

Date: **March 2021**

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

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 VACCINE COVERAGE REMINDER

The following is intended to clarify the Plan’s coverage of COVID-19 vaccines.

The Plan will cover any COVID-19 vaccine (and associated vaccine administration) or other preventive care intended to prevent or mitigate COVID-19 that is recommended by the Advisory Committee on Immunization Practices (“ACIP”) or the United States Preventive Services Task Force (“USPSTF”). **This coverage will be provided at 100%, with no deductible.** This benefit is available when the vaccine is received from **either a PPO or Non-PPO provider during the COVID-19 Public Health Emergency as determined by the federal government.**

Effective February 1, 2021, COVID-19 vaccines received at any pharmacy, are be covered at 100% with no deductible. You can present your Medical ID card to the pharmacist and request that the claim be run under the medical plan as a “Non-PPO claim.”

After the Public Health Emergency period ends, the Plan will continue to cover COVID-19 vaccines at 100% with no deductible when received from a PPO provider like any other preventive care service, and services received from a Non-PPO provider will be subject to the Plan’s regular cost-sharing. (Note: The Fund will provide follow-up notification regarding the end of the Public Health Emergency.)

As of the date of this notice the following COVID-19 vaccines are covered by the Plan:

- Pfizer-BioNTech (age 16 and up),
- Moderna (age 18 and up) and
- Johnson & Johnson (age 18 and up).

If and when other COVID-19 vaccines or other preventive services are recommended by ACIP or the USPSTF, they will be also covered by the Plan at 100% with no deductible as described above.

CERTAIN DEADLINES EXTENDED FOR ONE YEAR OR UNTIL THE END OF THE “OUTBREAK PERIOD”

Last year, the Fund sent you a notice explaining that, in accordance with federal requirements, the deadlines for various HIPAA special enrollment, COBRA and claim and appeal filing requirements would be extended during the “Outbreak Period” (which is defined as the period from March 1, 2020 to 60 days after the COVID-19 National Emergency Period is declared over by the federal government). Essentially, the guidance required plans to disregard the Outbreak Period for purposes of administering these deadlines. However, because federal law, limits such extensions to one year, the federal government issued new guidance in response to the ongoing nature of the pandemic. Under the new guidance, the Outbreak Period will be disregarded when the Fund applies the following Plan deadlines until the **earlier** of the following:

- (i) One year from the original date of the applicable deadline; or
 - (ii) The end of the Outbreak Period (from March 1, 2020 until 60 days after the end of the COVID-19 National Emergency Period as announced by the federal government).
- **HIPAA Special Enrollment Period** – the 30-day period to enroll dependents following the birth, adoption/placement for adoption, marriage or loss of other coverage (60-day period for a participant to enroll dependents following the loss of eligibility under CHIP or Medicaid).
 - **COBRA:**
 - 60-Day election period.
 - Dates for paying COBRA premium payments (45 days after the initial COBRA election and 30 days for subsequent monthly payments).
 - 30-day period to notify the Fund of a divorce, legal separation, death or disability determination by the Social Security Administration.
 - **CLAIMS AND APPEALS** – dates for filing a claim, an appeal of a denied claim or a request for external review for a claim that has been denied on appeal generally on the basis of a medical judgment (e.g., lack of medical necessity, experimental or investigational exclusion, etc.).

What this means to you: If you are subject to a deadline for HIPAA Special Enrollment, COBRA or claims and appeals (as described above) that would have applied on or after March 1, 2020, the Outbreak Period will be disregarded for either one year or until the end of the Outbreak Period (whichever is earlier).

The examples below help illustrate how these rules will work.

Example 1: John’s 60 day period to elect COBRA began on December 31, 2020 and would normally end on March 1, 2021. This deadline to elect COBRA is now the *earlier* of either one year from that deadline (March 1, 2022), or 60 days from the end of the Outbreak Period.

Example 2: Mary gave birth to a child on March 15, 2020. Mary would normally have until, April 14, 2020 to enroll her child (*i.e.*, 30 days from the birth of her child). The deadline for Mary to enroll her child is now the *earlier* of either one year from that date (April 14, 2021), or 30 days after the end of the Outbreak Period.

Example 3: Jane received a claim denial on September 1, 2020. Jane would normally have until February 28, 2021 to file an appeal (*i.e.*, 180 days after receiving the claim denial). This deadline to file an appeal is now extended until the *earlier* of either one year from that deadline (February 28, 2022) or 180 days after the end of the Outbreak Period.

You will receive additional information from the Fund when the Outbreak Period ends.

NEW COBRA SUBSIDY AVAILABLE TO CERTAIN QUALIFIED BENEFICIARIES

As part of the *American Rescue Plan Act* recently signed by President Biden, fully subsidized COBRA coverage generally will be available to certain qualified beneficiaries who lost group health plan coverage due to an involuntary termination of employment or reduction in hours. While guidance from the federal government is still forthcoming, we understand that this fully-subsidized COBRA coverage will be available from April 1 to September 30, 2021, and will be available even if the qualified beneficiary previously declined or discontinued COBRA coverage. Qualified beneficiaries who are eligible for other group health plan coverage (e.g., through an employer or spouse's employer) or Medicare, however, will not be eligible for subsidized COBRA coverage. Once the guidance is issued by the federal government, the Fund intends to provide the required notifications and administer the subsidy accordingly.

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.