

Informer

A Quarterly Publication of the Southern California Pipe Trades Administrative Corporation

Focus on Mental Health

This year is a good time to learn about mental health care for you and your family. This *Informer* also helps you better understand your health care coverage and resources.

Why Mental Health Care is Important

Mental health is a key part of your overall health and well-being. It helps to determine how you handle stress, relate to others and make healthy choices.

The California Health Foundation reports that mental illnesses are among the most common health conditions faced by Californians. **One in seven** California adults experiences a mental illness, and **one in 26** has a serious mental health condition that makes it difficult to carry out daily activities. **One in 14** children has an emotional disturbance that limits functioning in family, school or community activities.

Many people have mental health concerns from time to time. Life can bring changes that cause sadness, grief and upset. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress, affect your ability to function or cause problems in your daily life or relationships. When untreated, poor mental health can also increase your risk for chronic physical conditions like heart disease, stroke and cancer.

In most cases, symptoms can be managed with a combination of medications and talk therapy (psychotherapy). Taking steps to control stress, to increase your resilience and boost your self-esteem may help keep your symptoms under control.



If you experience symptoms of anxiety or depression, it's ok to get the treatment you need from a doctor or licensed therapist.

How to Get the Care You Need

Mental health conditions can be treated. Research shows that treatment for mental health can improve quality of life, and in some cases, eliminate symptoms entirely.

If you or a covered dependent have mental health concerns or symptoms, talk with a primary care doctor or mental health professional. Your SCPT Health Plan has no annual limit on mental health or other doctor visits. You can find a doctor or mental health therapist by logging into your account at www.blueshieldca.com or by using the Blue Shield of California mobile app.

For mental health visits, once your calendar year deductible has been met (\$250 per person or \$750 per family), the Plan will pay 100% of the Blue Shield of CA PPO in-network rate for Active participants and 80% for Pensioner & Surviving Spouse Plan participants. Try not to choose out-of-network providers, as your out-of-pocket costs are usually higher. (See page 5 for tips on how to save money by staying in-network.)

Warning Signs of Poor Mental Health

Symptoms can vary from mild to severe and may include:

- Persistent sadness
- Feelings of anxiety or depression
- Trouble concentrating
- Significant tiredness or problems sleeping
- Major changes in appetite
- Excessive fears or worries
- Frequent mood changes
- Withdrawal from friends and activities
- Excessive anger or hostility

Sources: National Alliance on Mental Illness (NAMI) and Centers for Disease Control (CDC)

Note: Information in this publication is for general reference for the five Southern California Pipe Trades Funds only. This document does not take the place of official Plan Rules and Regulations.

Telehealth Goes Where You Are



Telehealth lets you connect virtually from your phone, tablet or computer. You can meet by audio or video when and where it works for you.

Research shows people of all ages are becoming more comfortable using confidential telehealth visits to treat physical or mental health concerns. It's easy to schedule phone or video visits with a board-certified doctor or licensed therapist for effective treatment and medications. You can use the same doctor for follow-up visits or change to a different one to find the right fit.

Your SCPT Health Plan coverage provides telehealth visits through your choice of platforms (Doctor on Demand or PlushCare). Since providers from both sources participate in the Blue Shield of California network, telehealth visits are covered in the same way as in-office visits with other PPO network doctors or specialists.

Once you meet the Plan's annual deductible (\$250 per person or \$750 per family), Doctor on Demand visits are covered at 100% for Active Plan participants. For Pensioner & Surviving Spouse Plan participants, these visits are covered at 80%. However, PlushCare charges a monthly fee of \$14.99 or \$99 per year after their 30-day free trial ends.

Here's How Telehealth Works

Use your phone or computer to book an online visit with your choice of doctors or therapists and receive diagnoses and prescriptions when needed.

- **Doctor on Demand** at doctorondemand.com or (800) 997-6196
- **PlushCare** at plushcare.com or (888) 370-4689

Whether you need a same-day or future visit, telehealth appointments are available on weekdays or weekends. It's a convenient way to be treated wherever you are.

These highly skilled doctors have trained at the top medical institutions in the country, ensuring that you get quality care from knowledgeable medical professionals. Participating doctors have an average of 15 years of experience. Keep in mind that online visits are not meant to replace regular, in-person care from your Blue Shield of California physician (explained on page 1). Telehealth visits are not appropriate for serious conditions that require urgent attention. If you experience life-threatening issues, call **911** or go to an emergency room.

