

February 26, 2022

Dear Participant:

Enclosed is the 2022 Enrollment Form for the Teamsters Local 710 Health and Welfare Fund ("Fund"). It is essential that you fill out this form completely with all information that is requested. Under the terms of the Fund, you are required to enroll all your dependents, as the term is defined in the Fund's Summary Plan Description. For your convenience, an abbreviated form of the Fund's definition of a "dependent" is set forth below. Please see the Summary Plan Description ("SPD") on the Fund's website (<https://710hwp.org/health-welfare/>) if you have further questions or need additional information.

**Please return the enclosed Enrollment Form to this office no later than March 31, 2022. If you fail to submit a fully completed form by March 31, 2022 payment for your claims may be delayed or, in some cases, denied.**

**DEFINITION OF DEPENDENT:**

1. **Your spouse.** The Fund defines a "Spouse" as the person to whom you are legally married under the laws of the state or country in which you were married.

**IMPORTANT NOTE:** If your Spouse is in any military service, the Fund is not responsible for any claims arising from that service. Also, please keep mind that if (a) all of the plans covering the Spouse are high-deductible health plans or the Spouse elects a high-deductible health plan offered by the Spouse's Employer and (b) the Spouse intends to contribute to a "health savings account" as that term is defined in the applicable federal law and regulations, this Plan cannot coordinate Benefits with or provide any reimbursement for the primary high-deductible health plan's deductible.

2. **Your Child.** The Fund defines a "Child" as an individual who is under age 26 and is:

- A. A natural or adopted child of a Participant.
- B. A stepchild, that is, the child of the Participant's Spouse;
- C. A child who has been placed with the Participant for adoption. The term "placed for adoption," means the assumption and retention of a

legal obligation for total or partial support of such child in anticipation of adoption of such child. The child's placement with such person terminates upon the termination of such legal obligation. The Participant must provide the Fund with written updates about the progress of the adoption process at least once every six months.

**D. A Disabled Child:** For purposes of this Plan, a Disabled Child is a Child who is incapable of independent self-support; the Disabled Child is unmarried; the Disabled Child's Earned Income does not exceed a yearly maximum of \$12,000; the Disabled Child was Eligible for Benefits Coverage before reaching age 26; and the Disabled Child was mentally or permanently physically handicapped before reaching age 26.

In addition to the Enrollment Form, we are also providing you with the information described below.

### **Plan Updates:**

#### **Important Changes Have Been Made to the Plan!**

**Please read carefully.**

#### **Keep This Information with Your SPD**

- The 2022 Summary of Benefits and Coverage is enclosed for your review.
- Effective July 1, 2022, Sav-RX is the Fund's pharmacy benefit manager ("PBM"). You should have received information about the transition from Optum Rx to Sav-RX. If you have any questions about your prescription benefit, please see the Sav-RX website at [www.SavRx.com](http://www.SavRx.com). NOTE: Sav-RX recently opened a "Patient Portal." We urge you to sign up there so that you will have access to real-time information about your prescriptions, the status of orders, and other needed information. If you need additional assistance with your prescription drugs, please call the Fund Office at 773-254-2500.
- **NEW!** Starting January 1, 2022, Blue Cross/ Blue Shield of Illinois (BCBSIL) offers Teamsters Local 710 Health & Welfare Fund Participants the opportunity to be rewarded for using a cost-effective, quality BCBSIL provider.
  - **How Does Member Rewards Work?** There are no forms to fill out – it's easy. Just follow these steps when a doctor suggests a medical procedure or service:
    1. Log into **Blue Access for Members<sup>SM</sup>** ("BAM") at [BCBSIL.com](http://BCBSIL.com)
    2. Click the *Doctors and Hospitals* tab – then *Find a Doctor or Hospital*. Do your search to compare your choices and select a reward eligible location.
    3. Have the procedure or service at the reward eligible location you chose.
    4. And, once the claim is paid, you will receive a check in the mail.

- More about **“Blue Access for Members (BAM).”** BAM is the secure online portal where you can manage your health coverage. Sign up for the free mobile app: Text 33633 to BCBSILAPP or at [www.bcbsil.com](http://www.bcbsil.com). For any questions or help logging in, call Member Services at **1-877-860-2837 (TTY/TDD: 711)**. Through [BAM](#), you can:
- **Changes to the Fund’s Policy for Subrogation and Reimbursement in Workers’ Compensation Cases:** In general, the Fund’s Plan of Benefits excludes coverage for any claims for bodily injuries, sickness or disease sustained while performing any act of employment or pertaining to any occupation or employment or for which benefits are or may be payable in whole or in part under any Worker’s Compensation Act.

