

**Bakers Union and FELRA
Health and Welfare Fund**

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Summary of Material Modifications – Changes in Your Plan

July 2021

This Insert is a summary of Plan changes to your Health and Welfare Trust Fund Summary Plan Description (SPD). Please keep this Insert with your booklet so you will have it when you need to refer to it.

- **Dental Benefit Provider** - Effective September 1, 2021, Delta Dental PPO will become the Fund's dental provider. Your benefits will remain the same, but you will have access to a broader range of providers. Visiting a dentist in the PPO network will maximize your savings. You can find a PPO dentist at www.deltadentalins.com.

You will receive a dental ID card from Delta Dental PPO. Keep this card to show to your dental provider so your claims will be processed correctly.

- **Laboratory Benefit** - For all laboratory service claims incurred on or after September 1, 2021, you must use either a Quest Diagnostics Patient Service Center ("Quest") or Laboratory Corporation of America Center ("LabCorp") in order for such services to be covered by the Plan.

Please advise all of your physicians and their offices of this change so they will refer you to the proper LabCorp or Quest facility for all laboratory services performed September 1, 2021 and after. The laboratory services must be performed at a LabCorp or Quest facility to be covered by the Plan. You can call 1-800-768-4695 to obtain the location of the nearest LabCorp or Quest facility or to find the most current list of LabCorp and Quest facilities log on to their website or call them directly at:

- www.questdiagnostics.com or by telephone at (800) 377-8448
 - www.labcorp.com or by telephone at (800) 845-6167
- **COVID-19 Vaccine** - The Plan normally provides coverage for in-network preventative services required by the Affordable Care Act (ACA) without cost-sharing. The Coronavirus Aid Relief and Economic Services Act added to the ACA mandate, to ensure that all participants and dependents have access to the COVID-19 vaccine the following guidelines will apply for the remainder of the COVID-19 public health emergency:
 - The Plan will waive all cost-sharing (deductible and co-insurance) on the COVID-19 vaccine(s) and related administration charges, regardless of whether the vaccine is administered by an in-network or out-of-network provider.
 - If the COVID-19 vaccine(s) is administered by an out-of-network provider, the Plan will reimburse the provider a reasonable amount.

- The COVID-19 vaccine and administration will be covered at 100%, during the COVID-19 public health emergency.
- **COVID-19** - In response to the COVID-19 pandemic and recognizing the challenges the pandemic is causing Fund participants in obtaining medical services and exercising their rights under the plan, the Board of Trustees announces the following temporary changes to Bakers Union and FELRA Health and Welfare Fund's plan of benefits effective March 1, 2020. First, the Fund will provide additional coverage for telehealth services unrelated to the novel coronavirus through December 31, 2020, subject to applicable Fund rules and cost-sharing requirements. Second, deadlines related to COBRA election and premium payments and submitting appeals of denied claims will be extended. These deadline extensions will end on the sixtieth (60th) day following the end of the COVID-19 National Emergency declared by the President on March 13, 2020 (this period of time is referred to as the "Outbreak Period"):

A. Coverage of Telehealth Services

Effective March 18, 2020, the Fund will provide coverage for medical services unrelated to COVID-19 provided by a PPO provider by telephone conference or video conference, subject to any applicable Plan limits, rules, and cost-sharing requirements that would apply to an in-person visit for the same service. Coverage is limited to the period from March 18, 2020 through December 31, 2020.

B. Extension of Deadline for Electing COBRA Continuation Coverage

Effective March 1, 2020, the sixty (60) day deadline for electing COBRA continuation coverage after losing eligibility for benefits under the Bakers Union and FELRA Health and Welfare Fund is extended. The Bakers Union and FELRA Health and Welfare Fund will not start counting the 60-day deadline until the end of the Outbreak Period. This means that a participant who loses eligibility under the Bakers Union and FELRA Health and Welfare Fund between March 1, 2020 and the end of the Outbreak Period has additional time to decide whether to elect COBRA continuation coverage.

