

SOUTHERN ILLINOIS LABORERS' AND EMPLOYERS HEALTH & WELFARE AND ANNUITY FUNDS

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<p style="text-align: center;">SUMMARY OF MATERIAL MODIFICATIONS IMPORTANT INFORMATION ABOUT YOUR BENEFITS IN RELATION TO THE CORONAVIRUS</p>
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AUGUST 2020

Dear Plan Participant and Covered Dependent(s):

As a result of Coronavirus Disease 2019 (COVID-19) President Trump declared a National Emergency beginning on March 1, 2020. To assist participants and dependents of group health plans, the U.S. Department of Labor and Department of Treasury (“Agencies”) published a Final Rule on May 4, 2020 which retroactively extends certain pre-established deadlines related to special enrollment periods, COBRA continuation coverage, COBRA premium payments, filing of claims and benefit appeals. Due to the fact the deadline extensions in this Final Rule apply to you and your dependents as covered individuals enrolled in the Southern Illinois Laborers’ and Employers Health & Welfare and Annuity Funds (the “Plans”), this notice is intended to communicate and explain those deadline extensions.

Effective March 1, 2020, the existing deadlines for the following items will be “delayed” until **60** days after the announced end of the Coronavirus National Emergency (or an alternative date yet to be determined by the Agencies):

Welfare Plan HIPAA Special Enrollment Period

- If you acquire a dependent through a qualifying event such as marriage, birth of a child, adoption, placement for adoption of a child or obtaining legal guardianship of a child, the Welfare Plan will accept your completed enrollment form and enroll the new dependent if the enrollment form (and all requested supporting documentation) is received by the Welfare Plan within 30 days after the expiration of the new deadline period described above. *For example, if you had a qualifying event as described above on May 1, 2020 and the National Emergency ends on June 1, 2020, you will have 30 days from August 1, 2020 (i.e., August 31, 2020) to submit your completed enrollment form and all supporting documentation.*
- If your dependent loses eligibility for Medicaid or CHIP coverage or becomes eligible for a premium assistance under Medicaid or CHIP, the Welfare Plan will accept your completed enrollment form and enroll the new dependent if the enrollment form (and all requested supporting documentation) is received by the Welfare Plan within 60 days after the expiration of the new deadline period described above. *For example, if you had a qualifying event as described above on May 1, 2020 and the National Emergency ends on June 1, 2020, you will have 60 days from August 1, 2020 (i.e., September 30, 2020) to submit your completed enrollment form and all supporting documentation.*

Welfare Plan COBRA Continuation Coverage

- If you or your dependent experience a Qualifying Event (such as your loss of employment or reduction of hours, a dependent spouse's divorce or legal separation, or a child ceasing to qualify as a dependent) the Welfare Plan will accept your COBRA election form and consider it to be timely submitted if it is received by the Welfare Plan within 60 days after the expiration of the new deadline period described above. *For example, if you or your dependent had a qualifying event as described above on May 1, 2020 and the National Emergency ends on June 1, 2020, you will have 60 days from August 1, 2020 (i.e., September 30, 2020) to submit the completed COBRA election form for coverage purposes.*
- If you or your dependent experience a Qualifying Event, submit a completed COBRA election form and are enrolled for coverage, the monthly COBRA premium you must pay for continuation coverage will be considered timely if received by the Welfare Plan within 30 days after the expiration of the new deadline period described above. *For example, if you or your dependent are fully enrolled for COBRA continuation coverage as of May 1, 2020 and the National Emergency ends on June 1, 2020, you will have 30 days from August 1, 2020 (i.e., August 31, 2020) to pay the COBRA premiums owed for May through September, assuming you or your dependent are still enrolled for COBRA continuation coverage in September.*

Welfare Plan Filing of Benefit Claims

- In most circumstances, health care providers, dental offices and pharmacies will file claims on your behalf. However, the Welfare Plan will now consider a claim to be filed in a timely manner if it is incurred and received at the Welfare Plan Office (from you or a provider) within 12 months after the expiration of the new deadline period described above. *For example, if you received medical treatment services on May 1, 2020, and the National Emergency ends on June 1, 2020, you or the provider will have 12 months from August 1, 2020 (i.e., August 1, 2021) to file the claim with the Welfare Plan.*

