IMPORTANT NOTICE REGARDING BENEFIT CHANGES

To All Participants enrolled in the following Teamsters Local 731 Health and Welfare Funds (Hereinafter referred to as "Fund or Funds")**:**

- Local No. 731, I.B. of T. Health and Welfare Fund;
  (Formally known as Private Scavengers and Garage Attendants & Linen and Laundry Health and Welfare Funds)
- Health & Welfare Fund of the Excavating, Grading and Asphalt Craft Local No. 731

■ COVERAGE OF OVER-THE-COUNTER COVID-19 TESTS

The Summary Plan Descriptions are amended effective January 15, 2022, to include the following provision under the Prescription Drug Benefits section:

OVER-THE-COUNTER COVID-19 TESTS

Effective for over-the-counter COVID-19 tests ("OTC tests") purchased on and after January 15, 2022 and continuing for OTC tests purchased through the end of COVID-19 public health emergency, the Fund will provide direct coverage for such tests without charge to Participants for OTC tests purchased at a network pharmacies and will reimburse participants up to $12 per OTC test purchased through non-network sources. Such coverage shall be provided as follows:

- The Fund will cover OTC tests at point of sale at zero member cost (without deductibles, copays, or coinsurance) through the existing EmpiRx Health pharmacy network. For coverage under this option, you will be required to present your prescription card at the pharmacy register when obtaining the OTC tests. The Fund will also cover OTC tests obtained through the Mail Service Program at zero member cost. (More information, including the availability of OTC tests and details regarding ordering OTC tests through the Mail Service Program, will be posted on the Funds' website.)
- The Fund will cover OTC tests obtained through non-network sources (such as Amazon) up to $12.00 per test. You will be required to submit a request for reimbursement to EmpiRx to obtain reimbursement from non-network sources. The form you must you use for reimbursement (entitled "Direct Member Reimbursement") is attached. The form includes directions for submitting the form and accompanying documentation to EmpiRx. Please do not submit requests for reimbursement to the Fund Office.
- There will also be no required pre-certification, prior authorizations, or other prescription management requirements for OTC tests.
- In order to be covered by the Fund, OTC tests must be FDA-approved versions.
- Each Participant and Dependent will be limited to 8 OTC tests per calendar month.
- If you obtain an OTC test kit that contains more than one individual test, it shall count as the number of individual tests toward the monthly maximum. (For example, a Participant could obtain 8 individual tests or 4 test kits that contain 2 individual tests each per month).
- The Fund will cover OTC tests without a provider's involvement, order, or prescription. However, the Fund will only cover OTC tests that are used for diagnosis or treatment of COVID-19 and will not cover OTC tests (1) used for personal use or employment purposes, (2) reimbursed by another source, or (3) that are resold. For example, if your employer requires you to take an OTC test for employment purposes, the Fund will not cover the test unless it was used for diagnosis or treatment of COVID-19 (that is, you were exhibiting symptoms of COVID-19 or you were exposed to a COVID-19 positive individual).

- This provision outlining coverage of OTC tests does not apply to coverage of non-OTC COVID-19 tests. Such tests are covered for diagnostic purposes under the Comprehensive Major Medical Benefit with no cost sharing.

■ MENTAL HEALTH/SUBSTANCE ABUSE CLARIFICATIONS AND CHANGES TO DEFINITIONS OF COVERED FACILITIES

The Trustees have also revised the Summary Plan Descriptions effective January 1, 2017, to clarify the following:

- Pre-certification of mental health and substance abuse treatment (sometimes referred to as chemical dependency treatment) must be done through Med-Care Management and not the Member Assistance Program.
- Mental health and substance abuse treatment must be pre-certified with Med-Care Management only if the treatment is performed in a covered facility (as opposed to an office setting).
- There is no requirement to complete a course of treatment in order for substance abuse treatment to be covered.
- Covered facilities must be accredited by an accrediting agency approved by the Centers for Medicare and Medicaid Services.
- NOTE: The pages on which the changes are being made will be listed in the following order Private Scavengers Plan, Garage Plan, Excavators Plan if the relevant pages are different for the different plans. For example, "Pages 29/29/31" would indicate that the specified change is being made to page 29 of both the Private Scavengers and Garage Funds' Summary Plan Descriptions and Page 31 of the Excavators Fund's Summary Plan Description.

Pre-Certification/Member Assistance Program

The Member Assistance Program (or "MAP") was adopted to help you and your dependents cope with personal difficulties that can affect your lives both at home and at work. Through the MAP, member and dependents have access to up to three counseling sessions per problem, situation, or issue, at no cost. In addition to the MAP, the Plan covers medically necessary mental health and substance abuse treatment. (Please note that while the use of the MAP does not require pre-certification, inpatient and outpatient treatment for mental health and substance abuse provided to you at a covered facility requires pre-certification through Med-Care Management. Please also note that mental health and substance abuse treatment provided to you in an office setting is NOT considered outpatient treatment and does NOT require pre-certification.)

