

# *Service Employees International Union Local 32 BJ District 36*

## **Building Operators Welfare Trust Fund**

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## **COVID-19 Updates for Plan Participants**

May 2020

Dear Participant:

The Board of Trustees of the SEIU Local 32 BJ, District 36 BOLR Welfare Fund (the Welfare Fund) is committed to ensuring your benefits continue to support you and your loved ones during the COVID-19 health crisis. This includes working with our health care vendors—like Independence Blue Cross Blue Shield and CVS Caremark—to address needs as they arise.

We encourage you to follow all local, state and national COVID-19 regulations, and the advice and practical tips offered by medical professionals.

### **Fund Office Updates**

The Welfare Fund Office staff remains available to participants even though our office and building are closed. Although our Welfare Fund Staff are working remotely, all key business functions are operational. We are continuing to process claims, handle participant and provider calls, and to continue our support and provide information to our participants about their health benefits.

### **EXTENSION OF HEALTHCARE BENEFITS**

Due to the COVID-19 pandemic and its impact on the Welfare Fund's Participants, the Board of Trustees has decided to amend the Welfare Plan to provide for an extension of Welfare Fund eligibility as follows:

- Coverage for Welfare Fund participants will be continued or be restored for an additional two (2) months beyond the end of the month after which they would otherwise lose eligibility or suffer a reduction in benefits for Welfare Fund participants covered under any Plan option who have been laid off or who become ineligible for health coverage or whose coverage is reduced due to furlough, layoff, or reduction in hours or days per week on or after March 6, 2020 as a result of the COVID-19 (Coronavirus) public health emergency. This extension of coverage will also apply to participants' covered dependents.

This extended coverage will cease at the end of the second month of such coverage or, if earlier, the end of the month during which the participant returns to work or has their days or hours of work increased to restore their eligibility for benefits or for increased benefits.

- Participants who are regularly entitled to Full-Time benefits will remain eligible for Full-Time benefits, as will their eligible dependents, even if their hours of work in the month they are laid off requires only a Part Time/Weekend contribution from their employer. Such participants and their eligible dependents will remain covered by Full-Time benefits during the extended coverage described above.

- No contribution will be required from the participant for this extended coverage.

## **COVID-19 (Coronavirus) Testing Covered At 100% (No Cost-Sharing) For Full-Time Eligible Participants and their covered dependents enrolled in the Fund's Medical Plan**

On March 18, 2020, Congress passed the Families First Coronavirus Response Act, and on March 27, 2020, Congress passed the CARES Act. Both laws address the coronavirus public health emergency. In order to comply with these laws, the Plan is covering the following services from either an In-Network or Out-of-Network provider with no cost-sharing (no copayment, deductible or coinsurance):

- Tests to detect presence of, or antibodies against, the virus that are approved, cleared or authorized by federal law;
- Tests for which the developer has requested, or intends to request, FDA (the Food and Drug Administration) emergency use authorization (and, in general, where such authorization has not been denied);
- Tests developed in and authorized by a state that has notified HHS (the US Department of Health and Human Services) of its intention to review tests to diagnose COVID-19; and
- Tests determined appropriate by HHS.

The Welfare Fund will also cover items and services furnished during a provider visit that result in an order for, or the administration of, one of the tests described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test. For this purpose, a provider visit includes office, urgent care, and emergency room visits, as well as telehealth visits—discussed in detail below.

The Welfare Fund will also waive participant cost-sharing for inpatient, acute care of treatment for COVID-19. Payment for other services related to the treatment of COVID-19, including but, not limited to, outpatient services, transportation and pharmacy services will be covered in accordance with the terms and conditions set forth in the Summary Plan Description (SPD) and will still be subject to applicable cost-sharing through at least June 4, 2020.

**These updates are applicable to Full time participants and their covered dependents in the Phlex, BOLR, and BOLR BMCA plans.** We will continue to adapt our coverage as further guidance is issued.

The Fund relies on guidance from its claims administrators, as well as local, state and federal governments, the Centers for Disease Control (CDC) and the World Health Organization (WHO).

## **Remember To Use Telehealth Visits When Possible**

The Trustees are pleased to announce that the Plan will now cover telehealth visits. Normal copays will apply. Telehealth means the use of electronic information and communication technologies including a telephone, smartphone, tablet or computer with a web cam, by a physician or other licensed provider to deliver covered services from a location that is different from a provider's office.

Telehealth visits are a convenient way for you and your covered dependents to access care. The service gives you quick and easy access to a doctor wherever you are. You can talk to a physician without leaving your house. In fact, it is recommended that participants use telehealth when possible to help prevent the spread of infection and improve access to care. It is a safe and effective way to receive medical guidance for many medical issues, including those related to COVID-19, from your home using your telephone or online (depending on your doctor).

