

BAY AREA AUTOMOTIVE GROUP WELFARE FUND

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March 30, 2020

PLAN CHANGE NOTICE

Summary of Material Modifications

Extended Coverage, Coverage of Testing for Covid-19 (“Coronavirus”) and “Telemedicine” **Effective Immediately -- March 2020**

TO ALL PLAN PARTICIPANTS, DEPENDENTS and COBRA PARTICIPANTS:

The COVID-19 (also often called “Coronavirus”) pandemic is a public health emergency which requires new rules for coverage. This notice describes extended coverage for Plan participants who lose their coverage because of the pandemic and the new rules for coverage if you are enrolled in the Anthem Blue Cross PPO medical option. If you are enrolled in the Kaiser HMO, Kaiser will contact you about its COVID-19 testing coverage.

AM I COVERED IF COVID-19 FORCES ME TO LEAVE WORK?

If you are covered in April 2020 (based on your hours in March) but would be ineligible under the Plan eligibility rules for May coverage if your eligibility would have ended because:

- You are laid off as a result of the COVID-19 “shelter in place” business closures;
- You have to leave work because of a COVID-19 caused quarantine;
- You have to leave work because of the closure of your child’s daycare or school;
- You got sick and are told to stay home from work; or
- Any other reason.

Depending on your circumstances, you may remain eligible for coverage after May if you meet disability requirements under the Plan rules. Call the number listed on the next page with questions. -- The Board of Trustees made this decision to extend your coverage because it recognizes how important it is to you and your family to maintain your health coverage during the pandemic.

TESTING OF COVID-19 – WHAT IS COVERED?

Effective immediately, cost sharing is waived for COVID-19 testing and related provider visits (doctor office, urgent care, emergency room and “telemedicine”) – There will be no copays, coinsurance or deductibles applied to physician-ordered *diagnostic tests* for COVID-19 and related medical provider visits for COVID-19 screening. If you or covered family member is diagnosed with COVID-19, all treatment including but not limited to, hospital, transportation and pharmacy services will be covered in accordance with the terms and conditions of the Plan. **The Fund encourages you to always use network providers when possible**, but cost sharing is also waived for *non*-PPO network, physician-ordered, diagnostic tests for COVID-19 and related medical provider visits for COVID-19 screening

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 other exams *before* deciding if you need to be given the COVID-19 test. Even if after conducting these screening tests your treating physician concludes that you do not need the COVID-19 test, the screening test(s) will be covered without cost-sharing: There will be no copays, coinsurance or deductibles applied.

WHAT IS “TELEMEDICINE” AND HOW IS IT COVERED?

“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 and if you are enrolled in Kaiser but are not using Kaiser Telehealth, a Telehealth brochure is attached. **If you are enrolled in Anthem Blue Cross medical coverage, you can use the Anthem Blue Cross “LiveHealth Online” telemedicine program.** Follow the instructions in the attached flyer to register and create an account with LiveHealth Online. **During the COVID-19 emergency, your Plan will pay the full cost of your use of LiveHealth Online: no deductible, no copayment until or unless you are notified otherwise.**

If you have questions regarding this Notice please contact:

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In accordance with ERISA reporting requirements this document is intended to serve as a Summary of Material Modifications to the Plan.

PLEASE NOTE

This Notice is intended to amend your Summary Plan Description.

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.

Si usted gustaría una copia en español, por favor de contactar la oficina de administracion de Bay Area Automotive Group Welfare Fund.