



THE ROAD
TO A *healthier* **YOU**

Operating Engineers Local 49 Health & Welfare Fund

SUMMARY OF MATERIAL MODIFICATION

Date: January 1, 2022

To: All Eligible Participants in the Operating Engineers Local #49 Health and Welfare Fund

From: Board of Trustees

As your Board of Trustees of the Operating Engineers Local #49 Health and Welfare Fund, we are pleased to announce the following changes to your Plan benefits, on the effective dates as set forth below. Please read this Summary Material Modification in its entirety to ensure you have a clear understanding of your Plan Coverage.

Effective January 1, 2022

Maternity Benefit for Active Employees (Bargaining Unit)

All Active Employees, working for a contributing employer performing work within the scope of a collective bargaining agreement, will be eligible to receive a maternity benefit. The benefit is payable as a lump sum benefit in the amount of \$3,000, upon giving birth to a child. The benefit is not payable for the Spouse or Dependent of an Active Employee. The Active Employee must be eligible for benefits at the time of the delivery and must have enrolled in the Blue Cross Blue Shield healthy pregnancy program, prior to the delivery. This benefit applies to deliveries occurring on or after January 1, 2022.

The Active Employee may submit the application for this benefit following the birth of her child and must provide verification of her enrollment in the healthy pregnancy program offered by Blue Cross Blue Shield. Any Active Employee applying for the maternity benefit may also be eligible for the Accident and Sickness Weekly Benefit, before and/or after the delivery of the child. You will need to separately apply for the Accident and Sickness Weekly benefit, as required under the terms of the Plan.

The maternity benefit payment, like the Accident and Sickness Weekly Benefit payment is taxable.

**Effective November 1, 2021
Updated Definition of Dependent**

The definition of the term Dependent, found at page 13 of the Summary Plan Description and Plan Document, restated 2022, is updated to include a sibling of the Eligible Employee or the Eligible Employee's Spouse who meets the following conditions:

1. The sibling is less than 18 years of age;
2. Who does not have any living parents,
3. Is placed with the Eligible Employee and resides with the Eligible Employee for more than one-half of the calendar year and is dependent upon the Eligible Employee for more than one-half of his or her support during the calendar year.

**Effective January 1, 2022
Affirmation of the Adoption of the Blue Cross Blue Shield Medical Necessity Requirement
for Drug Testing Claims**

The Fund has entered into an agreement with Blue Cross Blue Shield to provide Participants access to BCBS's network. BCBS is the Fund's preferred provider organization, see page 48 of the Summary Plan Description and Plan Document.

Claims are excluded to the extent they are excluded by BCBS's coverage criteria. See page 69, Exclusion II. All claims, including drug testing claims, will continue to be processed in accordance with the BCBS coverage criteria.

Effective January 15, 2022 through the end of the National Emergency

- The Plan generally does not cover over-the-counter "OTC" products and services. However, to comply with new requirements issued by the Department of Labor, the Plan will temporarily cover OTC COVID-19 tests at no cost to you. The coverage under this SMM begins on January 15, 2022. It is limited as described below. OTC tests for diseases or conditions other than COVID-19 remain excluded from coverage. Coverage under this SMM will automatically end on the date that the Federal Government declares an end to the COVID-19 public health crisis. After that date, the Plan will not cover OTC COVID-19 tests.
- Because all health plans are now required to cover OTC COVID-19 testing, OTC COVID-19 test kits may become scarce at retailers. You may obtain free at-home COVID-19 tests by mail from the Federal Government. Visit www.covidtests.gov to order tests. Additionally, the State of Minnesota provides free testing either in-person or via a test kit

that will be shipped to your home. You can find more information at www.learn.vaulthealth.com/state-of-minnesota.

- You are encouraged to obtain at-home COVID-19 tests from the government or from in-network pharmacies. While this SMM is effective, however, the Fund's Pharmacy Benefit Manager (OptumRx) has developed a program to allow you to purchase covered test kits at an in-network pharmacy. Currently, this benefit is available from Walgreens and Walmart, but the network will likely expand. OptumRx also has a program where you can purchase test kits on-line through the Optum Store. For more information about accessing this benefit, visit OptumRx's website at, www.optumrx.com. We have also enclosed information provided by OptumRx for accessing the test kits.
- You will also be reimbursed for test kits purchased out of network (at retail pharmacies other than Walgreens and Walmart). You will need to retain proof of purchase, including the UPC code, and submit a request for reimbursement to OptumRx. <https://covidtest.optumrx.com/covid-test-reimbursement>
- Reimbursement for OTC COVID-19 tests from out-of-network sources will be limited to \$12 per test.
- The Plan continues to exclude OTC COVID-19 tests that are not authorized, approved, or cleared by the FDA. To verify that a test is one that can be covered, review the marketing information on the packaging or on the retailer's website. It should specifically state that the test is "FDA authorized", "FDA approved", or "FDA cleared". Certain clinical laboratories may offer test kits over the counter for COVID-19 tests that they developed in-house. The marketing material for such tests may include the term "CLIA certified." This does not mean that the test has been reviewed by the FDA. Laboratory developed tests that are not FDA authorized are not covered.
- The Plan will cover no more than eight OTC COVID-19 tests per covered individual per calendar month. Covered individuals include you and your enrolled dependents (spouse and children), if any. Claims for more than the maximum number of tests will be denied. You may purchase more than one test kit at one time so long as you do not exceed the maximum. Please note that there are currently supply issues and there may be limitations imposed by Optum to accommodate these issues.

Keep this SMM with your benefit plan booklet so that you will have an up-to-date description of the Fund's benefits. You will shortly be receiving an updated booklet, effective 2022. This notification provides you information about the amendments adopted after the printing of that booklet.

This Summary Material Modification contains only highlights of recent changes to the Operating Engineers Local #49 Health and Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan language will control. The Trustees reserve the right to amend, modify or terminate the Plan at any time.