

**SECOND SUMMARY OF MATERIAL MODIFICATION TO THE
OHIO CONFERENCE OF PLASTERERS' & CEMENT MASONS'
HEALTH & WELFARE PLAN'S
2020 SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT**

I. Introduction

This Summary of Material Modifications (“SMM”) to the Ohio Conference of Plasterers’ and Cement Masons’ Health and Welfare Plan (“Plan”) has been adopted by the Plan’s Board of Trustees to adopt provisions to comply with the No Surprises Act, to add additional supply options for retail prescription drug claims, and to include coverage of over-the-counter COVID-19 Tests in accordance with new Federal guidelines.

These changes are described in greater detail below. This document is designed to describe the modifications to the Plan’s Summary Plan Description and should be read in conjunction with that document. That means that information set forth in this Second SMM to the Plan supersedes what is set forth in the SPD. However, any information that is not included in this Second SMM but are included in the SPD continues to be effective.

II. No Surprises Act Provisions – Out-of-Network Emergency Services/Out-of-Network Providers at In-Network Facilities/Coverage for Air Ambulance Services

The No Surprises Act requires several changes to the SPD. These changes are set forth below and are **effective May 1, 2022**. Under the No Surprises Act, the Plan will be required to cover out-of-network emergency charges at the in-network rate, including any coinsurance, copayments, and out-of-pocket limitations. This coverage also applies to certain post-stabilization services following an emergency medical situation. The Plan must also cover at the in-network rate any services from an out-of-network provider that are rendered at an in-network facility as long as the participant does not consent to such treatment being considered out-of-network. Accordingly, the Plan has added the following footnote to the end of the Schedule of Benefits for all Eligible Classes I, II, and III and Early Retirees and Dependents located on pages 4 through 9 of the SPD.

***For Covered Services rendered by Out-of-Network providers at In-Network facilities on or after May 1, 2022, please see the description for “Services from Out-of-Network Providers at In-Network Facilities” set forth below in the Section entitled “Basic Benefits.”

In addition, a new section describing coverage for “Services From Out-of-Network Providers at In-Network Facilities” is also added to all of the Schedules of Benefits described above to read as follows:

**SERVICES FROM OUT-OF-NETWORK PROVIDERS AT
IN-NETWORK FACILITIES**

Effective May 1, 2022, if a Covered Person receives care from an out-of-network provider at an in-network facility, then the Covered Person will be responsible for any cost sharing

(including any copayment, coinsurance, deductible, or other out-of-pocket expense requirement) as it relates to the out-of-network provider as if the out-of-network provider were an in-network provider and under the same terms as for in-network care. Covered Persons receiving such treatment shall also not be balance billed even though the provider is out-of-network. Examples of common out-of-network charges rendered at in-network facilities include, but are not limited to, Emergency Room Doctors, Anesthesiologists, Pathologists, and Radiologists. Notwithstanding the foregoing, if the provider obtains consent of the Covered Person to charge the out-of-network rate, and such consent meets all conditions set forth in 42 U.S.C. §300gg-132(d) and its associated provisions, then such treatment may be covered at the out-of-network rate and subject to balance billing.

The No Surprises Act also requires the Plan to cover emergency air ambulance services at the in-network rate as of May 1, 2022. Therefore, the previous description of “Ambulance Services” located on Page 54 of the SPD is has been amended to add the following language to the provision:

Effective May 1, 2022, all Emergency air ambulance services will be covered at the In-Network rate regardless of whether the Provider is Out-of-Network.

Finally, the No Surprises Act modifies the definition of Emergency Services to include treatment at an Independent Freestanding Emergency Department. Accordingly, the definition of “Emergency Services” located at Page 78 of the SPD is hereby modified by deleting the previous definition and inserting the following new definition of Emergency Services:

Emergency Services – a medical screening examination as required by federal law that is within the capability of the emergency department of a Hospital or of an Independent Freestanding Emergency department, including ancillary services routinely available to the emergency department of a Hospital or Independent Freestanding Emergency department to evaluate such Emergency Medical Condition; and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital or Independent Freestanding Emergency department, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd) to Stabilize the patient.

