

STEUBENVILLE ELECTRICAL WELFARE FUND
626 North Fourth Street
Steubenville, Ohio 43952
Telephone: (740) 282-1251

SUMMARY OF MATERIAL MODIFICATIONS
FOR THE COMBINED PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE STEUBENVILLE ELECTRICAL WELFARE FUND

The Board of Trustees of the Steubenville Electrical Welfare Fund (the “Fund” or “Plan”) has updated your Combined Plan Document and Summary Plan Description (the “Plan Document”), which became effective on January 1, 2021. This “Summary of Material Modifications” explains the changes and should be kept with your Plan Document.

1. List of the Plan’s Professionals

The list of the Plan’s professionals on page 3 of the Plan Document was revised as follows:

ADMINISTRATIVE MANAGER

BeneSys, Inc.
3660 Stutz Drive, Suite 101
Canfield, Ohio 44406-8149
Phone: (330) 270-0453
Fax: (330) 270-0912
Office hours: 7:30 a.m. – 4:30 p.m. M-F (except holidays)

FUND OFFICE

Steubenville Electrical Welfare Fund
c/o Administrative Manager
I.B.E.W. Building
626 North Fourth Street
Steubenville, Ohio 43952
Phone: (740) 282-1251
Fax: (740) 282-4407

FUND CONSULTANT

Jason C. Haas
Vice President, Senior Consultant
Segal
101 North Wacker Drive, Suite 500
Chicago, Illinois 60606
Phone: (312) 984-8514

FUND COUNSEL

Thomas J. Griffith, Esq.
Macala & Piatt, L.L.C.
601 South Main Street
North Canton, Ohio 44720
Phone: (330) 493-1570
Fax: (330) 493-7042

The Board of Trustees wants to remind you that it is extremely important that you keep the Administrative Manager and the Fund Office informed of any changes to your mailing address, to your other contact information, and to the names of your dependents and beneficiaries (if any) under the Plan. This is your obligation and failure to fulfill that obligation could jeopardize your eligibility for benefits. You also should keep copies of any documents you send to the Administrative Manager and the Fund Office.

The importance of your current contact information cannot be overstated, since it is the only way the Board of Trustees, the Administrative Manager, and the Fund Office can stay in touch with you concerning the Plan's design changes, notices, amendments, and other medical information affecting your benefits and eligibility under the Fund.

2. COVID-19 Coverage

Section 13.5 of the Plan Document was revised to update the Plan's COVID-19 provisions. In particular, effective March 18, 2020, during the declared period of the Public Health Emergency, the Plan will cover COVID-19 testing at no cost (i.e., with no copayments, deductibles, or coinsurance) at both an in-network provider or out-of-network provider facilities. Such testing, diagnostic services, and items covered include the following:

- any test approved, cleared or authorized by the FDA;
- any test that a test developer intends or has requested FDA authorization for emergency use;
- any state-authorized test where the state has notified the Department of Health and Human Services; and
- any other test that the HHS has determined as appropriate in published guidance developed during the Public Health Emergency.

The Plan's COVID-19 coverage extends to any diagnostic services or items provided during a medical visit, such as in-person visits to a doctor's office, an urgent care center, or an emergency room that results in an order for an administration of COVID-19 testing or screening, but only to the extent such items and services relate to the furnishing or administration of the test or to the evaluation of the need for a test. Prior authorization or any other medical management requirement is not required for diagnostic services related to COVID-19 testing.

The Plan will pay or reimburse for covered COVID-19 diagnostic tests as follows:

- the Plan will pay at an existing negotiated rate if there is one; or
- in the absence of a pre-existing negotiated rate, the Plan will pay the cash price listed by the diagnostic test provider on its website.

COVID-19 testing will be covered prior to having medically necessary surgery, inpatient admission, or elective surgery at no cost to you, provided the attending primary care physician has determined there is a medical necessity for the test in accordance with accepted standards of current medical practice and subject to the terms of the Plan.

Also, during the period of the declared Public Health Emergency, the Plan will cover, subject to current Plan provisions relating to reimbursement of in-network and out-of-network providers, the following virtual services provided by a medical practitioner:

- telehealth/telemedicine visits (i.e., a visit between a medical practitioner and a patient via two-way communication);
- virtual check-in visits (i.e., a brief 5-10 minute check-in with a medical practitioner via telephone or telecommunication to decide whether an office visit is necessary); or
- e-visits (i.e., a communication between a patient and medical practitioner through an online patient portal).

These telehealth services must be performed consistent with guidelines published by CMS in order to be covered.

Moreover, effective on the earlier of January 1, 2021 or 15 business days after the date on which the United States Preventive Services Task Force or the CDC makes an applicable recommendation relating to qualifying COVID-19 immunizations, the Plan throughout the duration of the Public Health Emergency will cover approved COVID-19 vaccinations, antiviral medications, and immunizations (including any applicable dispensing fees for antiviral medications). COVID-19 vaccinations, antiviral medications, and immunizations will be available to you with no cost sharing, whether received in-network or out-of-network, and with no prior authorizations at a doctor's office, medical facility, governmental health facility, including a participating pharmacy through the Plan's PBM.

For network providers, reimbursement for administration of the vaccines, antiviral medications, and immunizations will be based on the Plan's schedule of allowance or contracted rate with such providers. For non-network providers (subject to future government guidance), reimbursement for administration of the vaccines, antiviral medications, and immunizations will be based on a reasonable rate, such as

- an existing negotiated rate if there is one;
- in the absence of a pre-existing negotiated rate, the cash price listed on the provider's website; or
- the Medicare reimbursement rate.

The provider is prohibited from seeking reimbursement for the vaccine itself, including the vaccine administration costs, whether as cost-sharing or as balance billing.

Effective January 15, 2022, and continuing for as long as the Public Health Emergency is in place, the Plan will cover the cost of over-the-counter COVID-19 test kits. This coverage also will be provided with no cost-sharing with no need for prior authorizations and no need for other medical management requirements for individual diagnosis and treatment of COVID-19.

For the COVID-19 test kits, there will be a limit of coverage to 8 test kits per person per month. For instance, a covered family of four would be entitled to purchase up to 32 over-the-counter COVID-19 test kits per month with no cost sharing. However, the Plan will limit post-service reimbursements for the test kits to either the actual cost, including shipping and sales tax, or \$12 per test kit (whichever is lower), so long as such cap complies with government guidance. This coverage is a pharmacy benefit under the Plan, so the Plan's PBM will make the necessary arrangements either for direct payments to the providers or for reimbursements to the patient. If you have any questions about these test kits, you should contact the Plan's PBM.

If you are diagnosed with COVID-19, medical and mental health charges for treatment of the COVID-19 virus will be covered in the same manner and subject to the applicable cost sharing as other medically necessary treatments performed with a network or non-network provider pursuant

to the Plan's terms.

As stated above, this notice serves as a Summary of Material Modifications and should be kept with your copy of the Plan Document for future reference.

If you have any questions about these changes to the Fund, please feel free to contact the Fund Office at (740) 282-1251.

Sincerely,

BOARD OF TRUSTEES