

DIVISION 1181 A.T.U. – NEW YORK WELFARE FUND
20 North Central Avenue, 3rd Floor, Valley Stream, N.Y. 11580
(718) 845-5800

XXXX
XXXX
XXXX
XXXX

Re: Temporary Extension of Certain Deadlines Due to the COVID-19 Health Crisis

In response to the COVID-19 health crisis, federal guidance extended the deadline for participants and beneficiaries to exercise certain rights related to coverage under the Division 1181 A.T.U. – New York Welfare Fund (“Fund”).

This deadline extension was effective beginning March 1, 2020 and will end 60 days after the end of the federally declared COVID-19 National Emergency (the “Outbreak Period”). Currently, the public health emergency is extended through April 21, 2021.

This means that days during the Outbreak Period do not count when the Fund is calculating the deadlines for a participant or beneficiary to exercise the following rights:

- The 30-day period (60-day period in certain circumstances) to request enrollment in the Plan due to a HIPAA special enrollment event;
- The 60-day period to elect COBRA continuation coverage;
- The 30-day grace period to pay COBRA premiums;
- The 45-day period to pay the first COBRA premium after electing COBRA;
- The deadline to file or appeal a benefit claim under the Plan’s appeal procedures; and
- The deadline to request an external review of certain denied appeals and the date by which information must be received to perfect a request for external review.

Special Enrollment Example: If you gave birth to a dependent child on June 2, 2020 and wish to enroll your new dependent child in the Plan, you will have until 60 days after the Outbreak Period ends to enroll your dependent child.

Benefit Appeal Example: If you received a benefit claim denial on June 14, 2020, the deadline for you to file an appeal under the Plan is generally 180 days from the date you received notification of the denial. However, because the deadline has been tolled as of March 1, 2020, your deadline will be 180 days after the end of the Outbreak Period.

You should contact Iris Torres, the Fund’s COBRA administrator regarding questions about the impact of these extended deadlines on your election of COBRA and payment of COBRA premiums.

Please note that no other deadlines under the Plan have been extended. If you have questions about these deadline extensions, please contact the Fund Office.

**DIVISION 1181 A.T.U. - NEW YORK WELFARE FUND
ACTIVE SUMMARY OF MATERIAL MODIFICATIONS**

The Board of Trustees of the Division 1181 A.T.U. – New York Welfare Fund (“Fund”) has adopted the following benefit changes under the Division 1181 A.T.U. – New York Welfare Fund’s Active Plan of Benefits (“Plan”). Some changes are temporary and other changes will apply as of the effective date below and do not expire.

Please review this document and keep it with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage.

Temporary COVID-19 Related Coverage Changes

These temporary changes to the Plan that address the COVID-19 pandemic will remain in effect until 60 days after the federal government ends the COVID-19 public health emergency period. Currently, the public health emergency is extended through April 21, 2021.

1. Effective March 1, 2020, the Fund expanded coverage of COVID-19 testing and related visit services as follows:

- COVID-19 in vitro diagnostic testing that is authorized by the FDA or otherwise required to be covered under federal law is covered at 100% for both in-network and out-of-network providers. No prior authorization or other medical management requirements will apply. You should not be charged a copay for this service.
- Covered items and services associated with this testing, including the provider visit (including telehealth) and evaluation for the need of such testing, is covered at 100% for both in network and non-network providers. You should not be charged a copay for the services. Out-of-network providers will be reimbursed for these services in accordance with Plan terms. However, if these services are provided as part of a regular office visit with your provider, the copayment for the regular office visit still will apply.

2. Effective once they are approved by the CDC or Federal Government, the Fund covers COVID-19 vaccines and related administration services as follows:

- COVID-19 vaccines that are authorized by the FDA or otherwise required to be covered under federal law are covered at 100% under both the Fund’s medical and prescription drug benefit.
- Vaccines provided by out-of-network providers will be covered at in-network rates with no cost sharing. COVID-19 vaccine coverage applies to both the ingredient cost of the vaccine as well as any administration fees.