However, the Fund will provide benefits for an injury for which you have filed a workers compensate claim if you meet all of the following criteria:

- You have coverage under the Fund (either because your employer continues to make contributions pursuant to a collective bargaining agreement or because you have elected COBRA);
- You have provided the Fund with documentation showing that the workers compensation carrier has denied coverage for your claim on the ground that the injury is not work-related;
- You and your attorney have both signed the Subrogation and Reimbursement form; *and*
- The claim is for treatment that is covered under the Fund.

If it should develop that you may have no claim against a third-party person or that the claim cannot be enforced against a third party, no effort will be made to seek reimbursement from you.

- **No Surprises Act changes, effective January 1, 2022:** The “No Surprises Act” includes a wide range of protections for Participants, including protection against “surprise billing” from Non-Network emergency providers and certain Non-Network providers in network hospitals as well as from air ambulance providers.
  - **Protection Against Balance Billing for Certain Non-Network Services:** Patients are protected from “surprise” medical bills by being limited to in-network cost sharing (deductibles, coinsurance, and copays will be at in-network levels and will apply to the in-network out-of-pocket maximum) for emergency services and ancillary services at an in-network facility. (Ancillary services are any of the following:

Emergency services, Anesthesiology, Pathology, Radiology, Neonatology, Items and services provided by other specialists as specified in regulations, Diagnostic services (unless regulations list the services as advanced diagnostic laboratory tests), and Items and services provided by an out-of-network provider if there is no in-network provider who can furnish the services at the facility.) Also, the cost sharing paid by the patient shall be counted toward the patient's **In-Network** Deductible and Out-of-Pocket costs.

- **Independent Dispute Resolution:** Rather than balance billing the patient for the services listed above, the Non-Network provider will need to deal directly with the Fund or BCBS-IL. If an agreement cannot be reached, then BCBS-IL and the Non-Network provider will take the dispute to a neutral arbitrator who will decide the appropriate amount to be paid to the Non-Network provider.

**Provider Directories: (January 1, 2022)** The Fund's website provides direct access to the directories for the medical and prescription providers. Just scroll down and click on the provider's logo and you will be directed to the list of providers. Under the No Surprises Act, and effective January 1, 2022, the Fund must ensure that the directories are up-to-date benefits at least every 90 days; respond within one (1) business day to a request on whether a provider or facility has a contractual relationship with the plan or issuer and retain the communication in the individual's file for at least two (2) years; with respect to any print directory, provide a notification that the information was accurate as of the date of publication and that an individual should consult the database to obtain the most current provider directory information; and use in-network cost sharing for patients if the patient was inaccurately informed that the provider or facility is in-network by the website, printed provider directory, or customer service phone, text, or instant messenger line that the provider is in network; and related requirements. In order to access the directories, you will need your medical and prescription group numbers. They are: BCBSIL Active group #414408; BCBS Retiree group #414409; and Sav-RX Group #L710.

- COVID OTC Tests: You may obtain an Over-The-Counter ("OTC") COVID-19 test from a Sav-RX network or Sav-RX mail order at no out-of-pocket costs to you. Be aware that the maximum reimbursement from the Fund for a test from a Non-Sav-RX provider, the Fund will reimburse you a maximum of \$12.00 per test.
- The Fund will continue to provide COVID-19 related testing and services to you at no out-of-pocket cost to you until the end of the declared "Public Health Emergency." As of the present time, this period is extended through April 16, 2022.

## REQUIRED NOTICES:

- Your **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998** Notice appears in your Summary Plan Description, effective February 1, 2018, and can be found on our website at [www.710hwp.org](http://www.710hwp.org). Pursuant to the Women's Health and Cancer Rights Act of 1998, the Plan provides coverage for:
  - All stages of reconstruction of the breast on which the mastectomy has been performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Protheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending Physician and the patient.

Such coverage may be subject to annual Deductibles and Coinsurance provisions as may be deemed appropriate and are consistent with those established for other Benefits under the plan or coverage.

- **Reminder Notice:** In accordance with the Privacy Rule of the **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**, the Teamsters Local 710 Health & Welfare Fund has adopted and implemented policies and procedures that protect your private health information. These policies and procedures were described in a Notice originally distributed to you in April 2003. This Notice appears in the SPD, effective February 1, 2018, starting on page 79. If you would like another copy of this Notice, you can find it on our website at [www.710hwp.org](http://www.710hwp.org) under the Health & Welfare tab. If you would like us to send you a paper copy of the Notice, please contact us. You can reach us by phone at 773-254-2500 or by fax at 773-254-6528.

If you have any questions, please contact the Fund office at 773-254-2500.

Sincerely,

The Board of Trustees