

SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND

(Active Plan)

SUPPLEMENT No. 9

To: All Participants

From: Board of Trustees

Date: March 2014

Re: Additional Benefit Improvements

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

Here is a summary of Health & Welfare Fund (Active Plan) additional benefit improvements for services and supplies received on or after January 1, 2014:

- Orthotics for feet will be covered up to \$200 per condition. Replacement is also covered in certain cases. Conditions related to diabetes are not subject to the \$200 limit but all other Plan limitations and cost sharing apply.
- The use of a medically necessary TENS (Transcutaneous Electrical Nerve Stimulation) Unit is covered at up to \$300 per calendar year, whether for purchase, rental or replacement.
- Services for state-licensed midwives will be covered for pre- and post-partum evaluations. Delivery services by a state-licensed midwife are covered only at a hospital or licensed birthing center.

Foot Orthotics

In Section 11, subsection R of the Summary Plan Description (Other Services and Supplies), a new item is added under (ix) as follows:

c) Foot Orthotics

- 1) Benefits are limited to \$200 per condition. Conditions related to diabetes are not subject to the \$200 limit but all other Plan limitations and cost sharing provisions apply.
- 2) The device must be prescribed by a Physician or Podiatrist and Medically Necessary.
- 3) Replacement is allowed for the same condition for a patient who is still growing or has been documented to have experienced significant changes in build.

TENS Unit

In Section 11, subsection R of the Summary Plan Description (Other Services and Supplies), a new item is added under (ix) as follows:

- d) TENS (Transcutaneous Electrical Nerve Stimulation) Unit
 - 1) The unit must be prescribed by a physician.
 - 2) The benefit is limited to \$300 per calendar year for the unit and supplies combined.
 - 3) The dollar coverage limit applies to purchase, rental or replacement of the unit.

In Section 17 (Medical Expense Exclusions and Limitations), line 54 is amended to read as follows:

“Certain types of Durable Medical Equipment such as cervical traction units, cervical collars, hot/cold therapeutic devices, bone growth stimulators, canes, bionicare knee devices, over the counter humidifiers and nasal pillows.”

Midwife Services

In Section 11, subsection D of the Summary Plan Description (Physician Visits/Professional Services), a new item (iv) is added:

iv) Midwife Services

The Plan will pay 100% of the Blue Shield Contract Rate or Allowable Charge, whichever is applicable, for Medically Necessary pre- and post-partum services rendered by a state-licensed midwife. The Plan will pay 100% of the Blue Shield Contract Rate or Allowable Charge, whichever is applicable for Medically Necessary delivery services by a licensed midwife in a Hospital or state-licensed birthing center only.

Section 3 Summary of Active Plan Benefits in the table summarizing benefits:

Under the section “DURABLE MEDICAL EQUIPMENT”, the parenthetical “(The Plan NEVER purchases Durable Medical Equipment)” is replaced by “(Except as specifically provided, the Plan NEVER pays nor reimburses for the cost of Durable Medical Equipment that has been purchased by or for a Participant or eligible Dependent.)”