ue 96 April 2020

COVID-19 (CORONAVIRUS)

Over the past few months, COVID-19 has spread all over the world, sickened many individuals including causing death to high risk individuals, crippled our healthcare system and wreaked havoc on our economy. Our hope at the Trust Office is to help ease your concerns and provide some guidance in this uncertain time.

COVID-19 is an infectious disease caused by a newly discovered coronavirus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without special treatment. Older individuals and those with underlying medical problems like cardiovascular disease, diabetes, respiratory disease, and cancer are more likely to develop serious illness, including possible death.

Although there is no cure for COVID-19, the following steps should be followed to protect yourself from the new coronavirus:

- 1. Wash your hands frequently with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available
- 2. Maintain social distancing (a minimum of 6 feet is recommended)
- 3. Avoid touching your eyes, nose and mouth
- 4. Clean and disinfect frequently touched surfaces, like cell phones and computers
- 5. Cover your nose and mouth with a tissue when you cough or sneeze
- 6. Stay home when you are sick

Symptoms of COVID-19 include fever, cough, and shortness of breath. If you are experiencing acute symptoms such as high fever or shortness of breath,

call 911 immediately. If you are experiencing mild or moderate symptoms, then you should utilize telemedicine services. There are no longer any co-payments for PPO Participants utilizing telemedicine services and it is more than likely your quickest access to a medical provider.

PPO Participants can utilize either telemedicine option with no co-payment:

Anthem's LiveHealth Online through the their app on your cell phone or by visiting https://livehealthonline.com/.

Heal's app on your cell phone or by visiting <u>www.heal.</u> <u>com</u>.

Kaiser Participants should call 833-574-2273 to talk to an advice nurse 24/7 or call 877-813-7297 for general questions.

To get the most up-to-date evidence-based information on COVID-19 please go to the following links:

https://www.cdc.gov/coronavirus/2019-nCoV/index.html

https://www.who.int/emergencies/diseases/novelcoronavirus-2019

For Participants seeking personal help the Member's Assistance Program website is available:

https://www.resourcesforliving.com/login

Username: san diego electrical trust

Password: map

Optum, the Plan's Behavioral Health Provider also has a website dedicated for receiving information and as well as personal help in dealing with these stressful times:

https://www.liveandworkwell.com?pin=SDEHW &redirectURL=/en/member/spotlights/traumatic-event.html

2020 ANNUAL PARTICIPANT INFORMATION UPDATE MUST BE RETURNED TO AVOID COVERAGE VERIFICATION AND CLAIMS DELAYS

All Plan A participants are required to complete the "Yellow" 2020 Annual Information Update Form, reflecting any change with respect to dependent group medical coverage as of January 1, 2020. The forms were mailed out in November 2019 and can be completed and returned to the Trust Office or for convenience may now be completed online (see below for details).

Completing and returning this Form to the Trust Office as soon as possible will prevent any delay in verifying dependent coverage or processing PPO Plan claims for services rendered on or after January 1, 2020. This Form contains basic claim form information necessary to permit the Trust Office to maintain accurate eligibility and PPO Plan related data. It should also be noted that failure to complete this form truthfully under penalty of perjury, in particular with respect to the existence of any other group coverage (including Medi-Cal and Medicare), may subject the participant to having to reimburse the Trust for all improperly paid claims.

VERY IMPORTANT - the Annual Information Update Form contains specific questions as to whether a spouse, domestic partner or dependent may work and/or have access to single group medical coverage of their own (PPO, HMO, etc). In the event a spouse, domestic partner or any dependent has available to them any group medical plan for which the cost to the spouse, domestic partner or any dependent would be \$100 or less per month, or in the event the spouse, domestic partner or any dependent would receive any compensation whatsoever for declining or waiving available group medical coverage, the Plan is very specific to the extent the spouse, domestic partner or dependent will be ineligible for group medical coverage under the Plan should they elect to waive or decline their own coverage or receive any compensation for doing so. However, in the event of such an exclusion the spouse, domestic partner or dependent may still be eligible for Plan A dental and vision benefits.

