Southern California Dairy Industry Security Fund

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December 2014

Southern California Dairy Industry Security Fund
Benefit Changes for HMO Health Plans
(Summary of Material Modifications)

The purpose of this notice is to inform you that both the active and retiree plans available through the Fund are no longer considered "grandfathered" plans under PPACA and of changes to your health, prescription drug and vision coverage available through the Southern California Dairy Industry Security Fund's (Fund's) HMO Health Plans effective **December 1, 2014**.

The Board of Trustees of the Fund recently approved a number of material modifications to the plan of benefits. This Summary of Material Modifications (SMM) notes changes to the benefits set forth in the Fund's Summary Plan Description (SPD) effective as of December 1, 2014. This SMM must be read in conjunction with the SPD.

Substantially all of the modifications to the Fund's existing benefits are being made to assure that all of the benefits available to you meet or exceed the minimum essential benefits and minimum value requirements of the Patient Protection and Affordable Care Act (PPACA), the healthcare reform law. These changes make changes in the way you pay for and obtain approval of health care, prescription drugs and vision benefits. No changes are being made to your dental benefits at this time.

Outline of Benefits, Limitations and Exclusions
Enclosed with this SMM is a Summary of Benefits and Coverage (SBC). The SBC outlines in detail, by type of service, the basic benefits, limitations and exclusions of the revised plan of benefits. The SBC is an integral part of this summary and the details there are incorporated here by reference. Remember that, by law, this is a summary description. If you need more details, you can contact the Fund office at 1 (866) 481-5841.

Preventive Care, Screening, and Immunization
Subject to some limitations, the Plan will now cover 100% of certain in-network preventive services. These services include routine examinations, screenings, tests, education, and immunizations administered with the intent of preventing future disease, illness, or injury. Services are considered preventive if you have no current symptoms or prior history of a medical condition associated with that screening or service.

You will want to contact the provider to see if a service is considered preventative. For more information about which services are covered as preventive services, a requirement governed by federal and state law, you can review the following sources:

- Services with an "A" or "B" rating from the U.S. Preventive Services Task Force;

- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

- Preventive care and screenings for infants, children, and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and

- Additional preventive care and screening for women provided for in the guidelines supported by the Health Resources and Services Administration.

You may also refer to the following websites that are maintained by the U.S. Department of Health and Human Services:

https://www.healthcare.gov/what-are-my-preventive-care-benefits/

http://www.cdc.gov/vaccines/acip/index.html

Emergency Services
You are covered for so-called emergency services if you obtain those emergency room services outside of your HMO network. Emergency room visits should be restricted to true emergency medical conditions and the emergency room should not necessarily be your first stop when the unexpected happens.

Supplemental Appeals Procedures and New External Review Process
As a nongrandfathered plan, your plan now has supplemental appeals procedures. These are described in a document available at the Administrative Office.

Approved Clinical Drug Trials
Prescription drug benefits now cover participation in approved clinical drug trials for life-threatening diseases or conditions, as defined in the Public Service Health Act, Section 2709.

Further Information Contained In the Summary of Benefits and Coverage
Please see the Plan's SBC for additional details of the plan and how it works. Always remember to get the required pre-authorization and/or approval of the treatment plan for non-emergency medical expenses.

Questions?
Questions regarding these changes can be directed to the Administrative Office at 1 (866) 481-5841. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform.

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 1-800-524-8687.

SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-524-8687.

This summary is intended to satisfy the requirement for issuance of a SMM under ERISA. You should take the time to read this SMM carefully and keep it with the SPD that was previously provided to you.