

## ★★ IMPORTANT NOTICE TO PARTICIPANTS ★★

April 2020

To All Covered Persons:

This Notice is to inform you of important Plan changes. New text is shown in italics.

### Testing and Diagnostic Visits for COVID-19

Effective March 1, 2020, the Plan will provide 100% coverage of qualifying COVID-19 testing and 100% coverage of related office visits (including telehealth visits), urgent care visits, and emergency room visits that result in a COVID-19 test, consistent with the requirements of the Families First Coronavirus Response Act and other applicable law and related guidance. New language is added to the Class A and C Schedule of Benefits and the Reduced Cost Option Schedule of Benefits in your SPD to reflect this change:

COVID-19 Testing	
Qualifying COVID-19 Testing	100%
Office visits (including telehealth), urgent care visits and emergency room visits	100%

Additionally, a new subsection (aa) is added to the Other Covered Expenses section beginning on page 72 of your SPD:

- (aa) COVID-19 virus testing, if for in-vitro diagnostic testing that is authorized by the FDA or otherwise required to be covered under Federal law, and the related costs incurred during an office visit (including a telehealth visit), urgent care visit, or emergency room visit that results in a COVID-19 test. Coverage applies without regard to whether the test is provided in-network or out-of-network and no prior authorization or medical management requirements will apply to the qualifying COVID-19 testing. Coverage will be provided consistent with the Families First Coronavirus Response Act or other applicable Federal law, and related guidance.

### Telehealth

The Plan now offers telehealth services in addition to the LiveHealth Online benefit. Effective March 1, 2020, the Plan covers telehealth, such as virtual office visits, for COVID-19 diagnostic testing at 100% when provided in or out-of-network and effective March 18, 2020, the Plan covers all telehealth services subject to the deductible and coinsurance described in the Schedule of Benefits.

To reflect these changes, section (d) of the Other Covered Expenses section beginning on page 72 of your SPD is revised to read:

- (d) Physician Home and office calls, *including telehealth visits*.

Additionally, subsection (aa) of the Limitations and Exclusions section beginning on page 76 of your SPD is revised to read:

- (aa) Charges for telephone conversations/telephone consultations.

Please keep this Notice with your Summary Plan Description (SPD) booklet for future reference. If you have any questions, please call the Fund Office at (952) 854-0795 or toll-free at: 1-800-535-6373.

Yours very truly,

THE BOARD OF TRUSTEES

*This Notice, which serves as a Summary of Material Modifications (SMM), contains only highlights of certain features of the Local 434 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 discontinue all or part of the Plan at any time.*