



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 April 2019

To: All Active Employees, Retirees and their Dependents including COBRA beneficiaries of 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.

MAY 2020 ELIGIBILITY (FOR ACTIVE EMPLOYEES ONLY)

The Trustees will ensure you have May 2020 Health and Welfare coverage under certain circumstances.

As you know, a cash bank is maintained for each Bargained Employee from which monthly eligibility is determined. This cash bank is credited with the number of hours that you work for a Contributing Employer. You need to work a minimum of 130 hours per month in order to receive 100% employer paid coverage, and any shortfall must be withdrawn from your Cash Bank or made up through a self-payment.

In light of the COVID-19 pandemic, and to assist you during this difficult time, the Board of Trustees have adopted some temporary changes to extend coverage for May for 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.

The Trust Fund will extend your Health & Welfare eligibility through May 2020 under the following circumstances:

- You had eligibility for the month of April 2020 (either through employer hourly cash contributions, Cash Bank, and/or self-payment); and
- For May 2020 coverage, any funds available from your cash bank have been withdrawn, but are still insufficient to provide the full contribution for May eligibility.

In these circumstances, the shortfall that normally would be required to be made by your self-payment will be waived **for purposes of May 2020 eligibility only**. As needed, the Trustees will review each subsequent month to determine the financial viability of the extension of eligibility after May.



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**TREATMENT FOR COVID-19 FOR ANTHEM PPO MEMBERS
(ACTIVE AND RETIRED PARTICIPANTS, AND COBRA BENEFICIARIES)
Effective for services received through May 31, 2020**

Effective for services received through May 31, 2020, if you receive treatment for COVID-19, the Fund will cover all services received from a PPO provider at 100% with *no cost-sharing by you*. This means the Fund will waive deductible, coinsurance, and copayments for inpatient admissions, observation care, skilled nursing, ambulance, home care or any claim for otherwise-covered service that is filed with a diagnosis of confirmed COVID-19. Any services from a Non-PPO provider will be paid at normal plan terms.

As a reminder, the normal plan rules still apply. This means you or someone acting on your behalf must contact Anthem (the Utilization Management Company) for approval of the hospital stay within 48 hours of any emergency admission at 1-800-274-7767 or the Plan will pay only 75% of its usual reimbursement for the facilities charges.

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.



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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 .



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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 .

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