



DISTRICT COUNCIL 16  
Northern California Health and Welfare Trust Fund  
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**Date** December, 2019

**To:** All Active Employees, Retirees and their Dependents, including COBRA beneficiaries participating in the Smart Choices APPO, Blue Cross PPO, or Retiree Direct Pay PPO Plans offered by District Council No. 16 Northern California Health & Welfare Trust Fund

**From:** Board of Trustees

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This Participant Notice will advise you of certain changes to your benefits from District Council No. 16 Northern California Health & Welfare Trust Fund. **This information is VERY IMPORTANT to you and your Dependents.** Please take the time to read it carefully.

**CLARIFICATIONS TO MAXIMUM ALLOWABLE CHARGE (MAC) FOR CERTAIN  
OUTPATIENT SURGICAL PROCEDURES**

At Maximum Allowed Charge (MAC) applies to certain outpatient procedures. This notice clarifies how the MAC applies to certain outpatient procedures.

The MAC program was originally implemented for the Fund for inpatient hip and knee replacements as well as for certain outpatient surgeries. There are no changes to the benefits and MAC for inpatient hip and knee replacements. The benefit for certain outpatient surgeries is clarified as explained below.

**For routine hip replacements or routine knee replacements:** Both surgeries must be preauthorized in order to avoid the Plan's reduction in payment to only 75% of its usual reimbursement for the facilities charges. If a total hip replacement or total knee replacement surgery is performed at a Non-PPO Hospital, you are responsible for payment of your coinsurance applied to the Allowed Charges plus 100% of any amounts above the Allowed Charges. Allowed Charges will not be more than the MAC of \$30,000.

**For colonoscopies, arthroscopic surgeries or cataract surgeries:** All of these outpatient surgeries must be preauthorized in order to avoid the Plan's reduction in payment to 75% of its usual reimbursement for the facilities charges. In addition, please note that for arthroscopies, cataract surgeries, and colonoscopies:

- **performed at the outpatient department of a Non-PPO Hospital**, after the deductible, the Plan will **reduce** the Allowed Charges **by 50%** any pay up to a maximum of \$350. You are responsible for 100% of any charges above \$350.
- **performed at a Non-PPO surgery center**, after deductible The Plan will **reduce** the Allowed Charges **by 50%** and the Plan will then **pay 75%** of this reduced Allowed Charge up to a \$350 maximum. You are responsible for 100% of any charges above \$350.

**For all other outpatient surgeries:** outpatient surgeries must be pre-authorized in order to avoid the Plan's reduction in payment to only 75% of its usual reimbursement for the facilities charges. In addition, after deductible, the Plan will pay 50% of the Allowed Charge.

**CLARIFICATIONS REGARDING COVERAGE OF GENE THERAPIES**

This notice is to remind you that, for the Smart Choices APPO, Blue Cross PPO and the Retiree Direct Pay PPO Plans offered by District Council No. 16 Northern California Health & Welfare Trust Fund, all medically necessary, non-experimental, FDA-approved gene therapies (including but not limited to Kymriah, Yescarta, Luxturna, Zolgensma) are covered by the Plan. Payment varies by location (e.g., inpatient vs. outpatient) in which the gene therapy is delivered.

Gene therapies require you or someone acting on your behalf to contact MedExpert for preauthorization. If you fail to receive preauthorization from MedExpert, the Plan will pay only 75% of its usual reimbursement for the facilities charges.

There are no changes to the copayment waiver program for outpatient/ambulatory surgeries or procedures. If you call MedExpert's Care Counseling program Toll Free at 1-800-999-1999 before you receive outpatient gene therapy services, you may be eligible to have your copayment reimbursed. Note that you must call the Care Counseling Service 3-6 days prior to receiving the service(s), and provide MedExpert with the exact dates of service prior to the appointment date in order to qualify for a copay reimbursement.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administrative Office at **(510) 864-6444**.

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 the Plan changes, please contact the Administrative Office.

*In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.*

**GENERAL STATEMENT OF NONDISCRIMINATION:  
(DISCRIMINATION IS AGAINST THE LAW)**

The District Council 16 Health and Welfare Trust Fund's health care plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Coleen Christophersen.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Coleen Christophersen, Civil Rights Coordinator, HS&BA, 4160 Dublin Boulevard, Suite 400, Dublin, CA 94568-7756, Phone: (800) 922-9902, Fax: (925) 833-7301, E-mail: [dc16info@hsba.com](mailto:dc16info@hsba.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Coleen Christophersen, Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION: FREE LANGUAGE ASSISTANCE**

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al <b>1-800-922-9902</b> .
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 <b>1-800-922-9902</b>
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số <b>1-800-922-9902</b> .
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. <b>1-800-922-9902</b> 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <b>1-800-922-9902</b> .
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните <b>1-800-922-9902</b> .
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم <b>1-800-922-9902</b> .
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele <b>1-800-922-9902</b> .
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer <b>1-800-922-9902</b> .
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le <b>1-800-922-9902</b> .
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 <b>1-800-922-9902</b> まで、お電話にてご連絡ください。
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero <b>1-800-922-9902</b> .
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با <b>1-800-922-9902</b> تماس بگیرید.
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք <b>1-800-922-9902</b> .
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: <b>1-800-922-9902</b> .