

Tuckpointers Local 52 Health and Welfare Trust

Benefit Update

Important Information About COVID-19 for Plan Participants April 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 changes and improvements to your benefits.

The Trustees are committed to ensuring your benefits continue to support you and your loved ones during the COVID-19 health crisis. This includes working with our health care vendors—like BlueCross BlueShield of Illinois and Express Scripts—to address needs as they arise. We are making some important benefit changes to the benefits that we provide to active participants and your covered dependents.

We encourage you to follow all local, state and national COVID-19 regulations, and the advice and practical tips offered by medical professionals.

COVID-19 (Coronavirus) Testing Covered At 100% For Eligible Participants

On March 18, 2020, Congress passed the Families First Coronavirus Response Act, and on March 27, 2020, Congress passed the CARES Act. Both laws address the coronavirus public health emergency. In order to comply with these laws, the Fund is covering the following services from either an In-Network or an Out-of-Network provider at 100% (no copayment, deductible or coinsurance):

- Tests to detect the virus that are approved, cleared or authorized by certain sections of the Federal Food, Drug and Cosmetic Act (the Drug Act);
- Tests for which the developer has requested, or intends to request, emergency use authorization under the Drug Act (and where such authorization has not been denied);
- Tests developed in and authorized by a state that has notified HHS (the US Department of Health and Human Services) of its intention to review tests to diagnose COVID-19; and
- Tests determined appropriate by HHS.

The Fund will also cover items and services furnished during a provider visit that result in an order for, or the administration of, one of the tests described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test. For this purpose, a provider visit includes office, urgent care, and emergency room visits, as well as telehealth visits—discussed in detail below.

We will continue to adapt our coverage as further guidance is issued.

These changes are effective as of the date indicated above and will extend for the duration of the public health emergency declared by the U.S. Department of Health and Human Services.

Coverage For Telehealth Visits—New!

The Trustees are pleased to announce that the Fund will now cover telehealth visits. Generally speaking, telehealth means the use of electronic information and communication technologies including a telephone, smartphone, tablet or computer with a web cam, if your physician offers such capabilities.

- Telehealth services (virtual visits) for services related to COVID-19 testing (as described above) received on or after March 18, 2020, will be covered 100% when provided by either In-Network providers or Out-of-Network providers.
- Telehealth services (virtual visits) for other services (not related to COVID-19 testing) received on or after April 1, 2020, will be covered at the current In-Network or Out-of-Network benefit level.

Staying home as much as possible is the best way to stop the spread of coronavirus. If you're feeling sick, going to the doctor's office can be a health risk for you and your community whether or not you have the virus. Instead, call your doctor to see if they're offering virtual care.

Many physicians' offices are transitioning to phone and video appointments during the COVID-19 outbreak. Virtual care is the ideal way to receive non-emergency care right now. They can even call in prescriptions to your local pharmacy. If you're feeling sick, or you think you might have mild coronavirus symptoms, ask your doctor about virtual care. Remember that you're still responsible for copays and coinsurance under the Plan's terms.

If you wish to schedule a virtual visit with your own doctor or provider, check first to see if he or she offers telehealth services or virtual visits. If such services are available, the office can walk you through the process for scheduling an appointment and what types of virtual visits your doctor provides (e.g., telephone or video).

These changes are effective as of the dates indicated above and will extend for the duration of the public health emergency declared by the U.S. Department of Health and Human Services.

Remember To Use Express Scripts Mail Order Service For Your Prescriptions

Remember to take advantage of the Express Scripts mail order service. You can get your prescriptions filled and mailed to your home—so you never have to leave your house. And, you can get 90-day prescriptions for maintenance medications. You can contact Express Scripts by calling 800-818-0093 or going to www.express-scripts.com.

Fund Office Updates

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 how to use your benefits during the COVID-19 outbreak, 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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