When completing this Form please pay careful attention to the questions pertaining to spouse, domestic partner or dependent group medical coverage addressed above as there are specific time constraints under federal law to the extent a spouse, domestic partner or dependent may want or need to try to re-enroll in their own plan upon learning they had been ineligible under this Plan as far back as the beginning of the year. Also, please be sure to include a copy of the insurance ID card for any spouse, domestic partner or dependent who has other group medical coverage. This Form is available on the new website

ELIMINATION OF OUT-OF-NETWORK PROVIDERS UNDER PPO PLAN

Effective October 1, 2019 services obtained from a Non-PPO Provider (Out-Of-Network) were no longer covered unless it was due to Urgent or Emergency Care for accident/illness. This means that if your Provider is not In-Network there will be no coverage and you will be responsible for 100% of all charges. Services for Urgent and Emergency Care will still be covered at 80%.

Please be aware that this change also affects Mental Health & Substance Abuse Providers. Only Mental Health & Substance Abuse Providers in the Optum Network will be considered In-Network. The only exception will be for mental health & substance abuse services/treatment through a PPO or In-Network "Primary Physician" or "Family Physician". Specialists for mental health & substance abuse will need to be in the Optum Network for there to be coverage.

A new section covering Manipulative Services (chiropractic, acupuncture and other manipulative services/modalities) has been added. Such services are covered at 80% of Allowable Charges up to \$60 per visit subject to a maximum of 12 visits per calendar year. Additionally, services from Midwives, Naturopaths, In-Patient Hospitalists, Ambulance Services, and Dental Emergency after an accident will be covered at 80% of Allowable Charges. Dental Appliances, subject to CPAP failure, will be covered at 80% of Allowable Charges with a maximum Allowable Charge of \$4K.

The H&W Board of Trustees approved an exclusion for any Participants and/or their dependents who obtained outpatient services from an Out-Of-Network Provider ONLY between the dates of July 1, 2019 through September 30, 2019. Such outpatient services were allowed to be continued with that Provider ONLY until April 1, 2020 so that an alternate In-Network Provider can be obtained. No new Out-Of-Network Providers will be allowed and if the service date occurred before July 1, 2019 or after September 30, 2019 coverage will be denied.

BEGINNING APRIL 1, 2020 THERE WILL NO LONGER BE ANY OUT-OF-NETWORK COVERAGE OTHER THAN FOR URGENT AND EMERGENCY CARE AND THE LIST OF SPECIALTIES PREVIOUSLY COMMUNICATED.

For Participants currently living and working in Northern California, please remember that Sutter health providers are also excluded from the Network. A list of In-Network alternative providers in Northern California can be found at www.569trusts.org or by contacting the Trust Office.

Should there be any questions relative to any of the above Plan changes please contact the Trust Office (x-702).

BOARD APPROVES ZERO DOLLAR CO-PAYMENTS FOR TELEMEDICINE VISITS THROUGH PPO PLAN PLUS PRESCRIPTION BENEFIT CHANGE

The San Diego Electrical Health & Welfare Board of Trustees approved the following changes to the Plan:

Removal of all co-pays for any telemedicine services. Currently, the Trust offers telemedicine through either Anthem's LiveHealth Online or HEAL. Anthem's co-pay was \$10 and HEAL's co-pay was \$5. **The removal of the co-pays is only for telemedicine.** Any other visits would require the usual co-pays (Sharp - \$10, Other SD County Providers - \$30, Imperial County - \$15).

A Temporary lifting of the refill-to-soon limitation on maintenance medications to ensure uninterrupted supply. If you currently take maintenance medications and want to get your refill now you may do so. You just need to call in the refill to your pharmacy. Restrictions may still apply to specific medications so call the Trust Office if you have any issues getting your refill.

We encourage all PPO Participants to utilize telemedicine when possible. Especially during this time, telemedicine offers the safest and quickest access to a health care provider without exposing yourself to the potential virus for non-emergency issues. The best way for PPO Participants to access telemedicine services is through the following:

Use the LiveHealth Online App or visit https://livehealthonline.com/ to connect to a doctor through a live video chat on your phone, tablet, or computer. The doctors you see using LiveHealth Online are trained to screen for COVID-19 and make recommendations for care. For any assistance with this program please call 1-888-548-3432.

Book a Heal house call and enter your symptoms (such as cough, fever, etc.) and a Heal Doctor will carry out a remote house call. A remote house call is a Heal Doctor talking with you by phone or video chat (if you have the Heal iOS or Android app) or by visiting www.heal.com to help determine your risk level for COVID-19; If you are identified as at risk, then Heal is required to contact your local health department. The health department will then provide instructions either to you or to us.