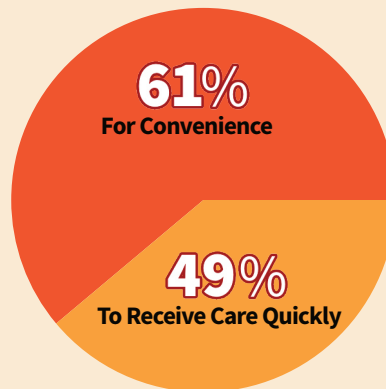
Why Consumers Embrace Telehealth

Patients who have used telehealth services in the past 12 months were overwhelmingly positive (**94%**) according to the *JD Power 2022 US Telehealth Satisfaction Study* of 4,306 consumers.

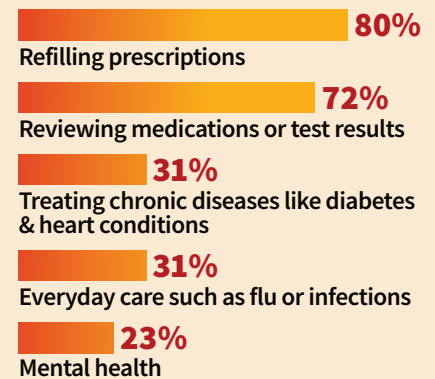
About **67%** accessed video telehealth services in the past year, up from **37%**, the survey said.

Patients are happy with telehealth visits for two reasons. Their doctors spent enough time with them to provide quality care. Things were explained clearly enough so their medical concerns were resolved in a single visit.

Top Reasons Why Respondents Chose Telehealth



Telehealth is Now the Go-To Method for Many Types of Care



Source: J.D. Power 2022 U.S. Telehealth Satisfaction Study

Small Steps Can Improve Mental Health

The American Psychiatric Association (APA) surveyed more than 2,200 adults in their Healthy Minds poll in December 2022. While **37%** ranked their mental health as "fair or poor" (up from **31%** in 2021), most said they plan to improve their mental health in 2023 by going to therapy and reaching out to others. Besides doctor visits and therapy, "people can take small steps to take care of their mental health, like exercising, limiting social media and rekindling friendships," says the APA's president, Dr. Rebecca Brendel. "Every small step we take can build cumulatively over the course of time," she adds. Steps like paying attention to signs of stress and staying connected with family or close friends. "The take-home message is really a very positive one, which is that more Americans are willing to talk about their mental health," she concludes.

DO YOU KNOW?

The construction industry has the second-highest suicide rate when compared to other industries, with 53 suicides per 100,000 workers—five times higher than all construction-related deaths combined.

If you think you or a loved one may attempt suicide, get help right away:

- If in immediate danger, call **911**.
- **988** is the new three-digit dialing code that routes callers to the National Suicide Prevention Lifeline available 24/7. Services are free and confidential.
- Text "**HELLO**" to **741741** to connect with a crisis counselor.



IMPORTANT REMINDERS

Annual Coordination of Benefits Form Required

If you haven't already sent the Fund Office the new *Annual Coordination of Benefits Form* for 2023, your medical and

prescription drug claims will be denied until such time that the form is received.

Note: You have 12 months from the claim denial date to submit your COB form.

Each year, all participants eligible under either the Health & Welfare Fund or the Pensioners & Surviving Spouses Health Fund must complete a new form. Be sure to complete and return

the form mailed to you in December. Or download and complete a fillable copy at scptac.org and return it by email to info@scptac.org or by mail (to the address printed on the form).

How Benefits Are Coordinated

To ensure maximum benefits, be sure to enroll your eligible dependents under your SCPT plan benefits even if they have coverage under another group plan (such as through a spouse or former spouse). Your employer's monthly contribution would stay the same. If you or your eligible dependents are also covered by another group plan, benefit payments are coordinated between the plans. One plan is considered primary. The primary plan processes your claims first. Then, the other plan pays toward whatever portion remains. Contact the Fund Office with questions about coordination of benefits.

Coming Soon: Automatic Vacation and Holiday Payments

Your Employer contributes to your individual Vacation & Holiday account based on the number of hours you work. Payouts are automatically issued in April and December for contributions made through November 30th each year (called the Normal Benefit). The April automatic payments are scheduled to be issued the first week of April. No forms are required for payments issued by check. **Note:** You may choose to set up direct deposit for this payment instead of receiving a check. If you have not yet requested direct deposit of the automatic payments and would like to, contact the Fund Office to request the *Normal Benefit Election Form Authorizing Agreement for Direct Deposit*, or download it from scptac.org. Otherwise, a check will be mailed to your address on file.

Increased IRS 401(k) Contribution Limits for 2023

Now's a good time to consider contributing more to your Defined Contribution Plan account (within increased IRS limits) to add to your retirement security. In 2023, you can invest up to \$22,500 in pre-tax contributions. Pre-tax contributions, and any income they earn, are not subject to state or federal income tax until withdrawn. Participants ages 50 and older can contribute \$7,500 more as catch-up contributions. Simply complete the *Enrollment/Change/Opt-Out Form* and give it to your employer. Contact the Fund Office with any questions or to request a form. You can also download the form from scptac.org.

