

Date May 2020

To: All Active Employees, Retirees and their Dependents, including COBRA beneficiaries, enrolled in the PAMCAH-UA Local 675 Health and Welfare Fund

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**PARTICIPANT NOTICE ABOUT BENEFIT MODIFICATIONS**

This Participant Notice will advise you of certain material modifications that have been made to the PAMCAH-UA Local 675 Health and Welfare Plan (the “Plan”). **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 Plan.

**COVID-19 TESTING BENEFIT CHANGES**

**Effective March 18, 2020**

By now, everyone has heard of the “Coronavirus” or the illness it causes, known as “COVID-19.” Your health plan provides a wide range of benefits including but not limited to coverage for office visits, hospitalization and diagnostic testing (including testing for COVID-19). As always, we encourage you to use a Contract Provider in order to receive the highest level of benefits.

**If you and/or your dependents think you have been exposed to COVID-19 and develop a fever and/or symptoms of respiratory illness, such as a cough or shortness of breath, call your healthcare provider immediately.** We encourage you to please call your healthcare provider before presenting to an emergency room for treatment, to both ensure you have the quickest access to the specific services you need as well as to prevent the unnecessary exposure of yourself and any other patients or providers in the emergency room to the coronavirus without having taken appropriate protective measures.

Effective for services received on or after March 18, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency, the Fund will now cover the following services **from either a Contract or Non-Contract provider at 100%, with no cost sharing to you:**

- 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 test 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.
- c) These services will also be provided without any need for prior authorization or medical management.

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/>.

**NEW TELEHEALTH BENEFIT, INCLUDING HMSA ONLINE CARE**

**Effective March 18, 2020**

**The Trustees have approved coverage for Telehealth services effective for services received on or after March 18, 2020 through the earlier of:**

- **June 16, 2020; or**
- **the end of the emergency period in which the federal government has announced a National Emergency.**

**The Fund will now cover Telehealth services when received from a Contract Provider or the HMSA Online Care program.**

This benefit is being implemented to encourage you to seek medical care when needed, while limiting your contact with others to prevent the spread of COVID-19. This is not intended to be a permanent benefit, and will be suspended after the conclusion of the National Emergency or June 16, 2020, whichever comes first.

Telehealth services are web-based face-to-face or phone-based consultations between a patient and a board-certified Physician or other licensed provider (an electronic visit also sometimes called an e-visit or telehealth) including diagnosis and treatment of nonemergency medical and mental health/substance use issues for any covered person. There is no need to travel to a doctor's office. You are in your home and you can have an e-visit with a doctor in another location. Please reach out to your HMSA Provider directly for information on whether he or she provides telehealth services, and more information about the platform they use to provide these services when available.

This benefit will include coverage for Telehealth visits received from your regular or primary care Contract provider, and also include access to the HMSA Online Care telemedicine service. Members can use their smart phone, tablet or computer to have a live visit with a provider affiliated with the HMSA Online Care service to discuss non-emergency health issues from home or wherever you happen to be as long as you have internet access.

Please note, as described in the COVID-19 Testing Benefit Changes above, Telehealth visits with a Non-Contract provider are covered only for COVID-19 screening accompanied by an order for or administration of a COVID-19 test, from March 18, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency.

We are attaching a summary from HMSA with helpful information on the new HMSA Online Care program. For assistance with creating an account, or other questions related to the program, you can visit <https://hmsa.com/well-being/online-care/> or call (866) 939-6013 for more information.

## EXTENSION OF CERTAIN DEADLINES

Effective March 1, 2020

In light of the ongoing COVID-19 national emergency, certain deadlines currently imposed by the Plan will be extended to help prevent participants and beneficiaries from losing rights and benefits under the Plan. These extended deadlines relate to HIPAA special enrollment, COBRA and the filing of claims and appeals. In calculating the new deadline, the Plan will disregard the time period between March 1, 2020 and 60 days after the end of the COVID-19 national emergency. This means that generally you will have more time to enroll dependents, elect and pay for COBRA and to file claims and appeals. However, to help minimize the possibility of losing claim information that you may have in your possession or forgetting about your enrollment or COBRA rights, you may wish to file your claim, appeal or request for external review or to elect COBRA as soon as possible.

If you have questions or would like more information about the dates that will apply to your rights under the Plan as they relate to special enrollment, COBRA or claims and appeals rights, please contact the Trust Fund Office.

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.*

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## GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The Fund's health care plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Erinn Liu, Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Erinn Liu, Civil Rights Coordinator, PAMCAH-UA Local 675 Trust Funds, 1109 Bethel Street, #403, Honolulu, Hawaii 96813, phone: (808) 536-4408 ext. 101, fax: (808) 524-0658, [erinnliu@pamcah675.com](mailto:erinnliu@pamcah675.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Erinn Liu, Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>ATTENTION: FREE LANGUAGE ASSISTANCE</b>	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (808) 536-4408.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (808) 536-4408
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (808) 536-4408.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (808) 536-4408 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (808) 536-4408.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (808) 536-4408.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (808) 536-4408

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Language	Message About Language Assistance
French Creole (Haitian Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (808) 536-4408.
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (808) 536-4408.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (808) 536-4408.
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (808) 536-4408.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (808) 536-4408.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (808) 536-4408.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(808) 536-4408 まで、お電話にてご連絡ください。
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (808) 536-4408.