

**IMPORTANT: TEMPORARY EXTENSION OF SPECIAL ENROLLMENT AND
COBRA, CLAIMS & APPEALS DEADLINES
DURING COVID-19 OUTBREAK PERIOD**

PLEASE NOTE CERTAIN SPECIAL ENROLLMENT RIGHTS, COBRA ELECTION & CLAIMS AND APPEALS PROCEDURES DEADLINES AFFECTING YOUR HEALTH AND WELFARE & RETIREMENT COVERAGE HAVE BEEN TEMPORARILY EXTENDED DURING THE COVID-19 NATIONAL EMERGENCY UNDER FEDERAL MANDATE. THERE IS NO ACTION NECESSARY NOW.

Recently, the Internal Revenue Service and Department of Labor jointly adopted an emergency regulation that temporarily extends certain special enrollment and claims & appeals deadlines during the COVID-19 (also known as coronavirus) "Outbreak Period." The Agencies believe such relief is immediately needed to preserve and protect you and your dependent's benefits during the National Emergency. This Outbreak Period will run from March 1, 2020 until sixty (60) days following the announced end of the National Emergency (or another date determined by the federal government in a future notice). (The end of the Outbreak Period is an unknown date at this stage). The Northern Nevada Electrical Workers Health and Welfare Plan and the Northern Nevada Electrical Workers Defined Contribution Plan will temporarily disregard the Outbreak Period when determining deadlines for the following:

→ **For SPECIAL ENROLLMENT.** For those who had a marriage, birth, adoption or placement for adoption (or loss of CHIPRA or Medicaid coverage) as of March 1, 2020, your right to special enroll an eligible Dependent in the Northern Nevada Electrical Workers Health & Welfare Plan (subject to the Plan's terms) has been extended until 30 days (*for birth, marriage, adoption*) or 60 days (*for loss of CHIPRA or Medicaid*) counted from the end of the Outbreak period (60 days after the announced end of the national emergency which is an unknown date now).

For example, Joe's wife gave birth on March 31, 2020 and he would like to enroll his child onto the Plan. Under the emergency rules Joe has until 30 days after June 29, 2020 which is July 29, 2020 provided he pays the premiums for any period of coverage to exercise his special enrollment rights for his dependent child. This example uses June 29, 2020 as the end of the Outbreak Period for illustration purposes.

→ **FOR FILING BENEFIT CLAIMS.** Any benefit claims filing requirements (including 1-year period to file suit), for claims as of March 1, 2020, has been temporarily tolled and counted from the end of the Outbreak Period. If applicable, for those claims received/processed earlier than March 1, 2020, any days that passed prior to the March 1, 2020 start of the Outbreak Period will be accounted for and not disregarded in determining your claims filing deadline but the days that fall within the Outbreak Period will be temporarily tolled and counted from the end of the Outbreak Period.

For example, Jim received a medical treatment on March 1, 2020 but did not submit the claim until April 1, 2021. Under the Plan, claims must be submitted within one year of your receipt of the treatment. Under the emergency rules Jim has until one

year after June 29, 2020 which is June 29, 2021 to submit his claim. This example uses June 29, 2020 as the end of the Outbreak Period for illustration purposes.

→ **FOR FILING APPEALS.** For those claimants (or their authorized representatives) who received an adverse benefit determination/claims denial as of **March 1, 2020** the claimant (or authorized representative) has 180 days for health & welfare and disability-related claims or 60 days for pension-related claims, counted from the end of the Outbreak Period to file an appeal. If applicable, for those claimants who received an adverse benefit determination earlier than March 1, 2020 any days that passed prior to the March 1, 2020 start of the Outbreak Period will be accounted for and not disregarded in determining your appeals filing deadline but the days that fall within the Outbreak Period will be temporarily tolled and counted from the end of the Outbreak Period.

For example, Susan received an adverse medical determination on Jan. 28, 2020.

The last day for Susan to submit an appeal would be 148 days (180 – 32 days following Jan. 28 to March 1) after June 29, 2020 which is November 24, 2020. This example uses June 29, 2020 as the end of the Outbreak Period for illustration purposes.

→ **FOR COBRA CONTINUATION COVERAGE.** For events occurring and payments/elections due on or after March 1, 2020, Participants will have additional time to notify the Plan of a qualifying event, submit a COBRA Election Form and make COBRA premium payments. For example, if the usual 60-day clock to submit the Election Form would start ticking on May 15, that clock would not start ticking until the end of the Outbreak Period (60 days after the announced end of the national emergency which is unknown date now). These deadline extensions do not extend the maximum period of COBRA coverage. If COBRA is elected and premiums are paid, claims for covered expenses will be paid retroactive to the first date of COBRA coverage, for every month for which premium are paid in full. The Plan will not pay any claims for medical expenses until COBRA is elected and COBRA premiums are paid in full.

If you believe your circumstances fits into any of the special extended rules above, please contact the Trust Fund office for more information. Please stay safe and healthy during these unprecedented times.

GRANDFATHERED HEALTH PLAN REMINDER

As a reminder, the Board of Trustees believes that the U.A. Local 350 Health, Welfare and Vacation 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.