

PLAN CHANGE NOTICE
 Summary of Material Modifications
*Plan Changes Related to the End of the COVID-19 Public Health Emergency
 and National Emergency*
RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE

June 2023

To: Plan Participants, Covered Dependents, and COBRA Qualified Beneficiaries in the Indemnity Medical Plan of the Northern California Sheet Metal Workers Health Care Plan. If you are enrolled in Kaiser, Kaiser will provide information on how it is implementing the changes described in this Notice.

END OF THE COVID-19 PUBLIC HEALTH EMERGENCY AND NATIONAL EMERGENCY (“COVID-19 EMERGENCY”)

COVID-19 emergency declarations have been in place since early 2020. The declarations required health plans to cover COVID-19 tests and vaccines without cost sharing and extended many Plan deadlines. Some of these changes were intended to be temporary and only in effect during the COVID-19 Emergency. **The COVID-19 Public Health Emergency is scheduled to end on May 11, 2023.** In general, the special rules in effect during the emergency will terminate, and benefits will be covered under the usual cost-sharing provisions of the Plan. Changes to your Plan (for services on or after May 12, 2023) as a result of the end of the COVID-19 Emergency are described below:

COVID-19 Vaccines: One thing that will *not* change: If you go to an in-network provider, **COVID-19 vaccines and boosters provided by an in-network provider will be covered at no out-of-pocket cost as a preventive care service – that includes both the vaccination/booster itself and the cost of administration of the vaccination or booster.** In other words, both the cost of vaccinations or boosters and the fee for putting the shot in your arm are covered at no cost if you use an *in-network* provider. For this purpose, an “in-network provider” will include major pharmacy chains like CVS, Rite Aid, and Walgreens.

The following changes are effective immediately:

- **COVID-19 diagnostic tests (excluding OTC COVID-19 tests):** Your Plan’s usual cost-sharing and medical management will apply to in-network COVID-19 diagnostic tests in the same way they apply to other lab services. This means the Plan will pay 60% of the out-of-network allowed amount after the deductible is met.
- **Over-The-Counter (“OTC”) COVID-19 home testing kits:** Reimbursement for over-the-counter COVID-19 home test kits will end 6-months after the end of the public health emergency on November 11, 2023.

Plan Deadlines: With the end of the National Emergency, the suspension of the Plan’s deadlines for COBRA election and payment, special enrollment, filing claims and appeals, and requests for external review will come to an end. During the COVID-19 Emergency, plans were required to disregard the “Outbreak Period” for up to one year when calculating certain plan deadlines. The Outbreak Period will end on July 10, 2023, and after that date, ordinary deadlines for COBRA election (election within 60 days after receiving a COBRA notice and within 45 days after the election to make your initial COBRA payment), special enrollment (30, or in some cases, 60 days), claims (within one year) and appeals (within 180 days) or requests for external review (within 4 months) will apply as follows:

- For COBRA election and payment, special enrollment, claims, and appeals or requests for external review arising during the National Emergency, the timelines listed above start to run as of July 10, 2023.
- For COBRA election and payment, special enrollment, claims, and appeals or requests for external review arising after July 10, 2023, the normal Plan deadlines apply.

Example 1, Benefit Claim – You are covered in the Self-Insured (Blue Shield PPO) Medical Plan, and your NCSMW claim for benefits was denied on September 30, 2022. Your deadline to file an appeal of that denial is 180 days after July 10, 2023 (the end of the Outbreak Period), which is January 6, 2024.

Example 2, Special Enrollment – You are covered in the Self-Insured (Blue Shield PPO) Medical Plan, and your spouse gave birth to a newborn on August 2, 2022, but you never enrolled the baby for coverage as a Plan dependent. You must complete your special enrollment of the newborn within 30 days after July 10, 2023, which is August 9, 2023.

Please note that there is a special 60-day enrollment period when someone loses Medicaid or CHIP coverage.

If you have questions about which deadlines apply to you, call the Plan Administrative Office at 925-208-9992.

IMPORTANCE OF THIS DOCUMENT

This Notice is intended to amend all NCSMW documents, notices, and correspondence, including (but not limited to) the Summary Plan Description (SPD). This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes made to your plan of benefits. You should take the time to read this SMM carefully (and share it with your family) and keep it with your copy of the SPD. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of your NCSMW Plan. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate, or interpret and decide all matters under the Fund’s Plans or any benefits provided under the Fund’s Plan, in whole or in part, at any time and for any reason.