Annuity Plan Filing and Appeal/External Review Requests

- If you or your dependent receive an Adverse Benefit Determination by the Annuity Plan (with respect to disability, death or retirement benefits) the deadline to file a written appeal with the Annuity Plan to dispute the Adverse Benefit Determination will be considered timely if it is received within 90 days after the expiration of the new deadline period described above. *For example, if you received notice of an adverse benefit determination on May 1, 2020, and the National Emergency ends on June 1, 2020, you or your dependent will have 90 days from August 1, 2020 (i.e., October 30, 2020) to file a written appeal with the Annuity Plan.*
- In addition, if the Annuity Plan denies your appeal for disability benefits (whether in whole or in part) and you receive a Final Adverse Benefit Determination, your request for an external review of the Annuity Plan's Final Adverse Benefit Determination - and any subsequent information submitted by you to support the request for external review - will be considered timely if it is received within 4 months after the expiration of the new deadline period described above. *For example, you filed a written appeal with the Annuity Plan on May 1, 2020. You receive a Final Adverse Benefit Determination from the Annuity Plan on June 1, 2020. The National Emergency ends on July 1, 2020. You will have 4 months from September 1, 2020 (i.e., January 1, 2021) to file a written request for external review of the Final Adverse Benefit Determination.*

Welfare Plan Benefit Claim Appeals and External Review Requests

- If you or your dependent receive an Adverse Benefit Determination by the Welfare Plan (with respect to medical benefits or a rescission of coverage) the deadline to file a written appeal with the Welfare Plan to dispute the Adverse Benefit Determination will be considered timely if it is received within 180 days after the expiration of the new deadline period described above. *For example, if you received notice of an adverse benefit determination on May 1, 2020, and the National Emergency ends on June 1, 2020, you or your dependent will have 180 days from August 1, 2020 (i.e., January 28, 2021) to file a written appeal with the Welfare Plan.*

- In addition, if the Welfare Plan denies your appeal (whether in whole or in part) and you receive a Final Adverse Benefit Determination, you or your dependent's request for an external review of the Welfare Plan's Final Adverse Benefit Determination - and any subsequent information submitted by you or your dependent to support the request for external review - will be considered timely if it is received within 4 months after the expiration of the new deadline period described above. *For example, you or your dependent filed a written appeal with the Welfare Plan on May 1, 2020. You receive a Final Adverse Benefit Determination from the Welfare Plan on June 1, 2020. The National Emergency ends on July 1, 2020. You or your dependent will have 4 months from September 1, 2020 (i.e., January 1, 2021) to file a written request for external review of the Final Adverse Benefit Determination.*

Welfare Plan COVID-19 Testing Benefits

In addition to the above deadline extensions, the Welfare Plan is also providing the following temporary benefits enhancements for COVID-19 testing for you and your qualified Dependents until December 31, 2020:

- For both in-network and out-of-network providers, the Welfare Plan will temporarily cover 100% of the cost of FDA approved in vitro (laboratory) diagnostic products used to detect or diagnose COVID-19 and SARS-COV-2, the virus that causes COVID-19, as well as antibody testing used to identify a previous infection. This coverage will include the costs related to the administration of these in vitro diagnostic products and antibody testing as well. No prior authorization is required.
- For both in-network and out-of-network providers, the Welfare Plan will also temporarily cover 100% of the cost of items and services furnished during a health care provider visit, urgent care center visit, and/or emergency room visit (whether it is an in-person or telemed visit) that results in an order for antibody testing, in vitro diagnostic products or administration of in vitro diagnostic products to detect or diagnose COVID-19 and/or SARS-COV-2, the virus that causes COVID-19. No prior authorization is required.
- COVID-19 tests intended for at-home use (including tests which require self-collection of a specimen at home) will be temporarily covered by the Plan at 100% with no cost sharing if the test is ordered by an attending health care provider who has determined the test is medically necessary.
- If you or a covered dependent are tested for COVID-19 and receive a bill to pay, please contact the Welfare Plan Office at the number listed below.

A Final Note

We continue to work hard, and explore all options possible, to provide you and your family with comprehensive coverage and help you get the most of your benefits. If you have any questions regarding this Summary of Material Modifications, please refer to your SPD or contact the Fund Office of the Southern Illinois Laborers' and Employers Health & Welfare and Annuity Plans at: 5100 Ed Smith Way, Suite A, Marion Illinois 62959, (618) 998-1300.

Sincerely,

Board of Trustees

This announcement, which serves as a Summary of Material Modifications, contains only highlights of a recent change to the Southern Illinois Laborers' and Employers Health & Welfare and Annuity Plans. Full details are contained in the documents that establish the Plans' provisions. If there is a discrepancy between the wording here and the documents that establish the Plans', the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plans at any time.