

U.A. LOCAL 350

HEALTH, WELFARE AND VACATION TRUST FUND

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June 1, 2023

TO: Participants and Dependents

FROM: Board of Trustees of the U.A. Local 350 Health, Welfare & Vacation Plan

**RE: Important Notice/Summary of Material Modifications (“SMM”)
Preparing for End of Public Health Emergency (COVID-19 Coverage/Outbreak Period
Relief Coming to End)**

Recently, President Biden and the Department of Health and Human Services announced that the end the public national health emergency (“PHE”) would be on the end of the day on **May 11, 2023**. Since this Notice was prepared the PHE has already ended. Due to the end of the PHE, we are providing you with this Important Notice regarding COVID-19 testing, vaccination, treatment, telehealth services and the end of the temporary emergency relief for certain COBRA election, special enrollment and claims and appeals deadlines, that may or may not impact you and your family after May 11, 2023. **This is VERY IMPORTANT to you and your family members. Please take the time to read this Notice carefully.**

I. END OF PUBLIC HEALTH EMERGENCY PERIOD (COVID-19 VACCINES, TESTING AND TREATMENT)

Below are important changes to COVID-19 testing, vaccination, treatment and telehealth coverage changes that will begin on and after July 1, 2023 for the U.A. Local 350 Health, Welfare and Vacation Plan (“Plan”).

FOR PLAN ENROLLEES (Beginning July 1, 2023)

- **Effective July 1, 2023, COVID-19 vaccines (including boosters)** for Adult Participants and Dependents will no longer be covered. However, COVID-19 vaccines and boosters for eligible Dependent Children up to age 19 will continue be covered under the preventive well-child benefits under the Plan. The Board of Trustees will revisit coverage of COVID-19 vaccinations once more information on pricing is available.
- **Effective July 1, 2023, COVID-19 diagnostic tests and related services** at an office visit or lab tests will continue to be covered in the same manner as any other diagnostic test or lab, based on whether the service is performed by PPO or Non-PPO Providers.
- **Effective July 1, 2023, COVID-19 home test kits also known as over-the-counter (OTC) test kits** which were previously covered through Optum RX (the Pharmacy Benefit Manager) will no longer be covered effective July 1, 2023 except as indicated below under COVID-19 treatment.
- **Effective July 1, 2023, COVID-19 Treatment (both medical, hospital and prescription drug benefits)** will continue to be covered by the Plan at the regular cost-sharing applicable (subject to any deductible, copayment and/or coinsurance) depending on whether you go to a PPO provider or Non-PPO provider. Medically

necessary COVID-19 diagnostic testing performed by the provider (ex. Hospital admission) including home testing will be covered if you are treated for COVID-19.

- **Effective July 1, 2023, Telehealth/medicine and remote care services** for medically necessary covered behavioral/mental health and substance abuse care will continue to be covered by the Plan at the regular cost-sharing applicable to an office visit (subject to any deductible, copayment and/or coinsurance) depending on whether you go to a PPO provider or Non-PPO provider. All other Telehealth services will be excluded. If this is further extended or terminated you will be notified.

II. END OF TEMPORARY OUTBREAK PERIOD RELIEF OF CERTAIN COBRA, SPECIAL ENROLLMENT AND CLAIMS & APPEALS DEADLINES

As a reminder, back in May 4, 2020, the Internal Revenue Service and Department of Labor jointly adopted an emergency regulation that temporarily extended certain COBRA election, COBRA payment, special enrollment, and claims and appeals deadlines during the COVID-19 “Outbreak Period.” The Outbreak Period is defined as the period between March 1, 2020 and the date that is sixty (60) days following the announced end of the “National Emergency.”

Group Health plans (such as the **U.A. Local 350 Health, Welfare & Vacation Plan**) (hereinafter referred to as “the Plan”) were required to disregard the Outbreak Period when determining deadlines (in other words extend deadlines) for the following periods and dates:

- (1) the 60-day election period for electing COBRA continuation coverage,
- (2) date for making payment of COBRA premiums,
- (3) date for providing COBRA election notice,
- (4) date for notifying the Plan of a Qualifying Event that is a divorce, separation, loss of dependent status or a disability,
- (5) date for filing a claims and/or appeal of an adverse benefit determination under the Plan’s claims procedure including external review (if applicable); and
- (6) 30-day period (or 60-day period if applicable) to request special enrollment in certain circumstances.