To clarify that participants are required to contact Med-Care Management (and not the MAP) to pre-certify mental health and substance abuse treatment provided at a covered facility, the Trustees have made the following changes to the Summary Plan Descriptions effective January 1, 2017:

- Pages 29/28/30: Sections entitled "Substance Abuse – Inpatient and Outpatient" and "Mental Health – Inpatient and Outpatient" are added to the "WHO TO CALL" chart for pre-certifications required through Med-Care Management.
- Pages 29/28/30: The Section entitled Member Assistance Program in the "WHO TO CALL" chart is eliminated.
- Pages 30/29/31: The bullet on the top of the page is revised to read: "**Inpatient and Outpatient Substance Abuse and Mental Health Treatment"** provided at a covered facility must be pre-certified and approved through Med-Care Management. However, substance abuse and mental health treatment provided in an office setting is NOT required to be pre-certified or approved by Med-Care Management. Though it is not required for pre-certification, you may also call the Fund's Member Assistance Program at (800) 292-2780 for assistance in finding the right treatment and/or facility for you and your dependents.

Course of Treatment

To clarify that the completion of a course of treatment is not necessary for the coverage of Chemical Dependency, the Trustees have made the following changes to the Summary Plan Descriptions effective January 1, 2017:

- Pages 36/35/37: Section 21. b. (requiring participants to complete a course of treatment for Chemical Dependency coverage) is eliminated in its entirety and the remaining subsections of Section 21 are re-lettered to reflect that change.
- Pages 55/55/57: Section 27. d. (excluding coverage of Chemical Dependency Treatment where a course of treatment is not completed) is eliminated in its entirety and the remaining subsections of Section 27 are re-lettered to reflect that change.

Covered Facilities

The definition of covered facilities is changing to reflect that the facilities will be covered if they are certified by an accrediting organization that is approved by the Centers for Medicare & Medicaid Services. Effective January 1, 2022, the Trustees have revised the definitions of the following facilities in the Summary Plan Description to reflect that change on the pages so indicated:

Definition of Hospital on page 7 of the Summary Plan Descriptions is restated in its entirety to read as follows:

Hospital means an institution which:

1. Is primarily engaged in providing, by or under the supervision of Physicians, inpatient diagnostic, and therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons, or inpatient rehabilitation of injured, disabled or sick persons;
2. Maintains clinical records on all patients;
3. Has bylaws in effect with respect to its staff of Physicians;
4. Has a requirement that every patient be under the care of a Physician;
5. Provides 24-hour nursing service rendered or supervised by a registered graduate nurse;
6. Has in effect a hospital utilization review plan; and
7. Has accreditation from an accrediting agency approved by the Centers for Medicare & Medicaid Services.

Unless specifically provided, the term *"Hospital"* does **not** include any institution, or part thereof, which is used principally as a rest facility, nursing facility, convalescent facility, or facility for the aged, nor does it mean any institution that makes a charge that the Member is not required to pay.

Definition of Skilled Nursing Facility on pages 8-9 of the Summary Plan Descriptions is restated in its entirety to read as follows:

Skilled Nursing Facility is an institution, or a distinct part of an institution, that complies with all licensing and legal requirements and that meets all the following criteria:

1. It is primarily engaged in providing inpatient skilled nursing care, physical restoration services and related services for patients who are convalescing from injury or sickness and who require medical or nursing care to assist them to reach a degree of body functioning to permit self-care in essential daily living activities.
2. It provides 24-hour-a-day supervision by one or more Doctors or one or more Registered Nurses ("R.N.").
3. It provides 24-hour-a-day nursing services under the supervision of an R.N., and it has an R.N. on duty at least 8 hours a day.
4. Every patient is under the supervision of a Doctor, and it has available at all times the services of a Doctor who is a staff member of general hospital.

5. It maintains daily medical records on all patients, and it provides appropriate methods and procedures for the dispensing and administering of drugs and biological.
6. It has a utilization review plan.
7. It has a transfer agreement with one or more Hospitals.
8. It is accredited by an accrediting agency approved by the Centers for Medicare & Medicaid Services.
9. It is not, other than incidentally, a place for rest, for Custodial Care, for the aged, for drug addicts, for alcoholics, a hotel, a place for the care and treatment of mental diseases or tuberculosis, or a similar institution.

Definition of Treatment Facility for Chemical Dependency on page 9 of the Summary Plan Descriptions is restated in its entirety to read as follows:

> **Treatment Facility for Chemical Dependency** is a rehabilitation facility for the treatment of persons suffering from alcoholism and/or drug abuse or drug addiction. To be considered an approved treatment facility for the purposes of this Plan, the facility must be accredited by an accrediting agency approved by the Centers for Medicare & Medicaid Services.

A sentence is added to the end of section 20.a. on pages 36/35/37 of the Summary Plan Descriptions to define an approved treatment facility for Mental or Nervous Disorders as follows:

20. Treatment of Mental or Nervous Disorders as follows:
    a. Treatment can be rendered in or out of a Hospital or approved treatment facility. An approved treatment facility is a facility that is accredited by an accrediting agency approved by the Centers for Medicare & Medicaid Services.

This Amendment/Summary of Material Modifications approved by the Funds on January 27, 2022.

T. J. Hancock

Terrence J. Hancock, Co-Chair/Trustee
Local No. 731, I.B. of T., Health and Welfare Fund
Health and Welfare Fund of the Excavating, Grading and Asphalt, Local No. 731

■ **Questions?**

Kindly review our website at www.ibt731funds.org, access the Customer Support section of the Viveka Health mobile application, or contact the Fund Office at (630) 887-4150.

KINDLY RETAIN THIS NOTICE WITH YOUR
SUMMARY PLAN DESCRIPTION BOOKLET FOR FUTURE REFERENCE

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Summary of Material Modifications

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January 2022
