

TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH FUND

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Date: March 27, 2020

To: ALL PARTICIPANTS
TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND

From: The Board of Trustees of the Teamsters Local 639 - Employers Health Trust Fund

Subject: Notice of Plan Changes Due to Coronavirus 2019 Outbreak

Dear Participant:

This Notice announces changes to the Fund's coverage for testing, associated provider visits and telehealth related to COVID-19 effective March 18, 2020.

Please read this document carefully and keep it in a safe place.

The Trustees of the Teamsters Local 639 – Employers Health Trust Fund (the “Fund”) understand that many of you have concerns regarding the Coronavirus 2019 (“COVID-19”) outbreak. While we cannot provide medical advice, we have taken some action to try to ensure that you and your families have access to health care and information during this critical period.

Plan Coverage of Medical Expenses for COVID-19

Effective March 18, 2020, the Fund has taken the following actions to support the public health effort to curb the spread of the Coronavirus:

- **Cost sharing charges are waived for COVID-19 testing** – All cost sharing charges (coinsurance, deductibles or the \$100 emergency room co-payment) will be waived for medically necessary diagnostic tests, items and services incurred in connection with health care provider visits (including telehealth visits – see below) that result in an order for, or administration of, a COVID-19 test. This waiver includes charges incurred for the related items and services provided during visits to in network **and** out of network providers’ offices, urgent care facilities and hospital emergency rooms so long as the visit results in an order for, or administration of, a COVID-19 test. However, if out of network provider charges exceed Usual Customary and Reasonable charges, you may be balance billed by the provider.

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- Coverage for medically necessary ***treatment*** for anyone diagnosed with COVID-19 will be provided according to the normal schedule of Fund benefits.
 - Please note that if you seek a COVID-19 test, but are denied testing, charges for any such provider visit and/or diagnostic tests, items and/or services for other diseases or conditions will be provided according to the normal schedule of Fund benefits.
- **Prior authorization requirements are suspended for COVID-19 diagnostic tests** – You will not be required to receive any prior authorization for medically necessary diagnostic tests related to a COVID-19 diagnosis.
- **Telehealth benefits for COVID-19 testing are added** – The Fund will cover the costs of medically necessary diagnostic tests, items and services incurred in connection with a telehealth visit (including the visit) that results in an order for, or administration of, a COVID-19 test.
- **Prescription medications** – We know that access to needed medication is important to you. The Fund continues to offer convenient home delivery from CVS Caremark Mail Service pharmacy of 90-day supplies with no delivery cost. CVS Pharmacy and some other pharmacies have also temporarily waived home delivery fees for all prescription medicines for the duration of this health crisis. Ask the pharmacy for more information when you place the order for the medication. In certain cases, you can also refill your 30-day maintenance medications at a CVSHealth in-network pharmacy early.
 - **Extended Prior Authorizations** – In order to prevent gaps in therapy, CVSHealth is temporarily extending ***certain*** clinical prior authorization records – those set to expire between March 23 and June 30 – for 90 days. For instance, if a prior authorization is set to expire on May 15, the expiration will be extended to August 15. If your medication requires a prior authorization, you should contact CVSHealth at the number on the back of your ID card with any questions and to ensure you can get the prescriptions you need.
 - **Prevention of Potential Shortages of Key Drugs** – While there is no evidence of widespread drug shortages at this time, CVSHealth is working to ensure that participants with ongoing needs can maintain access to medications while also enabling patients with COVID-19 to obtain treatment. As a result, certain medications may be temporarily subject to supply limits. If you have questions or concerns about your medication limits, you should contact CVSHealth at the number on the back of your ID card with any questions and to ensure you can get the prescriptions you need.
- **24/7 toll-free Health Information Line** – Cigna has a 24-hour toll-free Health Information Line (“HIL”) which you can access by calling 1-800-768-4695

directly or the phone number on the back of your insurance card and asking to speak to a nurse in the HIL area to provide support and guidance.

- **Fund Office assistance** -- If you have any questions about this notice, your health benefits or eligibility, you can contact the Fund Office at 1-800-983-2699. The Fund Office is an essential business and will remain open for assistance during the National Emergency. Currently, assistance is only available by telephone. Walk-in or in-person service is not available at this time.

CDC Recommended “Prevention and Treatment”

As you know, there is currently no vaccine to prevent COVID-19. CDC advises the best way to prevent illness is to avoid being exposed to this virus. To reduce the chances of illness, CDC recommends everyday preventive actions that include washing your hands often with soap and water for at least 20 seconds, covering your cough or sneeze with a tissue and then throwing the tissue in the trash, staying home when sick and avoiding close contact with people who are sick. Please also follow the guidance of our federal, state and local officials to limit public gatherings and social interactions.

There is also no antiviral treatment recommended for COVID-19. CDC recommends that individuals who believe they might have contracted it contact their health care provider to receive medically necessary care. They also suggest that you call ahead before you go to a doctor’s office, urgent care center or emergency room and tell them about your recent travel and your symptoms. Cigna also has a toll-free Health Information Line 1-800-768-4695 where a nurse can help guide you.

More details and the most up-to-date evidence-based information is available at

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/>

We take this public health matter very seriously and urge you to do the same by following the CDC guidelines and precautions. The situation is changing rapidly and will continue to evolve. The Fund changes announced herein will remain in effect as long required by the Families First Coronavirus Response Act. We will update you as needed.

The Trustees continue to reserve the right to amend, modify, or terminate the Fund and any or all benefits provided thereunder.

Sincerely,
The Board of Trustees

GRANDFATHERED HEALTH PLAN

This group health plan believes it is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.