PAMCAH
UA LOCAL 675
ADMINISTRATIVE OFFICE · ANNUITY · COOPERATION
HEALTH & WELFARE · PENSION · TRAINING · VACATION & HOLIDAY
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Date: April 2023

To: Participants and Dependents in the PAMCAH UA Local 675 Health and Welfare Fund, including COBRA beneficiaries

This notice will advise you of material modifications made to the PAMCAH UA Local 675 Health and Welfare Fund's ("Plan" or "Fund") benefit plan. **This information is VERY IMPORTANT to you and your Dependents**. Please take the time to read it carefully.

Benefit Changes Resulting from the End of the COVID-19 Public Health Emergency

In March 2020, the federal government declared a COVID-19 Public Health Emergency ("Public Health Emergency") due to the coronavirus pandemic. The Fund was required to make many changes to your benefits due to the COVID-19 Public Health Emergency and you received various notices from the Fund regarding these changes. **The federal government has now announced that the Public Health Emergency will end on May 11, 2023, and this document describes the impact to your benefits as a result of the end of the Public Health Emergency.**

After the Public Health Emergency ends on May 11, 2023, the Plan will provide the following coverage.

i. Coverage of COVID-19 Vaccines

The Plan will cover approved COVID-19 vaccines and vaccine boosters, or other preventive care intended to prevent or mitigate COVID-19 at 100% with no deductible when received from a Contract Provider, like any other preventive care service covered by the Plan. COVID-19 vaccines received from a Non-Contract Provider will be subject to the Plan's regular cost-sharing for preventive care services received from a Non-Contract provider, which is 70% of the Allowed Amount after the deductible is reached.

ii. Coverage of COVID-19 Diagnostic Testing (Excluding Over-The Counter or Rapid Tests)

The Plan will provide coverage for diagnostic COVID-19 tests in the same manner as it provides coverage for other laboratory services and diagnostic tests as follows:

Contract Provider	Non-Contract Provider
90% of Allowed Charge, Deductible does not apply	70% of Allowed Charge, after Deductible

iii. Coverage of Over-the-Counter ("OTC") COVID-19 Tests

The Plan will continue to reimburse up to 8 OTC COVID-19 Tests per month per family member for tests obtained through OptumRX. Reimbursement is limited to the lesser of: (i) the actual amount of the OTC COVID-19 Test; or (ii) $12 per test.

iv. Telehealth Benefit

The Plan will continue to provide coverage for Telehealth services received from a Contract Provider or the HMSA Online Care program.

End of Certain Plan Deadline Extensions

As a result of the COVID-19 National Emergency, declared by President Trump on March 1, 2020, the Fund was required to toll the timeframes for various HIPAA special enrollment, COBRA, and claim and appeal filing requirements. These timeframes were tolled for a maximum of one year during the "Outbreak Period" (which began on March 1, 2020 and ends 60 days after the end of the COVID-19 National Emergency). You received previous communications from the Fund explaining these tolling rules.

The federal government has announced that Outbreak Period will end at the end of the day on July 10, 2023. This means that Plan timeframes will no longer be tolled and that the following timeframes listed below will begin to run as of July 11, 2023. The following Plan timeframes were tolled for a maximum period of one year during the Outbreak Period:

- **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.). (Note: The Fund has delegated the processing of claims and appeals to HMSA and you will likely be receiving further communication from HMSA regarding these changes.)

Examples

Example 1: John's 60-day period to elect COBRA began on December 31, 2022 (*i.e.,* during the Outbreak Period) and would normally end on March 1, 2023. During the Outbreak Period this 60-day timeframe to elect COBRA was tolled until the end of the Outbreak Period (July 10, 2023). John has until September 8, 2023 (60 days after the end of the Outbreak Period) to elect COBRA.

Example 2: Mary gave birth to a child on November 15, 2022 (*i.e.,* during the Outbreak Period). Mary would normally have had until December 15, 2022 to enroll her child in the Plan (*i.e.*, 30 days from the birth of her child). The deadline for Mary to enroll her child was tolled until the end of the Outbreak Period (July 10, 2023). Mary has until August 9, 2023 (30 days after the end of the Outbreak Period) to enroll her child in the Plan.

Example 3. Victor receives a claim denial letter on August 1, 2023 (*i.e.*, after the end of the Outbreak Period). Because the Outbreak Period has ended, there is no tolling and normal deadlines apply. Victor must file an appeal within 180 days of the date he received the claim denial letter.

