

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

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NOTICE OF MATERIAL MODIFICATIONS to the U.A. LOCAL 393 HEALTH AND WELFARE PLAN (As revised November 1, 2019)

TO: All Participants and Beneficiaries of the U.A. Local No. 393 Health and Welfare Plan in the PPO Plan

FROM: The Trustees of the Plan

RE: Lowering the UCR Charge for Out of Network Claims

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important changes made to the U.A. Local No. 393 Health and Welfare Plan (“the Plan”). You should take the time to read this summary carefully and keep it with the copy of the SPD that was previously provided to you. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern.

The Trustees are permitted by the Plan Rules to set the Usual, Customary, and Reasonable (UCR) charge for any out-of-network service or supply, in their exclusive discretion, after investigation by the Administration Office, the Plan Consultant, or any other expert engaged for that purpose except that in no event shall the UCR charge for a service or supply provided to a Medicare-primary participant or dependent exceed the Medicare-limiting charge for that Medicare covered service or supply.

This is to inform you that effective September 20, 2021, the Trustees have investigated the Usual, Customary, and Reasonable Charge (UCR charge) for Radiology, Pathology, Lab, Anesthesia and similar services and have determined it to be 100% of Medicare’s Allowable Charge.

To the extent that federal law (such as the No Surprises Act Effective January 1, 2022) requires the Plan to pay a higher amount for the supply or service, the Plan will pay the higher amount if required by federal law.

To learn more about out of network claims and “balance billing”, please read the article on the back of this page. If you have any questions about this or any other provision of your health and welfare coverage please call the Administration Office at the number above or the Member Advocate at (408) 225-3030 ext. 26.

The Perils of Seeing a Doctor Not in Your Plan

June 22, 2017

<https://www.anthem.com/ca/blog/health-insurance-basics/the-perils-of-seeing-a-doctor-not-in-your-plan/>

You woke up feeling under the weather today, so you picked a doctor and made an appointment. A week later you received a hefty bill in the mail. *What went wrong?*

You may have gone to a doctor who doesn't participate in your plan.

Doctor in Your Plan vs. Doctor not in Your Plan

- Doctors in your plan have an agreement on how much they can charge when you see them, so there shouldn't be any surprises.
- Doctors outside your plan have no agreement, so they can charge any price they want. Then, you have to foot the bill.

How Hospital Bills Work – An Example

Let's say you have cataracts and need surgery. Here's how your bill from the doctor who's in your plan will look versus the one from the doctor not in your plan.

In this example, the usual (UCR) rate for cataract surgery is \$600, which is the amount your plan covers.

| Doctor in Your Plan | Doctor Not in Your Plan |
|---|--|
| Your doctor charges \$1000 | Your doctor charges \$1000 |
| You are charged 10 percent of the cost of the usual rate (\$600), or \$60. This percentage of the cost is also called coinsurance. The percentage often differs among plans and services. | You are charged 40 percent of the cost of the usual rate (\$600), or \$240. That's because the percentage of the cost you pay to see a doctor outside of your plan is 40%. |
| Because your doctor and your health plan provider have an agreement, you are NOT responsible for the \$400 difference between your doctor's fee and the usual rate. | You will owe \$240 plus the \$400 difference between your doctor's fee and the usual rate. |
| Total bill: \$60 | Total bill: \$640 |

Note: Federal law prohibits health plans from charging more for emergency care that's not in your plan. However, you may be responsible to pay more if you're admitted to a hospital that's not in your plan.

You can avoid hidden fees by using the Find care tool on your plan's website.

<https://www.anthem.com/ca/find-care/>

Before your visit –make sure your doctor participates in your plan!