

T TEAMSTERS
B BENEFIT
T TRUST

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PLAN CHANGE NOTICE

Summary of Material Modifications

(1) COBRA Extension, (2) Telemedicine, (3) Change of HMO Network, (4) Coverage of Preventive Care & Wellness, Autism, and Dental Cone Beam X-Rays

RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE

July 8, 2020

To: Teamsters Benefit Trust International Plan Active and Retired Participants,
Covered Dependents and COBRA Participants

COBRA EXTENSION – WAIVER OF PREMIUMS DUE TO COVID-19 FOR UP TO 3 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 *two* months. TBT has extended the two months of “zero pay” COBRA to *three* months: **If you lose eligibility because of the COVID-19 pandemic during April, May, June, July or August 2020 you will pay \$0 in COBRA premiums for the first three months of COBRA coverage.** After the first three months, the standard COBRA premiums apply.

To enroll in this “zero pay” COBRA you must fill out the TBT COBRA Election Form.

TELEMEDICINE

As we said in our March Notice, TBT's PPO medical plans cover – without application of your Plan deductible or any copayment – calls to Anthem Blue Cross's "**LiveHealthOnline**". When you need to see a doctor, use LiveHealth Online to have a video visit with a board-certified doctor, 24/7 on your smartphone, tablet or computer with a webcam. Just go to livehealthonline.com or download the free mobile app.

Effective immediately, the PPO medical plan will cover phone or video calls with *your* doctors through the end of the federal COVID-19 public health emergency. Consultations with your regular physician by phone or video instead of an in-person office visit will now be a covered benefit subject to the same copay and deductible that applies to an in-person office visit.

COVERAGE OF PREVENTIVE CARE

Effective October 1, 2020, all TBT PPO medical plans will cover the preventive care and "wellness" benefits applicable to "non-grandfathered" plans under the Affordable Care Act ("ACA," also known as "Obamacare").

Preventive care includes all preventive care for children and adults recommended by the US Preventive Services Task Force. These services are available at no cost and without a co-payment or co-insurance even if you have not met your yearly deductible, **as long as the provider is in the Anthem Blue Cross network**. You can access a list of covered services at:

For all adults: <https://www.healthcare.gov/preventive-care-adults/>

For adult women: <https://www.healthcare.gov/preventive-care-women/>

For children: <https://www.healthcare.gov/preventive-care-children/>

Please call the TBT Plan Administration Office if you would like a list of covered preventive and wellness services or if you need additional information.

COVERAGE OF AUTISM TREATMENT

Effective immediately, TBT's PPO medical plans will cover treatment for Autism Spectrum Disorder ("ASD"), including Applied Behavior Analysis ("ABA") and Applied Behavior Therapy ("ABT") subject to the same conditions that apply to other kinds of outpatient therapy, such as co-pays, co-insurance, deductibles, review for medical necessity, and other medical management.

Please note that if your Autism provider is not in the Anthem Blue Cross network your out-of-pocket costs will be much higher if you select a provider who is not in-network.

COVERAGE OF DENTAL CONE BEAM X-RAYS

Effective immediately, if you are enrolled in the Delta Dental option “Cone Beam” X-rays that are medically necessary for the placement of dental implants are covered.

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

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.

<p>Si usted gustaría una copia en español, por favor de contactar la oficina de administración de Teamsters Benefit Trust.</p>
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“GRANDFATHERED” PLAN

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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.