



PAMCAH UA LOCAL 675



ADMINISTRATIVE OFFICE • ANNUITY • COOPERATION
HEALTH & WELFARE • PENSION • TRAINING • VACATION & HOLIDAY

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Date September 2021

To: All Active Employees and their Dependents, including COBRA beneficiaries, enrolled in the Full and Abbreviated Benefit Plans of the PAMCAH-UA Local 675 Health and Welfare Fund (the “Fund”)

PARTICIPANT NOTICE ABOUT YOUR BENEFITS

This Participant Notice is intended to clarify certain information regarding your benefits under the PAMCAH-UA Local 675 Health and Welfare Fund Full and Abbreviated Benefit Plans. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully. Note: All benefits are subject to the terms of the Plans.

CLARIFICATION REGARDING COVERAGE OF COVID-19 TESTING

The following is intended to supplement the Fund’s previous notice, dated May, 2020, and to further clarify the Plans’ coverage of COVID-19 testing.

COVID-19 Tests COVERED By The Fund

Effective for services received on or after March 18, 2020 and during the Public Health emergency period (currently extended through October 18, 2021), the Fund will cover the services listed below **if they are ordered by or received from a licensed or authorized health care provider for the purpose of an individualized diagnosis or treatment of COVID-19.** Covered services include:

- a) Diagnostic tests to detect the presence of, or antibodies to, the virus that causes COVID-19, including the administration of such tests, for the following types of tests:
 - i. Tests to detect the virus that are approved, cleared or authorized by certain sections of the Federal Food, Drug and Cosmetic Act (the “Drug Act”)
 - ii. Tests for which the developer has requested, or intends to request, emergency use authorization under the Drug Act (and where such authorization has not been denied)
 - iii. Tests developed in and authorized by a state that has notified HHS of its intention to review tests to diagnose COVID-19
 - iv. Tests determined appropriate by HHS
- b) Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration 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.

You may receive these services from a number of healthcare facilities, pharmacies, community based testing sites and state run testing sites. In general, two types of tests are administered for detection of an active COVID-19 infection. A polymerase chain reaction (PCR) test, which must be sent to a lab to diagnose disease, and a lateral flow test (LFT) which can diagnose COVID-19 on the spot.

The services listed above will be covered at 100% with no cost sharing to you, whether they are received from a Contract or Non-Contract Provider. These services will also be provided without any need for prior authorization or medical management.

COVID-19 Tests NOT COVERED By The Fund

The Fund will **not cover** COVID-19 tests that are received for the following reasons:

- **Employment-related purposes** (*Example: An employer requiring employees to provide proof of a negative COVID-19 test or vaccination to enter employer's premises*);
- **Public health surveillance** (*Example: A state public health department develops a plan to randomly select and sample a percentage of people in the city on a rolling basis to assess local infection rates and trends*);
- **Testing for general workplace health and safety** (*Example: An employer implements safety procedures requiring all unvaccinated employees to take a weekly COVID-19 test.*); and
- **Testing that is not primarily intended for individualized diagnosis and treatment of COVID-19.**

COVID-19 Tests for the above purposes are **NOT COVERED** by the Fund, and you will be responsible for paying for **100% of the cost of any COVID-19 tests that you receive for any of the above purposes.**

The Fund provides coverage of COVID-19 testing in accordance with guidance issued by the federal government.

It is important to make sure you are getting your information from a reputable source such as <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>. For more information on COVID-19 and resources in Hawaii, please visit Hawaii's Department of Public Health's website at <https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/>.

Please keep this important notice with your Plan Document/Summary Plan Description ("SPD") for easy reference to all Plan provisions. Should you have any questions, please contact the Trust Fund Office at 808-536-4408.

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 the Plan changes, please contact the Administrative Office.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan. Please keep this document with your copy of the Summary Plan Description. In the event of any conflict, the terms of the Plan and SPD will control unless specified otherwise herein. The Board of Trustees reserves its right to amend or terminate the Plan in whole or in part at any time in its sole discretion.