



**SOUTHERN CALIFORNIA PIPE TRADES
 HEALTH & WELFARE FUND**
 (Active Plan)

SUPPLEMENT No. 29

To: All Participants
 From: Board of Trustees
 Date: September 2024
 Re: Substance Use Disorder Treatment

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

The Board of Trustees has amended the Plan to improve benefits by expanding coverage to include the benefits listed below. This benefit improvement is effective May 1, 2023.

This change amends the 2019 Summary Plan Description, Section 2, Summary of Plan Benefits:

TYPE OF SERVICE		BLUE SHIELD OF CALIFORNIA (BSC) PPO NETWORK PROVIDER Plan Pays:	OUT-OF-NETWORK PROVIDER Plan Pays:
SUBSTANCE USE DISORDER	Hospital, Partial Hospitalization, or Residential Treatment Facility	95% of the BSC PPO Network Rate	90% of the Allowable Charge, up to \$1,215 per day
	Office	100% of the BSC PPO Network Rate	100% of Allowable Charge

**SECTION
 9. MEDICAL BENEFITS**

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Substance Use Disorder

A) Introduction

- i) Hospital or office visits for substance use disorder treatment are Covered Services when provided by a practitioner acting within the scope of their license in the state where they practice.

- ii) You are responsible for the Coinsurance percentage listed below and for any non-covered services which may include, but are not limited to:
 - a) Guest expenses;
 - b) Telephone charges;
 - c) Charges by a Hospital or any standby services, including the availability of a “trauma team”.

See also Exclusions & Limitations, Section 20, page 54.

B) Inpatient Hospital

- i) Blue Shield of California PPO Network Hospital
The Plan will pay 95% of the Blue Shield of California PPO Network Rate.
- ii) Out-of-Network Hospital
The Plan will pay 90% of the Allowable Charge, up to a maximum of \$1,215 per day, except where the Plan determines that the services rendered are due to an Emergency Medical Condition.

C) Outpatient – Office

- i) Blue Shield of California PPO Network Provider
The Plan will pay 100% of the Blue Shield of California PPO Network Rate.
- ii) Out-of-Network Provider
The Plan will pay 100% of the Allowable Charge.

D) Partial Hospitalization

Partial hospitalization requires a referral by a Physician or Psychiatrist. Custodial care and meals are not covered under this benefit.

- i) Blue Shield of California PPO Network Facility
The Plan will pay 95% of the Blue Shield of California PPO Network Rate.
- ii) Out-of-Network Facility
The Plan will pay 9% of the Allowable Charge, up to a maximum of \$1,215 per day.

E) Residential Treatment Center

Placement in a Residential Treatment Center requires either a (1) court order or (2) certification by a Physician or Psychiatrist. Custodial care is not covered under this benefit.

- i) Blue Shield of California PPO Network Facility
The Plan will pay 95% of the Blue Shield of California PPO Network Rate.
- ii) Out-of-Network Facility
The Plan will pay 90% of the Allowable Charge, up to a maximum of \$1,215 per day.

This Supplement removes all reference to substance abuse as an exclusion, including in the description of benefits under Hospital, Mental Health (in both the Summary of Plan Benefits and Medical Benefits), and Opioid Drug Testing. The reference contained under the Residential Treatment Center definition is also removed.

This change also modifies the 2019 Summary Plan Description by amending Section 20 (Exclusions and Limitations), paragraph A, removing reference to substance abuse under item 27, and removing item 37 in its entirety.

This Supplement removes the reference to the group therapy limitation under the Mental Health benefits, Section 9, as well as Supplement 17.

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 Fund Office at (800) 595-7473. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or <https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

KEEP THE FUND OFFICE INFORMED OF YOUR ADDRESS.

If the Fund office does not have your current address, you will not be informed about important changes to your benefits and you may not receive all the benefits to which you are entitled. You can obtain a Change of Address Form from www.scptac.org, or from the Fund office or your Local Union office. You may also use this QR code to complete a Change of Address Form.



You should also promptly advise the Fund office of any change in your family status, such as marriage, divorce, or death.