

IMPORTANT CORONAVIRUS UPDATES

Dear Participant:

The Board of Trustees of the IBEW Local No. 9 and Outside Contractors Health and Welfare Fund hopes that you and your families are staying safe and healthy during this national health crisis. We are here to help you during the coronavirus outbreak.

To help you during the crisis, we are making Plan changes to cover coronavirus (COVID-19) testing. The changes are explained in this notice. We also wanted to provide some important reminders about the benefits resources that are available to you, as well as what our benefits partners are doing to help, and to reassure you that our Fund Office is here to help you.

CORONAVIRUS (COVID-19) TESTING COVERED 100%

Effective starting February 11, 2020, medically necessary screening and testing for COVID-19 will be paid at 100% with no pre-approval necessary at a BlueCross BlueShield (BCBS) provider. Out-of-Network providers will be paid at the BCBS provider contract rate or Usual Customary Reasonable (UCR) rate. This includes the fees for emergency room, urgent care or physician's office visits, as well as the associated lab testing and radiology services. If a member is diagnosed with COVID-19, all treatment including, but not limited to, hospital, transportation and pharmacy services will be covered in accordance with the terms and conditions set forth in the Summary Plan Description (SPD).

This coverage will stay in effect through May 4, 2020, per the guidance issued by the World Health Organization (WHO). We are relying on guidance from our insurance partners, like BCBS and Sav-Rx, as well as our local, state and federal governments, the Centers for Disease Control (CDC) and the WHO. The COVID-19 testing coverage may be extended if the Trustees think that is prudent.

UPDATES FROM SAV-RX

In order to make sure that our participants have access to your prescription medications, Sav-Rx is allowing participants to refill maintenance medications when 50% of the current supply has been utilized (usually you have to wait until you have used 75% of your medication) at retail pharmacies and also at the Sav-Rx Mail Order Pharmacy. Please note that this does not apply to opioids or controlled substances. The usual copays will apply when you fill your prescriptions.

TELEHEALTH SERVICES

We are also offering a convenient, high-tech way for you and your covered dependents to access medically necessary care with Telehealth from a BCBS provider. This is an important resource available to you during the COVID19 coronavirus outbreak. You will need a smart phone or a computer with a webcam and microphone. If your physician or local urgent care facility offers telehealth services, you can have a medically necessary visit with the physician without leaving your house.

There is no copayment when you visit a doctor through Telehealth as long as your doctor is in the BCBS network. The deductible will also not apply to Telehealth visits. Usually, there is a

copayment. The copayment will be waived through May 4, 2020, following similar guidance as the testing services described above.

FUND OFFICE UPDATES

The Fund Office staff is still working, answering your calls, updating eligibility, and processing claims. We encourage you to go to our website www.myfundoffice.com for news, information and forms. Please call us with any questions or concerns as well. Personal visits to the Fund Office should be avoided but may be available by appointment only.

IN CLOSING

Please keep this Summary of Material Modifications (SMM), which describes changes to information provided in the most recent Summary Plan Description, with your SPD for future reference. Only the provisions described in this letter are changing; no other Plan changes are being made at this time. If you have any questions about this change or your benefits, please contact the Fund Office at 708-449-9004 or 866-661-1021.

Please stay safe and healthy and be patient during this crisis.

Sincerely,

Board of Trustees

This announcement letter contains only highlights of certain features of the IBEW Local No. 9 and Outside Contractors Health and Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

NOTICE OF GRANDFATHERED HEALTH PLAN STATUS

The IBEW Local No. 9 and Outside Contractors Health and Welfare Fund believes its entire plan of benefits, including the retiree option provided therein, 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 already in effect before the law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to non-grandfathered plans (for example, providing preventive health services without any cost sharing). However, the Plan must comply with certain other consumer protections in the Affordable Care Act (for example, eliminating lifetime limits on benefits). You can contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You can reach the EBSA by phone at 866-444-3272 or by accessing their website at www.dol.gov/ebsa/healthreform, where you can see a chart summarizing the protections that do and do not apply to grandfathered health plans. You may also contact the Fund Administrator with your questions by calling 708-449-9004 or 866-661-1021.

NONDISCRIMINATION NOTICE UNDER SECTION 1557 OF THE AFFORDABLE CARE ACT

Discrimination Is Against the Law

IBEW Local No. 9 and Outside Contractors Health and Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IBEW Local No. 9 and Outside Contractors Health and Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The IBEW Local No. 9 and Outside Contractors Health and Welfare Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Rita Becker, Civil Rights Coordinator.

If you believe that IBEW Local No. 9 and Outside Contractors Health and Welfare Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Rita Becker, Civil Rights Coordinator, 18670 Graphics Drive, Suite 201, Tinley Park, Illinois, 60477 Telephone: 708-449-9004, Fax: 866-870-6645, Email: rita.becker@benesys.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Rita Becker is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Illinois/Indiana Top Languages

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-708-449-9004.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-708-449-9004.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-708-449-9004.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-708-449-9004.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-708-449-9004。
Pennsylvania Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-708-449-9004.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-708-449-9004 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-708-449-9004.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-708-449-9004.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-708-449-9004 पर कॉल करें।
Punjabi	ਧਿਆਨ ਦੇਣ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-708-449-9004 'ਤੇ ਕਾਲ ਕਰੋ।
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-708-449-9004.
Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-708-449-9004.
Gujarati	ધ્યાન દે: જો તમે જરાતી બોલતા હો, તો ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-708-449-9004.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-708-449-9004まで、お電話にてご連絡ください。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-708-449-9004.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-708-449-9004.
Urdu	1-708-449-9004 نیرک رادریخ: رگا پآ و در اے تلوب نیہ، وت پآ وک نابز یک ددم یک تامدخ نف نیم بایتسد نیہ۔ لاک
Arabic	ظوظلم: اذا نتك ثدحتت ركذا ةغللا، ناف تامدخ ةدعاسلا ةيو غللا رفاوتت كل ناجملاب صتا مقرب. 1-708-449-9004 (مقر اه)