

# East Bay Drayage Drivers Security Fund

P O Box 5030  
Walnut Creek, CA 94596

Phone (855) 263-7242



Phone (925) 954-1439

## IMPORTANT ANNOUNCEMENT SUMMARY OF MATERIAL MODIFICATIONS

Date: December 1, 2016  
To: All Active and Retiree Plan Participants and Dependents  
Subject: **Delayed Enrollment in Retiree Plan; and  
Coverage of Treatment for Gender Dysphoria**  
Effective: January 1, 2017

### DELAYED ENROLLMENT IN RETIREE PLAN

As explained in the Retiree Summary Plan Description (call the Fund Office if you need a copy of the SPD), eligibility in the Retiree Plan requires that you meet two basic tests:

- At least 10 years of coverage in an East Bay Drayage Drivers plan for Active employees; and
- Coverage in the Active Plan for at least 12 of the 24 months immediately preceding your retirement date.

**THE CHANGE:** If you meet the Retiree Plan's eligibility requirements you may delay enrollment in the Retiree Plan for you and, (if you are married or have a Domestic Partner) your Spouse/Domestic Partner if **as of your retirement date you were covered under another group medial plan (such as your Spouse's employer's plan) or a comprehensive individual plan (such as one purchased on Covered California) and when you enroll in the Retiree Plan you can provide satisfactory proof of continuous, uninterrupted, coverage under another group health plan since the date your coverage in the Active Plan ended.**

### COVERAGE OF MEDICALLY NECESSARY SERVICES RELATED TO GENDER DYSPHORIA

The Plan currently excludes charges related to change of sex surgery but effective immediately coverage for the treatment of "gender dysphoria" (including change of sex surgery) will be approved on the basis of medical necessity.

### ***Plans 1980 and 2002 are "Grandfathered Health Plans"***

The East Bay Drayage Drivers Fund Board of Trustees has concluded that Plans 1980 and 2002 are "grandfathered health plans" 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 at the address listed on this notice. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### ***Summary of Material Modifications***

This Notice is intended to amend the Plan 1980, 2002, 2016 and the Retiree Plan Plan documents, notices and correspondence, including but not limited to the Summary Plan Descriptions. This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes made to your plan of benefits. You should take the time to read this SMM carefully (and share it with your family). While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of Plans 1980, 2002, 2016 or the Retiree Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Summary Plan Description will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under all Plans or any benefits provided under the Plans, in whole or in part, at any time and for any reason.

Si usted gustaria una copia en espanol, por favor de contactar la oficina de administracion de East Bay Drayage Drivers Security Fund.

# East Bay Drayage Drivers Security Fund

P O Box 5030  
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Phone (925) 954-1439

December 2, 2021

## IMPORTANT ANNOUNCEMENT SUMMARY OF MATERIAL MODIFICATIONS *Retiree Health Eligibility Requirements*

**TO: ALL ACTIVE PLAN PARTICIPANTS**

Effective January 1, 2022, the East Bay Drayage Drivers Security Fund's Retiree Plan's eligibility rules will change. **These changes will make it easier for you to qualify for retiree coverage.** The new Retiree Plan eligibility rules are as follows:

- You must have at least 5 years of coverage in an East Bay Drayage Drivers Security Fund (EBDDSF) plan for Active employees, **and**
- You must have been covered as an Active employee by EBDDSF for at least **12** of the **24** months immediately preceding your retirement date.

The changes are detailed below.

	Old Eligibility Rules	<b>NEW Eligibility Rules Effective January 1, 2022</b>
<b>Employee/Retiree</b>	Must have at least 10 years of coverage in an EBDDSF plan for Active employees and have been covered in an Active plan for at least 60 of the 84 months immediately preceding your retirement date.	Must have at least 5 years of coverage in an EBDDSF plan for Active employees and have been covered for at least 12 of the 24 months immediately preceding your retirement date.
<b>Spouse</b>	Covered if the Employee/Retiree is eligible.	No Change
<b>Children</b> (to age 18 and to age 26 if enrolled in educational program full time)	Covered if the Employee/Retiree is eligible.	No Change

If you have any questions about this notice, please contact us at (855) 263-7242 or (925) 954-1439.

Thank you,

Board of Trustees  
East Bay Drayage Drivers Security Fund

In accordance with ERISA reporting requirements this document is intended to serve as a Summary of Material Modifications to the Plan.

