

RE: PLAN COVERAGE UPDATES DUE TO THE END OF THE COVID-19 EMERGENCY DECLARATIONS and other required mailing

We are notifying all Participants in the I.B.E.W. 292 Health Care Plan (“Plan”) that May 11, 2023, is the official end of the public health emergency and the national emergency related to COVID-19. The end of these emergencies will have several effects on the terms of the Plan Document and Summary Plan Description (“SPD”). The purpose of this notice is to remind Participants that the following temporary SPD provisions will no longer be in effect due to the end of the COVID-19 emergency declarations.

First, as of May 12, 2023, the Plan will no longer provide 100% coverage **for over-the-counter COVID-19 tests**. The Plan currently does not cover expenses for over-the-counter medications, medical devices, or tests. As a result, as of May 12, 2023, the Plan will no longer pay any portion of the cost of over-the-counter COVID-19 tests. This benefit applies to Active Employee Coverage and Pre-Medicare Retiree Coverage.

Second, as of June 1, 2023, the Plan will no longer provide 100% coverage of **telehealth** visits. As of June 1, 2023, telehealth visits will be subject to the Plan’s standard cost sharing of 85% coverage of in-network telehealth visits and 75% of out-of-network telehealth visits. The 100% coverage of telehealth visits was previously set to expire under the SPD on January 1, 2023, however, at the last Board of Trustees meeting the Trustees took action to extend 100% coverage of telehealth visits until June 1, 2023. A Summary of Material Modifications (“SMM”) detailing this extension will be provided to all Participants. The Plan will no longer provide 100% coverage for **Teledoc** visits. Effective June 1, 2023, Teledoc will be covered with a \$10.00 copay. This benefit applies to Active Employee Coverage and Pre-Medicare Retiree Coverage.

Third, as of July 10, 2023 (which is 60 days after the end of the COVID-19 national emergency), the extension of time in which to elect **special enrollment, COBRA coverage, submit claims, and appeal an adverse benefit determination** will end. All Plan deadlines will revert to the Plan’s standard timing provisions that were in effect prior to the COVID-19 national emergency. This also includes **Claim information Request Forms** which must also be returned within forty-five (45) days of request. Please refer to the applicable provisions of the SPD. This benefit applies to Active Employee Coverage, Pre-Medicare Retiree Coverage, and Medicare-Eligible Retiree Coverage.

Lastly, as of June 1, 2023, The Plan will revert to the standard SPD provisions which require Members who do not have sufficient hours to maintain Plan coverage to sign the “out-of-work” book if they want to use their Premium Credits to maintain Plan coverage or make a self-payment when they have had no contributions for two consecutive months.

We want to stress that the Plan is not making new benefit changes, but rather, ending the special Plan terms that were required under the COVID-19 emergency declarations. Please do not hesitate to contact the IBEW 292 Benefits Office with any questions.

Also enclosed is the Annual notice of Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP). The law requires that the CHIP Notice be sent in a State that provides premium assistance under a State Medicaid Plan, the Social Security Act, or a State child health plan.

Sincerely,
IBEW 292 Benefits Office