

BAY AREA AUTOMOTIVE GROUP WELFARE FUND

Summary of Material Modification SELF FUNDED PLANS 4, 7, 8, 9, 22 & 23 (Including Kaiser Plan 377-000/002/004/006)

August 1, 2012

To Active Employees of Plans 4, 7, 8, 9, 22 & 23 and /Kaiser Plans 377-000/002/004/006 and their Dependents, including COBRA beneficiaries.

The “Affordable Care Act” (popularly known as “Obamacare”) signed into law in 2010 required changes in all group health plans. However some plans -- “grandfathered plans”-- remain largely as they were before the Act and others – “non-grandfathered” plans – are required to make the changes described in this notice. You are being sent this notice because your Union and Employer have agreed in collective bargaining to participate in this “non-grandfathered” plan. As participants in a “non-grandfathered” plan you will have benefits and rights that participants in the Trust’s “grandfathered” plans do not have. **EXCEPT AS DESCRIBED IN THIS NOTICE, ALL OF YOUR BENEFITS REMAIN THE SAME. Keep this notice with your plan folder so that you will have it when you need to review your benefits.** Until a new SPD is printed, this notice together with your insert will serve as the official “Non-Grandfathered” plan document. You should keep all your plan documents in a safe place for future reference.

BENEFIT	OLD PLANS 4, 7, 8, 9, 22 & 23	NEW PLANS 4, 7, 8, 9, 22 & 23 <i>Effective 8/1/2012</i>
Coverage of Preventive Services		
Self Funded Plan	<ul style="list-style-type: none"> ▪ Routine physical exams for Adults: Not covered ▪ Related x-rays and lab work: Not covered ▪ Routine physical exams for children: PPO doctor – \$20 copay ▪ Routine mammograms: Not covered ▪ Routine Pediatric immunizations: PPO doctor, Plan pays 80%, you pay 20%; Non-PPO doctor Plan pays 60%, you pay 40% <p>Benefits subject to \$250 Individual and \$500 Family deductible</p>	<p>Covers all of the preventive services on the list attached at the end of this notice at 100% provided you use a PPO (Anthem Blue Cross) provider,</p> <ul style="list-style-type: none"> ▪ Deductible does not apply ▪ There is NO COVERAGE for Preventive Care incurred with an Out-of-Network (Non-PPO) doctor or hospital or other provider.
Kaiser	<ul style="list-style-type: none"> ▪ Routine exams and related lab and X-Rays for Adults: No Charge ▪ Routine exams immunizations for children: No Charge 	<p>Covers all of the preventive services on the list attached at the end of this notice at 100%</p>

BENEFIT	OLD PLANS 4, 7, 8, 9, 22 & 23	NEW PLANS 4, 7, 8, 9, 22 & 23 <i>Effective 8/1/2012</i>
Hospital Emergency Room Services		
Self Funded Plan	<p>PPO Hospital: Plan covers initial \$1,000 in full and 80% of charges over \$1,000</p> <p>Non-PPO Hospital: Plan covers initial \$1,000 in full and 60% of charges over \$1,000</p> <p>Definition of “Emergency”:</p> <p>“A sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in: (a) death; (b) placing the covered person’s health in serious jeopardy; (c) serious impairment of bodily functions, or (d) serious dysfunction of any body organ or part of the body</p>	<p>Non-PPO hospitals will be paid at least as much as what would be paid if you used a PPO Hospital Emergency Room. However, if you obtain emergency services from a non-PPO hospital, that hospital may still bill you directly for its charges that exceed what the Plan pays the hospital on your behalf (aka “balance billing”). You can reduce balance billing and will generally have lower out-of-pocket costs if you receive emergency services from a PPO hospital.</p> <p>Definition of “Emergency”</p> <p>“A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: placing the health of the person (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.”.</p>
Kaiser		<p>Emergency Services will be covered in a non-Plan Hospital on the same basis as a Plan Hospital.</p> <p>Definition of “Emergency” Medical Condition</p> <p>When the medical condition meets the definition under the Affordable Care Act, or when the condition manifests itself by acute symptoms of sufficient severity such that the person is an immediate danger to him or herself or to others.</p>

Change in Lifetime Maximum

As a result of the Affordable Care Act, the lifetime maximum changed to an annual maximum as follows:

<u>Year</u>	<u>Amount of Annual Maximum</u>
Dec. 1, 2010 – Nov. 30, 2011	\$1,000,000
Dec. 1, 2011 – Nov. 30, 2012	\$1,250,000
Dec. 1, 2012 – Nov. 30, 2014	\$2,000,000
Dec. 1, 2014	Unlimited
Kaiser	Unlimited

INTERNAL AND EXTERNAL APPEALS

Under your old plan, if your claim was denied and you appealed to the Board of Trustees and your appeal was denied, there was no further appeal. **Under your new plan, if your claim is denied and you appeal to the Board of Trustees and your appeal is denied, you can seek review by an independent review organization (“IRO”).**

