



SOUTHERN CALIFORNIA FLOOR COVERING TRUST FUNDS

Health and Welfare - Pension - Apprentice - Vacation and Holiday
4399 SANTA ANITA AVE., SUITE 150, EL MONTE, CA 91731
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NOTIFICATION OF THE TWELVE (12) MONTH ROLLING ENROLLMENT PERIOD AND ANNUAL NOTICES

To: All Participants in the
Southern California Floor Covering Health and Welfare Trust Fund

From: Southern California Floor Covering Health and Welfare Trust Fund Office

Please note that the Board of Trustees previously adopted the twelve (12) month rolling enrollment, and you may change your medical/dental plan once every rolling twelve (12) month period from the date of your last change, provided the Participant has participated in the same medical or dental plan for at least twelve (12) months. An exception to this rolling twelve (12) month rule will be made if you move out of the service area of the medical/dental plan which you have previously chosen. If you move outside the medical/dental plan service area, you will be allowed to change your medical/dental plan option even if you do not satisfy the rolling twelve (12) month rule. The change will be effective on the first of the month following your election.

If you are already enrolled in the Fund and you do not want to make any changes to your current coverage, and if the information on your Health Enrollment Form currently on file with the Trust Fund Office is accurate, you do not need to submit an Enrollment/Change Form.

If you want to enroll in the Fund or make any changes, and you have been enrolled in the current Plan for at least twelve (12) months (such as switching between the Blue Shield Plan and the Kaiser Plan or adding/removing dependents), you need to submit an Enrollment/Change Form to the Trust Fund Office. You can contact the Trust Fund Office at (626) 279-3022 and request an Enrollment/Change Form to be mailed to you and/or visit our website at www.socalfloorcoveringtrustfunds.com.

Enclosed you will find the following:

Summary of Benefit Coverage (SBC) for the Kaiser Permanente Plan
Summary of Benefit Coverage (SBC) for the Blue Shield Plan

The SBCs are documents required by the Affordable Care Act. These documents summarize the benefits under the Fund and are intended to help you compare benefits between different plans and plan levels. Please note that we are required to use certain uniform terms and other language prescribed by the Affordable Care Act and applicable regulations in the SBCs. Some of the terms, definitions and other language may differ from what is set forth in the Fund's other benefit materials.

QUESTIONS? CALL:	
Southern California Floor Covering Health & Welfare Trust Fund www.socalfloorcoveringtrustfunds.com	(multi-lingual) (626) 279-3022
Kaiser www.kp.org	(multi-lingual) (800) 464-4000 (Spanish) (800) 788-0616
Blue Shield www.blueshieldca.com	(multi-lingual) (888) 256-1915
Delta Care USA HMO Plan www.deltadentalca.org/pmi	(800) 422-4234
Vision Services Plan (VSP) www.vsp.com	(800) 877-7195

IMPORTANT NOTICES

Many federal and state laws guide the administration of all health benefit plans. While the plan actually governs your rights and benefits under each plan in which you are enrolled, the following information is provided to help you understand your statutory rights and benefits. If any discrepancy exists between the information provided in this section and the Plan, the Plan will prevail.

If you have any questions about this section, please call the Trust Fund Office at (626) 279-3022.

Grandfathered Status Notice

The Southern California Floor Covering Health & Welfare Plan and coverage under all its plans are “Grandfathered Health Plans” 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 may be directed to the Trust Fund Office at (626) 279-3022. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to Grandfathered Health Plans.

Women's Health and Cancer Rights Act (WHCRA)

Your health plan is required by the Women's Health and Cancer Rights Act of 1998 to provide benefits for mastectomy-related services, including the following services:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

Your plan will provide coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductible, copayments and coinsurance amounts that are consistent with those that apply to other benefits under the Plan. If you have any questions about the Women's Health and Cancer Rights Act, please call the Trust Fund Office at (626) 279-3022.

Newborn's and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefit's or any hospital length of stay in connection with childbirth for the mother or newborn child to less than:

- 48 hours following a normal vaginal delivery or
- 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider (physician), after consulting with the mother, from discharging the mother or her new born earlier than 48 hours (or 96 hours as applicable).

If any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a hospital stay not in excess of 48 hours (or 96 hours). However, the Plan may still require precertification or preauthorization from the Plan or the issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

The Mental Health Parity Act of 1996

The Mental Health Parity Act (MHPA) was signed into law on September 26, 1996. MHPA provides for parity in the application of aggregate lifetime and annual dollar limits on mental health benefits with dollar limits on 31 medical/surgical benefits. MHPA's provisions are subject to concurrent jurisdiction by the Department of Labor, the Treasury, and Health and Human Services.

On December 22, 1997 the Department of Labor, the Treasury, and Health and Human Services issued interim regulations that interpret MHPA. The regulations clarify the statutory requirements and provide information valuable to employers and employees in understanding their obligations and rights under the law.

COBRA Continuation Coverage

COBRA continuation coverage provides for a temporary extension of coverage under this Plan. See the Summary Plan Description for an explanation of COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it, along with information on other coverage options that may cost less than COBRA continuation coverage.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires the Employer Health Fund to give you a notice that provides a clear, user friendly explanation of your rights with respect to your personal health information and the Health Fund's privacy practices. You may find this notice in the Summary Plan Description.

If you have any questions please call the Trust Fund Office at (626) 279-3022.