**PLEASE NOTE**

**This Notice is intended to amend the Retiree Plan Summary Plan Description.**

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# East Bay Drayage Drivers Security Fund

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## PLAN CHANGE NOTICE – Retiree Plan

### Summary of Material Modifications

## ***Coverage of Preventive Care Services for Participants and Dependents in the Retiree Plan***

***Effective January 1, 2023***

**TO ALL PLAN PARTICIPANTS, DEPENDENTS and COBRA PARTICIPANTS in the Retiree Plan:**

Effective January 1, 2023, your Retiree Plan's Anthem Blue Cross PPO Medical benefits option **will cover all preventive care services described on the attached list received at a PPO Provider without cost-sharing (meaning no copay, no Coinsurance, and the Plan Deductible does not apply)**. The Fund's intent here is to make Retiree coverage as close as possible to your coverage as an active employee and to improve Retiree benefits.

If you are a Kaiser Retiree, you are already covered for preventative care and wellness.

The covered preventive care services are included in the attached list and are also available online at:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Preventive care services, screenings, and exams are covered 100% (with no out-of-pocket cost to you) **when you use an Anthem Blue Cross PPO provider**.

If you use **Non-PPO Providers** for preventive care, **you pay your Coinsurance percentage toward of the cost of allowable (usual, reasonable and customary charges) services plus any additional Balance Billing**.

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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 Fund Office at 855-263-7242.

**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 Fund Office.** In accordance with ERISA reporting requirements, this document is intended to serve as a Summary of Material Modifications to the Plan.

**PLEASE NOTE**

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**Preventive Care Benefits**

Your EBDD Retiree Plan covers preventive care services that are recommended by the U.S. Preventive Services Taskforce, the Health Resources and Services Administration (“HRSA”), the Centers for Disease Control and Prevention, American Cancer Society, and American College of Obstetrics and Gynecology that meets or exceeds that required under the Affordable Care Act (“ACA”). This summary of coverage is current as of March 1, 2023, but may change as the recommendations for preventive care services change.

The following preventive care services, screenings, and exams are covered 100% (with no out-of-pocket cost to you) **when you use an Anthem Blue Cross PPO provider**, under the following guidelines:

- If a preventive service, screening, or exam is billed separately from an office visit, the preventive service will be covered as preventive care and the office visit will be covered under normal plan benefits (including deductible and co-insurance).
- If a preventive service is not billed separately from the office visit, and the office visit is primarily for the purpose of providing the preventive service, the office visit is covered at 100%. If the primary purpose of the office visit is not to provide a preventive service, then the office visit will be covered under normal plan benefits (including deductible and co-insurance).

**Adult Preventive Care Services**

- **Abdominal aortic aneurism screening** for men ages 65 to 75 who are current or former smokers (one-time screening)
- **Alcohol misuse screening and counseling** during routine physical exam or primary care physician office visit
- **Blood pressure screening**
- Counseling for **genetic risk of breast cancer** and testing for BRCA-1 and BRCA-2 genes for women with family history associated with increased risk for genetically-linked breast cancer
- Counseling and **risk-reducing breast cancer medications** (such as tamoxifen or raloxifene) for women at increased risk of breast cancer, as determined by your doctor

