

Tuckpointers Local 52 Health and Welfare Trust

Benefit Update

June 2020

Dear Participant:

As the Board of Trustees of the Tuckpointers Local No. 52 Health and Welfare Fund (the "Fund"), we are providing this Benefit Update that includes an important addition to your benefits. The Trustees are pleased to announce that the Fund will cover the services of a Certified Nurse Midwife for the delivery of a newborn child, effective January 1, 2020.

The following sections of the 2019 Summary Plan Description (SPD) are impacted by this change. The changes are noted in **bold** below.

What Is Covered

Covered medical expenses are eligible expenses for which the Plan will pay benefits if you are under the care of a Physician and the eligible services and supplies are ordered or provided by a Physician and Medically Necessary.

The Plan pays 80% (70% for non-PPO Hospitals and Facilities) of Allowable Charges for the following eligible medical expenses, after the deductible:

B. Pregnancy and pregnancy-related services and supplies, including but not limited to Hospital/Facility charges, Physician delivery fees, prenatal laboratory and x-ray examinations, home birth delivery by an MD or **Certified Nurse Midwife**, delivery performed by a **Certified Nurse Midwife at a Birthing Center**, sonograms and ultrasound testing, prenatal office visits, anesthesia and its administration, and tubal ligations.

The Plan also covers Midwife Services for the delivery of a newborn child only when provided by a Certified Nurse Midwife. For home deliveries, covered charges are limited to the Usual and Customary Charges for a normal delivery performed in a Hospital.

Pregnancy is treated as any other illness or medical condition.

Benefits are not restricted for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean section. However, a provider is not required to obtain authorization from the Plan for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable). The mother's or newborn's attending provider may, after consulting with the mother, discharge the mother or newborn earlier than 48 hours (or 96 hours as applicable). Services and supplies provided for care of well newborns while the mother is Hospital confined, including Hospital charges, circumcision, and Physician visits, are not included on the mother's bill, but are expenses incurred by the newborn child as a separate individual. However, the newborn's deductible will be considered met if the mother has met her deductible.

Birthing Center

"Birthing Center" is a free-standing facility or a separate area of a Hospital which has permanent facilities equipped and operated mainly for childbirth, which provides continuous service by Physicians when a patient is in the center. The center must be licensed by the regulatory authority having responsibility for the licensing under the laws of the jurisdiction in which it is located.

Fund Office Reminder

The Fund Office is operating and Fund staff are working, but we are closed to visitors. Our staff is working remotely, but remains dedicated to serving you and your family and we are still available to help you with your benefits needs. Please be assured that we are still taking phone calls and we are continuing to process benefits and maintain our other operations. During the public health emergency, the Fund Office will be operating from 7:00 am to 3:00 pm, Monday through Friday. During this period, you can also fax forms and other information to the Fund Office. Our fax number is (630) 516-8018.

In Closing

We wish you and your family well during this difficult time. If you have questions about the information in this notice, how to use your benefits during the COVID-19 outbreak, or about your benefits generally, call the Fund Office at (630) 516-8008.

Please keep this notice, which describes changes to information provided in the most recent SPD, with your SPD for future reference. Only the provisions described in this notice are changing; no other Plan changes are being made at this time.

Statement Of Grandfathered Status

The Board of Trustees believes that the Plan of the Tuckpointers Local No. 52 Health and Welfare Fund is a “grandfathered health plan” under 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 may not 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, for example, the elimination of lifetime limits on 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 Fund Office at (630) 516-8008. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (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.

This notice is a Summary of Material Modifications (SMM), within the meaning of Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. This notice describes important changes to the Plan. You may find full details in the most recent Summary Plan Description and Plan Document that establish the Plan provisions. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

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