

SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND

(Active Plan)

SUPPLEMENT No. 19

To: All Participants

From: Board of Trustees

Date: February 2016

Re: Temporomandibular Joint Dysfunction (TMJ)

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

The Board of Trustees has amended the Plan effective January 1, 2016 to clarify and expand the coverage for the treatment of Temporomandibular Joint Dysfunction, commonly referred to as “TMJ,” to cover treatment from a licensed dentist and to clarify that there is no Calendar Year maximum for this benefit. The current Plan provision can be found on pages 68 and 69 of the Summary Plan Description (SPD).

Section 11(O) of the SPD is amended to provide that the Plan will pay 100% of the Blue Shield of California Contracting rate for Blue Shield of California Contracting providers or 100% of Allowable Charges for non-Blue Shield of California Contracting providers for services and supplies when authorized by a licensed Physician or Dentist and medically necessary. Services rendered by a licensed Dentist or DMD will be covered under the \$1,800 benefit or the Cigna DHMO plan depending on the participants’ enrollment choice. There are two exceptions to this. First, payment for physiotherapy will be covered up to a maximum of \$35 per visit. Second, plaster molds are covered under a different formula set forth in the Other Services and Supplies provision in Section 11(R). These changes apply to treatment or supplies received on or after January 1, 2016.

Section 11(R) of the SPD remains unchanged. Under this provision orthopedic appliances and plaster molds in connection with the treatment of Temporomandibular Joint Dysfunction are covered at 95% of the Blue Shield of California Contracting rate for Blue Shield of California Contracting providers or 95% of Allowable Charges for non-Blue Shield of California Contracting providers.

This Southern California Pipe Trades Health & Welfare Fund believes this Active Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Active Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office administrator at (800) 595-7473. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.