

TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH FUND

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SUMMARY OF MATERIAL MODIFICATIONS #18

Date: June 6, 2023

To: All Participants
Teamsters Local 639 – Employers Health Trust Fund

From: The Board of Trustees of the Teamsters Local 639 -- Employers Health Trust Fund

Subject: Notice of Expanded Coverage for Colon Cancer Screenings and Clarifications Regarding the End of the National Emergency Due to the COVID-19 Pandemic

This Notice announces changes to the Fund's coverage. Please read this document carefully and keep it in a safe place.

1. Colon Cancer Screenings

The United States Preventive Services Task Force recently changed its recommendations for the age at which adults should be screened for colorectal cancer. As a result, **effective January 1, 2023**, the Fund will cover 100% of the allowed charges for a colonoscopy or a Cologuard test for adults beginning at age 45. Previously, screenings were covered beginning at age 50. Please note that a screening colonoscopy is available once every 10 years and a screening Cologuard test is available once every three years and is provided at no charge to you and is not subject to the Deductible. Frequency limits, such as if a Cologuard test is used then a routine colonoscopy is covered after three years, and if a routine colonoscopy is performed then a Cologuard test is covered after five years, continue to apply.

2. End of the National Emergency

As you may have heard, President Biden recently ended the National Emergency caused by the COVID-19 pandemic effective April 10, 2023. The Public Health Emergency declared by the Department of Health and Human Services, however, remains in effect until May 11, 2023. For purposes of this Summary of Material Modifications, the Fund uses the term "National

Emergency” to refer to both the National Emergency and the Public Health Emergency and uses May 11, 2023 as the end date for both declared Emergencies. As a result, the Fund has taken the following action:

a. Telehealth visits

Effective May 12, 2023, telehealth benefits (video and audio) for all conditions will become a permanent part of the Fund’s benefits for medically necessary telehealth visits for **in-network providers only**. These charges will be processed in the same way as an in-person visit would be. The normal participant cost sharing (deductibles and co-insurance rates) for in-network providers will apply. The Fund had previously covered telehealth visits for all conditions at in-network providers and covered only COVID-19 testing related conditions at out-of-network providers through the end of the National Emergency. Out-of-network telehealth claims for COVID-19 testing related conditions incurred after May 11, 2023 will **not** be accepted or processed by the Fund.

b. COVID-19 Related Diagnostic Testing and Visits

Effective May 12, 2023, the Fund will cover medically necessary COVID-19 related diagnostic testing and visits at regular participant cost-sharing (deductibles and co-insurance rates). These had previously been covered at 100% through the end of the National Emergency.

c. COVID-19 Vaccine

Effective May 12, 2023, the Fund will cover 100% of the cost of the COVID-19 vaccine through the pharmacy and medical portions of the plan of benefits. This means that you can get your COVID-19 vaccine and boosters at a participating.

pharmacy or your provider's office at no charge to you. Previously, coverage of the COVID-19 vaccine was authorized only through the end of the National Emergency.

d. Over-the-counter COVID-19 Tests

Effective May 12, 2023, the Fund will no longer pay for at-home COVID-19 diagnostic tests. Previously, the Fund covered the costs of up to eight (8) at-home over-the-counter COVID-19 tests per month per family member enrolled in the Fund through the pharmacy benefit.

Please note that the Fund will continue to cover the cost of a medically necessary COVID-19 test prescribed by a health care provider under the medical benefit at regular cost sharing (deductibles and coinsurance).

e. Elimination of Extended Deadlines due to National Emergency

The declaration of the National Emergency provided that certain deadlines were suspended until the earlier of one year from the date of the event or until 60 days after the end of the National Emergency. These deadlines include, but are not limited to, the COBRA election period, dates for making COBRA premium payments, dates for making self-payments, dates for notifying the Fund of a qualifying event under COBRA, and dates for filing claims for benefits, and appeals for benefits.

As stated above, although the National Emergency ended on April 10, 2023, the Fund is using May 11, 2023 as the end date. Thus, any deadlines will be extended for 60 days thereafter so that the time frame for counting down will begin on July 10, 2023. Thus, for example, if your claim for benefits was denied on March 1, 2023, the 180-day deadline for filing an appeal to the Board of Trustees begins to countdown on July 10, 2023 and will thus have to be made on or before January 6, 2024.

If you have any questions about this notice, your health benefits or eligibility, you can contact the Fund Office at (202) 636-8181 or toll-free at (800) 983-2699, Monday through Friday from 9:00 a.m. until 5:00 p.m. Additionally, walk-in, or in-person service has resumed so you may visit the Fund Office in-person.

The Trustees continue to reserve the right to amend, modify, or terminate the Fund and any or all benefits provided thereunder.

GRANDFATHERED HEALTH PLAN

This group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care 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 law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on 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 Fund Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor 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. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.