. There is no carry over period.

   b. The separate $50.00 deductible for non-Accident Emergency room services has been eliminated.

Claims Deadline

When the Plan is not the primary payer, the deadline for filing a claim is 12 months after the primary insurance has adjudicated the claim. This change applies to dates of service January 1, 2019, and later.

Survivor Premium Program Deadlines

Survivor Premium Program coverage (formerly known as Surviving Spouse coverage) must be elected within 60 days from the date of the notice that will be sent to you if the Fund is properly notified of the death of the eligible Participant.

You must make your initial payment for Survivor Premium Program coverage no later than 60 days from the loss of eligibility.

All benefits remain subject to deductibles, copays, and Plan rules and limitations, as applicable.