

**T** TEAMSTERS  
**B** BENEFIT  
**T** TRUST

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**PLAN CHANGE NOTICE**

**Summary of Material Modifications**

**“Zero Premium” COBRA Extension**

**RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE**

August 2020

To: **All Teamsters Benefit Trust Participants, Covered Dependents and COBRA participants**

***COBRA EXTENSION – WAIVER OF PREMIUMS DUE TO COVID-19  
FOR UP TO 4 MONTHS***

As previously announced, if you are laid off or your hours are reduced because of the COVID-19 pandemic you can continue your TBT coverage through COBRA and pay no premiums for the first *three* months. The TBT Board understands that for some of you the loss of work and health coverage continues. For that reason the Board has concluded that it can extend “zero premium” COBRA for a 4<sup>th</sup> and final month. **If you lose eligibility because of the COVID-19 pandemic at any time before October 31, 2020 you will qualify for zero premium COBRA coverage, but zero premium COBRA will end December 31, 2020.** What this means is,

- If you lost employer-paid coverage as of August 31 or earlier and you submit TBT’s COBRA election form, you will pay no COBRA premiums for four months. If after the first four months, the standard COBRA premiums apply.
- If you lose employer-paid coverage as of September 30 or later and you submit TBT’s COBRA election form, you will pay no COBRA premiums for the rest of 2020, but in 2021 – if you remain on COBRA -- you will start paying COBRA premiums in 2021.

**To enroll in this “zero pay” COBRA you must fill out the  
TBT COBRA election form**

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If you have questions about this notice, please phone the TBT Plan Administration Office at (800) 533-0119 and ask for Victoria Rodriguez, Debra Frank or Adrianna Mercado.

**PLEASE NOTE**

**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 en español, por favor de contactar  
la oficina de administración de Teamsters Benefit Trust.

“GRANDFATHERED” PLAN (Not Applicable to Non-Grandfathered Plans V-A and VI)

Because all Teamsters Benefit Trust medical plans other than *Plans V-A and VI Non-Grandfathered* are “grandfathered health plans,” we are required by law to provide this notice to you: The Teamsters Benefit Trust believes your 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.