

TEAMSTERS CALIFORNIA STATE COUNCIL  
OF CANNERY AND FOOD PROCESSING UNIONS  
**JOINT BENEFIT TRUST**  
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CALIFORNIA PROCESSORS  
INCORPORATED  
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**Date**      **August 2015**

**To:**        **All Plan Participants and their Dependents, and COBRA Participants who are enrolled in the 1400-Hour Plan**

**From:**    **Board of Trustees, Joint Benefit Trust**

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**IMPORTANT NOTICE ABOUT YOUR PLAN COVERAGE**

This notice concerns changes (“material modifications”) to the Joint Benefit Trust’s 1400 Hour Plan made to the Plan by the Employers and the Union in the CPI/Cannery Council Collective Bargaining Agreement. Please take the time to read it carefully – these changes significantly impact your benefits under the JBT.

**CHOOSE BETWEEN TWO ANTHEM BLUE CROSS NETWORKS**  
**EFFECTIVE JANUARY 1, 2016**

**Starting January 1, 2016, there will be TWO Anthem Blue Cross PPO plans in place of the ONE Anthem Blue Cross plan in place now. Before the end of this year you will be asked to choose between these two PPO Plans or the Kaiser medical plan (available to you if you live in the Kaiser service area). The two Anthem Blue Cross plans are,**

- **The current PPO Network (“Prudent Buyer”) at a cost deducted from your wages\* of \$60/per member per month; or**
- **A new “Advantage” PPO Network at a cost deducted from your wages\* of \$30/per member per month.**

The difference between the two Anthem Blue Cross networks is this: The higher cost “Prudent Buyer” network *includes* Sutter Health physicians, hospitals and outpatient providers and the “Advantage” network *does not include* Sutter Health-affiliated physicians, hospitals and outpatient providers. **ALL YOUR COVERED FAMILY MEMBERS WILL BE IN THE SAME NETWORK.** If you choose the lower cost “Advantage” network and then you or a family member use a Sutter Health-affiliated physician, hospital or outpatient provider your claim will not be covered.

There will be an open enrollment in October and November of 2015 when you will need to choose between the two PPO network plans or Kaiser. If you choose one of the Anthem Blue Cross plans your choice will be effective starting January 1, 2015. You will be receiving enrollment information from the Fund in the near future so you can make your choice of which network you (and any covered family members) prefer. **IF YOU DO NOT MAKE A CHOICE YOU WILL BE ENROLLED IN THE (HIGHER COST) “PRUDENT BUYER PLAN” NETWORK.**

While the \$30 per member per month rate for the “Advantage” network will continue next year, the \$60 per member per month rate for the “Prudent Buyer” network will go up each year (and every year you will have a chance to choose which network you want).

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\* If you are off work you will need to arrange to pay your monthly contribution by self-pay.  
SMM August 2015 for Anthem Blue Cross plan changes.doc

**NO BENEFITS IF YOU USE A DOCTOR, HOSPITAL OR OTHER HEALTHCARE PROVIDER THAT IS NOT IN YOUR PPO NETWORK  
(EXCEPT IN VERY LIMITED CASES)**

Until the end of 2015, if you are not enrolled in Kaiser the JBT 1400 Hour Plan will cover (at 50% of the usual, reasonable and customary allowance) your claims if you use a doctor, hospital or other healthcare provider that is NOT part of the Anthem Blue Cross network. Starting January 1, 2016 the Plan WILL NOT COVER CLAIMS FROM A DOCTOR, HOSPITAL OR OTHER HEALTHCARE PROVIDER THAT IS NOT IN YOUR ANTHEM BLUE CROSS NETWORK unless the services are a direct result of a medical emergency or as described below. For example, if you have chosen the “Advantage” Blue Cross Network and incur non-emergency claims at a Sutter hospital, your claims at that hospital will NOT be covered. If you are treated for a medical emergency at an Emergency Room (ER) that is NOT in your network, ER services and ER physicians will be covered at the **in-network** level of benefits (in accordance with the Affordable Care Act).

A medical emergency means a sudden onset of a medical condition that, in the absence of immediate medical attention could reasonably put an individual’s health in jeopardy, cause serious medical consequences, serious impairment to bodily function, or serious and permanent dysfunctions of any bodily organ or part. For example, a medical emergency would include chest pains, severe abdominal pain and respiratory distress, but earaches and sore throats are not medical emergencies.

If you are admitted to the hospital after treatment in an ER you should notify Blue Cross immediately. If you are admitted to a hospital after treatment in an ER that is not in your Anthem Blue Cross network, JBT reserves the right to transfer you to a network hospital after your condition has stabilized.

**DENTAL PLAN BENEFIT IMPROVEMENTS EFFECTIVE SEPTEMBER 1, 2015**

The annual maximum benefit for the 1400-hour Dental Plan has increased from \$1,500 to \$1,600. The annual maximum has also increased for the Non-1400 hour Dental Plan from \$750 to \$800.

As a reminder, Basic and Major dental services accumulate to the annual Dental maximum.

**VISION PLAN BENEFIT IMPROVEMENTS EFFECTIVE SEPTEMBER 1, 2015**

The Retail Frame allowance on your Vision Plan has increased from \$120 to \$180.

**INITIAL ELIGIBILITY FOR THE 1400-HOUR PLAN  
(FOR EMPLOYEES HIRED AFTER JULY 1, 2015)**

As under the last CPI/Teamsters Contract, if you were hired on or after July 1, 2009 you will be eligible for benefits under the 1400 Hour Plan after achieving 1,560 hours (rather than 1,600 hours). Until that time, and provided they have attained three years of seniority, employees will be eligible for Non-1400 Hour benefits in accordance with your Collective Bargaining Agreement.

## FINDING A NETWORK PROVIDER

Please see the enclosed document entitled “How to Locate a Participating Network Provider” for information on how to locate a provider in your network.

**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 Administrative Office.**

This Notice is intended to amend all JBT documents, notices and correspondence, including (but not limited to) the 1400 Hour Summary Plan Description (SPD). 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) and keep it with your copy of the SPD. 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 the 1400 Hour Plan. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under the 1400 Hour Plan, or any benefits provided under the 1400 Hour Plan, in whole or in part, at any time and for any reason.

Si usted gustaría una copia en español, por favor de contactar la oficina de administración de Joint Benefit Trust.

*In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.*