III. Additional Supply Options for Retail Pharmacy Claims

Effective March 1, 2022, the Plan is amended to include additional options for Retail pharmacy claims. Accordingly, the Schedules of Benefits for both (1) Active Employees Class I Employees, and (2) Class II, Class II, and Early Retirees and Dependents, are amended by removing the previous rows in the table entitled “Prescription Benefits” on pages 6 and 9 of the SPD and inserting new updated rows describing Prescription Benefits as follows:

Schedule of Benefits for Eligible Class I Active Participants and Dependents

Prescription Benefits			
	HIGH	MID	LOW
Retail (34 & 90 Day Supply)	80%	80%	70%
Mail Order (90 Day Supply)			

Schedule of Benefits for Eligible Class II, Class III, and Early Retirees and Dependents

Prescription Benefits	
Retail (34 & 90 Day Supply)	80%
Mail Order (90 Day Supply)	80%

IV. Coverage of Over-the-Counter (“OTC”) COVID-19 Tests

Effective January 15, 2022 and until the end of the COVID-19 public health, the Plan will reimburse the cost of OTC COVID-19 Tests. Accordingly, the following new description for “OTC COVID-19 Tests” has been added to the Schedule of Benefits for all Eligible Classes I, II, and III and Early Retirees and Dependents located on pages 4 through 9 of the SPD, as set forth below.

OTC COVID-19 Tests	Effective January 15, 2022 and until the end of the COVID-19 public health emergency, the Plan will reimburse the cost of Over-the-Counter (“OTC”) COVID-19 Tests. See the description for Coverage of OTC COVID-19 Tests below (set forth under the Section entitled “Basic Benefits”) for limits and restrictions on the Plan’s coverage of OTC COVID-19 Tests.
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Moreover, the Plan has also adopted a new description for the “Coverage of OTC COVID-19 Tests,” which is added to the list of benefits under the title “Basic Benefits” beginning at page 45 of the SPD.

COVERAGE OF OVER-THE-COUNTER COVID-19 TESTS

Effective January 15, 2022 and until the end of the public health emergency for COVID-19, the Plan will cover over-the-counter (OTC) COVID-19 Tests approved by the U.S. Food and Drug Administration which are self-administered and self-read. The Plan will cover up to eight (8) tests per Covered Person each thirty (30) day period. Participants must purchase the test out-of-pocket and submit proper documentation evidencing the purchase to the Plan or Pharmacy Benefit Manager for reimbursement, as determined by the Board. COVID-19 Tests can be obtained without a physician’s note or order but must be for diagnostic purposes only. Any OTC COVID-19 Test that is used for employment, school, or recreational purposes is not eligible for reimbursement under the Plan.

The Plan will continue to cover COVID-19 Tests that are ordered by a Physician or other medical professional at 100% with no out-of-pocket costs to you. To distinguish the Plan’s coverage of Physician ordered COVID-19 Tests and OTC COVID Tests, the Schedule of Benefits for all Eligible Classes I, II, and III and Early Retirees and Dependents located on pages 4 through 9 of the SPD is hereby updated as follows:

COVID-19 Testing	Tests order by a Physician or other medical professional are covered at 100%. For coverage of over-the-counter COVID-19 tests, please see description of coverage for OTC COVID-19 Tests below.
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V. CONCLUSION

As stated in the Introduction, this SMM should be read in conjunction with the SPD. Information contained in this SMM supersedes what is contained in the SPD. However, explanations which are not included in this SMM but are included in the SPD mean that those provisions in the SPD have not been materially modified.

If you have any questions concerning the benefits to which you are entitled, you may wish to refer to your SPD, the applicable collective bargaining agreement, or contact the Plan Administrator at:

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