

Post Office Box 5820
Fremont, California 94537
39420 Liberty Street, Suite 260
Fremont, California 94538
www.tbtfund.org

Telephone (510) 796-4676 • (800) 533-0119 • FAX (510) 795-0680

March 30, 2020

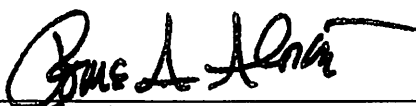
YOUR TBT HEALTH PLAN AND CORONAVIRUS:


We have attached a notice regarding how TBT's International Plan will pay for testing of Covid-19 ("Coronavirus") – Please read it and call the Trust with any questions. It says that if a doctor orders that you or a family need to be tested for Covid-19, TBT will pay for the test in full. If you then need to be treated, TBT will cover your treatment according to the terms of the International Plan. A few things to remember:

- Your medical benefits are provided under the Blue Cross Blue Shield Network outside of California and Anthem Blue Cross Network inside of California. If you need to be tested or treated for Covid-19, try to make sure your doctor and hospital are in the Blue Cross Blue Shield / Anthem Blue Cross Network.
- You can avoid the drive to a crowded hospital ER and the long wait by using "telemedicine" – talking to a doctor on your computer or smart phone. For Anthem Blue Cross, enroll in "Live Health Online" at livehealthonline.com
- People with heart or lung conditions, compromised immune systems and diabetes need to be particularly careful with contagion, as does anyone age 65 or older.

This pandemic is a challenge for everyone and TBT is here when and if you need us.

Sincerely,


Rome Aloise, Union Co-Chair


Keith Fleming, Employer Co-Chair

T TEAMSTERS
B BENEFIT
T TRUST

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PLAN CHANGE NOTICE

Summary of Material Modifications

Coverage of Testing for Covid-19 (“Coronavirus”)

RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE

March 30, 2020

To: All Active and Retiree Plan Participants, Surviving Spouses, Eligible Dependents and COBRA Participants in the TBT International Plan:

From: The Board of Trustees

Re: ***Testing for Covid-19 (Coronavirus) and “telemedicine” Effective Immediately***

The federal government has determined that Covid-19 (also often called “Coronavirus”) is a public health emergency requiring new rules for group health plan coverage. This notice describes those changes for your TBT Plan under the “self-insured” Blue Cross Blue Shield and Anthem Blue Cross medical plans.

TESTING OF COVID – WHAT IS COVERED?

Effective immediately, cost sharing is waived for COVID-19 testing and related provider visits (doctor office, urgent care, emergency room and “telemedicine”) – There will be no copays, coinsurance or deductibles applied to physician-ordered ***diagnostic tests*** for COVID-19 and related medical provider visits for COVID-19 screening. If you or covered family member is diagnosed with COVID-19, all treatment including but not limited to hospital, transportation and pharmacy services will be covered in accordance with the terms and conditions of the International Plan. **TBT encourages you to always use network providers when possible**, but cost sharing is also waived for *non-PPO* network, physician-ordered, diagnostic tests for COVID-19 and related medical provider visits for COVID-19 screening.

WHAT IS THE TESTING HERE?

In some states, until Covid-19 tests are more widely available, “testing” for Covid-19 generally means that before a doctor will order a Covid-19 test they will evaluate you and, based on your symptoms, perhaps require an MRI and other exams *before* deciding if you need to be tested for Covid-19. If after conducting these screening tests your treating physician concludes that you do not need the Covid-19 test, the screening test will be covered as described above. The Plan will cover both screening to determine if you need to be tested *and* testing.

WHAT IS TELEMEDICINE?

“Telemedicine” is talking to a doctor or other health professional by video on a computer or a smartphone. For many health issues where you can responsibly choose between a video call and going to the hospital, telemedicine may address your needs without having to deal with the crowds or waiting times at a hospital Emergency Room. This is especially true now, when “social distancing” orders for Covid-19 are in force. **As a TBT participant or dependent enrolled in the Blue Cross Blue Shield or Anthem Blue Cross networks you can use the Anthem Blue Cross “LiveHealth Online” telemedicine program. To use LiveHealth Online you need to enroll (at no cost to you) at livehealthonline.com.** TBT will pay the full cost of your use of LiveHealth Online; no deductible, no copayment.

If you have questions about this notice, phone the TBT Plan Administration Office at (800) 533-0119 and ask for the Claims Manager, Adrianna Mercado or Nora Johnson.

This Notice is intended to amend all TBT documents, notices and correspondence, including (but not limited to) the **Guide To Your Benefits and Summary of Coverage**. This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes made to your plan of benefits. You should take the time to read this SMM carefully (and share it with your family) and keep it with your copy of the *Guide To Your Benefits*. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason.

Si usted gustaría una copia de este documento en español, favor de contactar la oficina de administración de Teamsters Benefit Trust.

“GRANDFATHERED” PLAN

Because the Teamsters Benefit Trust International Plan is a “grandfathered health plan,” we are required by law to provide this notice to you: The Teamsters Benefit Trust believes the International Plan is a “grandfathered health plan” 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 can be directed to the Trust Fund Office at 1-800-528-4357. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. R:\TBT \SPD \Summary Of Material Modifications\COVID-19\SMM - International Plan COVID-19 Testing and Telemedicine 3-30-20.docx