

Gulf Coast Carpenters and Millwrights Health Trust
1300 S. Meridian, Suite 125
Oklahoma City, OK 73108
Phone: (405) 682-2323 Toll Free: (800) 422-6207

Summary of Material Modifications

May 1, 2020

To: Eligible Participants of the Louisiana Carpenters and Millwrights Subgroups of the Gulf Coast Carpenters and Millwrights Health Trust.

Hour Bank. In order to lessen the burden on those who might lose coverage due to COVID-19 and its economic effect, the Fund will add hours, on a one-time basis, up to the maximum hours required for one month of continued eligibility for each affected participant. Therefore, the Fund will add hours to your Hour Bank if these two conditions are met: (1) your Hour Bank is not completely full, and (2) you have been affected by COVID-19.

You have been “affected by COVID-19”, if you meet any of the following conditions:

1. You have been diagnosed with COVID-19 by an in vitro diagnostic test that is approved by the Food and Drug Administration (FDA), for which the developer has requested emergency use authorization, or that is authorized by a state or by a serological test that is used to detect antibodies against the virus.
2. Your spouse or dependent has been diagnosed with COVID-19 by an in vitro diagnostic test that is approved by the Food and Drug Administration (FDA), for which the developer has requested emergency use authorization, or that is authorized by a state or by a serological test that is used to detect antibodies against the virus.
3. You have experienced adverse financial consequences as a result of being quarantined due to COVID-19.
4. You have experienced adverse financial consequences as a result of being unable to work because of lack of child care due to COVID-19.
5. You have experienced adverse financial consequences as a result of being furloughed or laid off or having your hours reduced due to COVID-19.

To receive these hours, you will need to complete and sign a form and send it to the administrator. To get your form you can:

Write to: Gulf Coast Carpenters and Millwrights Health Fund
c/o Zenith American Solutions
1300 S. Meridian Ave., Suite 125
Oklahoma City, OK 73108

Call: (405) 682-2323 or (800) 422-6207

E-mail: Lezlee Wall (lwall@zenith-american.com)

COVID-19 Testing. Effective March 18, 2020, and until the public health emergency related to COVID-19 is declared over by the federal government, the Plan will cover (at no cost to the Participant) in vitro diagnostic tests that are approved by the Food and Drug Administration (FDA), for which the developer has requested emergency use authorization, or that are authorized by a state, and serological tests that are used to detect antibodies against the virus (thus indicating whether the person has been exposed to the virus).

During the public health emergency the Plan will also cover (at no cost to the Participant) office visits that result in an order for, or administration of, a COVID-19 diagnostic test. If a health care provider decides to first do other related tests (e.g., blood tests or influenza tests), and the “visit” results in an order for, or administration of, a COVID-19 test, the Plan will cover these related tests at no cost to the Participant. The term “visit” (e.g., office visit, urgent care visit, emergency room or telehealth visit) will also encompass non-traditional settings such as drive-through sites where licensed healthcare providers administer the tests.

These items and services will be covered without cost sharing when medically appropriate for the individual, as determined by the individual’s attending provider in accordance with accepted standards of current medical practice. The Plan will not impose any prior authorization requirements or medical management requirements on these items and services.

Telehealth. Effective March 18, 2020, and until the public health emergency related to COVID-19 is declared over by the federal government, the Plan will cover (at no cost to the Participant) any in-network telehealth visit that is otherwise covered under the Plan and that can be conducted in an audio/video format (using phones, computers or other devices) instead of in-person.

Prescription Drug Clinical and Safeguard Programs. Effective July 1, 2020, new clinical and safeguard programs are being added to your prescription drug coverage through Express Scripts. These programs include expanded step-therapy and prior authorization. The new step therapy and prior authorization requirements will apply to new prescriptions dispensed on or after July 1, 2020. If you have questions regarding these new programs, please contact Express Scripts at the phone number listed on your Identification Card.

Specialty Drug Provider. Effective July 1, 2020, the Fund is contracting exclusively with Accredo, an Express Scripts specialty pharmacy, to provide Specialty Drugs. The Diplomat Specialty Pharmacy is being discontinued on June 30, 2020. You must purchase all Specialty Drugs directly from Accredo beginning July 1, 2020. If you use a pharmacy other than Accredo to purchase Specialty Drugs, you will be required to pay the full cost of the medication.

A Specialty Drug is used to treat chronic, complex conditions like multiple sclerosis, rheumatoid arthritis and cancer. Specialty Drugs can include oral solids, or can be injected, infused or inhaled and may require special handling.

Please feel free to call Accredo with any questions you may have. You can reach Accredo toll-free at 877-895-9697 between 7:00 a.m. and 10:00 p.m. Central, Monday through Friday, or Saturday 7:00 a.m. - 4:00 p.m. Central.

Extension of Certain Health Plan Deadlines. In determining certain deadlines under the Plan, the Plan will disregard the “Outbreak Period” and extend deadlines as described below. The “Outbreak Period” began on March 1, 2020, when a National Emergency related to COVID-19 was declared, and will end 60 days after the end of the emergency (or on another date issued by the Departments in the future).

- The Plan will allow individuals to enroll based on loss of eligibility for other coverage or acquisition of a new dependent for up to 30 days after the end of the Outbreak Period (60 days in the event of a special enrollment because of loss of coverage under Medicaid or the Children’s Health Insurance Program).
- The Plan will allow individuals who have experienced a qualifying event to elect COBRA until 60 days after the end of the Outbreak Period.
- The Plan will consider COBRA premiums timely if they are made within 30 days after the end of the Outbreak Period.
- The Plan will consider notification of a COBRA qualifying event by the participant (e.g., divorce, loss of dependent status or receipt of a Social Security Disability determination) timely if received within 60 days after the end of the Outbreak Period.
- The Plan will extend the deadline for filing benefit claims by disregarding the Outbreak Period.
- The Plan will extend the deadline for filing an appeal of an adverse benefit determination by disregarding the Outbreak Period.
- The Plan will extend the deadline for filing a request for external review or information to complete the request for external review by disregarding the Outbreak Period.

If you have questions regarding this Summary of Material Modifications, please contact the Fund, c/o Zenith American Solutions, at the address/phone number at the top of this notice.

Your receipt of this Notice is not a certification that you are eligible to receive any benefits under the Plan. You must satisfy the Plan’s eligibility requirements to receive benefits.