- **Cervical cancer screening** (Pap smear/HPV testing with pelvic exam) for women up to age 65 with Pap smear alone every three years, or with Pap smear and HPV testing every 5 years
- **Chlamydia screening** for sexually active women age 25 or older determined to be at increased risk by your doctor
- **Cholesterol tests** for adults ages 40 to 70
- **Colorectal cancer screening**, including fecal occult blood testing, sigmoidoscopy, or screening colonoscopy, including removal of polyps, pathology exam, and anesthesia for ages 45-75
- **Contraceptive** education and counseling for women with reproductive capacity, including sterilization procedures, all FDA-approved contraceptive methods, patient education and counseling, follow up and management of side effects, counseling for continued adherence, and device removal
- **Depression screening** covered during routine physical exam or primary care physician office visit
- **Diabetes screening (type 2)** covered for adults ages 40 to 70 who are overweight or obese
- **Diet counseling** provided for adults at higher risk for chronic disease as determined by your doctor
- Exercise or physical therapy to **prevent falls** for adults age 65 and older living in community dwellings determined to be at risk for fall by your doctor
- **Gonorrhea screening** for sexually active women age 25 or older determined to be at increased risk by your doctor
- **Hepatitis B screening** covered for adults determined to be at high risk by your doctor
- **Hepatitis C screening** covered one time for all adults born between 1945-1965 and for adults determined to be at high risk by your doctor
- **HIV screening** and counseling
- **HPV screening** for women ages 30 and older with normal Pap smear results, once every 3 years
- Low to moderate dose **statin (cholesterol drug)** use covered for adults ages 40 to 75 years without a history of cardiovascular disease with certain risk factors determined by your doctor for prevention of cardiovascular disease
- **Lung cancer screening** annually with low dose computed tomography (CT scan) for adults ages 55 to 80 with a 30 pack per year history of smoking and who currently smoke or have quit within the past 15 years
- **Mammogram** for women once every 1 to 2 years for women age 50 and older or depending on individual risk (including family history) as determined by your health care provider
- **Obesity screening and counseling** – screening covered for all adults; for adults who are overweight or obese (BMI of 30kg/m<sup>2</sup> or higher) intensive behavioral counseling to promote sustained weight loss, healthy diet, and physical activity
- **Osteoporosis screening** – for women ages 65 and older, for women age 64 and younger who have gone through menopause, and for all women who have increased risk as determined by your health care provider
- **Screening and counseling for domestic violence** – covered for women as part of a well woman visit
- **Sexually transmitted infection (“STI”) prevention counseling** – for adults at increased risk as determined by your health care provider
- **Syphilis screening** – for adults at increased risk as determined by your health care provider
- **Tobacco use screening and tobacco cessation intervention (“quit smoking”)** covered for a maximum of two interventions per calendar year, including behavioral interventions and up to four counseling sessions to help you quit smoking
- **Tuberculosis screening** – covered annually for adults at increased risk as determined by your health care provider

- **Urinary incontinence screening** – for women yearly
- **Well woman office visit** – at least one preventive care visit per year for women to receive preventive services

### Preventive Care Services for Pregnant Women

- **Bacteriuria screening (screening for presence of bacteria in urine)** and screening for urinary tract or other infections – covered at 12-16 weeks gestation or at first prenatal visit
- **Breastfeeding support** – lactation support and counseling during pregnancy and for as long as breastfeeding lasts. One rental or purchase of standard breastfeeding equipment is also covered per pregnancy.
- **Depression screening** – for pregnant and postpartum women
- **Gestational diabetes screening** – between 24 and 28 weeks gestation for asymptomatic women, and at the first prenatal visit for pregnant women at risk for diabetes as determined by your health care provider
- **Gonorrhea screening** – for women at higher risk as determined by your health care provider
- **Hepatitis B screening** – at first prenatal visit
- **Preeclampsia screening** – blood pressure measurements covered throughout pregnancy
- **Rh incompatibility screening** – covered at first prenatal visit for all pregnant women and covered at 24-28 weeks of gestation for all unsensitized Rh negative women, unless the biological father is known to be Rh negative
- One dose of the **tetanus, diphtheria, pertussis (Tdap) vaccination** during pregnancy, or as recommended by the American College of Obstetrics and Gynecology
- **Tobacco use screening and intervention (“quit smoking”)** – behavioral interventions to help pregnant women stop smoking and expanded counseling for pregnant women who use tobacco
- **Syphilis screening** – covered once per pregnancy
- **HIV screening and counseling** – covered for all pregnant women who are untested and whose HIV status is unknown, from first prenatal visit through labor

### Preventive Care Services for Infants, Children, and Adolescents

- Well baby and well child visits from newborn through age 21
- Length/height, weight, and body mass index measurements from birth to age 17
- Blood pressure screening
- Vision screening
- Hearing screening
- Screening and medication provided during hospital confinement for birth to newborns including:
  - Metabolic/hemoglobin screening
  - Congenital hypothyroidism
  - Newborn bilirubin
  - Sickle cell disease
  - Phenylketonuria (PKU)
  - Gonorrhea preventive medication for the eyes
- Newborn genetic disorder screening tests
- Developmental screening for children under age 3 and surveillance for developmental delay throughout childhood
- Depression screening beginning at age 12
- Autism screening for children at 18 and 24 months
- Critical congenital heart defect screening in newborns
- Psychosocial/behavioral assessment up to age 21
- Alcohol and drug abuse assessment for adolescents

