**AMENDMENT NO. 35**

**TO THE**

**PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION**

**OF THE**

**I.B.E.W. 292 HEALTH CARE PLAN**

**(2015 Restatement)**

**WHEREAS**, the Plan Document and Summary Plan Description of the I.B.E.W. 292 Health Care Plan (the “Plan”) authorizes the Board of Trustees (“Trustees”) to amend the Plan; and

**WHEREAS**, the Trustees desire to amend the Plan to provide coverage for telehealth visits and coverage for COVID-19 diagnostic testing and the related office visit.

**NOW, THEREFORE, BE IT RESOLVED**, that the Plan Document and Summary Plan Description is hereby amended as indicated on the attached replacement pages 26A and 33A.

**IN WITNESS WHEREOF**, the duly authorized Trustees of the I.B.E.W. 292 Health Care Plan executed this Amendment on this 19th day of March 2020.

The provisions of this Amendment will be effective as of March 19, 2020.

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| **UNION TRUSTEES** | **EMPLOYER TRUSTEES** |

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|  | **In-Network** | **Out-of-Network** |
| **Telehealth-Only Visits** | 100% of Covered Expenses | None – but subject to deductible and coinsurance |
| * Effective March 19, 2020 through March 31, 2020, in-network telehealth services received through Doctor on Demand will be covered at 100% (no member cost share). Out-of-network telehealth services for this period will be covered and subject to out-of-network office visit cost sharing (deductible and coinsurance). * Effective April 1, 2020, telemedicine services received through Teladoc will be covered at 100% (no member cost share). Out-of-network telehealth services received on or after April 1, 2020 will be covered and subject to out-of-network office visit cost sharing (deductible and coinsurance). | | |
|  | **In-Network** | **Out-of-Network** |
| **Physician Telehealth Visits** | 100% of Covered Expenses | None – but subject to deductible and coinsurance |
| * Effective March 19, 2020, in-network physician telehealth visits will be covered at 100% (no member cost share). Out-of-network physician telehealth visits will be covered and subject to out-of-network office visit cost sharing (deductible and coinsurance). * Effective April 1, 2020, telemedicine services received through Teladoc will be covered at 100% (no member cost share). Out-of-network telehealth services received on or after April 1, 2020 | | |

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|  | | **In-Network** | | **Out-of-Network** |
| **Cochlear Implants** | | 85% of Covered Expenses | | 75% of Covered Expenses |
| Cochlear Implant Processor Replacements | | Replacement processors for cochlear implants are covered as long as the affected Eligible Individual trades in their old implant processor. | | |
| **Chiropractic and Acupuncture** | | $500 combined per Calendar Year | | |
| **In-Network** | | **Out-of-Network** |
| 85% of Covered Expenses | | 75% of Covered Expenses |
| Any medical expense benefit payments made on behalf of an Eligible Individual at any time during a Calendar Year under this Plan or any previous medical plans of the Fund for all chiropractic and acupuncture care will be used in determining the individual’s remaining Chiropractic and Acupuncture Care Calendar Year Maximum Benefit. | | | | |
|  | **In-Network** | | **Out-of-Network** | |
| **COVID-19 Diagnostic Testing and Related Visit** | 100% of Covered Expenses | | 100% of Covered Expenses | |
| The Plan will cover 100% (at no member cost) in vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 that are approved, cleared, or authorized under the Federal Food, Drug, and Cosmetic Act, and the administration of such in vitro diagnostic products. Also covered at 100% (no member cost share) are items and services furnished to Eligible Individuals during health care provider office visits (including both in-person visits and telehealth visits), urgent care center visits, and emergency room visits that result in an order for or administration of an in vitro diagnostic product as described above, to the extent such items and services relate to the furnishing or administration of such product or to an Eligible Individual’s evaluation for purposes of determining his or her need for the product. | | | | |