

# SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS & SURVIVING SPOUSES HEALTH FUND

## SUPPLEMENT No. 9

To: All Participants  
From: Board of Trustees  
Date: September 2015  
Re: New Dental Benefit

### **KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION**

The Pensioners & Surviving Spouses Health Fund does not currently offer any dental benefit.

- **Effective January 1, 2016, the Fund will offer two CIGNA Dental Health Maintenance Organization (HMO) options.**
- **Eligible Participants have until November 30, 2015 to enroll.** If a Participant does not enroll by November 30, he or she generally will not be permitted to enroll until the next open enrollment period at the end of 2016.

#### Eligibility and Enrollment

Any Pensioner or Surviving Spouse who is eligible for benefits under the terms of the Plan may choose to purchase coverage in one of the two Cigna Dental HMO options at the time he or she first becomes eligible for Plan benefits, and thereafter during an annual open enrollment period. A change in enrollment can also be made at certain other times, such as when a Pensioner marries or divorces, or when a Pensioner or Spouse dies.

An eligible Pensioner may also elect to purchase Cigna Dental HMO coverage for his or her Spouse. (However, coverage can only be purchased for a Pensioner's Spouse if coverage is purchased for the Pensioner.)

#### Premiums

Note that the premiums for Cigna Dental HMO coverage are in addition to the normal monthly premium that a Pensioner or Surviving Spouse pays for medical and prescription drug coverage under the Plan. Unlike the premiums for medical and prescription drug coverage, the premiums for Cigna Dental HMO coverage will not vary based on the number of Retirement Fund Pension Credits the Pensioner had when he or she retired, the Pensioner's age at retirement, or the Pensioner's (or Spouse's) Medicare status.

The monthly premiums for the Cigna Dental HMO options will be as follows:

	<u>Pensioner or Surviving Spouse Only</u>	<u>Pensioner and Spouse</u>
Cigna Dental Care (DHMO) P1-00	\$32.48	\$86.01
Cigna Dental Care (DHMO) L1-09	\$13.72	\$33.93

Monthly premium payments for Cigna Dental HMO coverage must be deducted from the Pensioner's Southern California Pipe Trades Retirement Fund pension benefit. By signing a Dental Benefit Enrollment Form, the Pensioner authorizes this deduction. A Surviving Spouse must also have any Cigna Dental HMO premium deducted from her or his Retirement Fund pension benefit, unless the Surviving Spouse is not receiving such a benefit; in this case, premium payments must be made by monthly electronic ACH transfer from a bank account, which must be authorized in writing by the Surviving Spouse. Cigna Dental HMO premiums will not be accepted by check, money order, cash or any other method.

#### Cancelling Coverage

A Pensioner or Surviving Spouse may cancel Cigna Dental HMO coverage at any time. However, if coverage is cancelled, the Pensioner or Surviving Spouse will not be permitted to re-enroll in Cigna Dental HMO coverage until the next open enrollment period. Any cancellation will apply both to the Pensioner and to his Spouse, if applicable.

#### Benefit Limitations

Both Cigna Dental options are HMOs. A Pensioner or Surviving Spouse must live within the HMO's service area in order to qualify for benefits. Pensioner or Surviving Spouses must use only dentists that are part of the Cigna Dental HMO network. Before enrolling, a Pensioner or Surviving Spouse should be sure to check that the Cigna Dental HMO network operates where he or she lives.

Note that the Pensioners & Surviving Spouses Health Plan's rules determine who is an Eligible Dependent for all benefits including the Cigna Dental HMO options. Some Cigna Dental HMO documents may imply that a broader range of persons qualify as Eligible Dependents. Only Spouses and Domestic Partners are covered under the Plan.

If a Pensioner, his or her Spouse, or a Surviving Spouse, with Cigna Dental coverage requires treatment by a specialist, such as a periodontist or an oral surgeon, the patient must first verify with the specialist that the treatment plan has been authorized for payment by Cigna Dental. However, prior authorization is not required for specialty referrals for Orthodontic and Endodontic services.

NOTE: Cigna will initially assign you to a dentist based on your address in our records. You will be permitted to change your dentist by contacting Cigna after you are enrolled.

See the Cigna Plan Booklet (Combined Evidence of Coverage) for detailed information regarding Cigna rules and benefits.

### Other Plan Rules

Generally, existing Plan rules continue to apply in the case of Cigna Dental HMO benefits, including rules related to commencement of eligibility, suspension or termination of eligibility, and COBRA benefits. Some existing rules will not apply, such as the Plan's \$250 individual medical deductible.

### Claims and Appeals Procedures

If a Participant or Eligible Dependent disagrees with a Fund Office decision, such as eligibility to participate in the Cigna Dental HMO option or a disagreement over premium payments for this option, he or she may appeal the decision to the Board of Trustees under the Plan's normal claims and appeals procedure, as set forth in the SPD. Other disagreements regarding Cigna Dental HMO benefits, including issues pertaining to network providers, covered procedures and charges for procedures, should be appealed to Cigna. A Participant who elects the Cigna Dental HMO option will be given Cigna's claims and appeals procedure. All appeals under Cigna's purview will be decided finally by Cigna with no additional appeal to the Board of Trustees.