



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
4160 Dublin Boulevard, Suite 400
Dublin, CA 94568-7756
Toll Free (800) 922-9902 Fax: (925) 833-7301
Email: Dc16info@hsba.com
www.dci6trustfund.org



Date March 2020

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

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.

COVID-19 TESTING BENEFIT CHANGES

Effective March 18, 2020

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 District Council No. 16 Northern California Health & Welfare Trust 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 a PPO 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 symptom 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.

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 a PPO or Non-PPO provider at 100% of the Allowed Charge, with no cost sharing to you:**

- a) Diagnostic tests that are approved or authorized by the FDA to detect the virus that causes Covid-19, including the administration of such tests; and
- 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, but 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.

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

Attached is a Fact Sheet from the Centers of Disease Control and Prevention (CDC) on Covid-19 that includes some helpful information for you and your family. 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>. For more information and resources available in California, please visit <https://covid19.ca.gov/>.

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 **(800) 922-9902**.

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. 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 1-800-922-9902 .
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 1-800-922-9902
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-922-9902 .
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-922-9902 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 1-800-922-9902 .
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-922-9902 .
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-922-9902 .
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-922-9902 .
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-922-9902 .
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-922-9902 .
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。 1-800-922-9902 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 1-800-922-9902 .
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-922-9902 تماس بگیرید.
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-922-9902 .
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-922-9902 .