Avoid Problems with Your HRA Account

If you are eligible for Health Reimbursement Arrangement (HRA) benefits, it's convenient to use your HRA debit card to pay for eligible medical, dental and vision expenses at time of purchase. But watch out. Here's how to avoid problems when using these cards.



DO'S

- **To avoid declines, first check your current HRA balance** through the SCPT HRA portal or mobile app (explained on page 6). Or contact the Fund Office for account details by calling the number printed on the back of your HRA debit card.
- **Your HRA allowance is tax-free but can only be used for IRS-qualified expenses.** A link to eligible expenses is posted at www.tinyurl.com/scpthra.
- **Save all itemized receipts** even when you use your debit card for payment. You may be asked to provide supporting HRA documentation for up to seven years based on IRS rules.

DON'TS

- **Don't use the HRA debit card to pay for non-eligible expenses** such as snacks or groceries. Scan the bar codes using the mobile app (explained on page 6) to see if items are HRA-eligible.
- **Don't use the HRA debit card to pay for expenses that may already be covered** under your benefit plans. Wait until after the claim is processed and you receive an *Explanation of Benefits* (EOB) that shows amounts you may owe. Then use your HRA debit card to pay the amounts owed to the provider. Or pay the amounts owed by check or credit card and file an *HRA Request for Reimbursement Form* on the SCPT HRA portal, mobile app or by mail to the Fund Office. Attach the provider's bill, your proof of payment and the EOB with the completed form.

Philly Cheesesteak Stuffed Peppers

Get your cheesesteak fix in minutes without the starchy bread. The peppers are packed with cheese, vegetables and steak.



Ingredients (Serves 4)

- 2 bell peppers, halved lengthwise, seeds removed
- 1 tbsp extra-virgin olive oil
- 1 onion, halved and sliced
- 8 ounces mushrooms, thinly sliced
- 12 ounces top round steak, thinly sliced
- 1 tbsp Italian seasoning
- ½ tsp ground pepper
- ¼ tsp salt
- 1 tbsp Worcestershire sauce
- 4 slices provolone cheese

Directions

1. Preheat oven to 375 degrees.
2. Place pepper halves on a baking sheet. Bake 30 minutes or until peppers are tender.
3. Meanwhile, heat oil in skillet over medium heat. Add onion and cook five minutes, stirring often. Add mushrooms and cook four more minutes until mushrooms are soft.
4. Add steak and seasonings. Cook the steak to your liking, about 3 to 5 minutes, continuing to stir frequently. Remove from heat and stir in Worcestershire sauce.
5. Change oven to broil. Divide the filling between the pepper halves and top each with a slice of cheese. Broil for three minutes until the cheese is melted and lightly browned.

YOUR PLAN CONTACTS



**Southern California Pipe Trades
Administrative Corporation**

Fund Office: (800) 595-7473 or info@scptac.org

Defined Contribution Fund

John Hancock: (833) 388-6466 or myplan.johnhancock.com

Health & Welfare Fund

Doctor on Demand: (800) 997-6196 or doctorondemand.com

PlushCare: (888) 370-4689 or plushcare.com

NurseHelp 24/7: (877) 304-0504

Delta Dental PPO: (800) 765-6003 or www1.deltadentalins.com

DeltaCare USA (DHMO): (800) 422-4234 or www1.deltadentalins.com

Vision Service Plan (VSP): (800) 877-7195 or vsp.com

Trustees of the Southern California Pipe Trades Health & Welfare, Pensioners & Surviving Spouses Health, Defined Contribution, Retirement and Christmas Bonus Funds

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SCPTAC Office Hours: Monday, Tuesday, Wednesday & Friday - 8:00 a.m. to 4:00 p.m., Thursday - 8:00 a.m. to 6:00 p.m.

Spotlight: Your *Explanation of Benefits* (EOB)

Your SCPT Health Plan introduced a simpler *Explanation of Benefits* (EOB) to explain how health care claims are paid. The EOB is a claim summary not a bill. The Plan or health care provider will bill you directly for any amounts owed.

This excerpt shows how benefits were paid for a sample participant for a doctor visit in January. Since he used an in-network provider, this participant saved about \$242 through the preferred provider discount (circled in red). So he owes \$0 as shown below.

