



SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND

(Active Plan)

SUPPLEMENT No. 14

To: All Participants

From: Board of Trustees

Date: May 2021

Re: COBRA 100% Premium Assistance and the Subsidized Self-Pay Program

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

Effective April 1, 2021 the Subsidized Self-pay Program rules will be modified as follows:

The Subsidized Self-pay Program election rules are temporarily modified for Participants who:

- (1) have elected coverage under the Subsidized Self-pay Program but have not exhausted their six (6) months of coverage **or**
- (2) are eligible to elect coverage under the Subsidized Self-pay Program at any time between April 1, 2021 and September 30, 2021 **and**
- (3) elect COBRA Continuation Coverage in lieu of coverage under the Subsidized Self-pay Program for any months during the period April 1, 2021 through September 30, 2021, **and**
- (4) are eligible for and elect the Federal government 100% COBRA premium assistance, under the American Rescue Plan Act of 2021, during these months.

Specifically, Participants eligible for coverage under both the Subsidized Self-pay Program and the 100% COBRA premium assistance may elect the 100% premium assistance in lieu of coverage under the Subsidized Self-pay Program. These Participants may later resume coverage, or make an initial election for coverage, under the Subsidized Self-pay Program, commencing the month after their 100% premium assistance ends, for a total of six (6) months, including months in which the Participant is covered under the Subsidized Self-pay Program immediately prior to April 1, 2021 and immediately after September 30, 2021. Any months of coverage under the 100% COBRA premium assistance will be disregarded for purposes of compliance with the six consecutive month eligibility requirement under the Subsidized Self-pay Program.

This Southern California Pipe Trades Health & Welfare Fund believes this 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 your 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 plan 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 <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.