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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: All Teamsters Benefit Trust 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](https://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. Kaiser and UHC enrollees have access to the HMO telemedicine services.

### ***ANTHEM BLUE CROSS HMO REPLACES UHC HMO***

If you are enrolled in the UnitedHealthcare (UHC) HMO for your medical benefits, **effective October 1, 2020, Anthem Blue Cross will replace UHC as your HMO for Active members and Retired members without Medicare. This change will not alter your benefits.**

Because most doctors, hospitals, clinics and labs in the UHC HMO are also in the Anthem Blue Cross HMO, the transition to the Anthem HMO should be simple. **If you are now enrolled in the UHC HMO, by September you will receive a subsequent notice describing how you can confirm whether your UHC HMO doctor, clinic or hospital is in the Anthem Blue Cross HMO (Large Group) network.** If you would like to find a doctor or verify if your doctor is in the Anthem HMO network, you can visit the Anthem website at [www.anthem.com/ca](https://www.anthem.com/ca); click on “Find Doctor/Find Care” and search as a guest. Search for a medical provider in California in a Medical (Employer-Sponsored) plan in the Blue Cross HMO (CACare) Large Group network.

- If your UnitedHealthcare HMO doctor, hospital, or clinic is *not* in the Anthem HMO, **and** -- you are suffering from an acute condition or serious chronic condition, you are pregnant or suffer from a postpartum mental health condition, have a terminal illness, are caring for a child between birth and 36 months old, or you have been authorized for surgery or another surgery within 180 days of October 1, 2020 – you can request an extension of coverage for up to three months after the switch from UHC to the Anthem HMO. To use this transition benefit you must call Anthem *before* you receive services from your UHC HMO doctor, hospital, or clinic that is not in the Anthem HMO network
- If your provider is interested in inclusion in the Anthem HMO they can apply at <https://www.anthem.com/ca/provider/credentialing/> or call the CAQH Provider help line at 1-888-599-1771. Tell your provider to mention Teamsters Benefit Trust when speaking with Anthem.

#### **For Inpatient Care:**

- If you or a dependent are hospitalized before October 1, 2020 and are still in treatment on or after October 1, 2020 coverage will continue under the UnitedHealthcare HMO until hospital discharge. You or your provider must call Anthem as soon as possible so that Anthem can be involved in the transition of coverage.

Additional information about the transition from the UHC HMO to the Anthem HMO will be sent to you over the next two months

### ***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”). The Kaiser, UHC and Anthem Blue Cross HMOs already cover preventative and wellness care.

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.

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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 Daisy Erediano, 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.

<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 (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.