- If your appeal involves an ongoing course of treatment, the Plan will continue to provide coverage while your appeal is pending.
- If the Trustees deny your appeal, you may, within four months of the date you were notified of the denied appeal, make a written request for an external review of your claim by an IRO. Within five days of your request, the Plan will review your request to determine whether it is eligible for external review. Your claim may not be eligible for review if you have not exhausted your internal appeal or your claim involves a determination that you have not met the eligibility requirements of the Plan. The Plan will inform you of any issues with your request within one day of completing its review. If your request is eligible for review, but incomplete, you will be informed what information is required to complete the request and you will be given the longer of 48 hours or the remainder of the four-month filing period to correct the deficiency.
- If you request external review, your claim will be submitted to an accredited IRO together with any documents and information the Plan and Trustees relied upon in considering your claim and internal appeal. You will be informed by the IRO when it has received your claim and provided ten days to submit any additional information in support of your appeal. If you submit new information, the IRO will share that information with the Plan, which may reconsider your internal appeal.
- The IRO will make independent medical and legal decisions concerning your claim. The IRO will issue its decision within 45 days of receiving your claim for review. If the IRO decides that the Plan must provide additional benefits, the Plan will carry out the decision but may challenge the decision by bringing suit against any necessary parties. If the IRO determines that the internal appeal was correctly decided, and you disagree with that decision, you may bring legal action against the Plan within one year of the IRO’s decision.
- If your appeal involves (a) a medical condition where the timeframe for completion of a standard external review would seriously jeopardize your life or health, or ability to regain maximum function and you previously requested an expedited appeal to the Trustees, or (b) an admission, availability of care, continue stay or health care item or service for which you received emergency services, but have not been discharged from a facility, you may request expedited external review. The Plan will review your request immediately to determine whether it is eligible for external review. If it is eligible, your claim will be referred as soon as possible to an IRO and you will be informed of the IRO’s decision as expeditiously as possible, but in no event more than 72 hours after the IRO receives the claim for review. If the initial notice is not in writing, you will receive written confirmation of the decision within 48 hours of the initial notice.

- You are not required to seek external review by an IRO and may instead challenge the Trustees' denial of an internal review by bringing legal action against the Plan within one year of the date you are informed your appeal has been denied.

PLEASE NOTE

This document is intended to notify you of important features of your Plan. You should take the time to read this notice carefully (and share it with your family) and keep it with your copy of the Summary Plan Description and Benefits Insert. While every effort has been made to make this description as complete and as accurate as possible, this notice cannot contain a full restatement of the terms and provisions of the Plan. 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 gustaria una copia en espanol, por favor de contactar
la oficina de administracion de Bay Area Automotive Group Welfare Fund.

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Preventive Services Covered Under the Patient Protection and Affordable Care Act

Your Plan covers the following preventive services without copayment, coinsurance or having to meet your deductible, when these services are delivered by a network provider and are recommended for your age and gender by the U.S. Preventive Services Taskforce.

You can get more information, including a list of current recommended preventive services by visiting: www.healthcare.gov/center/regulations/prevention/recommendations.html

Covered Preventive Services for Adults

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 50
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet** counseling for adults at higher risk for chronic disease
- **HIV** screening for all adults at higher risk
- **Immunization** vaccines for adults--doses, recommended ages, and recommended populations vary:
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria, Pertussis
 - Varicella
- **Obesity** screening and counseling for adults
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening for all adults and cessation interventions for tobacco users
- **Syphilis** screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

- **Anemia** screening on a routine basis for pregnant women
- **Bacteriuria** urinary tract or other infection screening for pregnant women
- **BRCA** counseling about genetic testing for women at higher risk
- **Breast Cancer Mammography** screenings every 1 to 2 years for women over 40
- **Breast Cancer Chemoprevention** counseling for women at higher risk
- **Breast Feeding** interventions to support and promote breast feeding
- **Cervical Cancer** screening for sexually active women

- **Chlamydia Infection** screening for younger women and other women at higher risk
- **Folic Acid** supplements for women who may become pregnant
- **Gonorrhea** screening for all women at higher risk
- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **Osteoporosis** screening for women over age 60 depending on risk factors
- **Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk
- **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users
- **Syphilis** screening for all pregnant women or other women at increased risk

Covered Preventive Services for Children

- **Alcohol and Drug Use** assessments for adolescents
- **Autism** screening for children at 18 and 24 months
- **Behavioral** assessments for children of all ages
- **Cervical Dysplasia** screening for sexually active females
- **Congenital Hypothyroidism** screening for newborns
- **Developmental** screening for children under age 3, and surveillance throughout childhood
- **Dyslipidemia** screening for children at higher risk of lipid disorders
- **Fluoride Chemoprevention** supplements for children without fluoride in their water source
- **Gonorrhea** preventive medication for the eyes of all newborns
- **Hearing** screening for all newborns
- **Height, Weight and Body Mass Index** measurements for children
- **Hematocrit or Hemoglobin** screening for children
- **Hemoglobinopathies** or sickle cell screening for newborns
- **HIV** screening for adolescents at higher risk
- **Immunization** vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus influenzae type b
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Inactivated Poliovirus
 - Influenza
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella
- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History** for all children throughout development
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infection (STI)** prevention counseling for adolescents at higher risk
- **Tuberculin** testing for children at higher risk of tuberculosis
- **Vision** screening for all children