

**Central Illinois Carpenters Health & Welfare Trust Fund**  
**200 South Madigan Drive, Lincoln, IL 62656**  
**Office Hours: 8:00 am to 4:30 pm Monday-Friday**  
**Phone: 866-732-1919 ~ Website: [www.cichealth.org](http://www.cichealth.org)**

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**IMPORTANT INFORMATION ABOUT YOUR BENEFITS**

MAY 2023

Dear Plan Participant and Covered Dependent(s):

It is the intention of the Board of Trustees of the Central Illinois Carpenters Health & Welfare Trust Fund (“Plan”) to change benefits from time to time when the financial soundness of the Plan requires, and at other times to comply with changes to the Federal law or provide notice of updates to the Summary Plan Description. This Summary of Material Modifications contains information regarding updates to your Summary Plan Description (“SPD”). Accordingly, please retain a copy of this Summary of Materials Modifications with your SPD.

**TERMINATION OF TEMPORARY EXTENSION OF CERTAIN DEADLINES  
DUE TO COVID-19**

On January 30, 2023, the Biden Administration announced that the National Emergency and Public Health Emergency related to COVID-19 (“National Emergency”) will terminate on May 11, 2023. This means that the temporary extension of certain deadlines under the National Emergency will soon end. As a reminder, the Plan was required to disregard the “Outbreak Period,” which was generally defined as the period from March 1, 2020 until sixty (60) days after the announced end of the National Emergency, with respect to certain deadlines. With the National Emergency exceeding one (1) year, certain deadlines were subsequently disregarded/tolled for a period not to exceed the earlier of:

- One year from the date an individual was first eligible for relief (*i.e.*, an extended deadline); or
- Sixty (60) days from the end of the National Emergency.

This Summary of Material Modifications discusses the changes to the Plan as a result of these emergencies ending.

Under the National Emergency, the following deadlines were temporarily extended for a period up to one (1) year beyond the Plan’s normal deadlines, which was dependent upon when the aforementioned relief was first triggered. Following the end of the National Emergency, all Plan deadlines will once again run, consistent with the rules described in the summary plan description (“SPD”), on July 11, 2023. This means that for the following actions, the deadlines described in your SPD will once again apply on July 11, 2023:

- The period to request special enrollment;
- The 60-day election period for COBRA continuation coverage;
- The date for making COBRA premium payments;
- The date for individuals to notify the plan of a qualifying event or determination of disability for purposes of COBRA continuation coverage and the COBRA disability extension;
- The date within which individuals may file a benefit claim under the Plan's claims procedure;
- The date within which claimants may file an appeal of an adverse benefit determination under the Plan's claim procedures;
- The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination; and
- The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete.

Any above-listed deadline that is currently suspended, and that has not yet hit its one-year extension, will begin running on July 11, 2023.

### **TERMINATION OF TEMPORARY COVERAGE FOR COVID-19 TESTING AND OUT-OF-NETWORK COVID-19 VACCINES**

As detailed in a previous Summary of Material Modifications, the Plan was required to cover 100% of the Reasonable and Customary Charge for diagnostic testing/screening for COVID-19 without precertification and without cost-sharing during the National Emergency. This temporary coverage also required the Plan to cover the cost of a related office visit and any items and services provided during such visit that related to the provision of testing/screening. With the National Emergency ending on May 11, 2023, the Plan will no longer cover 100% for the Reasonable and Customary Charge for diagnostic testing/screening for COVID-19. Instead, coverage for diagnostic testing/screening for COVID-19 will be covered in accordance with the Plan's SPD.

The Plan was also required to cover a Qualifying Coronavirus Preventive Service, such as COVID-19 vaccines, on an out-of-network basis, without cost-sharing, during the National Emergency. With the National Emergency ending on May 11, 2023, the Plan will no longer cover such Qualifying Coronavirus Preventive Services on an out-of-network basis, without cost-sharing. Instead, coverage for out-of-network Qualifying Coronavirus Preventive Service will be covered in accordance with the Plan's SPD. The Plan will continue to cover qualifying COVID-19 vaccines received from an in-network provider at 100% without application of the deductible.

### **TERMINATION OF TEMPORARY COVERAGE FOR OVER-THE-COUNTER COVID-19 TESTS**

As detailed in a previous Summary of Material Modifications, the Plan was required to cover the full cost of over-the-counter COVID-19 tests as of January 15, 2022. As a reminder, the Plan implemented the direct coverage option, which allowed you to obtain eight (8) over-the-counter COVID-19 diagnostic test kits per covered individual per month free of charge from pharmacies in Express Scripts network and directly from Express Scripts through a shipping option. The Plan also provided the option to receive reimbursement for up to \$12.00 for COVID-19 diagnostic test kits purchased at out-of-network pharmacies and retail stores. With the National Emergency ending on May 11, 2023, the Plan will no longer cover over-the-counter COVID-19 tests at 100%. The Plan's usual rules and cost sharing provisions, including deductible, will be

applied to these products. However, your Health Reimbursement Arrangement (“HRA”) with the Plan can be used to cover these expenses. Please review your SPD for additional information about the Plan’s HRA.

### **TELEHEALTH VISITS**

Finally, please note that the Board of Trustees has decided to continue covering telehealth visits, for reasons other than COVID-19 testing at the same cost sharing amount as office visits under the Plan’s terms. That means if your network provider offers telephone or video consultants, you will pay the same amount as if you had visited that provider in person. These benefits include Medical and Mental/Nervous Disorder and Substance Abuse virtual office visits if the provider has the capabilities to provide these visits.

If you have any questions regarding the deadline extensions or the benefit coverage changes described in this notice, contact the Fund Office.

### **RETIREES RETURNING TO ACTIVE EMPLOYMENT**

Effective October 1, 2022, if you retire and return to active employment with an employer that is required to report and pay contributions to the Plan, the employer contributions reported and paid on your behalf will be credited towards your self-payments if you are currently enrolled in the Plan’s Retired Participant Program. In the event you are retired and return to active employment but did not previously enroll in the Plan’s Retired Participant Program in a timely manner, you will be required to meet the Initial Eligibility requirements described above prior to receiving coverage under the Plan.

If you retire from active employment and you do not enroll in, or qualify for, self-payments under the Plan’s Retired Participant Program, you will not be permitted to participate in the Retirement Participant Program in the future should you return to active employment.

### **A Final Note**

We are pleased to provide you and your family with comprehensive coverage and hope this information helps you get the most out of your benefits. If you have specific questions about your benefits or the SPD, please contact the Fund Office toll free at 866-732-1919.

Sincerely,

Board of Trustees

*This announcement, which serves as a Summary of Material Modifications, contains only highlights of a recent change to the Central Illinois Carpenters Health & Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*