



SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS & SURVIVING SPOUSES HEALTH FUND

SUPPLEMENT No. 5

To: All Participants

From: Board of Trustees

Date: September 2026

Re: Physical Therapy and Occupational Therapy Benefit

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

The Board of Trustees has amended the Plan, effective July 1, 2026, to improve benefits by increasing the Physical Therapy and Occupational Therapy combined benefit to \$1,500 per Calendar Year.

The \$1,500 combined benefit will replace the references to the \$1,200 combined benefit found in the 2025 Summary Plan Description as follows:

SECTION 2. SUMMARY OF PLAN BENEFITS

SUMMARY OF PLAN BENEFITS			
Benefit details are listed in alphabetical order in Section 8 beginning on page 25.			
TYPE OF SERVICE		BLUE SHIELD OF CALIFORNIA (BSC) PPO NETWORK PROVIDER Plan Pays:	OUT-OF-NETWORK PROVIDER Plan Pays:
OCCUPATIONAL THERAPY Prescription required; not to exceed \$1,500 per Calendar Year (combined with the Physical Therapy benefit).	Performed in an Occupational Therapist's Office	80% of the BSC PPO Network Rate	80% of the Allowable Charge
	Performed in a Hospital or Facility	85% of the BSC PPO Network Rate	80% of the Allowable Charge up to \$1,080 per day for all Hospital or facility charges

SUMMARY OF PLAN BENEFITS

Benefit details are listed in alphabetical order in Section 8 beginning on page 25.

TYPE OF SERVICE		BLUE SHIELD OF CALIFORNIA (BSC) PPO NETWORK PROVIDER Plan Pays:	OUT-OF-NETWORK PROVIDER Plan Pays:
PHYSICAL THERAPY Prescription required; not to exceed \$1,500 per Calendar Year (combined with the Occupational Therapy benefit).	Performed in a Physical Therapist's Office	80% of the BSC PPO Network Rate	80% of the Allowable Charge
	Performed in a Hospital or Facility	85% of the BSC PPO Network Rate	80% of the Allowable Charge up to \$1,080 per day for all Hospital or facility charges

SECTION 8. MEDICAL BENEFITS

Occupational Therapy

For occupational therapy, the Plan will pay 80% of the Blue Shield of California PPO Network Rate per visit, or 80% of the Allowable Charge, whichever is applicable, up to a maximum of \$1,500 per Calendar Year. The yearly maximum is combined with Physical Therapy.

These services require a prescription from your Physician. Services must be rendered by a licensed occupational therapist.

Occupational therapy rendered in an Inpatient Hospital will be paid under the Hospital benefit.

Physical Therapy

For physical therapy the Plan will pay 80% of the Blue Shield of California PPO Network Rate or 80% of the Allowable Charge, whichever is applicable, up to a maximum of \$1,500 per Calendar Year. The yearly maximum is combined with Occupational Therapy.

These services require a prescription from your Physician. Services must be rendered by a Registered Physical Therapist or Registered Physical Therapist Assistant under the supervision of a Registered Physical Therapist.

Physical therapy rendered in an Inpatient Hospital will be paid under the Hospital benefit.

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.