Example 4. Alexis has a qualifying event and elects COBRA continuation coverage on October 15, 2022, retroactive to October 1, 2022 (*i.e.*, during the Outbreak Period). Alexis' initial COBRA payment would normally be due within 45 days from the day she elects COBRA, and each subsequent payment would be due on the first day of the subsequent month (subject to a 30 day grace period). However, these payment deadlines were tolled during the Outbreak Period. Alexis has until 45 days after July 10, 2023 (the end of the Outbreak Period), which is August 24, 2023, to make the initial COBRA premium payment. The initial COBRA premium would include the monthly premium payments from October 2022 through June 2023. The premium payment for July 2023 must be paid by July 15, 2023 (the last day of the 30-day grace period for the July 2023 premium payment). Subsequent monthly COBRA premium payments would be due on the 15th day of the month prior to the month for which continuation coverage is elected, subject to the 30-day grace period. NOTE: Failure to pay COBRA premiums timely will result in an immediate termination of COBRA coverage (which may be retroactive is possible). The Fund reserves the right to collect delinquent COBRA premium payments using whatever means the Fund deems appropriate.

Other Clarifying Changes to the Summary Plan Description ("SPD")

Effective immediately, the following changes are made to the Plan's Summary Plan Description ("SPD") and are intended as clarifications as to how these benefits are being administered.

- The following language is added to the Column "Explanation and Limitation of Benefits" in relation to the Hearing Aid Services Benefit: "adjustment, repair and batteries related to Hearing Aids are not covered". (Pg. 41 of SPD).
- The following language replaces the language in the column "Contract Provider" in relation to the Transplants (Organ and Tissue) benefit regarding organ donor services: "For organ donor services: 90% of Allowed Charges, after Deductible." (Pg. 50 of SPD.)
- Under the Section "Additional Covered Services and Supplies" the 7th bullet under "Covered" is replaced in its entirety with the following: "FDA approved Contraceptive devices and services for women, including female sterilization. The Plan will pay 100% of the Eligible Charge, no deductible if received from a Contract Provider, or 70% of the Eligible Charge, no Deductible if received from a Non-Contract Provider." (Pg. 52 of SPD.)
- Under the Section "Additional Covered Services and Supplies" the 14th bullet under "Covered" is replaced in its entirety with the following: "Fetal Occult Blood Test (FOBT), Covered at 100%, deductible does not apply when received from a Contract Provider. Normal cost-sharing rules apply when received from Non-Contract Provider." (Pg. 53 of SPD.)
- Under the Section "Exclusions from Coverage," the following exclusion is removed from this list, "28. Marriage and family therapy." (pg. 55 of SPD.)
- Under the Section "If You're Injured in a Motor Vehicle Accident" the following language is removed: "Before this plan's benefits for any injury also covered by no-fault insurance, the Fund Office will list the medical expenses that no-fault covers according to the date on which the expenses were incurred. The Fund Office will add up the non-fault expenses for each day until the day when the no-fault benefit is used up. They will then pay this plan's benefits for covered medical services provided from that day on." (Pg. 116 of SPD.)
- *Updated Contact Numbers:* For information regarding appeals please call HMSA at (808)952-7546. The fax number for a pre-certification request is (808)944-5611.

New Eligibility Criteria for Retiree Employee Benefits

The Board of Trustees have adopted clarifying changes to the eligibility criteria for retiree medical benefits to reflect how eligibility has been administered. Please note, the following criteria is typically more generous than the criteria previously stated in the SPD.

Effective immediately, the Section "Eligibility Rules for Retirees" of the SPD is updated as follows:

Establishment of Initial Eligibility

You are eligible for Retiree Employee benefits if you are:

- Receiving a pension (other than a Limited Term Disability Benefit) from the PAMCAH-UA Local 675 Pension Fund and were an Active Employee for at least 3 of the 5 Pension Plan Credit Years preceding the effective date of your Pension. Active status is achieved when you have worked a minimum of 500 hours in a Pension Plan Credit Year; or
- A non-Labor Management Agreement employee or self-employed person or partner that does not participate in the PAMCAH-UA Local 675 Pension Fund, who was an Active Employee for least 7 of the 10 Pension Plan Credit Years preceding the effective date of retirement and have submitted evidence satisfactory to the Board of Trustees that you are retired and no longer working at any occupation for wage or profit within the plumbing industry. Active status is achieved when you have worked a minimum of 500 hours in a Pension Plan Credit Year.

In addition, you must be a member in good standing if you are a Union member. If you are a Union member receiving a pension, Union Dues are required to be deducted from your monthly pension check.

If you have any questions, please contact the Trust Fund Office at the numbers listed above.

Receipt of this notice does not constitute a determination of your eligibility. If you have any questions regarding the Plan changes, please contact the Trust Fund Office.

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