Automotive Industries Welfare Fund

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To: All Participants under the Automotive Industries Welfare Fund

From: Board of Trustees

This Participant Notice will provide you with a summary of your available preventive care benefits.
This information is VERY IMPORTANT to you and your dependents. Please take the time to read it carefully.

IMPORTANT NOTICE TO ANTHEM BLUE CROSS MEMBERS

Effective March 1, 2015, Anthem Blue Cross has changed the way some of the Non-PPO provider and facility (i.e., out-of-network) claims are reimbursed.

Non-PPO Specialty Providers

In the past, the Fund has reimbursed certain Non-PPO specialty providers as PPO providers as there were not enough PPO specialist providers in the Anthem network. We are pleased to advise you that Anthem has expanded its network of PPO providers to include a sufficient number of PPO specialists in each of the following fields:

- Occupational therapists (including hand therapists)
- Sleep study providers
- Clinical nurse specialists
- Registered nurses
- Pharmacies
- Prosthetic/orthotic providers
- Portable x-ray providers

This means that if you continue to receive treatment from a Non-PPO specialty provider in one of the above categories, any covered services may be reimbursed at the Non-PPO level. If you are currently receiving treatment from one of the above classes of providers, we encourage you to contact Anthem or the Trust Fund Office to confirm your provider is currently participating in the PPO Provider network before receiving care.
To find out if a provider is in the network, either ask the provider's office, contact the Fund Office or visit the Anthem Blue Cross website www.anthem.com/ca. If you live outside of California, you can find Blue Card providers online at www.bluecares.com, or you can call (800) 810-2583. (Note: outside of California, PPO Providers are called "PPO Providers" or "Blue Card Providers.")

Non-PPO Facilities

The change on how Non-PPO specialty provider claims are reimbursed will also impact Non-PPO facilities including, but are not limited to, hospitals, ambulatory surgery centers, dialysis centers, skilled nursing facilities, home health care providers, hospice providers and substance abuse facilities. The largest difference in reimbursement will be for Non-PPO ambulatory surgery centers.

You may experience an increase in out-of-pocket costs if you use a Non-PPO facility after March 1, 2015 because you may be billed for the difference between what the Fund pays and what the provider is charging (known as "Balance Billing"), in addition to your normal coinsurance. When you receive treatment from a PPO provider, you pay only your copay and/or percentage of the negotiated fee. The provider cannot charge you more than this PPO rate.

USE PPO PROVIDERS TO SAVE MONEY

When you need care, you can save money by seeing a provider in the network. And the cost savings can be substantial, even thousands of dollars, depending on the level of medical care needed. This is because Anthem contracts with doctors, hospitals, labs and other providers (called network providers) who agree to accept a certain price for the type of care they provide. This means they can't ask for more than this amount.

ALWAYS ASK IF A PROVIDER IS IN NETWORK

It's up to you to make sure you use network hospitals, facilities and doctors. If your doctor refers you to another provider, always ask if that provider is in the network. This includes when you have to stay in the hospital. It's important to ask the hospital staff if all the "facility-based providers" (such as radiologists, anesthesiologists, pathologists and neonatologists) are in the network.

THREE WAYS TO MAKE SURE YOU ARE USING NETWORK PROVIDERS

1. Log in to www.anthem/ca.com *or access our mobile app on your smartphone. Pick the* ***Find a Doctor*** *tool to search for network providers and facilities.*
2. Remind your doctor and other health care providers to refer you to network providers only. Always confirm for yourself when scheduling an appointment with a new provider.
3. Call the Member Services number on your ID card and ask them to check for you.

TERMINATION OF DEPENDENT COVERAGE UPON LEGAL SEPARATION

The January 1, 2012 Summary Plan Description (SPD) states that dependent coverage will terminate on "the last day of the month in which they are no longer qualified for coverage, except in the case of a divorce, in which coverage terminates for the spouse on the date of the final divorce decree." The Trustees have clarified that, where the parties have obtained a legal separation instead of a divorce, dependent coverage for a spouse will terminate on the date of an order of legal separation. The spouse will be offered the opportunity to temporarily continue their health care coverage under COBRA for up to 36 months.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Fund Office at (800) 635-3105.

Sincerely,

Board of Trustees

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 this Plan change, please contact the Fund Office.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. .

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