



# **HEALTH & WELFARE FUND**

1645 WEST JACKSON BLVD • Tel 312-738-2811 • CHICAGO, IL 60612-3227 **SUITE 700** 

Fax 312-738-0607

· GCC/IBT

# **IMPORTANT INFORMATION FOR PARTICIPANTS OF THE LOCAL 705** INTERNATIONAL BROTHERHOOD OF TEAMSTERS HEALTH & WELFARE PLAN

**April 2020** 

**Dear Participant:** 

As Trustees of the Local 705 International Brotherhood of Teamsters Health & Welfare Plan (the Plan), it is our goal to provide quality benefits, ensure the Plan's financial stability, and comply with all legislative guidelines. This Summary of Material Modifications (SMM) outlines changes to the Plan.

On March 18, 2020, the President signed the Families First Coronavirus Response Act (HR 6201). This Act addresses the coronavirus (COVID-19) public health emergency and includes new rules for group health plan coverage. As a result, we're making the following changes to your Plan benefits. These changes are effective March 18, 2020.

## **COVID-19 Diagnostic Testing**

Effective immediately, the Plan will cover diagnostic testing (as approved or authorized by the FDA) to detect COVID-19 at no cost to Plan participants. This includes the administration of COVID-19 diagnostic tests and other testing-related services completed during the provider visit (doctor's office or telehealth), urgent care visit or emergency room visit. Services are covered as long as they are related to the furnishing or administration of the test, or evaluation of whether the participant needs a test.

#### **Telehealth Visits**

From March 18 through September 30, 2020, the Plan will cover in-network telehealth visits for the same cost sharing amount as doctor's office visits. That means, if your innetwork provider offers telephone or video consultations, you will pay a \$20 copay (\$40 

The Plan will pay benefits subject to current plan design for all covered in-network telehealth visits—your visit does not need to be related to COVID-19.

### **Final Note**

Please keep this information with your Summary Plan Description (SPD), and refer to your SPD for more detailed information regarding Plan eligibility and benefits. If you have any questions about this benefit change or your benefits in general, please call the Fund Office at (312) 738-2811. You can also contact the Fund Office if you need a copy of the SPD or you can go online to the Fund's website at <u>www.local705funds.org</u>, register and view an electronic version of the SPD.

Sincerely,

**Board of Trustees** 

This notice, which serves as a Summary of Material Modifications (SMM) as required by the Employee Retirement Income Security Act of 1974 (ERISA), contains only highlights of recent changes to the Local 705 International Brotherhood of Teamsters Health & Welfare Plan (the Plan). Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.