



**SOUTHERN CALIFORNIA UNITED FOOD & COMMERCIAL WORKERS
UNIONS AND DRUG EMPLOYERS TRUST FUNDS**

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Administrative offices for:

SOUTHERN CALIFORNIA UNITED FOOD & COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND
SOUTHERN CALIFORNIA DRUG BENEFIT FUND

Date November 2020

To: All active Employees and their Dependents, including COBRA beneficiaries, in the Platinum Plus Plan of the Southern California Drug Benefit Fund

From: Southern California Drug Benefit Fund

This Summary of Material Modifications (SMM) will advise you of certain changes that have been made to the Plan of the Southern California Drug Benefit Fund as a result of the Coronavirus pandemic. Please take the time to read this notice carefully and keep it with your important plan materials.

During this worldwide pandemic, it is more important than ever to have health insurance, and as a Participant in the Southern California Drug Benefit 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 a PPO Provider in order to receive the highest level of benefits.

COVID-19 Testing Benefit Changes

Applicable to Indemnity Medical Plan

Effective March 18, 2020

Effective for services received on or after March 18, 2020 and through the end of the “Public Health Emergency,” as declared by the Secretary of the U.S. Department of Health and Human Services, the Indemnity Medical Plan will cover the following services **from a PPO provider at 100% of Contract Rates or from a Non-PPO provider at 100% of the Allowed Amount:**

- 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

- 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, 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. **However, your Healthcare Practitioner must order any testing.**

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. You are encouraged to 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>.

Extension of Deadlines During the National Emergency Period

Effective March 1, 2020

This notice explains how the emergency federal rules suspend the Health and Welfare Plan's deadlines for plan participants, beneficiaries, qualified beneficiaries, and claimants to take certain actions. The changes are temporary - they only apply from March 1, 2020, until sixty (60) days following the end of the "National Emergency" that was declared by President Trump on March 13, 2020.

The period from March 1, 2020 until sixty (60) days after the announced end of the National Emergency is referred to as the "Outbreak Period." The normal deadlines (i) to enroll during a special enrollment period, (ii) to file claims, appeals, and external review requests, as well as to perfect external review requests, and (iii) to elect COBRA coverage and pay COBRA premiums, as well as for notifying the Fund of a qualifying event that is divorce, separation, or loss of dependent status, or of a disability determination are suspended during the Outbreak Period and will not start to run again until after the Outbreak Period ends. Note that, with respect to COBRA elections and premiums, until you (or your covered dependents) elect and pay for COBRA coverage, the Fund office will inform health care providers that you and/or your dependents do not currently have coverage but will have coverage retroactively if you elect COBRA coverage and make timely payment of COBRA premiums through the months in question.

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Please keep this important notice with your SPD and other plan materials for easy reference to all Plan provisions. Should you have any questions, please contact the Trust Fund Office. In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.

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 Trust Fund Office.

This group health plan believes the **Platinum Plus plan 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 plan administrator by phone or in writing at So. Calif. Drug Benefit Fund, 2220 Hyperion Avenue, Los Angeles, CA 90027, (323) 666-8910. 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.