

AUTOMOTIVE INDUSTRIES WELFARE FUND



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Date: May 17, 2020

To: Participants and their Dependents in the Automotive Industries Welfare Fund (including COBRA Beneficiaries)

From: Board of Trustees, Automotive Industries Welfare Fund

This Participant Notice provides information that is VERY IMPORTANT to you and your dependents. Please take the time to read it carefully.

Immediate Plan Changes for COVID-19

By now, everyone has heard of the “Coronavirus” or the illness it causes, known as “COVID-19”. At a time like this, it is more important than ever to have health insurance, and as a Participant in the Automotive Industries Welfare Fund (Fund), we have you covered. Your health plan provides a wide range of benefits including but not limited to coverage for office visits, hospitalization and diagnostic testing (including testing for COVID-19). As always, we encourage you to use an In-Network Provider in order to receive the highest level of benefits.

If you and/or your dependents think you have been exposed to COVID-19 and develop a fever and/or symptoms of respiratory illness, such as a cough or shortness of breath, call your healthcare provider immediately. We encourage you to please call your healthcare provider before presenting to an emergency room for treatment, to both ensure you have the quickest access to the specific services you need as well as to prevent the unnecessary exposure of yourself and any other patients or providers in the emergency room to the coronavirus without having taken appropriate protective measures.

It is important to make sure you are getting your information from a reputable source such as <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>. More information, guidance and resources may be found at www.covid19.ca.gov.

COVID-19 Testing Benefit Changes

Effective March 18, 2020

Effective for services received on or after March 18, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency, the Fund will now cover the following services **from either an In-Network or Out-of-Network provider at 100% of the Allowed Charge, with no cost sharing to you:**

- a) Diagnostic tests to detect the presence of, or antibodies against, the virus that causes COVID-19, including the administration of such tests, for the following types of tests:
 - i. Tests to detect the virus that are approved, cleared or authorized by certain sections of the Federal Food, Drug and Cosmetic Act (the Drug Act);

- ii. Tests for which the developer has requested, or intends to request, emergency use authorization under the Drug Act (and where such authorization has not been denied);
 - iii. Tests developed in and authorized by a state that has notified HHS of its intention to review tests to diagnose COVID-19 ; and
 - iv. Tests determined appropriate by HHS.
- b) Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration of, the test described above. These are covered only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test, **and only when the visit results in an order for or administration of, a test described in subsection (a), above.**

These services will also be provided without any need for prior authorization or medical management.

COVID-19 Treatment Benefit Changes
Effective March 18, 2020

Effective for services received on or after March 18, 2020 through the end of the emergency period in which the federal government has announced a National Emergency, the Fund will now cover treatment of COVID-19 **received from an In-Network provider at 100% of the Allowed Charge, with no cost sharing to you.** This means that if a member receives treatment under a COVID-19 admission or diagnosis code from an In-Network provider during this time, the Plan will waive cost sharing for the following services:

- Office visits
- Urgent care visits
- Emergency department visits
- Observation stays
- Inpatient hospital episodes
- Acute inpatient rehabilitation
- Long-term acute care
- Skilled nursing facilities

Cost sharing will be waived for office visits (including telehealth visits) with a COVID-19 diagnosis, or inpatient treatment for COVID-19 related care. All Non-COVID-19 related services received during the inpatient stay, as well as any outpatient visits/services for which there is no COVID-19 diagnosis, will be covered under the Plan's regular benefits and subject to deductible, coinsurance and/or copayment as applicable, depending on the type of service. Outpatient prescription drugs will continue to be covered under the Plan's regular benefits, and subject to coinsurance/copays as applicable.

In order to receive benefits at no cost sharing, you will have to receive treatment under a confirmed positive diagnosis of COVID-19, or have an inpatient admission for COVID-19, and your provider will need to use the correct codes for the diagnosis/treatment. Please reach out to the Fund Office with any questions regarding the COVID-19 related codes eligible for this benefit at no cost sharing.

Early Outpatient Prescription Drug Refills
Effective March 18, 2020

Effective for outpatient prescription drugs refilled on or after March 18, 2020 through the end of the emergency period in which the federal government has announced a National Emergency, **OptumRx is waiving any refill-too-soon edits.** To ensure they meet the clinical needs of our members, and to comply with applicable CDC, Federal, State and/or Local government requirements, OptumRx Clinical Affairs has implemented an early refill policy for maintenance medications. This allows eligible OptumRx members to obtain early refills of their prescription medications if they have refills remaining on file at a participating retail or mail-order. Please note:

- Early refills will only be allowed if there are active refills left on the existing prescription. All utilization management edits such as prior authorization or quantity limits still apply to ensure appropriate use.
- OptumRx will be monitoring prescription utilization to identify any situations of inappropriate use and take action accordingly.

LiveHealth Online Benefit
Effective March 18, 2020

LiveHealth Online - Effective for services received on or after March 18, 2020 through the end of the emergency period in which the federal government has announced a National Emergency, the Trustees have approved providing Anthem Blue Cross LiveHealth Online services **with no cost-sharing**.

Members can use their smart phone, tablet or computer to have a live video visit with a provider affiliated with the Anthem Blue Cross LiveHealth Online Services to discuss non-emergency health issues from home, work or wherever they happen to be as long as they have Internet access.

Please remember, LiveHealth Online is the Plan's **only** provider for telehealth services where all cost sharing will be waived, except as otherwise provided for COVID-19 related tests and treatment, described above. Charges for any/all phone or online calls with another provider (In-Network or Out-of-Network), or any other services received where you are not personally examined by the provider will be covered at normal plan benefits (deductible, coinsurance).

May 2020 Eligibility for Class 1 Participants Only

In light of the COVID-19 pandemic, and to assist you during this difficult time, the Board of Trustees has adopted some temporary changes to extend May coverage for certain Class 1 members affected by the pandemic. These changes have been implemented in direct response to the downturn in work caused by the COVID-19 pandemic and the shelter in place orders issued by various local and State governments.

For Class 1 participants, the Trust Fund will extend your May 2020 Health & Welfare eligibility under the following circumstances:

- You were laid off in March 2020; or
- You had coverage in April due to your employer making a termination premium payment; or
- You are currently on a disability extension, and would lose coverage effective April 30, 2020.

If you are a Class 1 employee and meet one of the above requirements, you have now been granted Health & Welfare eligibility for the month of May 2020. This change is effective for May 2020 eligibility only. As needed, the Trustees will review in subsequent months to determine the financial viability of the extension of eligibility after May.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Trust Fund Office at (800) 635-3105.

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 this Plan change, please contact the Trust Fund Office.

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

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