



United Brotherhood of Carpenters and Joiners of America

General Office and Staff Health & Welfare Plan

IMPORTANT NOTICE

Summary of Material Modification

Date: **May 2023**

To: **All Participants and their Dependents Who Are Eligible for Health and Welfare Active or Retiree Plan Benefits, including COBRA Beneficiaries**

From: **Board of Trustees**

Re: **NOTICE OF IMPENDING LOSS OF PROTECTIONS, BENEFITS OR RIGHTS DUE TO EXPIRATION OF “OUTBREAK PERIOD” PROTECTIONS**

As you may recall, due to the COVID-19 pandemic, certain employee benefit plan deadlines have been suspended between March 1, 2020 until sixty (60) days after the announced end of the National Emergency that was declared by the President on March 13, 2020 (the “Outbreak Period”). By federal law, the suspension of deadlines during the Outbreak Period is limited to one year following the date that action would otherwise have been required (or, if earlier, until 60 days after the announced end of the National Emergency).

The announced end of the COVID-19 National Emergency will bring an end to the Outbreak Period on July 10, 2023. This now means that any affected action period is suspended until the earlier of:

- The date that is 12 months after the date the suspension began, and
- The date that is 60 days after the May 11th end of the National Emergency (July 10, 2023).

Following the end of the Outbreak Period during which deadlines are suspended, participants will be permitted the number of days defined by the Plan to take action with respect to Enrollment, claims submission, appeals, and COBRA as described below.

Additionally, on January 30, 2023, President Biden announced the administration’s intent to end the Public Health Emergency related to the COVID-19 pandemic, effective May 11, 2023. During the Public Health Emergency, the Plan has been required to cover the cost of COVID-19 testing (including any related items and services) without cost-share, regardless of whether the services were administered by an in-network or out-of-network provider.

Despite the end of the Public Health Emergency as of May 12, 2023, the Board of Trustees have elected to continue the Plan’s coverage for COVID-19 related vaccinations, over-the-counter COVID-19 tests and COVID-related lab tests with no out-of-network cost sharing, deductibles, or co-pays. Also, the Plan will continue to cover the cost of up to six (6) COVID-19 tests per year that have not been ordered by a doctor for diagnostic purposes.

I. HIPAA special enrollment timeframes

The usual 30-day deadline to request enrollment in this Trust Fund following a special enrollment event (i.e., marriage, birth, adoption or placement for adoption of a child, or loss of other health coverage) has been suspended during the Outbreak Period and will restart on the earlier of one year following the date of the special enrollment event or July 10, 2023 (60 days following the announced end of the National Emergency).

Example 1: If an employee is married or has a new child on March 1, 2023, the employee will have until 30 days after the end of the Outbreak Period to submit a request for special enrollment of the new spouse or child. Since the Outbreak Period will end on July 10, 2023, the request to add the new child or spouse will be deemed timely if it is filed with the Administrative Office by August 9, 2023 (30 days after July 10, 2023). In this example, if a timely request is made by August 9, 2023, the new dependent will be eligible from the date of marriage, birth, or adoption (March 1, 2023).

Example 2: If an employee is married or has a new child on January 1, 2022, the employee will have until 30 days after the earlier of the end of the Outbreak Period or one year from the date of marriage, birth, or adoption to submit a request for special enrollment of the new spouse or child. The request to add the new child or spouse will be deemed timely if it is filed with the Administrative Office by January 31, 2023 (30 days after the end of the one-year period following marriage, birth, or adoption). In this example, if a timely request was made by January 31, 2023, the new dependent will be eligible from the date of marriage, birth, or adoption (January 1, 2022). If no request was made by January 31, 2023, the right to specially enroll the new dependent has expired.

II. Benefit claims and appeals

The one-year deadline to submit claims has been suspended during the Outbreak Period and will restart the earlier of one year following the date the claim was incurred or July 10, 2023 (60 days following the announced end of the National Emergency).

Example 1: If a claim was incurred on March 1, 2022, the usual one-year deadline to file the claim would have been March 1, 2023 (the one year after March 1, 2022). However, the Outbreak Period between March 1, 2022 and February 28, 2023 are not counted against the one-year deadline. Thus, the one-year deadline to file the claim starts to run from March 1, 2023.

Likewise, the 180-day deadline to file an appeal from a denied claim has been suspended during the Outbreak Period and will restart on the earlier of one year following the date you receive notice of a claim denial or July 10, 2023 (60 days following the announced end of the National Emergency).

Example 2: If the notice of denial is received on March 1, 2023, the deadline to file an appeal is 180 days after the end of the earlier of the end of the Outbreak Period or 1 year from the receipt of notice of denial. Since the Outbreak Period will end on July 10, 2023, the deadline to file an appeal will be August 28, 2023 (the 180th day after February 28, 2023).

Example 3: If the notice of denial is received on January 1, 2022, the deadline to file an appeal is 180 days after the end of the earlier of the end of the Outbreak Period or 1 year from the receipt of notice of denial. The one-year period will end on January 1, 2023 (one year from January 1, 2022)

so a filed appeal will be deemed timely if it is filed with the Administrative Office by June 30, 2023 (180 days after the end of the one-year).

III. COBRA notice, election and payment deadlines

The deadlines for electing COBRA coverage, paying COBRA premiums, and for notifying the health plan of a Qualifying Event that is a divorce, separation, loss of dependent status or a disability have been suspended during the Outbreak Period and will restart on the earlier of one year following the date you receive notice of a claim denial or July 10, 2023 (60 days following the announced end of the National Emergency).

Example 1: If an employee has a COBRA qualifying event (a reduction of hours or a termination) and wishes to elect COBRA coverage, the normal 60-day election period is not diminished by the Outbreak Period. For example, if coverage is lost on March 1, 2023 due to a qualifying event and the COBRA election notice is sent on March 1, 2023, the normal deadline to elect COBRA will be April 30, 2023 (the 60th day after March 1, 2023). However, the last day of the COBRA election period is 60 days after July 10, 2023 (the end of the Outbreak Period), which is September 8, 2023.

The normal deadline to pay the initial COBRA premium occurs 45 days after COBRA is elected. If the employee elects COBRA on September 8, 2023, the initial COBRA premium is due on October 23, 2023 (45 days after September 8, 2023).

Until the employee elects and pays for coverage the administrative office will inform health care providers that the employee does not currently have coverage but will have coverage retroactively if he elects COBRA coverage and makes timely payment of COBRA premiums covering the months from the COBRA qualifying event. Thus, in the example above, if the employee elects COBRA by September 8m 2023 she will be eligible as of March 1, 2023 as long as she pays COBRA premiums for the months of March 2023 through October2023 by October 23, 2023. If the employee only pays COBRA premiums for two months, then the Plan would not be obligated to pay for services rendered after April 2023.

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NOTICE OF GRANDFATHERED STATUS

This group health plan believes that this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (PPACA). As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the United Brotherhood of Carpenters and Joiners of America General Office and Staff Health and Welfare Plan c/o BeneSys Administrators. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered plans.

If you have questions, please contact the Administrative Office toll free at (855) 550-1696, or the website at www.UBCbenefits.org.

A copy of the SMM is also located on the participant website www.UBCbenefits.org.

Sincerely,

THE BOARD OF TRUSTEES