

BAY AREA AUTOMOTIVE GROUP WELFARE FUND

Summary of Material Modifications

SELF FUNDED PLAN 34AA

June 1, 2015

To Active Employees of the above plans and their Dependents, including COBRA beneficiaries.

Changes to Your Annual Out-of-Pocket Maximum

Your medical plan contains an out-of-pocket maximum, which is the most you will pay during the year before the plan begins to pay 100% of covered PPO (in-network) expenses. Effective as of January 1, 2015 the plan has implemented a new out-of-pocket maximum and your annual deductible and copays (including prescription drug copays, will now count towards your out-of-pocket limits for in-network providers.

Plan Numbers	Previous Annual Medical Out-of-Pocket Limit (not including copays)		Current Annual Medical Out-of-Pocket Limit (Starting 1/1/2015) (including annual deductible, medical and prescription drug copays)			
	Individual	Family	Individual Medical	Family Medical	Individual Rx	Family Rx
34AA	None	None	None	None	\$6,600	\$13,200

Not all of your expenses will count toward the above out-of-pocket limits. When you use Non-Network providers, your annual out-of-pocket maximum will be higher.

Other benefits, such as dental and vision, are not subject to an annual out-of-pocket limit.

Mail Order Required For Maintenance Medication Effective July 1, 2015

Beginning July 1, 2015 if you take maintenance medications you will need to fill your prescription by mail. Maintenance medications are typically those drugs taken on a regular basis for chronic or long-term conditions -- for example diabetes, high blood pressure (hypertension), cholesterol, and asthma. Non-maintenance medications are those medications used to treat short-term conditions and you may continue to purchase them at a retail pharmacy. Prescribed narcotics are not available by mail.

At retail you receive a 30-day supply; when you order medication through **OptumRx Mail Service Home Delivery** you will receive up to a 90-day supply without any mailing fee. After July 1, 2015, if you fill a maintenance medication at a retail pharmacy you will pay an increased cost (up to 100%), however you will be given two "grace period" refills at a retail pharmacy, in which your normal copay applies. A letter from the Fund has been sent to you explaining the process you will need to follow to transfer your existing prescriptions to Mail Delivery. As explained in the letter, OptumRx can work with your physician to obtain a 90-day supply of an existing prescription and transfer it to Home Delivery. OptumRx offers 24/7 phone

support for all of your questions at **1-800-797-9791 (TTY 711)**, or log on to the OptumRx website and member portal at www.optumrx.com and follow the instructions to register and enroll. If you are unsure whether your prescription is a “maintenance medication” call that number and ask OptumRx.

Coordination of Benefits between Medicare and COBRA

The following is intended to explain how the Plan coordinates benefits between COBRA and Medicare found on pages 78-79 of your Summary Plan Description. **When a plan participant or dependent has elected COBRA Continuation Coverage and is also enrolled (or is eligible to enroll) in Medicare Parts A and B, Medicare is the primary payer and the Plan is the secondary payer for all claims you incur while on COBRA.** This means that Medicare will pay the claim first and the Plan will pay the remaining amount of the claim (if any) up to the Plan limits. If you elect COBRA and are also eligible to enroll in Medicare Parts A and B but choose not to do so, the Plan will pay your claim as if you were enrolled in Medicare Parts A and B. This means the Plan will not pay the full amount of your claim. If you or your beneficiary have elected COBRA coverage (or are thinking of electing COBRA coverage) and are also enrolled, or eligible to enroll in Medicare, please call the Administration Office at 1-800-267-3232 to discuss your options.

Disenrollment from Vision and Dental Coverage

To comply with other provisions of the Affordable Care Act, the Plan must allow you and your dependents to disenroll from the Plan’s vision and dental coverage. You may only disenroll from dental coverage if you have not changed your dental coverage within the past twelve (12) months (in other words, you have not elected into one of the Plan’s pre-paid dental options or moved from a pre-paid dental option into the self-funded dental option). Please note that except in very rare circumstances, disenrolling from vision or dental coverage will not be in your best interest. Your employer’s monthly contribution for the Plan coverage (and your share of the contribution) will not be reduced if you disenroll. After you disenroll, you will not be able to re-enroll in vision or dental coverage for twelve (12) months. Please call the Plan Administrator at 1-800 267-3232 if you have any questions regarding whether disenrolling from vision or dental coverage makes sense for you.

PLEASE NOTE

This Notice is intended to amend all Plan documents, notices and correspondence, including (but not limited to) Summary Plan Description. This document is a Summary of Material Modifications ("SMM") 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