What that means is that any original deadlines for electing COBRA, making COBRA premium payments and notifying the Plan of a Qualifying Event for Special Enrollment would not begin to run until the earlier of one year from the date an individual first became eligible for an extended deadline or the end of the Outbreak Period. But, the disregarded period cannot exceed one (1) year. **Legislation was recently passed to end the COVID-19 “National emergency” as of April 10, 2023 that means the Outbreak Period will end 60 days after that which is June 9, 2023. This means that unless government guidance and/or regulations say otherwise, as of June 9, 2023, the temporary extensions under the emergency relief for timeframes that began during the national emergency will no longer apply. IMPORTANT: Certain individuals may have been entitled to this relief on an individualized basis but the relief does not apply in every situation!!!**

The following examples recently released by the federal governments show how these rules work. Please note these are just examples and not specific to your situation.

Example 1 (Electing COBRA)

Facts: Individual A works for Employer X and participates in Employer X’s group health plan. Individual A experiences a qualifying event for COBRA purposes and loses coverage on April 1, 2023. Individual A is eligible to elect COBRA coverage under Employer X’s plan and is provided a COBRA election notice on May 1, 2023.

What is the deadline for Individual A to elect COBRA?

Conclusion: The last day of Individual A’s COBRA election period is 60 days after June 9, 2023 (the end of the Outbreak Period), which is August 8, 2023.

Example 2 (Electing COBRA)

Facts: Same facts as Example 1, except the qualifying event and loss of coverage occur on May 12, 2023, and Individual A is eligible to elect COBRA coverage under Employer X’s plan and is provided a COBRA election notice on May 15, 2023.

What is the deadline for Individual A to elect COBRA?

Conclusion: Because the qualifying event occurred on May 12, 2023, after the end of the COVID-19 National Emergency but during the Outbreak Period, the extensions under the emergency relief notices still apply. The last day of Individual A's COBRA election period is 60 days after June 9, 2023 (the end of the Outbreak Period), which is August 8, 2023

Example 3 (Electing COBRA)

Facts: Same facts as Example 1, except the qualifying event and loss of coverage occur on July 12, 2023, and Individual A is eligible to elect COBRA coverage under Employer X's plan and is provided a COBRA election notice on July 15, 2023.

What is the deadline for Individual A to elect COBRA?

Conclusion: Because the qualifying event occurred on July 12, 2023, after the end of both the COVID-19 National Emergency and the Outbreak Period, the extensions under the emergency relief notices do not apply. The last day of Individual A's COBRA election period is 60 days after July 15, 2023, which is September 13, 2023.

Example 4 (Paying COBRA Premiums)

Facts: Individual B participates in Employer Y's group health plan. Individual B has a qualifying event and receives a COBRA election notice on October 1, 2022. Individual B elects COBRA continuation coverage on October 15, 2022, retroactive to October 1, 2022.

When must Individual B make the initial COBRA premium payment and

subsequent monthly COBRA premium payments?

Conclusion: Individual B has until 45 days after June 9, 2023 (the end of the Outbreak Period), which is July 24, 2023, to make the initial COBRA premium payment. The initial COBRA premium payment would include the monthly premium payments for October 2022 through June 2023. The premium payment for July 2023 must be paid by July 30, 2023 (the last day of the 30-day grace period for the July 2023 premium payment). Subsequent monthly COBRA premium payments would be due the first of each month, subject to a 30-day grace period.

Example 5 (Special Enrollment Period)

Facts: Individual C works for Employer Z. Individual C is eligible for Employer Z's group health plan, but previously declined participation. On April 1, 2023, Individual C gave birth and would like to enroll herself and the child in Employer Z's plan. However, open enrollment does not begin until November 15, 2023.

When may Individual C exercise her special enrollment rights?

Conclusion: Individual C and her child qualify for special enrollment in Employer Z's plan as early as the date of the child's birth, April 1, 2023. Individual C may exercise her special enrollment rights for herself and her child until 30 days after June 9, 2023 (the end of the Outbreak Period), which is July 9, 2023, as long as she pays the premiums for the period of coverage after the birth.

Example 6 (Special Enrollment Period)

Facts: Same facts as Example 5, except that Individual C gave birth on May 12, 2023.

When may Individual C exercise her special enrollment rights?

Conclusion: Individual C and her child qualify for special enrollment in Employer Z's plan as of the date of the child's birth, May 12, 2023. Because Individual C became eligible for special enrollment on May 12, 2023, after the end of the COVID-19 National Emergency but during the Outbreak Period, the extensions under the emergency relief notices still apply. Individual C may exercise her special enrollment rights for herself and her child until 30 days after June 9, 2023 (the end of the Outbreak Period), which is July 9, 2023, as long as she pays the premiums for the period of coverage after the birth.

Example 7 (Special Enrollment Period)

Facts: Same facts as Example 5, except that Individual C gave birth on July 12, 2023.

