

Puget Sound Electrical Workers Healthcare Trust

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 441-4667 or (866) 314-4239 • Fax (206) 505-9727 • Website www.psewtrusts.com

Administered by
Welfare & Pension Administration Service, Inc.

May 14, 2021

**TO: All Eligible Plan Participants
Puget Sound Electrical Workers Healthcare Trust**

**RE: Correction to SPD
COVID-19 Benefit Extensions**

This is a Summary of Material Modification describing changes to your health plan 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.

Correction to Plan 1 and Plan 2 SPD

Eligible dependents of dollar bank employees are able to maintain eligibility by using the deceased member's dollar bank. The following correction is made to the section "When Coverage Ends" of the Plan 1 and Plan 2 Summary Plan Description:

Under the Employees paragraph the last bullet point is removed and the remaining bullet points are amended as follows:

Your coverage ends on the earliest of the following dates:

- For dollar bank employees
 - The last day of the month preceding the month in which your dollar bank has less than the minimum amount required for a month of eligibility;
 - The date the Plan is discontinued.
- For associate employees
 - The last day of the month preceding the month for which the required employer premium payment is not made;
 - The date of your death or the date the Plan is discontinued.

The Dependents paragraph is corrected to read:

- For dependents of dollar bank employees - The last day of the month preceding the month in which the employee's dollar bank has less than the minimum amount required for a month of eligibility;
- For dependents of associate employees –
 - The last day of the month preceding the month for which the required employer premium payment is not made; or
 - The last day of the month during which the employee dies.
- For both dollar bank and associate employees -
 - The last day of the month in which the dependent no longer meets the definition of an eligible dependent as described in this section; or
 - For dependent child life insurance, the day the dependent child reaches age 21.

Dental Personal Protective Equipment – Temporary Extension of Coverage

Effective May 1, 2020 **through September 30, 2021**, the Plan will cover up to \$20 per visit for personal protective equipment (“PPE”) when billed by dental providers in conjunction with other covered in-office dental services.

Telemedicine – Temporary Extension of Coverage

Effective March 1, 2020 **through September 30, 2021**, 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. The temporary waiver will allow coverage for telephonic or other virtual care visits subject to the annual deductible and coinsurance benefits, as follows:

1. For a real-time interactive telephone or audio/video consultation (telehealth/telemedicine) to be covered, 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.
2. Reimbursed up to the Allowed Amount as defined in the Summary Plan Description.
3. 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. To schedule a consultation, visit www.Teladoc.com/Premiera or call (855) 332-4059.

If you have questions regarding the contents in this notice, please contact the administration office at (866) 314-4239, option 1.

Important Information Relating to COVID-19 and Extension of Deadlines

The Department of Labor, on February 26, 2021, provided new guidance on the suspension of certain employee benefit time limitations during the COVID-19 Outbreak Period, which is the period beginning March 1, 2020 and ending 60 days after the national emergency ends. This supplemental notice explains how this affects your rights under the Plan.

Extensions of Time

Pursuant to federal guidance, the Plan has extended the following deadlines during the Outbreak Period beginning March 1, 2020:

- The 60-day period for individuals to notify the plan of a COBRA qualifying event.
- The 14-day period for plan administrators to provide an individual with a COBRA election notice.
- The 60-day period to elect COBRA continuation coverage after receiving a COBRA election notice.
- The date for making COBRA premium payments.
- The 30-day (or 60-day, as applicable) period to request special enrollment after a special enrollment event.
- The time limit for members to file a benefit claim, an appeal of an adverse benefit determination, or an external review request, under the plan’s claims procedures.

The Department of Labor has authority to grant these extensions for **one year** only. The new Department of Labor notice dictates that the one-year extension should be applied separately to each deadline during the Outbreak Period. In effect, this adds one year to each one of the above deadlines until the Outbreak Period is over.

COBRA Examples

If you had a qualifying event in April 2020 and received a COBRA election notice on May 1, 2020, your 60-day period to elect COBRA coverage will begin running on May 1, 2021, one year later. You will have until June 29, 2021 to elect COBRA continuation coverage effective back to your qualifying event.

If you had a qualifying event in February 2021 and received a COBRA election notice on March 1, 2021, your 60-day period to elect COBRA coverage will begin one year later, on March 1, 2022, or at the end of the Outbreak period, whichever comes first.

COBRA premiums are generally due on the first of the month and subject to a 30-day grace period. During the Outbreak Period, the 30-day grace period for each monthly payment is extended by one year. For example, if you were receiving COBRA in April 2020, the 30-day grace period for the April premium payment begins on April 1, 2021, so your payment is due on April 30, 2021. The May 2020 premium payment similarly will be due by May 30, 2021, and so on.

Special Enrollment Examples

If you previously declined coverage for a dependent because the dependent had coverage under another employer health plan, but your dependent lost that coverage because of the end of that employment, then you have 30 days from the end of that coverage to request special enrollment for that dependent in the Plan. That 30-day time limit was suspended under the federal rule, but will begin or resume **one year** from the date of the event. For example, if your spouse's other employment-based coverage ended on January 1, 2021, you will have until January 30, 2022 to request special enrollment – one year, plus 30 days – unless the Outbreak Period ends earlier.

Important Note Regarding Retroactivity

Please note that while you may elect COBRA continuation coverage back to your COBRA qualifying event or special enrollment for a new dependent based on birth or adoption back to the date of birth or adoption, you must pay any required premiums for all months before retroactive coverage will be provided. Retroactive coverage must be continuous from the time of first retroactive eligibility. You may submit claims for services during the suspended period, but they will be pended until you make the necessary premium payments.

American Rescue Plan Act (ARPA) COBRA Subsidy

Effective **April 1, 2021**, employees (and their dependents) who lose coverage or who have lost coverage in the past 18 months due to an involuntary termination of employment or reduction in hours may be eligible for up to six months of free (fully subsidized) COBRA coverage (for coverage months April 2021 through September 2021). If you are eligible, free COBRA coverage will be available regardless of whether you previously elected COBRA or are currently on COBRA.

The Trust is reviewing guidance from the federal government before sending out formal notices and applications to potentially eligible participants and dependents. Please watch your mail closely for additional information. When you get the formal notice and application, please fill it out and return it to the Administration Office within 60 days of the date the notice is received to be eligible for free COBRA retroactive to April 1, 2021, if applicable. Free COBRA coverage will not be provided unless it is elected.

Board of Trustees

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