



Asbestos Workers Local 24 Medical Fund Asbestos Workers Local 24 Pension Fund

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ASBESTOS WORKERS LOCAL 24 MEDICAL FUND Summary of Material Modification # 6

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund announces the following benefit change. Please keep this SMM with your Summary Plan Description.

I. Coverage of COVID-19 TESTING NOT MEDICALLY PRESCRIBED

Effective January 15, 2022, the Fund covers the cost of over-the-counter (OTC) COVID-19 tests, even if not prescribed by a medical provider or pharmacist. This change was made to comply with regulatory guidance issued by the Department of Health and Human Services and is effective through the end of the National Emergency related to COVID-19. Coverage of OTC COVID-19 tests is subject to the following rules and limitations:

- The Fund will cover the full costs of OTC COVID-19 tests, when purchased in accordance with the rules described in this notice.
- The Fund will cover the cost of such tests purchased on or after January 15, 2022;
- In order to ensure coverage of the full cost of the test, members must purchase the test at a CVS/Caremark pharmacy (other than a Target CVS);
- To automatically obtain full coverage under the Fund, please present your CVS/Caremark prescription ID card at the time of your purchase from a CVS/Caremark location;
 - Many commonly available self-administered COVID-19 tests are covered under this program.
 - This program does *not* cover tests that require a sample to be sent to an external lab and tests that require the use of separate hub, machine, or mobile application
 - For a full list of covered tests, please contact the Fund Office.
- You can also request direct-mail OTC COVID-19 tests at no costs by visiting [caremark.com](https://www.caremark.com), [cvs.com](https://www.cvs.com) or using the CVS mobile app.
- Alternatively, you can obtain coverage by manually completing and submitting a request for reimbursement to CVS/Caremark; however, tests that you do not purchase directly through your CVS/Caremark prescription ID card or through the direct-mail option (see above) will only be covered up to a maximum of \$12 per test:
 - The form is available online at https://www.caremark.com/portal/asset/COVID-19_Test_Reimbursement_Claim_Form.pdf
 - Requests for reimbursement can be manually submitted either online at www.caremark.com or via the CVS/Caremark mobile app; requests can also be completed and mailed to: CVS Caremark, P.O. Box 53992, Phoenix, AZ 85072-3992. Do not send the Reimbursement Forms to the Fund Office. Send the forms only to CVS/Caremark.
 - You will be required to provide a receipt; you will also be required to confirm that the test was purchased for personal use;
- Each individual on your Fund coverage can obtain up to eight (8) COVID-19 tests per month under these rules;

- In no event will the Fund cover the costs of COVID tests purchased from a private individual, an auction website or retailer or any other resale marketplace;
- Although the Fund will be covering the costs of OTC COVID tests as described above, neither the Fund nor CVS/Caremark can guarantee availability of the tests.

The restrictions above do not apply to COVID-19 tests that are medically prescribed by a medical provider or pharmacist; coverage of COVID-19 tests, for example, that are prescribed by your doctor are not subject to a limitation of 8 per individual per month. Note that the federal government is now providing up to four free tests to each household; tests can be requested online at www.covidtest.gov. Many local or state governments are also providing free OTC tests distributed, ie, through libraries, schools or other community sites. Check with your local health department to find out times and locations for free test distribution.

REMINDERS!!!

II Dependent Coverage

Remember that children of Employees continue to be covered by the Fund until they reach age twenty-six (26). Natural, adopted, step and foster children no longer have to remain unmarried or show they are dependent upon the Employee for support. "Children" also include other children who depend upon the Employee for support and who live with the Employee in a regular parent-child relationship. Except as otherwise provided in the Summary Plan Description, coverage for your Eligible Dependent child will end on the last day of the month in which the child turns age 26.

Each Covered Child or other dependent must be listed on a "Dependent Eligibility Form" signed by the Employee and filed with the Fund Office, along with evidence or proof of status satisfactory to the Trustees. Each change in Dependent enrollment after the initial enrollment must be submitted with evidence or proof of Child or other Dependent status satisfactory to the Trustees.

III. Change in Marital Status

If you become divorced, your former spouse is no longer covered as of the effective date of your divorce. You are required to notify the Fund immediately if you become divorced. If you fail to notify the Fund, your former spouse's continued use of Fund coverage after the date of the divorce will be considered an act of fraud, and you and your spouse will be responsible for repaying the Fund for any benefits so provided. Furthermore, as provided on page 21 of the Summary Plan Description, you and your former spouse have sixty (60) days from the date your divorce becomes effective to notify the Fund Office in order to self-pay for continued coverage under the Fund's COBRA self-payment rules.

IV. Medicare Reminder

Please remember, ***if you are a Retiree or a Dependent, you are required to enroll in Medicare Parts A and B as soon as you are eligible.*** Medicare is generally available to all individuals who are either disabled or age 65 and has three parts – Hospital Insurance (Part A), Medical Insurance (Part B) and Prescription Drug Benefits (Part D). Part A covers inpatient Hospital care and generally is available at no cost. Part B covers doctors' services, outpatient hospital services and other medical supplies and requires a monthly premium. Part D covers prescription drugs and also requires a monthly premium. *If you are a Medicare-eligible Retiree or Dependent, you are required to sign up for Medicare Parts A and B, even though you will have to pay a premium for Part B. You are not required to sign up for Part D (Prescription Drug Coverage).* For a full explanation, see the Summary Plan Description, p. 70 and the Annual Medicare Prescription Drug notice, or contact the Fund Office.

V. Grandfathered Plan

This plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, 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 the Fund may not include certain consumer protections of the Affordable Care Act 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 Affordable Care Act, 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 Plan Administrator at the telephone numbers listed below. 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 health plans.

VI. Credit Cards Accepted by Medical Fund

The **Asbestos Workers Local 24 Medical Fund** accepts credit card payments for self-pays, those electing COBRA and direct pay of retiree premiums. All major credit cards **except** American Express are accepted.

Retirees who elect to make a direct quarterly payment of retiree premiums may request the form from the Fund Office if they wish to charge their premiums to a credit card. A separate form will be required for each payment being authorized to the credit card and will not be automatically recharged each quarter.

Please note that if you elect to make your self-pay by credit card and any adjustments are made later (due to credit for late hours received, reciprocity, sick hours, etc.,) the same credit card will be refunded for the calculated adjustment.

VII. Board of Trustees

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund is:

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Very truly yours,

The Board of Trustees

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