	1	2	3	4	5	6	
PROCEDURE CODE	SERVICE DATES	BILLED AMOUNT	ALLOWED AMOUNT	DEDUCTIBLE	AMOUNT THE FUND PAID	AMOUNT YOU MAY OWE	REMARK CODE
99204	01/03/2023	405.00	162.25	0.00	162.25	0.00	
OFFICE/OUTPATIENT NEW MODERATE MDM							
TOTALS:		405.00	162.25	0.00	162.25	0.00	
IN NETWORK DISCOUNT			242.75				
GENERAL COMMENTS & EXPLANATIONS							
15- Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims. Payment from Southern California Pipe Trades Health & Welfare Fund or Pensioners & Surviving Spouse Health Fund on behalf of Blue Shield of California.							
Year to Date Patient Deductible:		\$250.00	of	\$250.00	← The EOB shows if any deductible amounts are met as of the EOB date.		
Year to Date Family Deductible:		\$650.00	of	\$750.00	←		
For assistance, please call 1-800-595-7473.							
Para obtener asistencia en Español, llame al 1-800-595-7473.							

1 Billed Amount

The total charged by the health care service provider as received, even if not covered under your SCPT Health Plan.

2 Allowed Amount

Since this participant used an in-network provider, the allowed amount is the discounted price the preferred provider network negotiated for this service.

3 Deductible

Here's where amounts are shown if applied toward the patient's individual deductible. The service provider may bill you for any amounts applied to your deductible.

4 Amount the Fund Paid

Total the Plan pays to the Health Plan provider (or to you if you paid for the services upfront and the provider is out-of-network).

5 Amount You May Owe

Reflects the patient responsibility portion of the claim. The provider should not bill the participant for more than this amount.

6 Remark Code

A code would be listed if the claim is denied or pending for specific reasons or if more information is needed.

Remember, the EOB is not a bill. If your EOB shows that you may owe some of the cost, you will be billed directly by the service provider. When you receive your EOB, check for errors. Make sure you are getting the most value from your Plan benefits.

THREE WAYS TO HELP REDUCE YOUR OUT-OF-POCKET HEALTH CARE EXPENSES

Tip #1—Always confirm that providers are in-network.

Blue Shield of California network providers agree to write off charges billed above the allowed amount. This is important since it reduces your out-of-pocket costs. You can check with the service provider prior to an appointment to ask whether they are in the Blue Shield of CA PPO network.

Tip #2—Going out-of-network usually costs more.

That's because any out-of-network charges above the allowed amount for that provider are out-of-pocket expenses to you. Review your benefits at scptac.org to make the most of your coverage.

Tip #3—You may pay much less overall each year by using in-network providers:

Out-of-Pocket Maximums for 2023

Health & Welfare Plan

- In-network: \$9,100 per person (\$18,200 per family)
- Out-of-network: \$18,200 per person (\$36,400 per family)

Pension & Surviving Spouses Fund

- In-network: \$9,100 per person
- Out-of-network: \$18,200 per person

Important
Information
About Your
Benefits



Inform**er**

A Quarterly Publication of the Southern California Pipe Trades Administrative Corporation

MARCH 2023 | VOLUME 32 | ISSUE 1

The Board of Trustees of the **Southern California Pipe Trades** trust funds oversees the collectively bargained benefits available to you and your enrolled dependents.

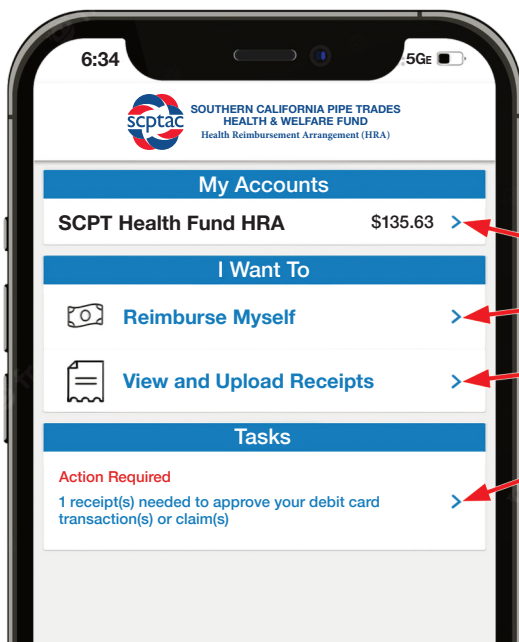
This issue of *Inform*er helps you understand your mental and physical health benefits.:

- **Learn** how to access the care you need
- **Review** key benefit reminders and actions
- **Understand** health plan features and resources

Take a few minutes to read what's inside and share it with your family. For more information, contact the Fund Office at **(800) 595-7473**.

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Download the mobile app **SCPT H&W Fund HRA Benefit**

Special app features:

My Accounts shows your pending claims and available balance.

Reimburse Myself for expenses.

View and Upload Receipts from your phone or camera.

View **Tasks** to see what information is needed for transaction approval and claims processing.

When first logging in:

The **user name** is the participant's first initial, last name and zip code plus 0000 (no spaces).

The **password** is the participant's first initial, last name and last 4 digits of SSN (no spaces).

To **protect security**, change these details at the account's Profile page.



See page 3 for ways to avoid problems when using your HRA debit card.