3. Effective March 1, 2020, the deadline for a participant or beneficiary to exercise certain rights has been extended:

- The Department of Labor has extended various deadlines to file claims and appeals, COBRA administration, and special enrollment events. Please see the enclosed notice for

further details. A copy of this notice was previously mailed out to applicable participants on May 14, 2021.

Telehealth and Telemedicine Changes

- Due to the risks of exposure, the Fund realizes that many health care providers have moved to providing services over the phone or through video when possible. Therefore, effective March 17, 2020, the Fund is covering telehealth/telemedicine visits at the same benefit levels and under the same Plan rules that would apply to an in-person visit.
- Effective January 1, 2020, the Fund now also includes access to Empire's Live Health Online service, which provides you with 24/7 access to video visits with a doctor to get advice, a treatment plan and prescriptions if needed for common medical concerns. You have a copay for \$25.00. It is covered at \$59.00. To register or request a visit you can go online to LiveHealthOnline.com

Other Benefit Changes or Clarifications

1. Effective November 15, 2019, the Fund covers PCSK-9 cholesterol medications, subject to the Fund's step therapy program. Please go to www.express-scripts.com or contact Express Scripts by phone for more information on the step therapy requirements for this drug. **Section 9, item F(6), under "Excluded Prescription Drugs," is deleted and replaced with the following:**

6. Syringes and needles, not including the following: insulin syringes and needles; self-injectable cholesterol medications such as PCS inhibitors.

2. **Effective September 24, 2019, the following is added to Section 1 of the SPD:**

Gene Therapy means the treatment of a condition through the introduction or modification of genetic material.

3. **Effective September 24, 2019, the following new Section 21 is added under Section 6(H) "Denial or Loss of Benefits" of the SPD:**

21. Charges related to Gene Therapy, including but not limited to Zolgensma.

4. **Effective September 24, 2019, the following new item 20 is added under Section 9(F) "Excluded Prescription Drugs" of the SPD:**

20. Charges related to Gene Therapy, including but not limited to Zolgensma.

5. **Effective April 1, 2020, Section 5, item E(2) under "Hospice Care" is deleted and replaced with the following:**

The Covered Person has been certified by such covered hospice as having a life expectancy of 12 months or less.

6. **Effective April 1, 2020, the following is added to the end of Section 6, item C under "Covered Major Medical Expenses":**

22. Charges for Applied Behavioral Analysis (“ABA”), an out-patient behavioral health treatment for autism. ABA services are subject to precertification and/or clinical review/utilization management before services will be covered. Please contact Empire’s utilization management services for approval before you receive any ABA services.

7. **Effective November 1, 2019, there is a change in your Life Insurance provider.** Your life insurance and accidental death and dismemberment benefits are provided by Lincoln Life & Annuity Company of New York, 8801 Indian Hills Drive, Omaha, NE 68114. The Fund continues to provide \$20,000 in life insurance and \$10,000 in accidental death and dismemberment benefits for Participants through this policy. The benefits are governed by the terms of the insurance contract with Lincoln Life and Lincoln Life processes these benefits.

8. **The following language is added to “Participants Age 65 and Over and Their Dependents” in Section 14 of your SPD:**

C. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will pay first (be the primary payer) and COBRA continuation coverage will pay second. If you are enrolled in COBRA continuation coverage and are eligible for Medicare Part A or B, but are not enrolled, COBRA continuation coverage will still pay second.

9. **The following language is added after “Termination of Continuation Coverage” in Section 15 of your SPD:**

Termination of Continuation Coverage and Enrollment in Medicare

If you do not enroll in Medicare Part A or Part B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you will have an 8-month special enrollment period to sign up for Medicare Part A or B,

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan will terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage will not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

For more information visit <https://www.medicare.gov/medicare-and-you>.

