United Food and Commercial Workers Unions and Employers Midwest Health Benefits Fund

2625 Butterfield Rd, Suite 208E ♦ Oak Brook, IL 60523 ♦ 800-621-5133 ♦ FAX 847-384-0197 ♦ www.ufcwmidwest.org

IMPORTANT NOTICE ABOUT YOUR PLAN

July 2021

To All Active Plan Participants:

We recognize that you have and continue to be on the front lines during these challenging times; during this global health crisis, we are here to support you and your family. In response to the crisis, the Trustees of the UFCW Unions and Employers Midwest Health Benefits Fund have evaluated previously adopted Plan changes, many of which were scheduled to expire June 30, 2021, and have extended those changes through September 30, 2021. As a result, sunset provisions for the following Plan changes have been extended:

TELEHEALTH VISITS

Some health care providers offer "telehealth" or "virtual visits" – in other words, you may be able to obtain medical advice over the phone or by video conference with your physician. If your provider offers telehealth services, we encourage you to take advantage of this service. You can save time and get the care you need without having to schedule an in person doctor's appointment or be exposed to people with possibly contagious conditions while sitting in a doctor's waiting room. Behavioral Health services may also be available through your network provider and may also be covered as eligible charges.

Effective **March 18, 2020, through September 30, 2021,** the Fund will cover 100% of the reasonable and customary charge for a telehealth visit related to testing for the virus. Additionally, effective **April 1, 2020, through September 30, 2021**, the Fund will cover a percentage of charges submitted by In-network Providers (generally 85%) of the PPO allowable/reasonable and customary charges for other telehealth visits (regardless of the purpose) after you have met the applicable deductible; at this time, Physical and Occupational Therapies remain excluded from telehealth visits coverage.

IN-NETWORK COVID-19 TREATMENT, NON-NETWORK EMERGENCY COVID-19 TREATMENT WILL BE PAID AT 100%

If you and/or a covered Dependent need to be treated for the coronavirus, the Fund will cover 100% of the reasonable and customary charge for In-network treatment of COVID-19 without cost-sharing. In other words, no copayment, coinsurance percentage or deductible will apply for care received from In-network Providers. In addition, the Fund will cover 100% of the cost for emergency non-network treatment of COVID-19 in accordance with the Plans existing Usual and Customary provisions.

If you receive care from a non-network provider on a non-emergency basis, however, the Plan's standard copayments, coinsurance percentages, and deductible will apply as set forth in the applicable Schedule of Benefits that accompanies your Summary Plan Description. Additionally, a non-network provider may balance bill you for the difference between what the Plan pays and its billed charge.

This expanded coverage for COVID-19 treatment began March 18, 2020, and will remain effective through September 30, 2021.

EXPANSION OF WEEKLY INCOME BENEFITS

Weekly income protection benefits will be available to you if you qualify under the Plan and are unable to work either because you are required to be in quarantine as a result of contact with someone who has been diagnosed with coronavirus, because you yourself have been diagnosed with coronavirus or because of an underlying medical condition determined by a doctor to put you at increased risk of contracting coronavirus. Because of the importance of staying at home in these situations, the Fund is waiving the otherwise applicable 7-day waiting period for Weekly Income Benefits. Benefits will begin on the first day that a participant is quarantined and will continue until the participant recovers or the period of quarantine ends, up to a maximum of 26 weeks. However, the Weekly Income Benefits will begin only after the paid sick leave benefits included in the Families First Coronavirus Response Act have been paid.

Examination by a Doctor
Normally, the Plan requires that you be examined by a doctor in order for weekly income benefits to begin. However, the Trustees have the discretion on a case by case basis to waive the requirement, for example, if you cannot obtain access to your physician as a result of the coronavirus pandemic. The Trustees continue to reserve the right to request an examination, documentation, or other evidence to determine whether you qualify for the weekly income benefits on the basis set forth above. If you do not qualify for weekly income benefits but have received such benefits, you will be required to reimburse the Fund, and, in the meantime, whatever amounts you owe the Fund may be offset against future benefits.

