

Puget Sound Electrical Workers Healthcare Trust

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Administered by
Welfare & Pension Administration Service, Inc.

July 1, 2020

**TO: All Participants of the
Puget Sound Electrical Workers Healthcare Trust**

RE: Benefit Changes and Extension of Plan Deadlines

This is a summary of material modification describing benefit changes adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

I. Telehealth Temporary Extension of Coverage

Effective March 1, 2020, the Trust will cover medically necessary charges for telephonic, online or other consultations where the patient is not physically present with the physician, or other Covered Provider at the time of the consultation as any other office visit **through July 31, 2020**. The temporary coverage will allow for telephonic or other audio/video visits subject to the annual deductible and coinsurance, as follows:

- For a real-time interactive telephone or audio/video consultation (telehealth/telemedicine), the consultation must be diagnosis and treatment focused via a live discussion or video exchange with ongoing participation by the patient and the provider throughout the visit.
- Reimbursed up to the Allowed Amount as defined in the Summary Plan Description.
- Reimbursed at 100% of the allowed amount for all telephone or audio/video visits related to COVID-19 testing.

As a reminder, active participants and non-Medicare retirees and their eligible dependents have access to 24/7 care via telephone or video chat through Teladoc at no cost to the participant. After July 31, 2020, only telemedicine/telehealth treatments provided by Teladoc will continue to be covered.

II. Extension of Plan Deadlines

Effective March 1, 2020 the federal government declared a national emergency as a result of the COVID-19 pandemic. Pursuant to Federal regulations, the Trust will disregard the period from March 1, 2020 until 60 days after the COVID-19 national emergency ends for the purpose of counting certain timelines and limitations, described below. Only the time limits described below are affected, and all other provisions of the Plan remain in force.

The Trust will not know the end date of the national emergency until the government declares the national emergency over. In general, if the affected time limit began running prior to March 1, 2020, it is paused during the national emergency period, and any remaining time limit will resume running 60 days after the emergency's end. If the time limit would have normally begun running during this period, it will begin 60 days after the national emergency's end.

A. Extension of Time due to COVID-19

From March 1, 2020 until 60 days after the President declares the end of COVID-19 emergency the following applies:

- **Plan Enrollment.** To the extent that the Plan requires a participant to enroll themselves or their dependents in the Plan, the time limit to enroll is temporarily extended until 60 days after the end of the national emergency.
- **Claims and Appeals.** The Plan provides that if you file a claim for benefits which is denied by the Plan, you generally have 180 days to appeal the denial. The Plan also provides that you have a right to request external review of an appeal denial involving medical necessity within the four months following the notice of denial.

These claim and appeal timelines are paused if they occurred during the national emergency and they resume 60 days after the COVID-19 national emergency is ended. As a result, you may have additional time to appeal denials of claims and request external review of denied appeals.

B. COBRA Continuation Coverage

This temporary extension of time affects the following time limits related to COBRA continuation coverage:

- Your 60-day period to elect COBRA continuation coverage after you experience a qualifying event;
- The 45-day period after you elect COBRA before your first payment is due; and,
- The 30-day grace period for making each monthly COBRA premium payment.

Please note that COBRA coverage will not be provided in a particular month until you have paid the premium for that month.

The following examples assume that the national emergency will end July 1, 2020:

Example 1: Qualifying event before Outbreak Period. Employee A experienced a COBRA qualifying event when his hours were reduced below the hours necessary for eligibility. The plan sent him a COBRA election notice on February 1, 2020. Normally, he would have 60 days to elect COBRA continuation coverage. However, due to the extension of time, the 60-day period stopped on March 1 at 29 days. The 60-day COBRA election limit then resumes on August 30, 2020, 60 days after the emergency ended. Employee A has 31 days to elect COBRA coverage, which falls on September 30, 2020.

Example 2: COBRA premium payments. On March 1, 2020, Employee B was receiving COBRA continuation coverage and making monthly payments. He made the February payment timely, but did not make the March payment or any subsequent payments during the Outbreak Period. As of September 1, he has not made COBRA premium payments for March, April, May, June, July, or August. Because of the extension of time, the 30-day grace period begins running on each of these payments on August 30, 2020, 60 days after the emergency ended. If Employee B pays all of the required premiums by September 29, 2020, the plan will provide COBRA coverage during those months.

III. Preventive Care Benefits

The Plan covers preventive tests and services without cost sharing that have a rating of “A” or “B” in the current United States Preventive Services Task Force’s recommendations if provided by an in-network provider. Effective August 1, 2020, those tests and services include certain sexually transmitted disease screenings, adolescent alcohol abuse screening, postnatal depression screening, and pre-exposure prophylaxis (PrEP) with antiretroviral therapy for participants who are at high risk of HIV.

These treatments and services may be subject to reasonable coverage and frequency limits.

IV. Dental Provider Personal Protective Equipment (PPE) Charges

Effective May 1, 2020 the Plan will cover personal protective equipment (“PPE”) up to \$20 per visit when billed by dental providers in conjunction with other covered in-office dental services.

If you have any questions concerning your benefits or eligibility for coverage, you should contact the Administration Office at 1-866-314-4239, option 1 for Claims, option 4 Eligibility, or visit the Trust website at www.psewtrusts.com.

Board of Trustees Puget Sound Electrical Workers Healthcare Trust

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