

U.A. LOCAL 350 HEALTH, WELFARE AND VACATION PLAN

P.O. Box 11337

Reno, NV 89510

Phone: (775) 826-7200

Fax: (775) 824-5079

APRIL 2020

TO: PARTICIPANTS & DEPENDENTS

**RE: COVID-19 TEMPORARY COVERAGE During Public Health Emergency for
U.A. LOCAL 350 HEALTH, WELFARE AND VACATION PLAN**

In response to the COVID-19 pandemic, the Board of Trustees of the U.A. Local 350 Health, Welfare and Vacation Plan ("Plan") have temporarily amended the Plan to provide for certain COVID-19 testing, treatment, vaccine coverage (when it becomes available) and telemedicine during the period of the public health emergency. Please see the summary of changes in enhanced benefits below. Please contact the Plan Office at 775-826-7200, if you have any questions.

TEMPORARY BENEFIT CHANGES

- **COVID-19 Testing, Diagnostic Services & Screening.** Effective March 18, 2020, during the period of the public health emergency, the Plan will cover charges for all the tests to detect the SARS-COV-2 or COVID-19 or the diagnosis of the virus that causes COVID-19 at no cost (meaning no copayment, deductible or coinsurance) for:
 - (1) tests approved, cleared or authorized by the FDA,
 - (2) a test that a test developer intends or has requested FDA authorization for emergency use,
 - (3) a state authorized test and the state has notified the Department of Health and Human Services, and
 - (4) other tests that the Secretary of Health and Human Services determines appropriate in guidance developed during the COVID-19 public health emergency period at both an in-network Provider or non-network Provider facility.

This COVID-19 coverage extends to any diagnostic services or items provided during a medical visit such as in-person to a doctor's office, urgent care center or an emergency room that results in an order for an administration of the SARS-COV-2 or COVID-19 testing or screening but only to the extent such items and services relate to the furnishing or administration of the test or to the evaluation of the need for a test.

Prior authorization or other medical management requirements is not required for diagnostic services related to SARS-COV-2 or COVID-19 testing.

- **COVID-19 Treatment.** If you or your dependent is diagnosed with COVID-19, charges for treatment of the COVID-19 virus will be covered in the same manner and subject to the applicable cost-sharing as other medically necessary treatments performed with a network or non-network Provider pursuant to the Plan terms.
- **Prescription Drug Re-fill During Public Health Emergency.** Effective March 23, 2020, during the period of the public health emergency (in order to avoid you having to risk exposure to the COVID-19 virus by going to the pharmacy) the Plan's prescription drug early re-fill limits for retail maintenance medications have been extended to allow you and your dependents to re-fill medications early so long as there are refills available with their prescription. This means that early medication refill limits on 30-

day prescription retail maintenance medications will be waived. There will also be a one-time 90 day supply for specialty medications (versus the traditional 30 day supply). Plan Participants and/or members are encouraged to use the mail order benefit. Exception: Early refills for any controlled prescription medications or opioids will continue to be limited to certain supply limits and require prior authorization request to be received from your prescribing physician. **Please refer to the previously sent Optum-RX notice dated March 20, 2020 for more information.**

- **COVID-19 Vaccination and Preventive Services Coverage.** Effective April 1, 2020, during the period of the public health emergency, the Plan will also cover (subject to future government guidance), at no cost any qualifying coronavirus preventive service defined as an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 that has received either an “A” or “B” in the recommendation of the United States Preventive Services Task Force (“USPSTF”) or the Advisory Committee on immunization Practices of the Centers for Disease Control and Prevention (“CDC”). The Plan will also cover any COVID-19 vaccine that becomes available if recommended by the USPSTF or CDC. The qualifying coronavirus preventive services or vaccine coverage will be provided within 15 business days after the recommendation was made by the USPSTF or CDC.
- **Telemedicine Coverage During Public Health Emergency.** Effective March 6, 2020 and during the period of the COVID-19 public health emergency, the Plan will cover, subject to current Plan provisions relating to reimbursement of in-network and out-of-network providers, the following virtual services provided by a medical practitioner: (a) telehealth/telemedicine visits (a visit between a medical practitioner and a patient via two-way communication), (b) virtual check-in (a brief 5-10 minute check-in with a medical practitioner via telephone or telecommunication to decide whether an office visit is necessary), and (3) e-visits (a communication between a patient and medical practitioner through an online patient portal). The three (3) foregoing services must be performed consistent with guidelines published by the Centers for Medicare & Medicaid Services (“CMS”) in order to be covered (FACT SHEET March 17, 2020).

GRANDFATHERED HEALTH PLAN REMINDER

As a reminder, the Board of Trustees believes that the Electrical Workers Health and Welfare Plan for Northern Nevada Plan is a “grandfathered health plan” under the Affordable Care Act (“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 Act was enacted. Being a grandfathered health plan means that your Plan is not required to include certain consumer protections of the Act that apply to other plans, for example, requiring the provision of preventive health services without any cost sharing. Grandfathered health plans must comply, however, with certain other consumer protections in the Act, such as the elimination of annual and lifetime limits on Plan 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 Plan Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor (DOL) 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 REQUIREMENTS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), THIS DOCUMENT SERVES AS A SUMMARY OF MATERIAL MODIFICATIONS (“SMM”) TO THE PLAN AND SUPPLEMENTS THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR COPY OF THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT.