

# HEAVY AND GENERAL LABORERS' FUNDS OF NEW JERSEY

## Local 472 . Local 172

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### SUMMARY OF MATERIAL MODIFICATIONS

#### Clarifications to Medical Benefits Pursuant to the end of the National Emergency and Public Health emergency

Effective May 12, 2023

*This document is a Summary of Material Modifications (“SMM”) intended to notify you of an important change made to medical and prescription drug benefits of the Heavy and General Laborers’ Funds of New Jersey Local 472 and 172 (the “Welfare Fund”). You should take the time to read this SMM carefully and keep it with a copy of the Welfare Fund Summary Plan Description (“SPD”) that was previously provided to you. If you have any questions regarding these changes to the Welfare Fund, please contact the Fund Office.*

Dear Participant:

This SMM clarifies important changes in COVID-19 related benefits and administrative deadlines as a result of the declared end of the National Emergency (“NE”) and Public Health Emergency (“PHE”) on May 11, 2023.

The federal government has announced that both the NE and PHE related to COVID-19 will terminate on May 11, 2023. Consequently, the plan rules concerning coverage of certain benefits related to COVID-19 will be changing. In general, special rules in effect during the PHE and NE will terminate and benefits will be covered under the usual cost-sharing provisions of the Welfare Fund.

#### **Changes to COVID-19 Related Benefits**

Below is a brief summary of changes to COVID-19 related medical and prescription drug coverage beginning May 12, 2023:

| <b>Benefit</b>                               | <b>During the PHE</b>   | <b>Effective May 12, 2023</b>   |
|--|---|---|
| <b>COVID-19 vaccines, including boosters</b> | No charge for the vaccine when received at either in-network or out-of-network providers. | COVID-19 vaccines and boosters will be covered in the same manner as other vaccines where the usual cost-sharing may apply. |

|   |   |   |
|---|---|---|
| <b>COVID-19 diagnostic tests and related services</b>                               | No charge for COVID-19 test related office visits or lab tests (including rapid diagnostic and swab-and-send tests) performed by either in-network or out-of-network providers.   | COVID-19 test related office visits or lab tests will be covered in the same manner as any test or lab, where the usual cost-sharing may apply, based on whether the service is performed in or out of network. |
| <b>COVID-19 at-home test kits, also known as over-the-counter, or OTC test kits</b> | No charge for up to eight (8) over-the-counter (OTC) COVID-19 tests per month, both in and out of network. Reimbursement for out-of-network OTC COVID-19 tests is limited to \$12 per test.   | COVID-19 OTC tests are not reimbursable and will not be provided through your prescription drug benefit.  |
| <b>Telehealth Visits</b>  | <p>Telehealth services will be covered when provided by an in-network provider at the current in-network primary care physician (PCP) copayment.</p> <p>Services provided by an out-of-network provider will be subject to the current cost-sharing (deductible and coinsurance) applicable for out-of-network office visits.</p> | Telehealth services will continue to be covered in the same manner.   |

## Elimination of Extended Deadlines for Administrative Actions

In addition to the changes above, there are also certain administrative timeframes that will return to normal after the end of the NE and PHE.

Below is a summary of changes to administrative-related deadlines beginning the earlier of 60 days after the announced end of the NE, July 10, 2023 or one year from the deadline for your particular deadline, whichever is earlier.

| <b>Administrative Timeframe</b>  | <b>During the Emergency Period</b>  | <b>Return to Normal Timeframes</b>   |
|--|---|--|
| <b>COBRA, HIPAA, special enrollment and benefit claims and appeals</b> | <p>During the NE, deadlines were extended for:</p> <ul style="list-style-type: none"> <li>• COBRA elections</li> <li>• Paying COBRA premiums</li> <li>• Electing HIPAA special enrollment</li> <li>• Filing claims, appeals and requests for external review</li> </ul> | <p>Deadlines return to normal timeframes starting the earlier of July 10, 2023 or one year from the deadline for your particular extension.</p> <p>Please see your Summary Plan Description or contact the Fund Office for details on applicable timeframes.</p> |

You are still encouraged to use In-Network facilities and participating providers whenever possible. Please keep this important notice with your Plan Document/Summary Plan Description for easy reference to all Plan provisions. Please review these changes carefully and contact the Fund Office with any questions that you may have.

### **Grandfathered Health Plan**

This Plan believes it 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 that law was enacted. Being a grandfathered health plan means that your 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 (973) 589-5050. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### **Important Information**

This summary of material modifications (“SMM”) is intended to provide you with an easy-to-understand description of certain changes to the Welfare Fund benefits.

The Board of Trustees (or its duly authorized designee), reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Welfare Fund, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Welfare Fund. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Welfare Fund, make any promises to you about benefits under the Welfare Fund, or to change any provision of the Welfare Fund. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Welfare Fund and decide all matters, legal and/or factual, arising under the Welfare Fund.