Continuing Eligibility during Disability
Because an absence for the reasons stated above will be treated as a disability, your eligibility for health benefits under the Plan will continue for up to two or six months following the last month you were eligible before your disability began, provided that your employer continues to make contributions to the Fund. The assumed maximum eligibility continuation period available to you depends on your full or part-time employment status and plan of benefits under which you are covered.

This change began March 18, 2020, and will remain effective through September 30, 2021.

90 DAYS SUPPLY OF MAINTENANCE MEDICATIONS

Designated Maintenance Medications can be obtained in 90 day supply for one 30 day copay. Lockout periods on refills have also been shortened to ensure that you have access to needed maintenance medications and enable you to make fewer trips to the pharmacy while shelter in place orders remain in effect. (Specialty Medication copays and fulfillment remain unchanged.)

For designated Maintenance Medications interim 90 day copays are as follows:

Tier 1	$12.00 for 90 day supply
Tier 2	$20.00 for 90 day supply
Tier 3	$34.00 for 90 day supply

To take advantage of obtaining 90 day supplies of eligible medications you must call your pharmacy or physician and ask if your prescription can be changed to a 90 day supply on your daily medications for the treatment of your high blood pressure, diabetes, and other eligible maintenance medications and order your refills through the pharmacy or the Fund's mail order program.

This change began March 18, 2020, and will remain effective through September 30, 2021

Additionally, the following Plan change previously adopted by the Trustees remain in effect:

COVERAGE FOR COVID-19 TESTING WILL BE PAID AT 100%

Effective March 18, 2020, through September 30, 2021, testing and all other services related to approved testing for COVID-19 and SARS CoV-2 will be paid by the Fund at no cost to you. This includes coverage for the cost of the related office visit (including in-person and telehealth visits), urgent care clinic visit, or ER visit, and any items and services provided during such visit that relate to the provision of approved testing. In other words, deductibles, co-payments, and coinsurance (co-pay percentages) will not apply to the testing or any such services. Also, there will be no preauthorization or other medical management requirements for this testing. This means that if you see a PPO Provider, you will pay nothing for testing. If you see a non-network provider, then charges the Fund must consider are limited to the listed cash price for such services.

ADMINISTRATION COST OF A COVID-19 VACCINATION WILL BE PAID AT 100%

Effective January 1, 2021, if you and/or a covered Dependent receive a COVID-19 vaccination, the Fund will cover 100% of the reasonable and customary charge for administration of the vaccine without cost-sharing. In other words, no copayment will apply if the vaccine is administered at a pharmacy under the Plan's Prescription Drug benefit and no coinsurance percentage or deductible will apply when the vaccine is administered by a PPO Provider under the Plan's Comprehensive Medical Expense benefit.

If you receive a COVID-19 vaccination from a non-network provider under the major medical benefit, then the charges the Fund will cover at 100% are limited in accordance with the Plans existing Usual and Customary provisions. This means a non-network medical provider or medical facility may balance bill you for the difference between what the Plan pays and its billed charge for administration of the vaccine.

***

If you have questions about your benefits, call the Fund Office at 800-621-5133. Due to social distancing recommendations, please do NOT visit the Fund Office without first contacting us to schedule an appointment. We will continue to update you as the situation develops.

NOTICE REGARDING GRANDFATHERED STATUS

The UFCW Unions and Employers Midwest Health Benefits Plan 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 that was already in effect when the law was enacted. Being a grandfathered health plan means that you plan may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act; for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at: UFCW Midwest Benefits Fund, 2625 Butterfield Rd., Suite 208E, Oak Brook, IL 60523, 800-621-5133. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please read this notice carefully and keep it with your Summary Plan Description booklet.

***

Summary of Material Modifications
EIN: 36-6958490 PN: 501