

**PLUMBERS & STEAMFITTERS LOCAL 21
BENEFIT FUNDS**

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**SUMMARY OF MATERIAL MODIFICATION
TO THE
PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

June 2020

To: All Active, Pre-Medicare Retiree and COBRA Participants

From: The Board of Trustees

Re: Important Changes to Your Medical Benefits

Important Changes to Your Medical and Prescription Drug Plan

Introduction

The Board of Trustees of the Plumbers and Steamfitters Local 21 Welfare Fund (the "Fund") are proud of the valuable benefits provided to you and your families through the Fund. This notice describes important changes to the Plumbers and Steamfitters Local 21 Welfare Fund. Please read this notice carefully.

Waiver of Cost Sharing for Detection of COVID-19

Effective March 18, 2020 and through the end of the national emergency as declared by the federal government, the Fund will now cover the following services **from either an In-Network or Out-of-Network provider, with no cost sharing (including deductibles, copayments and coinsurance) to you:**

- Diagnostic tests that are approved or authorized by the FDA to detect the virus that causes COVID-19, including the administration of such tests, for the following types of tests:
 - Tests to detect the virus that are approved, cleared or authorized by certain sections (as required by law) of the Federal Food, Drug and Cosmetic Act (the "Drug Act")
 - Tests for which the developer has requested, or intends to request, emergency use authorization under the Drug Act (and where such authorization has not been denied or the request is not submitted within a reasonable timeframe)
 - Tests developed in and authorized by a State that has notified HHS of its intention to review tests to diagnose COVID-19

- Tests determined appropriate by HHS
- Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration of, the test described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test.

Telemedicine Benefit

As a reminder, the Fund offers telemedicine benefits through Empire known as LiveHealth Online. The telehealth visits are covered to the same extent as in-person office visits. This means that you can have an office visit with your doctor by phone or over the internet, and it will be covered by the Fund just like an in-person office visit. You'll be responsible for the applicable cost sharing for the primary care or specialist physician visit (e.g., in-network copayment or the out-of-network deductible and coinsurance, as applicable). The Fund previously implemented a \$0 copay for telemedicine effective January 1, 2020.

To begin the online visit, log on to www.livehealthonline.com and establish an online account by providing some basic information about you and your insurance plan. Before you connect to a Doctor, you will be asked to identify: the kind of condition you want to discuss with the Doctor, list your local pharmacy, provide information for the credit card you want your cost share for the visit to be billed to, agree to the terms of use, and select an available Physician. If you are not in New York State when you seek an online visit, you will need to check to be sure an online Doctor is available in the state you are in because online Doctors are not available in every state. The visit with the Physician will not start until you provide the above information and click "connect." The visit will be documented in an electronic health record. You may access your records and print them, and may email or fax them to your Primary Care Physician.

Suspension of Certain Utilization Management Review and Notification Requirements

Effective March 20, 2020 through June 18, 2020, the Fund is suspending the below utilization management review and notification requirements for certain hospital services.

- **Preauthorization Requirements for Scheduled Surgeries or Admissions at Hospitals**

As of March 20, the Fund is removing prior authorization requirements for scheduled surgeries or admissions at hospitals for the 90-day period beginning March 20th to allow hospitals to utilize needed staff in clinical roles. Empire may review any applicable cases retrospectively upon the resumption of retrospective review.

- **Concurrent Review for Inpatient Hospital Services**

The Fund is suspending concurrent review requirements for the 90-day period beginning March 20. This will reduce the amount of communication between hospitals and Empire to allow hospitals to focus on patient care. Empire will review any applicable cases retrospectively upon the resumption of retrospective review.

- **Retrospective Review for Inpatient Hospital Services and Emergency Services at In-Network Hospitals and Payment of Claims**

The Fund is suspending retrospective reviews for inpatient hospital services and emergency services provided at in-network hospitals for 90 days beginning March 20th.

▪ **Hospital Discharge Planning and Preauthorization for Home Health Care and Inpatient Rehabilitation Services Following an Inpatient Hospital Stay**

In an effort to allow hospitals to increase inpatient capacity by quickly discharging patients to subacute or home settings, the Fund is suspending for 90 days, effective March 20, 2020, preauthorization requirements for home health care services and inpatient rehabilitation stays (including inpatient rehabilitation services for mental health or substance use disorder treatment) following an inpatient hospital admission. Home health care services may be reviewed concurrently and retrospectively. This applies to concurrent and retrospective reviews for home health care services. This will allow participants to be discharged more quickly and into services that will aid in their recovery from inpatient services. Empire will review any applicable cases retrospectively upon the resumption of retrospective review.

▪ **Notification Requirements for Emergency Hospital Admissions**

The Fund is suspending requests for medical records as part of the notification for emergency hospital admissions for 90 days effective March 20, 2020.

Hospice Benefit

The Fund is also expanding the hospice benefit to members and dependents. The Plan previously covered 210 days of combined inpatient and outpatient hospice care per lifetime. Effective January 1, 2020, the combined inpatient days and outpatient maximum for hospice care will be 365 days per lifetime.

If you have questions about these changes, please feel free to contact the Fund Office at 914-737-7220.

Plan Sponsor: Plumbers and Steamfitters Local 21 Welfare Fund

Sponsor's EIN: 13-4017983

Plan Number: 501

Plan Year: July 1st to June 30th

You should keep this Notice together with your Summary Plan Description at all times. The two documents should be read together for an accurate depiction of your current health plan benefits. If you have any questions, contact the Fund Office.

The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement").

No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.