

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
I.B.E.W. 292 HEALTH CARE PLAN
(2015 Restatement)**

IMPORTANT NOTICE TO PLAN PARTICIPANTS AND BENEFICIARIES

The Board of Trustees has amended the Plan Document and Summary Plan Description (“SPD”). This notice summarizes the change and its effective date.

Amendment No. 35, Effective Date March 19, 2020.

The SPD was amended provide coverage for telehealth-only visits, both in-network and out-of-network, and coverage for physician telehealth visits, both in-network visits and out-of-network visits.

The SPD was also amended to provide 100% coverage (no member cost share) for the cost of claims for the diagnostic test and administration of the test required to determine if an individual has COVID-19. The Plan will also cover at 100% (no member cost share) items and services received during health care provider office visits (both in-person and telehealth visits) urgent care visits, and emergency room visits that result in an order for or administration of the test required to determine if an individual has COVID-19.

Please retain this notice with your current copy of the Plan Document and Summary Plan Description and insert the attached Plan contact information page and slip pages 26A and 33A to replace the current page of the same number. If you have any questions about the Plan, contact the Fund Office at (763) 493-8830 or 1-800-368-9045.

	In-Network	Out-of-Network
Telehealth-Only Visits	100% of Covered Expenses	None – but subject to deductible and coinsurance
<ul style="list-style-type: none"> ◆ 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
<ul style="list-style-type: none"> ◆ Effective April 1, 2020 through June 30, 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). 		

	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.		