When may Individual C exercise her special enrollment rights?

Conclusion: Individual C and her child qualify for special enrollment in Employer Z's plan as of the date of the child's birth, July 12, 2023. Because Individual C became eligible for special enrollment on July 12, 2023, after the end of both the COVID-19 National Emergency and the Outbreak Period, the extensions under the emergency relief notices do not apply. Individual C may exercise her special enrollment rights for herself and her child until 30 days after July 12, 2023, which is August 11, 2023, as long as she pays the premiums for the period of coverage after the birth.

Please contact the Administrator's office if you believe your situation met the special rules above. Otherwise, there is No Action necessary on your part.

988 SUICIDE AND CRISIS LIFELINE NATIONAL SUICIDE PREVENTION LIFELINE CALL OR TEXT 988

The 988 Suicide & Crisis Lifeline is a leader in Suicide Prevention and Mental Health Care. The Lifeline was launched by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Please call for any of the following reasons is needed:

Suicide	Domestic Violence
Depression	Stalking
Sexual Assault	Substance Abuse
Adult Abuse	Mental Health
Child Abuse	

The undersigned Chairman and Co-Chairman of the Board of Trustees of the Board of Trustees of U.A Local 350 Health Welfare, and Vacation Plan, hereby Adopt, the following amendment to the Direct Payment Plan.

- A. Effective September 1, 2022, the following changes are made to the Plan.
 1. Effective September 1, 2022, the Plan will now cover Colonoscopy once per calendar year for an eligible participant 45 and older. No prior authorization is required for participants 45 and older.
 2. Emergency Air Ambulance will be processed according to contract or priced as a QPA for a non-contract provider if the prudent layperson submits documentation that the air ambulance was an Emergency.
 3. Temporomandibular Joint Dysfunction (TMJ) is covered as a Medical Benefit.
- B. Effective June 1, 2013, the following changes are made to the Plan.
 1. The following procedures do not need prior authorization if done in an office, but if done in a Surgery Center or Hospital review and Authorization is required.
 - Trigger point injections
 - Epidurals
 - Medial branch blocks
 - Radiofrequency ablation
 - Bursa Injections
 - Shoulder Injections
 - Knee Injections
 2. The following procedures require Review and Prior authorization whether done in an office, Surgery Center, or Hospital setting.
 - Spinal cord stimulator trials
 - Spinal cord implants
 - Pain pumps
 - SI joint injections
 - Kyphoplasty
 3. CT done in the office does not require prior authorization.
 4. To allow the following as a covered benefit, prefabricated off-the shelf Walking Boot

1. If the employer is part of a multi-employer group health plan (and at least one of the other employers that is part of the plan has 20 or more employees) and the employee is age 65 or older, then the Trust Fund pays primary, until their hour bank terminates. Medicare pays secondary on both Employee and Spouse.
2. If retired but Spouse is still working, Spouse's employer has 20 or more employees, and Employee also has coverage through Spouse's plan, then Spouse's plan pays primary Medicare secondary and the Plan pays third.
3. Self-payment (Subsidy Cobra) extension provision would allow for a Retiree who is not over age 65 and who meets requirements, to pay the reduced rate for Cobra Coverage and to exhaust his/her self-payment coverage (that runs concurrently with COBRA continuation coverage under the Active Plan).
4. Retiree Spouse can be covered under the Cobra Subsidy for up to 60 months or until they turn 65.
5. The Plan allows at home sleep studies to be done based on Medical Necessity.
6. The Plan will allow shoes and insert replacements based on Medical Necessity and Doctors Orders, for participants suffering from diabetes.
7. Allied Health Professional shall include interns that are licensed through the State Board of the intern's respective specialty.

GRANDFATHERED PLAN REMINDER

Because this Plan is a "grandfathered health plan," we are required by law to provide this notice to you:

This Board of Trustees believes this Plan is a "grandfathered health plan" under the federal law known as the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your Plan is not required to include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, such as the elimination of annual and lifetime limits on the Plan's Essential Health Benefits. (For a definition of what constitutes as Essential Health Benefits please visit www.Healthcare.gov/glossary/essential-health-benefits.)

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to Grandfathered health plans.

IN ACCORDANCE WITH THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"), THIS SMM SUPPLEMENTS THE SUMMARY PLAN DESCRIPTION (WHICH IS ALSO THE PLAN DOCUMENT) AND IS COLLECTIVELY KNOWN AS THE "PLAN RULES", THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR COPY OF THE PLAN'S RULES.

If you have any questions, please contact the Administrator's office (number located in letterhead above)

Respectfully submitted,

Board of Trustees of the U.A. Local 350 Health, Welfare & Vacation Plan