Laborers' District Council Building and Construction
Health and Welfare Fund
Mental Health/Substance Use Disorder Benefits

ALLIED TRADE ASSISTANCE PROGRAM (ATAP)
2791 Southampton Road, Suite 100
Philadelphia, PA 19154
(800) 258-6376 OR (215) 677-8820

Schedule of Benefits — Benefit Period January 1 through December 31

Covered Benefits	Gold		Silver I		Bronze and Silver II	Steel
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Deductible (individual/family)*	$0/$0	$500/$1,500	$0/$0	$500/$1,500	$0/$0	$0/$0
Lifetime Maximum	None	None	None	None	None	None
Out-of-Pocket Maximum (individual/family)*	$2,000/$4,000	$3,000/$9,000	$2,000/$4,000	$3,000/$9,000	$2,000/$4,000	$3,300/$6,600
Coinsurance	None	70% of allowance, after deductible	None	70% of allowance, after deductible	None	None
Outpatient Physician/Professional • Office Visits • Psychiatric Testing • Psychotherapy • Substance Use Disorder	$10 copay	70% of allowance, after deductible	$15 copay	70% of allowance, after deductible	$15 copay	$15 copay
Outpatient Facility/Partial Day** • Psychiatric • Substance use disorder	$20 copay	70% of allowance, after deductible	$30 copay	70% of allowance, after deductible	$30 copay	$30 copay
Inpatient Hospital Facility (in-network copay waived for 1st admission)*** • Psychiatric • Psychotherapy • Substance use disorder • Substance detox	$150 copay/ day; max 5 copays/ admission	70% of allowance, after deductible	$150 copay/ day; max 5 copays/ admission	70% of allowance, after deductible	$150 copay/ day; max 5 copays/ admission	$150 copay/ day; max 5 copays/ admission
Inpatient Hospital Days***	Unlimited	70	Unlimited	70	Unlimited	Unlimited

* The deductible and out-of-pocket maximum include member cost sharing for covered medical/surgical and mental health/substance use disorder services, but do not include any payments above the allowed amount for a specific provider, the amount for any services not covered, or payments towards other types of benefits under the Plan (e.g., dental, prescription, visions, etc.). The prescription benefits have a separate out-of-pocket maximum. Please keep in mind that the out-of-pocket maximum for out-of-network coverage accrues separately.

** For partial day coverage, if a member is stepped down from an inpatient unit as a part of a continuum of care plan into a partial hospitalization program, then the copay will be waived. If the member goes into a partial program without the initial hospital admission, then the copay will be applied.

*** Includes room and board, miscellaneous facility charges, testing, and pharmacological management. In-network inpatient copays are waived for 1st admission but applied to subsequent admission in a 12-month period. Inpatient hospital out-of-network 70 day maximum is combined with medical/surgical.

For additional coverage information, regarding the specific benefits that you are eligible for or enrolled in (including important exclusions), please contact the Fund Administrator.