



BAY AREA DELIVERY DRIVERS SECURITY FUND



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SUMMARY OF MATERIAL MODIFICATIONS

Date March 2020

To: All Active and Retired Employees and their Dependents, including COBRA beneficiaries, covered under one of the Anthem Blue Cross medical plan options

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 Plan if you are enrolled in the “self-insured” Anthem Blue Cross medical option. If you are enrolled in Kaiser, Kaiser will notify you of its Covid-19 testing coverage.

TESTING OF COVID – WHAT IS COVERED?

Effective immediately, the Plan will cover diagnostic tests to detect the virus that are approved or authorized by the federal Food & Drug Administration (FDA), including the test for Covid-19 itself. **Items and services furnished during provider office visits (whether in-person or via video “telemedicine” or “telehealth”), urgent care visits and emergency room visits at an Anthem Blue Cross PPO NETWORK hospital, clinic or doctor’s office are covered at 100% of billed charges (without application of the Plan deductible) to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether you need the test.**

Normally, **non-PPO Network claims** are paid at a rate lower than in-Network PPO claims; However, if you are tested for Covid-19 at a non-PPO hospital, clinic, or doctor’s office the test and related exam will be covered at 100% of Usual, Reasonable and Customary charges (without application of the Plan deductible). Items and services furnished during provider office visits (whether in-person or via “telehealth”), urgent care visits and emergency room visits are covered to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether you need the test.

If you are *treated* for Covid-19, the usual Plan deductible and out-of-pocket maximum applies.

WHAT IS THE TESTING HERE?

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 whether 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 exam screening test(s) will be covered at as described above.

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 “shelter in place” orders for Covid-19 are in force. Kaiser members already have access to Kaiser’s “Telehealth” service. **As a Plan participant or dependent enrolled in the Anthem Blue Cross plans, the Anthem Blue Cross “Live Health Online,” telemedicine program.** *Follow the instruction in the attached flyer to register and create an account with Live Health Online.* During the Covid-19 emergency, **your Plan will pay the full cost of your use of Live Health Online; no deductible, no copayment.**

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Fund Office at (800) 654-1824.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Fund Office.

PLEASE NOTE

This Notice is intended to amend all Bay Area Automotive Delivery Drivers Security Fund documents, notices and correspondence related to Plans 5, 6, 6a, 7, 11a and 11b, including (but not limited to) *Summary Plan Description, Summary and Supplemental Information Insert and Schedule of Benefits*

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 *Summary Plan Description*. 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.

This group health plan believes **Plans 5, 6 and 6A** are “grandfathered health plans” 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 Fund Administrator at (800) 654-1824 or (925) 833-7300.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.