C. Extension of Time to Pay COBRA Continuation Coverage Premiums

Effective March 1, 2020, participants on COBRA continuation coverage have additional time to pay their monthly premium. The Bakers Union and FELRA Health and Welfare Fund will not consider a participant on COBRA continuation coverage as being late making any premium payment due between March 1, 2020 and the end of the Outbreak Period if the premium payment is received by the Fund Office within thirty (30) days after the end of the Outbreak Period. This means that a participant on COBRA continuation coverage has extra time to make premium payments that he or she would otherwise need to pay during the Outbreak Period.

D. Extension of Claim Filing Deadline

Effective March 1, 2020, the one (1) year deadline for submitting claims does not start until the end of the Outbreak Period. This means that participants receiving covered services during this period will have additional time to file claims.

E. Extension of Appeal Filing Deadline

Effective March 1, 2020, the deadline for appealing an Adverse Decision is extended. The Bakers Union and FELRA Health and Welfare Fund will not start counting the one hundred eighty (180) day period for submitting an appeal until the end of the Outbreak Period. This means that if you receive an Adverse Decision during the Outbreak Period, you have additional time to file your appeal.

- **Effective March 18, 2020**, in accordance with the Families First Coronavirus Response Act (“Response Act”) the following services will be covered with no cost sharing (including deductibles, co-payments and co-premiums) and no requirement of prior authorization:
 - diagnosis products for the detection of SARS-Cov-2 or the diagnosis of COVID-19 that are approved by the FDA, and the administration of such diagnostic products; and
 - items and services furnished to a Participant or Dependent during healthcare provider office visits (which includes in-person visits and telehealth visits), urgent care visits, and emergency room visits that result in an order for, or administration of, a diagnostic product, but only to the extent that the items and services provided relate to the furnishing or administration of the diagnostic test or the evaluation of whether the individual needs a diagnostic test.
- **Dependent Coverage** – All Plan 1 participants, Plan 2 full-time participants, Plan 3 and Plan 4 participants are eligible to add dependent coverage at the same time as their own coverage begins.
- **Correction to SPD** – On page 34 of your SPD, please change the “Date Benefits Terminate” to read “You will cease to be a *Participant* on the last day of the second month of any two consecutive months in which you have not met the Minimum Work Requirement.”
- **Effective April 1, 2017** – Associated Administrators, LLC, moved its Landover office. The phone number did not change. It remains toll-free (800) 638-2972. The new address is:

Fund Office
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361

- **Effective February 1, 2017** – Group Vision Services is Your New Optical Provider. The Board of Trustees of the Bakers Union & FELRA Health and Welfare Fund is pleased to announce that Group Vision Services (GVS) is your new optical provider and replaces Vision Service Plan (“VSP”).

Featuring an extensive national network, GVS makes it convenient for participants to find a provider. Names of providers are available on the GVS website at www.gvsmid.com, and are updated regularly.

In addition to independent optometrists and ophthalmologists, members may also visit numerous retail locations such as Lens Crafters, Pearle Vision, Sears, Target Optical and JC Penney Optical.

The following benefits, available once every 24 months with no copay, from a network provider include:

- Vision Examination – includes dilation as indicated

- Eyeglass Lenses – single vision, bifocal, or trifocal in standard/basic plastic with standard scratch resistance, polycarbonate lenses for children under 19
- Frames – covered in full up to \$130 retail value. Participants receive 20% off balance for selection costing more than the Plan allowance. Frames are also available through www.glasses.com.
- Contact lenses – in lieu of spectacle lenses (does not include fitting and follow-up)
 - Elective – disposable or conventional, covered in full up to \$130.00 allowance. Conventional lenses: participants received 15% discount off balance over Plan allowance. Contacts available through www.contactsdirect.com.
 - Medically necessary – covered in full up to \$250.00.

Please mark the optical sections of your Summary Plan Description (“SPD”) to note GVS is your vision provider. If you have questions about this change, call the Fund Office at (866) 662-2537.

- **Effective February 1, 2017 – *Union Labor Life is New Life, AD&D Provider.*** Your life insurance and Accidental Death and Dismemberment benefits under the Plan are now provided by Union Labor Life Insurance Company. Their contact information is as follows:

Union Labor Life Insurance Company
8403 Colesville Road, 13th Floor
Silver Spring, MD 20910