The Plan will now cover telehealth or virtual visits provided by your own physician (provided they have capabilities for such visits). In addition, the Trustees have contracted with both a telemedicine provider who offers telemedicine visits through their network of providers and with MHC to provide telemedicine for mental

health services. These new provisions are described below. This coverage is available to participants in the Phlex, BOLR Full-Time, and BOLR BMCA Full-Time plans. The Trustees will continue to monitor the situation and adapt coverage as further guidance is issued.

Staying home as much as possible is the best way to stop the spread of coronavirus. If you are feeling sick, going to the doctor's office can be a health risk for you and your community whether or not you have the virus. Instead, call your doctor to see if they are offering virtual care.

Many physicians' offices are transitioning to phone and video appointments during the COVID-19 outbreak. Virtual care is the ideal way to receive non-emergency care right now. They can even call in prescriptions to your local pharmacy. If you are feeling sick, or you think you might have mild coronavirus symptoms, ask your doctor about virtual care. Remember that you are still responsible for copays and coinsurance under the Plan's terms.

### **Telehealth/Virtual Visits with Your Own Provider**

If you wish to schedule a virtual visit with your own doctor or provider, check first to see if he or she offers telehealth services or virtual visits. If such services are available, the office can walk you through the process for scheduling an appointment and what types of virtual visits your doctor provides (e.g., telephone or video).

Effective for services received on or after March 18, 2020, telehealth services (virtual visits) will be covered when provided by either In-Network providers or Out-of-Network providers at the current In-Network or Out-of-Network benefit level (except as provided above for services related to testing for COVID-19). The cost-sharing will be waived for services related to testing for COVID-19 as described above.

### **Telemedicine through the *NEW* MDLive Program through Independence (Blue Cross)**

The Welfare Fund through your medical plan with Independence Blue Cross has partnered with MDLive to provide a telemedicine program. As of April 1, 2020, you can access a board-certified doctor by phone or video, 24 hours a day, seven days a week. MDLive network of physician for phone and online video consultations. The MDLive Program provides access to a wide network of physicians who can diagnose your symptoms and prescribe medication when appropriate. In order to access MDLive program, you will need to enroll in the program. You can access this program at [www.MDLIVE.com/IBX](http://www.MDLIVE.com/IBX) or by calling 877-764-6605.

The MDLive Telemedicine program is effective for services received on or after April 1, 2020. MDLive appointments will be covered at a \$0 copay to remove any barriers for seeking care and treatment during the COVID-19 crisis. The reduced copay will remain in effect from April 1, 2020 through June 30, 2020.

## **Telehealth Services through MHC for your Behavioral Health Needs**

### **Telemedicine for Behavioral Health Services**

It is understandable if the disruptions COVID-19 pandemic has caused are taking a toll on your emotional health. The Welfare Fund has partnered with MHC to offer you and your dependents access to virtual appointments with In-network licensed therapists. You can connect with MHC therapists about stress, substance abuse, anxiety, and more. Call 800-255-3081 or visit [www.mhconsultants.com](http://www.mhconsultants.com) to learn more.

As of April 1, 2020, virtual appointments are covered at a \$0 co-pay with MHC network providers, to remove any barriers seeking care during this pandemic crisis. The reduced copay will remain in effect through June 30, 2020.

In addition to providing emotional and psychological health services, MHC also provides our participants with a Member Assistance Program.

Need support? Reach out to MHC today! You can contact them by calling 800-255-3081 or by going to [www.mhconsultants.com](http://www.mhconsultants.com).

## CVS Pharmacy Mail Order Prescriptions

Remember to take advantage of CVS Pharmacy's mail order service. To help you stay at home as much as possible during the COVID-19 outbreak, CVS Pharmacy has waived charges for home delivery of all prescription medications. Almost all CVS Pharmacy locations offer delivery within one to two days. If you need your prescription on the same day you order it, look for an "on-demand delivery" option when you check out. To order your prescriptions by mail, visit [cvs.com/pharmacy](https://www.cvs.com/pharmacy).

## In Closing

We wish you and your family well during this difficult time. If you have questions about how to use your benefits during the COVID-19 outbreak, call the Fund Office at (215) 568-3262 or (800) 338-9025, Extension 1400.

You should keep this notice, which describes changes to information provided in the most recent SPD, with your SPD for future reference. Only the provisions described in this notice are changing; no other Plan changes are being made at this time.

Sincerely,

The Board of Trustees

*Benefits under the SEIU Local 32 BJ, District 36 BOLR Welfare Plan are not vested or guaranteed. Full details of the Plan 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 discontinue all or part of the Plan at any time.*