Kaiser Participants please call 1-833-574-2273 to talk to an advice nurse 24/7 or call 877-813-7297 for general questions. Additional information through Kaiser can be found at https://healthy.kaiserpermanente.org/health-wellness/coronavirus-information.

SPOUSAL/DOMESTIC PARTNER/ DEPENDENT EXCLUSION REMINDER

This is a reminder to all Participants of the Plan exclusion that pertains to Spousal/Domestic Partner/Dependent coverage which originally went into effect July 22, 2010 and was revised January 1, 2015.

If your Spouse, Domestic Partner or any Dependent is employed and any of the following conditions are present, there will be **NO COVERAGE** for your Spouse, Domestic Partner or any Dependent under the Plan if:

- Your Spouse, Domestic Partner or any Dependent is offered group medical coverage through their employer at a cost of \$100 or less per month for the least costly plan (the coverage only has to pertain to your Spouse, Domestic Partner or any Dependent – it does not have to be equivalent (full family) coverage) and they waive or decline the coverage; or
- Your Spouse, Domestic Partner or any Dependent is offered group medical coverage through their employer and they receive any form of compensation for waiving or declining the coverage, regardless of the monthly cost of the insurance; or
- 3. This exclusion also applies to any covered dependent children if they would have been included under the Spouse's or Domestic Partner's group medical coverage at a cost of \$100 or less per month.

If your Spouse, Domestic Partner or any Dependent is employed or planning on starting employment, please contact the Trust Office to clarify any requirements they may need to adhere to in order to maintain insurance coverage.

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www.569trusts.org or through the Trust Office (x-702).

The Annual Update Form can now be completed online! The only requirement is that the Participant register at www.569trusts.org. Once registered, clicking on the 2020 Annual Update Form will prepopulate most of the information on the form. Please review the data and make any necessary changes or add any additional information requested. Once completed, click submit and your 2020 Annual Update Form will be on file with the Trust Office. The form has been programmed to reject any incomplete forms as well as make sure all information is valid for submission. Please call the Trust Office at 858-569-6322 (x702) with any questions.

SAN DIEGO ELECTRICAL INDUSTRY TRUSTS

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TRUST OFFICE UPDATE

Due to COVID-19, the State of California mandate to "Stay-At-Home", as well as for safety reasons and in order to provide continuous service to our Participants, the San Diego Electrical Trust Office closed our doors to walk-in members on March 17, 2020. We have installed a mailbox/lockbox outside the main Trust Office door for Participants to drop off forms during and after Trust Office hours. The mailbox/lockbox is checked multiple times during the day. Most forms can now be completed online through the Trust's website at www.569trusts.org. The Trust Office will remain closed to walk-in members until April 6, 2020. This date is subject to change as we are handling this on a day-to-day basis.

As an essential business under the definition issued by the State of California, our goal is to remain open and accessible to Participants by phone, mail and email. Like the emergency room, we are placing issues on a priority level scale. I personally ask that you please be patient with Trust Office Staff who continue to work daily and serve Participants as quickly as possible. You can always call me (Administrative Manager Matt Morfoot) directly at (858)569-6322 x335 or alternatively at (858)987-3155. I ask that you please leave a message if I don't answer as I am extremely busy during this time. I promise to return your message as soon as possible. Thank you all for your patience and understanding during this time. In the meantime, please follow the precautionary guidelines provided by the Center for Disease Control (www.cdc.gov) as well as the World Health Organization (www.who.int).

HEALTH INFORMATION SOURCES

Best Doctors - 1-866-904-0910 or www. bestdoctors.com; Navitus (retail pharmacy and specialty medications):1- 866-333-2757; "NurseLine" - 24/7 access to Registered Nurses at 800-250-6181; For researching or grading doctors hospitals: www.healthgrades. and www.leapfroggroup.org, com, www. Calhospitalcompare.org, www. hospitalcompare.hhs.gov or http://www. npdb-hipdb.hrsa.gov - National Practitioner Data Bank/Healthcare Integrity and **Protection Data Bank** may be used to verify information on a healthcare provider; and http://www.medbd.ca.gov/lookup.html -Medical Board of California for physician licensing. Cal Hospital Compare combines ratings for quality of care, patient safety and patient experience in an effort to help consumers make informed choices via its website: www.CalHospitalCompare.org.