- Hematocrit or hemoglobin screening
- Lead screening for children determined to be at higher risk of exposure by your health care provider
- Tuberculin testing for children determined to be at higher risk of tuberculosis by your health care provider
- Dyslipidemia screening once between ages 9 and 11 and once between ages 17 and 21, and for children determined to be at higher risk of lipid disorders by your health care provider
- Sexually transmitted infection (“STI”) screening and counseling for adolescents who are at higher risk as determined by your health care provider
- HIV screening for adolescents 15 and older and adolescents determined to be at higher risk by your health care provider
- Oral health risk assessment for children ages 10 and younger
- Obesity screening and counseling in children age 6 and older, and comprehensive, intensive behavioral counseling to promote weight improvement
- Hepatitis B screening for adolescents determined to be at higher risk by your health care provider

### Immunizations

All vaccinations are covered based on the current CDC vaccination schedule for adults for the recommended doses, ages, and populations. Please consult <https://www.cdc.gov/vaccines/schedules/index.html> or the Plan Administration Office for more information

- COVID-19
- Tdap (tetanus, diphtheria, and pertussis)
- Hepatitis A (for adults with risk factors)
- Hepatitis B (for adults with risk factors, depending on age)
- Haemophilus influenzae type B (Hib) (for adults with risk factors)
- Influenza (flu)
- MMR (measles, mumps, rubella)
- Meningococcal (for adults with risk factors)
- Pneumococcal
- Varicella (chicken pox)
- Herpes zoster (shingles) (RSV)
- Polio
- Rotavirus

### Drugs and Supplies for Preventive Care

These drugs and supplies are covered at no cost sharing if you use an in-network pharmacy and your doctor writes a prescription. Quantity limits apply.

- Aspirin – one bottle of 100 tablets of generic aspirin every 3 months for primary prevention of cardiovascular disease for adults ages 50 to 59 who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding as determined by your doctor, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years
- prevention of colorectal cancer in adults ages 50 to 59 who are not at increased risk for bleeding as determined by your doctor
- prevention of preeclampsia for pregnant women who are at high risk as determined by your doctor
- Fluoride supplements – generic over-the-counter fluoride supplements for children without fluoride in their water source
- Fluoride varnish – for all infants and children as soon as teeth are present

- Folic acid supplements – generic over-the-counter folic acid supplements for women planning or capable of pregnancy
- Contraceptives – FDA approved generic contraceptive drugs and supplies for women, or brand drug if generic is medically inappropriate
- Colon cancer screening products – preparation products for colon cancer screening for individuals ages 50 to 75
- Colon cancer screening kit (e.g. Cologuard) – for at-home screening for use with a fecal immunochemical test
- Tobacco cessation (“quit smoking”) products – all FDA-approved generic medications (both prescription and over-the-counter) for two 90-day treatment regimens each year
- Breast cancer preventive medicine – such as tamoxifen or raloxifene, for women at increased risk of breast cancer and low risk of adverse medication effects as determined by your doctor
- HIV prevention medication for adolescents and adults at high risk
- Statin preventive medicine – generic statin medications for adults ages 40 to 75 years, with no history of cardiovascular disease (“CVD”), one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater. Brand name statins are covered only if a generic alternative is medically inappropriate.

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**January 19, 2023**

## **PLAN CHANGE NOTICE – Plan 1980, Plan 2002, Plan 2016 and Retiree Plan**

### **Summary of Material Modifications**

### ***Diabetes Coverage -- Omnipod Insulin Pump Devices and Continuous Glucose Monitors***

***Effective January 1, 2023***

**TO ALL PLAN PARTICIPANTS, DEPENDENTS and COBRA PARTICIPANTS in the Indemnity Option in all Plans and Kaiser Participants in Plan 1980 only:**

Your prescription drug benefit is provided through the Fund's pharmacy benefits manager, **Elixir**. Effective January 1, 2023, if your doctor prescribes an **Omnipod insulin pump device** (such as Omnipod 5 or Omnipod DASH) or a **continuous glucose monitor** (such as Freestyle Libre and Dexcom), these devices and supplies will be covered under the **pharmacy** benefit instead of the **medical** benefit. In other words, these devices will be covered by Elixir, and not by Anthem Blue Cross or Kaiser. (However, if you are in Plan 2002 or 2016, this does NOT apply to you because your prescription drug benefits are provided by Kaiser.)

Elixir, the pharmacy benefits manager, will handle all prior authorization and medical necessity review for these products. You will pay the same copayment you pay for a brand name drug for the device and any supplies or refills.

