Central Illinois Carpenters Health & Welfare Trust Fund

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SUMMARY OF MATERIAL MODIFICATIONS
IMPORTANT INFORMATION ABOUT YOUR BENEFITS IN RELATION TO THE *CORONAVIRUS*

MAY 2020

Dear Plan Participant and Covered Dependent(s):

As a result of Coronavirus Disease 2019 (COVID-19) President Trump declared a National Emergency beginning on March 1, 2020. To assist participants and dependents of group health plans, the U.S. Department of Labor and Department of Treasury ("Agencies") published a Final Rule on May 4, 2020 which retroactively extends certain pre-established deadlines related to special enrollment periods, COBRA continuation coverage, COBRA premium payments, filing of claims and benefit appeals. Due to the fact the deadline extensions in this Final Rule apply to you and your dependents as covered individuals enrolled in the Central Illinois Carpenters Health & Welfare Trust Fund (the "Plan"), this notice is intended to communicate and explain those deadline extensions.

Effective March 1, 2020, the Plan's existing deadlines for the following items will be "delayed" until **60** days after the announced end of the Coronavirus National Emergency (or an alternative date yet to be determined by the Agencies):

HIPAA Special Enrollment Period

- If you acquire a dependent through a qualifying event such as marriage, birth of a child, adoption, placement for adoption of a child or obtaining legal guardianship of a child, or if your dependent loses eligibility for Medicaid or CHIP coverage or becomes eligible for a premium assistance under Medicaid or CHIP, the Plan will accept your completed enrollment form and enroll the new dependent if the enrollment form (and all requested supporting documentation) is received by the Plan within 60 days after the expiration of the new deadline period described above. *For example, if you had a qualifying event as described above on May 1, 2020 and the National Emergency ends on June 1, 2020, you will have 60 days from August 1, 2020 (i.e., September 30, 2020) to submit your completed enrollment form and all supporting documentation.*

COBRA Continuation Coverage

- If you or your dependent experience a Qualifying Event (such as your loss of employment or reduction of hours, a dependent spouse's divorce or legal separation, or a child ceasing to qualify as a dependent) the Plan will accept your COBRA election form and consider it to be timely submitted if it is received by the Plan within 60 days after the expiration of the new deadline period described above. *For example, if you or your dependent had a qualifying event as described above on May 1, 2020 and the National Emergency ends on June 1, 2020, you will have 60 days from August 1, 2020 (i.e., September 30, 2020) to submit the completed COBRA election form for coverage purposes.*

- If you or your dependent experience a Qualifying Event, submit a completed COBRA election form and are enrolled for coverage, the monthly COBRA premium you must pay for continuation coverage will be considered timely if received by the Plan within 30 days after the expiration of the new deadline period described above. *For example, if you or your dependent are fully enrolled for COBRA continuation coverage as of May 1, 2020 and the National Emergency ends on June 1, 2020, you will have 30 days from August 1, 2020 (i.e., August 31, 2020) to pay the COBRA premiums owed for May through September, assuming you or your dependent are still enrolled for COBRA continuation coverage in September.*

Filing of Benefit Claims

- In most circumstances, health care providers, dental offices and pharmacies will file claims on your behalf. However, the Plan will now consider a claim to be filed in a timely manner if it is incurred and received at the Plan Office (from you or a provider) within 12 months after the expiration of the new deadline period described above. *For example, if you received medical treatment services on May 1, 2020, and the National Emergency ends on June 1, 2020, you or the provider will have 12 months from August 1, 2020 (i.e., August 1, 2021) to file the claim with the Plan.*

Filing of Disability Claims

- If you become disabled, the Plan will now consider a disability benefit claim to be filed in a timely manner if you notify the Plan of your disability (and submit all required disability benefit forms and supporting documentation) within 30 days after the expiration of the new deadline periods described above. *For example, if you become disabled on May 1, 2020, and the National Emergency ends on June 1, 2020, you will have 30 days from August 1, 2020 (i.e., August 31, 2020) to notify the Plan of your disability and submit all required disability benefit forms and supporting documentation.*

Benefit Claim Appeals and External Review Requests

- If you or your dependent receive an Adverse Benefit Determination by the Plan (with respect to medical benefits, disability benefits or a rescission of coverage) the deadline to file a written appeal with the Plan to dispute the Adverse Benefit Determination will be considered timely if it is received within 180 days after the expiration of the new deadline period described above. *For example, if you received notice of an adverse benefit determination on May 1, 2020, and the National Emergency ends on June 1, 2020, you or your dependent will have 180 days from August 1, 2020 (i.e., January 28, 2021) to file a written appeal with the Plan.*

- In addition, if the Plan denies your appeal (whether in whole or in part) and you receive a Final Adverse Benefit Determination, you or your dependent's request for an external review of the Plan's Final Adverse Benefit Determination - and any subsequent information submitted by your or your dependent to support the request for external review - will be considered timely if it is received within 4 months after the expiration of the new deadline period described above. *For example, you or your dependent filed a written appeal with the Plan on May 1, 2020. You receive a Final Adverse Benefit Determination from the Plan on June 1, 2020. The National Emergency ends on July 1, 2020. Your or your dependent will have 4 months from September 1, 2020 (i.e., January 1, 2021) to file a written request for external review of the Final Adverse Benefit Determination.*

COVID-19 Testing Benefits

In addition to the above deadline extensions, The Plan is also providing the following temporary benefits enhancements for COVID-19 testing for you and your qualified Dependents until December 31, 2020:

- For both in-network and out-of-network providers, the Plan will temporarily cover 100% of the cost of FDA approved in vitro (laboratory) diagnostic products used to detect or diagnose COVID-19 and SARS-COV-2, the virus that causes COVID-19, as well as antibody testing used to identify a previous infection. This coverage will include the costs related to the administration of these in vitro diagnostic products and antibody testing as well. No prior authorization is required.

- For both in-network and out-of-network providers, the Plan will also temporarily cover 100% of the cost of items and services furnished during a health care provider visit, urgent care center visit, and/or emergency room visit (whether it is an in-person or telemed visit) that results in an order for antibody testing, in vitro diagnostic products or administration of in vitro diagnostic products to detect or diagnose COVID-19 and/or SARS-COV-2, the virus that causes COVID-19. No prior authorization is required.

- If you or a covered dependent are tested for COVID-19 and receive a bill to pay, please contact the Fund Office at the number listed below. Please note: Coronavirus testing kits for use at home are not covered.

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 content of the Plan Description document, contact the Fund Office toll free at 866-732-1919.

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.