DIVISION 1181 A.T.U. – NEW YORK WELFARE FUND
20 North Central Avenue, 3rd Floor, Valley Stream, N.Y. 11580
(718) 845-5800

May 2021

**INFORMATION REGARDING EXTENSION
OF DEADLINES DUE TO COVID-19**

IMPORTANT ANNOUNCEMENT ABOUT YOUR HEALTH BENEFITS

Effective March 1, 2020, the Department of Labor extended the deadlines for: (1) appealing a claim denial or adverse benefit determination under the Plan; (2) enrolling in coverage following a special enrollment event; and (3) electing and paying for COBRA continuation coverage. These deadlines were “tolled,” or stopped, until the close of the Outbreak Period related to COVID-19. The “Outbreak Period” began March 1, 2020 and will end 60 days after the end of the COVID-19 National Emergency declaration by the federal government.

On February 26, 2021, the Department of Labor issued new guidance stating that their authority to extend Plan deadlines cannot exceed one year. **This means that the tolling period on your deadline to take any of the following actions will end on the earlier of: (1) one year from the date of the event giving rise to the permitted action; or (2) 60 days after the National Emergency ends. (The National Emergency has not ended as of the date of this notice.) Once the tolling period ends, you will have until the end of the normal deadline period to complete the action.**

Therefore, if you relied on the DOL’s COVID-19 deadline extension to delay taking any of the following actions, you will need to determine your new deadline and take any action before that deadline:

- The date participants may file a benefit claim or appeal the denial of a benefit claim;
- The 30-day period (60-day period in certain circumstances) to request enrollment in the Plan due to a HIPAA special enrollment event);
- The 60-day period to elect COBRA continuation coverage;
- The 30-day grace period to pay COBRA premiums;
- The 45-day period to pay the first COBRA premium after electing COBRA; and
- The date for participants to notify the Plan of a COBRA qualifying event, such as a birth or adoption of a child, marriage, or determination of disability for the purposes of the COBRA disability extension.

Note: To give participants sufficient time to adjust to this change, if the deadline relating to your action will expire before July 1, 2021, that deadline will be extended until July 1, 2021.

The following examples explain how the new deadlines work:

Example: Appeal Deadline

Your claim for a medical procedure was denied March 1, 2020. Normally, you would have 180 days under the Plan document to file your appeal of the denial. Therefore, your appeal would have been due by August 29, 2020.

However, because of the DOL's temporary tolling period, the Plan's 180-day deadline to file an appeal will start to run on March 1, 2021. You will therefore have until August 29, 2021 (180 days from March 1) to file your appeal. If your appeal is not filed by this deadline, the Fund's decision on your claim is final.

Example: COBRA Election

You terminated covered employment and your health coverage ended on March 1, 2020. Normally, you would have had until April 30, 2020 to elect to continue your coverage under COBRA (60 days after your coverage terminated).

Due to the DOL's temporary tolling period, you would have had until April 30, 2021 (60 days from March 1, 2021) to elect to continue your coverage under COBRA. The Trustees' decision to extend your deadline means you now have until July 1, 2021 to elect COBRA coverage under the Plan. Therefore, if you want to elect COBRA coverage you must return your COBRA election form by July 1, 2021.

Example: COBRA Premium Payments

You elected COBRA coverage on April 15, 2020 retroactive to March 1, 2020. You timely paid your COBRA premiums for March and April 2020 but have not made any payments since April 2020. Normally, premiums were due on the 1st of the month and you had 30 days to pay, so your eligibility for COBRA coverage would have ended on May 30, 2020 if your premium payment for May 2020 was not received by that date.

Due to the DOL's temporary tolling period, your eligibility for COBRA coverage would have ended on May 30, 2021 (30 days from May 1, 2021) if your premium payment for May 2020 was not received by that date. The Trustees' decision to extend your deadline means you now have until July 1, 2021 to make your COBRA premium payment under the Plan. If you make your premium payment for May 2020 by July 1, 2021, the Fund will reinstate your coverage and pay any claims incurred between May 1 and May 31, 2020. If you do not make this payment by July 1, 2021, your eligibility for COBRA coverage will terminate.

Remember, the due date for each month's COBRA payment will be subject to a different deadline under the above rules and must be considered separately in determining when that month's payment would be due.

Once your coverage ends, the Fund will not pay any claims until you have elected COBRA and paid your retroactive COBRA premiums.

If you have questions about how these extensions will apply to you or your dependents, please contact the Fund Office. +