



September 2024

Dear Participant:

We are pleased to announce that the Plan of Benefits provided by the Local No. 1 Health Fund has been amended to reflect several changes and clarifications as noted below. Additionally, we wish to inform you that the federal government is once again preparing to offer free at-home COVID test kits.

COMING SOON: ADDITIONAL FREE COVID TEST KITS AVAILABLE!

Starting in late September, all U.S. households will be eligible to order four free COVID-19 tests at [COVIDTests.gov](https://www.covidtests.gov). According to the Department of Health and Human Services, the new COVID-19 Tests will detect current COVID-19 variants and can be used through the end of the year.

Be sure to order your test kits when they become available!

PLAN CHANGES AND CLARIFICATIONS

Coverage for COVID Vaccination

Until further notice, vaccination for COVID-19 will continue to be paid by the Fund at 100% without cost sharing.

Coverage for COVID-19 Testing

Until further notice, testing and all other services related to testing for COVID-19 will continue to be paid by the Fund at 100% without cost sharing. In other words, deductibles, co-payments, and coinsurance will not apply to the testing or any related services. Also, there will be no pre-certification, prior authorization, or other medical management requirements for this testing.

Coverage for testing also includes coverage for four over-the-counter at-home diagnostic COVID-19 test kits per covered individual per month provided they are purchased at Participating Pharmacies. (And starting in late September, remember that you can order additional test kits from the federal government at no charge, delivered straight to your home.)

As further communicated previously, this coverage without cost sharing applies only when the testing is being performed for diagnostic purposes. There is no coverage for testing performed for public health surveillance or employment purposes (such as screening for general workplace health and safety or to meet return to work requirements or other requirements established by the employer or required by law) or for any other purposes not related to the individualized diagnosis or treatment of an individual.

As always, if you are in Plan A, you must see a Union Health Services provider or you must receive a referral from a Union Health Services (UHS) provider to receive coverage for a provider for services provided outside of UHS.

Telehealth Coverage

Effective May 1, 2023, the Fund will continue to cover telehealth visits, but such visits will be subject to cost sharing (i.e., application of the deductible and any applicable coinsurance or copayments).

Initial Eligibility

Certain changes made by the Trustees in 2020 with respect to initial eligibility for Employees are continued indefinitely until further notice. Specifically, Employees of Contributing Employers become initially eligible for benefits under the Plan as of the first of the month following the Employee's date of hire if the Employee is hired into full-time Covered Employment and provided that the Contributing Employer is obligated to and does contribute with respect to such Employee.

Note: Full-time covered employment is defined in the applicable Collective Bargaining Agreement, and generally means that you are regularly scheduled and expected to work 120 hours per month or more. Also, if you are employed by a Contributing Employer and transferred to a full-time position, you will become initially eligible as of the first of the month following the date of the transfer provided that your Employer is obligated to contribute on your behalf as of such date.

Please file this notice together with your Summary Plan Description ("SPD") booklet.

If you have any questions about this notice, the information contained in the SPD, or about your benefits in general, please do not hesitate to contact the Plan Office.

Sincerely,

Board of Trustees