



April 3, 2020

**TO: All Active Plan Participants, Non-Medicare Retirees and their Dependents including COBRA Beneficiaries**

**FROM: BOARD OF TRUSTEES  
Carpenters Health and Welfare Trust Fund for California**

**RE: BENEFIT CHANGES – INDEMNITY PLAN  
Online Telehealth Medical Visits  
COVID-19 Laboratory Tests  
Prescription Drug Benefits**

This Notice will advise you of certain material modifications that were made to your medical and prescription benefits.

It is the intent of the Plan to comply with federally mandated benefit requirements. Unless superseded by law with mandatory additional benefits, **effective March 1, 2020, the Health and Welfare Plan will provide 100% coverage of the PPO Allowed Amount for COVID-19 laboratory testing by a Contract Provider as well as 100% coverage for telehealth medical visits through LiveHealth Online.** COVID-19 testing and LiveHealth Online services will not be subject to the Plan's calendar year deductible.

### **Online Telehealth Medical Visits**

LiveHealth Online allows you to access private and secure video visits with a board-certified doctor 24 hours a day using your smartphone, tablet or computer that has a webcam. Physicians available through LiveHealth Online can evaluate your symptoms, help you understand your condition, including the possibility of contracting the COVID-19 virus, all the while minimizing the risk of exposure of disease to yourself and others because your visit is in the comfort of your own home. In addition to the LiveHealth Online visit being available at no cost, no appointment is necessary and wait times are nominal.

To get started, go to [livehealthonline.com](https://livehealthonline.com) and sign up by:

1. Choose **Sign Up** to create your LiveHealth Online account. Enter your name, email address, date of birth and create a secure password.
2. Read and agree to the *Terms of Use*.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?", select **Yes**. Be sure to have your medical identification card available to complete the insurance information. If you choose **No**, you can enter your insurance information later.
6. For **Health Plan**, in the drop-down box, select **Anthem**.
7. For the **Subscriber ID**, enter your identification number, which is found on your medical identification card. Select **Yes** if you are the Plan Participant or **No** if you are a Dependent

of the Participant.

8. Select the green **Finish** button.

For questions about how to use LiveHealth Online, call toll free (888) 548-3432 or email [help@livehealthonline.com](mailto:help@livehealthonline.com).

### **COVID-19 Laboratory Tests**

The Plan will provide 100% coverage of the PPO Allowed Amount for COVID-19 laboratory testing by a Contract Provider. COVID-19 laboratory testing by a non-Contract Provider is payable at 100% of the average Contract Provider rate, not subject to the Plan's calendar year deductible. You will be responsible for any charge in excess of the Plan's payment if you use a non-Contract Provider. When possible, the Plan encourages you to use a Contract Provider to prevent an out-of-pocket cost to you for COVID-19 laboratory testing.

### **Prescription Drug Benefits**

The Health and Welfare Plan contracts with Express Scripts, a prescription benefit management (PBM) firm, to administer the Prescription Drug benefits for our Participants. Express Scripts has implemented a number of best practices to help manage the safety and efficiency of the prescription drug program.

On or after March 1, 2020, there will be no benefit payment for the following prescriptions:

- A medication excluded under the PBM's Pharmacy and Therapeutics Committee or United Brotherhood of Carpenter's Clinical Advisory Committee,
- A drug not approved through the step therapy program,
- A drug requiring pre-authorization when pre-authorization is not obtained,
- A medication that has not been approved by the Food and Drug Administration for the indication prescribed unless such use has been reviewed and approved by the PBM's Pharmacy and Therapeutics Committee or United Brotherhood of Carpenter's Clinical Advisory Committee,
- A medication that does not satisfy Express Scripts' clinical guidelines for safety, or cost saving protocols.

If you are taking a medication not covered by the Plan, we recommend that you talk to your doctor to discuss medication options that the Plan does cover. If you have any questions regarding your prescription drug coverage, including questions regarding medications covered under the program, please refer to Express Scripts at (800) 939-7093 or [www.express-scripts.com](http://www.express-scripts.com).

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Because this Plan is a "grandfathered health plan," federal law requires us to provide this notice to you:

**Grandfathered Health Plan:** The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the Fund's Indemnity medical 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 preventative 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 or the Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this notice with your benefit booklet. If you have any questions, please contact Benefit Services at the Fund Office at (510) 633-0333 or toll free at (888) 547-2054. You may also send an email to [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com). Forms and information can be found on our website at [www.carpenterfunds.com](http://www.carpenterfunds.com).

*The Board of Trustees maintains the right to change or discontinue the types and amounts of benefits under this Plan. This notice is intended as a summary only, and actual Plan documents will be used to interpret the Plan. Only the full Board of Trustees is authorized to interpret the Plan. The Board has discretion to decide all questions about the Plan, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret this Plan on behalf of the Board or to act as an agent of the Board.*

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*