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### ***Plans 1980 and 2002 are "Grandfathered Health Plans"***

The East Bay Drayage Drivers Fund Board of Trustees has concluded that Plans 1980 and 2002 are "grandfathered health plans" 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 at the address listed on this notice. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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PLAN CHANGE NOTICE  
Summary of Material Modifications  
*Plan Changes Related to the End of the COVID-19 Public Health Emergency  
and National Emergency*  
**RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE**

April 2023

**To: Plan Participants, Covered Dependents, and COBRA participants in the Anthem Blue Cross PPO Medical Plan**

(If you are enrolled in Kaiser or Anthem Blue Cross HMO, the plan will provide information on how it is implementing the changes described in this Notice.)

## **END OF THE COVID-19 PUBLIC HEALTH EMERGENCY AND NATIONAL EMERGENCY (“COVID-19 EMERGENCY”)**

COVID-19 emergency declarations have been in place since early 2020. The declarations required health plans to cover COVID-19 tests and vaccines without cost sharing and extended many Plan deadlines. Some of these changes were intended to be temporary and only in effect during the COVID-19 Emergency. **The COVID-19 Emergency has now ended.** Changes to your Plan as a result of the end of COVID-19 Emergency are described below:

**COVID-19 Vaccines:** One thing that will *not* change: If you go to an in-network provider, COVID-19 vaccines and boosters provided by *an in-network provider* will be covered at no out-of-pocket cost as a preventive care service – that includes both the vaccination/booster itself and the cost of administration of the vaccination or booster. In other words, both the cost of vaccinations or boosters and the fee for putting the shot in your arm are covered at no cost if you use an *in-network* provider. For this purpose, an “in-network provider” will include major pharmacy chains like CVS, Rite Aid, and Walgreens.

The following changes are effective immediately:

- **COVID-19 diagnostic tests (excluding OTC COVID-19 tests):** Your Plan’s usual cost-sharing and medical management will apply to in-network COVID-19 diagnostic tests in the same way they apply to other lab services. This means the Plan will pay **80%** of the **out-of-network** allowed amount after the deductible is met.
- **Over-The-Counter (“OTC”) COVID-19 home testing kits:** Reimbursement for over-the-counter COVID-19 home test kits will end.

### **Plan Deadlines**

With the end of the National Emergency, the suspension of the Plan’s deadlines for COBRA election and payment, special enrollment, filing claims and appeals and requests for external review will come to an end. During the COVID-19 Emergency, plans were required to disregard the “Outbreak Period” for up to one year when calculating certain plan deadlines. The Outbreak Period will end on July 10, 2023, and after that date ordinary deadlines for COBRA election

(election within 60 days after receiving a COBRA notice and within 45 days after election to make your initial COBRA payment), special enrollment (30, and in some cases, 60 days), claims (within one year) and appeals (within 180 days) or requests for external review (within 4 months) will apply as follows:

- For COBRA election and payment, special enrollment, claims and appeals or requests for external review arising during the National Emergency, the timelines listed above start to run as of July 10, 2023.
- For COBRA election and payment, special enrollment, claims and appeals or requests for external review arising after July 10, 2023, the normal Plan deadlines apply.

### **Examples:**

**Example 1 Benefit Claim** – You are covered in the Anthem Blue Cross PPO Medical Plan and your EBDDSF claim for benefits was denied on September 30, 2022. Your deadline to file an appeal of that denial is 180 days after July 10, 2023 (the end of the Outbreak Period), which is January 6, 2024.

**Example 2 Special Enrollment** – You are covered in the Anthem Blue Cross PPO Medical Plan and your spouse gave birth to a newborn on August 2, 2022, but you never enrolled the baby for coverage as an EBDDSF dependent. You must complete your special enrollment of the newborn **within 30 days** after July 10, 2023, which is August 9, 2023.

**Please note that there is a special 60-day enrollment period when someone loses Medicaid or CHIP coverage.**

If you have questions about which deadlines apply to you, call the Plan Administrative Office at **855-263-7242**.

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### **IMPORTANCE OF THIS DOCUMENT**

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### **“GRANDFATHERED” PLAN (Not Applicable to Plan 2016)**

Because East Bay Drayage Drivers Fund medical Plans 1980 and 2002 are “grandfathered health plans,” we are required by law to provide this notice to you: The East Bay Drayage Drivers Fund believes your 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 Trust Fund Office at 1-800-528-4357. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.