



SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND

(Active Plan)

SUPPLEMENT No. 20

To: All Participants
From: Board of Trustees
Date: December 2021
Re: Protections Against Balance Billing Under the No Surprises Act

KEEP THIS NOTICE WITH THE SUMMARY PLAN DESCRIPTION

Effective for services received on and after January 1, 2022, the Summary Plan Description has been changed as follows.

No Surprise Billing.

Under the federal No Surprises Act, for some out-of-network services you may receive, you are protected from receiving a bill from a provider for the difference between the provider's bill and the Plan's out-of-network payment to the provider. Effective for services received on or after January 1, 2022, the SPD will now provide that, after you have satisfied your deductible, when you receive services under the following conditions you will be responsible for the Plan's in-network copay only:

- Emergency care at an out-of-network facility (hospital or freestanding emergency facility) or from an out-of-network provider at an emergency facility; or
- Any type of medical care from an out-of-network provider at an in-network hospital or ambulatory surgical center; or
- Emergency transportation by an out-of-network air ambulance provider.

The Plan will pay the difference between your copay and the balance due to the provider. You will not receive an additional bill from the provider. In addition, your copays will count toward your in-network out-of-pocket maximums.

There are some exceptions. A provider may charge you an additional amount over the Plan's payment and your copay, if you have provided written consent to obtain treatment from an out-of-network provider in an in-network facility.

Note: Any language in the current SPD that is contrary to the above, will no longer be applicable.

Accompanying this Supplement is a Notice of Your Rights and Protections Against Surprise Medical Bills.

Independent External Review.

If the Appeals Committee of the Board of Trustees denies your appeal, in whole or in part, and that appeal involves balance billing or an issue which you believe violates the no surprise billing rules, you may file a request for your appeal to be reviewed by an Independent Dispute Resolution entity. Contact the Fund Office if you believe you have such an appeal.

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.