LOCAL NO. 1 HEALTH FUND
1431 Opus Place, Suite 350
DOWNERS GROVE, ILLINOIS 60515
Local (630) 288-6868 – Toll Free (866) 844-0488

Responding to COVID-19

August 2021

Dear Fund Participant,

We recognize that you continue to work on the front line during these very challenging times. During this global health emergency, we are here to support you and your family. Please read this letter carefully as it includes important announcements and reminders.

COVID-19 Treatment Coverage

During this ongoing time of crisis, we are committed to removing barriers that might prevent you and your family from accessing care.

If you and/or a covered Dependent need to be treated for the coronavirus, the Fund will continue to cover 100% of the Reasonable and Customary Charge for in-network treatment of COVID-19 without cost-sharing. In other words, no Copayment, Coinsurance Percentage, or Deductible will apply for care received from in-Network Providers.

In addition, the Fund will continue to cover 100% of the cost for Emergency non-Network treatment of COVID-19 under minimum payment standards applicable under the Affordable Care Act. This means that the Fund will cover an amount equal to the greatest of the following three amounts:

- The median of the amount negotiated with Network Providers for Emergency services without regard to Copayments or Coinsurance Percentages;

- The amount the Plan generally pays for non-Network services, such as the Reasonable and Customary Charge, but without regard to in-Network Copayments or Coinsurance Percentages and without reduction for the Plan's usual cost-sharing for non-Network services; or

- The amount that would be paid under Medicare Parts A and B, without regards to copayments and coinsurance.

If you receive care from a non-Network Provider on a non-Emergency basis, however, the Plan's standard Copayments, Coinsurance Percentages, and Deductible will apply as set forth in the applicable Schedule of Benefits that accompanies your Summary Plan Description. Additionally, a non-Network Provider may balance bill you for the difference between what the Plan pays and its billed charge.

This expanded coverage for COVID-19 treatment began April 1, 2020, and has been extended through December 31, 2021. Thereafter, the Plan's standard Copayments, Coinsurance Percentages, and Deductibles will apply

COVID-19 Testing Coverage

Testing and all other services related to testing for COVID-19 will continue to be paid by the Fund at 100% without cost sharing through December 31, 2021. This includes coverage for the cost of the related office visit (including in-person and telehealth visits), urgent care clinic visit, or ER visit, and

any items and services provided during such visit that relate to the provision of testing. In other words, deductibles, co-payments, and coinsurance will not apply to the testing or any such services. If you see a PPO Provider, the Plan will pay the negotiated rate for the services in full. If you see a non-PPO Provider, the Plan will pay the cash price for such service as listed by the Provider on a public internet website, or the Plan may negotiate a rate with the Provider for less than such cash price, with either rate to be paid in full by the Plan. This means that regardless of whether you see a PPO Provider or non-PPO Provider, you will pay nothing for testing.

Also, there will be no pre-certification, prior authorization, or other medical management requirements for this testing.

As always, if you are in Plan A, you must see a Union Health Services provider or you must receive a referral from a Union Health Services (UHS) provider to receive coverage for a provider for services provided outside of UHS.

Note, this coverage does not apply to testing performed for public health surveillance or employment purposes

Telehealth Coverage

The Fund will continue to cover 100% of the Reasonable and Customary Charge for all telehealth visits through December 31, 2021.

If your provider offers telehealth services, we encourage you to take advantage of this service. You can save time and get the care you need without having to schedule a doctor's appointment or be exposed to others while sitting in a waiting room.

Initial Eligibility

Finally, effective April 1, 2020, the Plan had been amended to allow Employees of Contributing Employers to become initially eligible for benefits under the Plan as of the Employee's date of hire if the Employee is hired into full-time Covered Employment and provided that the Contributing Employer is obligated to and does contribute with respect to such Employee as of the date of hire. This waiver of the initial waiting period that otherwise applies also has been extended until December 31, 2021. Full-time covered employment is defined in the applicable Collective Bargaining Agreement, and generally means that you are regularly scheduled and expected to work 120 hours per month or more. Also, if you are employed by a Contributing Employer and transferred to a full-time position, you will become initially eligible as of the date of the transfer provided that your Employer is obligated to contribute on your behalf as of such date.

If you have questions about your benefits, call the Fund Office at 630-288-6868 or 866-844-0488.

We will continue to update you as things change.

Sincerely,

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The Board of Trustees

Please file this notice together with your Summary Plan Description ("SPD") booklet.