TO  ACTIVE AND RETIRED PARTICIPANTS

RE:  SUMMARY OF MATERIAL MODIFICATIONS TO THE
NORTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE PLAN (“PLAN”)

The Board of Trustees of the Northern California Pipe Trades Health and Welfare Trust Fund (“Plan”) is pleased to provide you with the following summary of changes in the Plan called a Summary of Material Modification (“SMM”). Please review these important changes described below.

A. SUMMARY OF AGREEMENTS AND BENEFITS – Plan Amendment

ELIMINATION OF PG&E CLASSIFICATION

ACTIVE Participants

Article II – Effective July 1, 2016

Effective July 1, 2016, the Summary of Agreements and Benefits has been modified to eliminate the PG&E Classification (including PG&E Helpers).

Employees working under the PG&E Classification will no longer be considered Bargaining Unit Employees eligible to participate in the Plan.

B. HEARING AID BENEFITS - Plan Amendment

ELIMINATION OF SELF-FUNDED HEARING AID BENEFITS

ACTIVE and RETIRED Participants

Article XVII – Effective July 1, 2016

Effective July 1, 2016, Hearing Aid Benefits for Participants and their eligible Dependents will no longer be offered as a Self-Funded Benefit. Instead, your selected Health Plan option (Northern California Kaiser Permanente Health Plan, Blue Shield of California HMO Health Plan, or Blue Shield of California PPO Health Plan) will now be administering this benefit.

For information on Hearing Aid Benefits, including how to access benefits, you should contact your selected Health Plan option directly.

Participants enrolled in the Northern California Kaiser Permanente Health Plan option should contact Kaiser Permanente directly at 800/278-3296. Participants enrolled in the Blue Shield of California HMO Health Plan option should contact Blue Shield directly at 855/256-9404. Participants enrolled in the Blue Shield of California PPO Health Plan option should contact Blue Shield directly at 855/256-9404.

C. GENERAL PROVISIONS - Plan Amendment

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1988

ACTIVE and RETIRED Participants

Article XXI, Section M

Effective immediately, the Plan has been amended to clarify the Board of Trustees intent to comply with the Women’s Health and Cancer Rights Act of 1998 as follows.

Under a Federal Law known as the Women's Health and Cancer Rights Act of 1998, Group Health Plans, Insurers and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive breast surgery. For a Participant or Beneficiary who is receiving benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, the law requires coverage in a manner determined in consultation with the attending physician and the patient for: (a) all stages
of reconstruction of the breast on which the mastectomy was performed, including coverage for nipple and areola reconstruction, and repigmentation to restore the physical appearance of the breast; (b) surgery and reconstruction on the other breast to produce a symmetrical appearance; and (c) prostheses and physical complications of all stages of mastectomy, including lymphedemas. This coverage is subject to the Plan's annual deductibles and coinsurance provisions.

D. GENERAL PROVISIONS - Plan Amendment
MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (“MHPAEA”)  
ACTIVE and RETIRED Participants  
Article XXI, Section Q – Effective July 1, 2015

Effective immediately, the Plan has been amended to clarify the Board of Trustees intent to comply with the Mental Health Parity and Addiction Equity Act (“MHPAEA”) of 2008 as follows:

Q. MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (“MHPAEA”)

The Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”) is a Federal Law that prevents large Group Health Plans (such as this Plan), Health Insurers (such as Blue Shield) and HMOs (such as Kaiser and Blue Shield) that provide Mental Health or Substance Abuse Benefits from imposing less favorable benefit limitations, including financial requirements (e.g., deductibles, copayments, coinsurance and out of pocket limitations), treatment limitations (e.g., number of visits or days of coverage), and non-quantitative treatment limitations (e.g., preauthorization requirement, exclusion based on medical necessity) on those benefits than on medical and surgical benefits offered.

As such, the limitations applicable to Mental Health or Substance Abuse Benefits can be no more restrictive than the predominant limitations applied to substantially all medical and surgical benefits. Pursuant to the Final MHPAEA rules, the Plan or Health Insurer will, upon request, provide any current Participants, potential Participants, or contracting Providers with: (a) the criteria for medical necessity determinations with respect to Mental Health or Substance Abuse Benefits; and (b) the reason for any denial of reimbursement or payment for services with respect to Mental Health or Substance Abuse Benefits.

It is the intention of the Board of Trustees and the contracted Insurers (e.g. Northern California Kaiser Permanente Health Plan and Blue Shield of California Health Plan) that the Plan’s benefits be provided in compliance with the requirements of MHPAEA and lawful regulations issued thereunder.

Please also refer to the Evidence of Coverage (“EOC”) booklets provided to you by Kaiser or Blue Shield for a complete description of Mental Health or Substance Abuse Benefits available to you.

For more information on MHPAEA, please visit the Department of Labor website at www.dol.gov/ebsa/mentalhealthparity.

IN ACCORDANCE WITH THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), THIS SUMMARY OF MATERIAL MODIFICATIONS SUPPLEMENTS THE SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT.

If you have any questions, please contact the Trust Fund Office at 925/356-8921 ext. 246 or toll free at 800/780-8984 ext. 246.

Respectfully submitted,
Fund Manager
On Behalf of the Board of Trustees