

Bay Area Automotive Group Welfare Fund

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SUMMARY OF MATERIAL MODIFICATIONS

Date February 2014
 To: Active Self-Funded and Kaiser participants and their Dependents, including COBRA beneficiaries, in Plans 4, 7, 8, & 9, of the Bay Area Automotive Group Welfare Fund
 From: The Board of Trustees

PLAN CHANGES CONCERNING COVERAGE OF MENTAL HEALTH & TREATMENT OF SUBSTANCE ABUSE

This is a Notice concerning certain material modifications that have been made to the Bay Area Automotive Welfare Fund’s Plans 4, 7, 8, & 9 to comply with the “Mental Health Parity and Addiction Equity Act.” The Plan improvement for Substance Abuse took effect on October 1, 2013 and for Mental Health on December 1, 2013. Please take the time to read this notice carefully. If you are enrolled in Kaiser, your Mental Health benefits provided through Kaiser already comply with the Act. Your Substance Abuse benefits will be provided through Teamsters Drug/Alcohol Program (TAP) as described below.

Contact the Fund office at 1-800-267-3232 if you have questions.

MENTAL HEALTH

| | OLD BENEFITS | | NEW BENEFITS | |
|--|--|-------------------------------------|--|-------------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| In-Network Provider | Anthem Blue Cross | | Anthem Blue Cross | |
| Inpatient Preauthorization Requirement | Preauthorization through Anthem Blue Cross for non emergency hospital admissions is required | | Preauthorization through Anthem Blue Cross for non emergency hospital admissions is required Preauthorization Review: 1-800-274-7767 | |
| Inpatient Mental Health Benefit | In-Network | Out-of-Network | In-Network | Out-of-Network |
| | Plan pays 80% subject to deductible | Plan pays 60% subject to deductible | Plan pays 80% subject to deductible | Plan pays 60% subject to deductible |
| | Limited to a maximum of 20 days per year | | 20-day per year limit is eliminated | |
| Outpatient Mental Health Benefit | In-Network | Out-of-Network | In-Network | Out-of-Network |
| | 70% per visit subject to deductible | | \$20 copay per visit | Plan pays 60% subject to deductible |
| | Limited to 50 visits per year | | 50-day per year limit is eliminated | |

SUBSTANCE ABUSE

| | OLD BENEFITS | | NEW BENEFITS | |
|-------------------------------------|--|-------------------------------------|--|-------------------------------------|
| In-Network Provider | Anthem Blue Cross | | Teamsters Drug/Alcohol Program (TAP) | |
| Inpatient Preauthorization | Preauthorization through Anthem Blue Cross is required | | Preauthorization through TAP is required. Customer Service: 1-800-253-8326 | |
| Outpatient Pre-Authorization | Preauthorization through Anthem Blue Cross recommended | | Preauthorization through TAP recommended | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Inpatient Substance Abuse Benefits | Plan pays 80% subject to deductible | Plan pays 60% subject to deductible | Plan pays 100% for 1 st admit. Subsequent admits: Plan pays 80% subject to deductible | Plan pays 60% subject to deductible |
| | Limited to 28 days per year | | 28-day per year limit is eliminated | |
| Outpatient Substance Abuse Benefits | Plan pays 80% subject to deductible | Plan pays 60% subject to deductible | Plan pays 80% subject to deductible | Plan pays 60% subject to deductible |
| | Limited to 20 visits per lifetime | | 20-visit lifetime limit is eliminated | |

PLAN CHANGE CONCERNING COVERAGE OF “LAWFUL SPOUSE”

The Plan covers as a dependent “your lawful spouse.” Based on the US Supreme Court’s June 2013 *Windsor* decision, effective immediately the Plan will cover a same sex spouse lawfully married in a state that recognizes same sex marriage. Effective July 2013, California began to allow same sex couples to lawfully marry.

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Please keep this important notice with your Plan Document/Summary Plan Description for easy reference to all Plan provisions. Should you have any questions, please contact the Fund Office. Receipt of this notice does not constitute a determination of your eligibility. If you wish to contact the Fund Office call the number listed above on this notice.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.

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Para obtener asistencia en Espanol, llame al (800) 267-3232