

AGC-International Union of Operating Engineers Local 701 Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

October 13, 2023

**TO: All Eligible Participants
AGC-International Union of Operating Engineers Local 701 Health and Welfare Trust Fund**

**RE: Summary of Material Modifications and Notice of the End of the Public Health Emergency
Notice of Plan Changes – Tele-Dentistry**

Effective June 1, 2023, the Trustees amended the Plan to exclude all Tele-Dentistry services or other remote dentistry services. All other Plan terms remain unchanged.

Notice Regarding the End of the Public Health Emergency

The Trust has provided coverage for COVID-19 tests and vaccines since March 2020 pursuant to federal law. The federal government has indicated that effective May 11, 2023, the COVID-19 national emergency will end. This means that health plans like the Trust are no longer required to cover COVID-19 tests, vaccines, and related services without any cost sharing.

Changes Effective May 12, 2023

As of May 12, 2023, the Trust will provide the following benefits for COVID-19 vaccines and testing:

- Vaccines from in-network medical or pharmacy providers will continue to be covered at 100% and at no cost to you. Vaccines from out-of-network medical or pharmacy providers covered according to Plan terms.
- COVID-19 tests from in-network providers will be covered subject to normal Plan terms, such as deductibles and co-insurance requirements.
- COVID-19 tests from out-of-network providers will not be covered.
- Over-the-Counter COVID-19 tests will no longer be covered.

Changes Effective July 11, 2023

During the COVID-19 national emergency, a number of time periods for taking Trust-related actions were extended to the lesser of one year or 60 days after the COVID-19 national emergency period ends (July 10, 2023). Accordingly as of July 11, 2023, the following time limits will revert to their normal lengths, as indicated in your Plan Booklet:

- The 30-day period or 60-day period to request HIPAA special enrollment for you or your dependents.

- The 60-day period for electing COBRA continuation coverage after a qualifying event.
- The period for making COBRA premium payments (45 days after election for first payment or the end of the month for which coverage is sought for subsequent payments).
- The 60 day period to notify the Plan of COBRA qualifying events involving divorce, legal separation, a child's loss of dependent status or disability determinations.
- The date within which individuals must file a benefit claim appeal under the Plan's claims procedures (180 days after denial).
- The deadline for requesting external review for adverse benefits determinations involving medical judgment (4 months after denial of claim appeal).

If you have any questions regarding the contents described in this notice, please contact the Administration Office at (866) 697-5750.

Administration Office

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