

AUTOMATIC SPRINKLER

LOCAL 281, U.A.

WELFARE FUND



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SUMMARY OF MATERIAL MODIFICATIONS

May 2023

Dear Participant:

This notice, referred to as a Summary of Material Modifications (SMM), describes important changes to the benefits offered by the Automatic Sprinkler Local 281, U.A. Welfare Fund (Fund). We encourage you to read this notice carefully and to keep it with your Summary Plan Description and Plan Document (Plan). If you have any questions, please contact the Fund Office.

Extension of Virtual Visit Benefit

In response to the COVID-19 Public Health Emergency, the Trustees decided on a temporary basis that the Fund would cover properly coded virtual care visits (i.e., telephone or video chat) with In-Network providers at the same cost-sharing as if the services had been provided in person. This benefit applies to virtual visits with providers who regularly see patients in person. Because this benefit allows Participants to safely and conveniently receive health care services remotely, the Trustees have decided to extend this benefit indefinitely on an ongoing basis.

Impact of the End of the COVID-19 National Emergency and Public Health Emergency

The COVID-19 Public Health Emergency (PHE) ends on May 11, 2023. During the PHE, your Welfare Fund made several mandatory modifications to its benefits to help ensure the health and wellbeing of you and your family during this difficult period. In addition, during the COVID-19 National Emergency, participants had additional time to take certain actions with respect to claims, appeals, and other matters. As explained in this correspondence, the Plan's rules will revert to those in effect before the onset of the pandemic, unless otherwise modified by federal law.

- **COVID-19 Tests, In General.** During the PHE, the Plan fully covered COVID-19 in vitro diagnostic testing (e.g., PCR tests) whereby a specimen is taken by a provider and sent to a laboratory for analysis. Effective for tests rendered after May 11, 2023, these types of COVID-19 tests will be covered as part of the Plan's Major Medical Benefit and will be subject to all applicable Plan provisions, including but not limited to the applicable annual Deductible and the pertinent coinsurance percentage for Medically Necessary Covered Expenses. Consequently, future tests may result in an out-of-pocket charge after the Fund covers its share of Covered Expenses.
- **COVID-19 Tests, Over-the-Counter.** Since January 15, 2022, the Plan has fully covered up to eight over-the-counter (OTC) COVID-19 tests per covered individual per thirty-day period, provided that such tests were obtained through In-Network preferred pharmacies. Tests obtained through non-preferred pharmacies and other Out-of-Network sources have been subject to a twelve-dollar reimbursement limit. The mandatory coverage for these types of tests will lapse upon the expiration of the PHE. Consequently, the Plan will not cover OTC COVID-19 tests that are purchased after May 11, 2023. Instead, participants will be responsible for such purchases out of their own pocket on a retail basis.
- **COVID-19 Vaccines.** In accordance with the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Plan fully covers "qualifying coronavirus preventive services" within 15 days of their designation by the United States Preventive Services Task Force or the Centers for Disease Control and Prevention. Certain COVID-19 vaccinations have been designated as qualifying coronavirus preventive services. The Plan will continue to fully cover qualifying In-Network COVID-19 vaccines and their administration with no out-of-pocket cost to you or your family. In addition, Out-of-Network (OON) COVID-19 vaccines and other OON qualifying coronavirus preventive services will continue to be covered in accordance with all applicable Plan provisions, including the Plan's cost-sharing rules. These provisions are consistent with the Plan's coverage parameters for all preventive services under the Affordable Care Act.
- **COVID-19 Extended Deadlines.** In 2020 and 2021, the federal government issued guidance extending the deadlines for

exercising certain rights under ERISA-governed employee benefit plans. Pursuant to this guidance, plans have been required to disregard the “Outbreak Period” when calculating certain plan deadlines. The Outbreak Period is defined as March 1, 2020 through 60 days after the announced end of the COVID-19 National Emergency. As a result, the timeframes for taking certain actions have been suspended until the earlier of: (a) 1 year from the date they were first eligible to be taken; or (b) 60 days after the announced end of the National Emergency. This special relief applies on an individual-by-individual basis. Thus, each impacted participant has his or her own rolling deadline.

For example, under normal circumstances you typically have 180 days to appeal the denial of any claim. If your claim was denied during the Outbreak Period, the normal timeframe to appeal is disregarded, and you may submit your appeal by the earlier of: (a) one year and 180 days from the date of the denial; or (b) 60 days after the announced end of the COVID-19 National Emergency, plus 180 days.

The Outbreak Period is expected to expire on July 10, 2023 (*i.e.*, 60 days after May 11, 2023). The following deadlines were subject to the extension relief and will no longer be suspended upon the expiration of such relief: (a) deadline to file a benefit claim under the Plan’s claim procedure; (b) deadline to file an appeal of a claim denial under the Plan’s appeal procedure; (c) deadline to request an external review of certain denied appeals and the date by which information must be received to perfect a request for external review; (d) deadline for notifying the Plan of a COBRA qualifying event or determination of disability; (e) 60-day period to elect COBRA continuation coverage; (f) 45-day period to pay the first COBRA premium after electing COBRA; (g) 30-day grace period to pay COBRA premiums; and (h) 30-day (or 60-day, as applicable) period to request enrollment in the Plan due to a HIPAA special enrollment event.

Normal Plan deadlines will apply for rights that arise after the expiration of the Outbreak Period.

Conclusion

The Trustees will continue to monitor and manage the Fund’s resources in an effort to ensure that it is able to provide high quality health coverage to members and their families for years to come. As always, if you have any questions about this correspondence, or the Fund in general, please feel free to contact the Fund Office.

Very truly yours,



Tim Morrin

Fund Administrator