

SOUTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE FUND AND PENSIONERS & SURVIVING SPOUSES HEALTH FUND

SUPPLEMENT*

To: All Participants

From: Board of Trustees

Date: May 2013

Re: Improved Coverage for Out-of-Network Emergency Services
Effective April 1, 2013

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

When a claim for Emergency Services by an out-of-network provider is received, and the Plan determines that the services rendered are due to an Emergency Medical Condition, the Plan will pay an amount that is reasonable, as determined by the Plan, using recognized industry resources, or through agreement with the provider.

For purposes of this provision, an “Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could reasonably result in one or more of the following: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

“Emergency Services” means a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and, within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required to stabilize the patient.