

Puget Sound Benefits Trust

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Administered by
Welfare & Pension Administration Service, Inc.

March 16, 2021

**TO: All Eligible Plan Participants and Dependents
Puget Sound Benefits Trust**

RE: PPO Health Plan Benefit Changes

This is a Summary of Material Modification describing changes to your health plan recently adopted by the Board of Trustees. Please read this notice carefully and keep this document with your Summary Plan Description Booklet.

COVID-19 Testing Kits

Effective October 1, 2020, the Plan will cover over-the-counter FDA Approved Home COVID-19 Active Viral Test Kits. Kits may be purchased at a retail pharmacy through the Express Scripts pharmacy benefits program starting April 1st. The kit is covered as a preventive service with no cost sharing. One test kit per month per eligible (including dependents) will be covered by the Plan.

If you purchased a test kit *before* April 1st, please try to have the pharmacy run it through the ESI Rx program. If you have any difficulty, you may purchase and submit your receipt to the Claims Administration Office for reimbursement. The receipt must clearly identify the purchase date, cost, and the name of the item purchased. Be sure to include the Fund name, as well as your name, ID#, and address when you submit the receipt for reimbursement.

Telehealth Care

Since March 23, 2020, the Board of Trustees have approved the use of Telehealth benefits for telephone, internet, or other virtual care consultations where a patient is not physically seen by their physician or other covered provider.

Effective immediately, the Board has added Telehealth as an ongoing benefit option. Telephonic or other virtual care visits (other than the Teladoc services) are subject to the annual deductible and coinsurance benefits. The telehealth/telemedicine consultation must be diagnosis and treatment focused via a live discussion or video exchange with ongoing participation by the patient and the provider throughout the visit.

Teladoc Services

As a reminder, Teladoc visits are covered in full (100%) with no cost to the participant and you do not have to satisfy your annual deductible. To schedule a consultation, visit www.Teladoc.com/Premera or by phone at (855)-332-4059.

NOTE: Missed appointment charges are not covered and are still excluded from Plan coverage.

Transgender Coverage

The Plan included an exclusion related to sex change counseling, therapy, surgery, and charges related to gender reassignment. Effective January 1, 2021, the exclusion for charges related to gender reassignment has been eliminated and the Plan will cover treatment of gender dysphoria pursuant to the Plan terms and any policies utilized under the Plan.

Important Information Relating to COVID-19 and Extension of Deadlines

The Department of Labor, on February 26, 2021, provided new guidance on the suspension of certain employee benefit time limitations during the COVID-19 Outbreak Period, which is the period beginning March 1, 2020 and ending 60 days after the national emergency ends. This supplemental notice explains how this affects your rights under the Plan.

Extensions of Time

Pursuant to federal guidance, the Plan has extended the following deadlines during the Outbreak Period beginning March 1, 2020:

- The 60-day period for individuals to notify the plan of a COBRA qualifying event.
- The 14-day period for plan administrators to provide an individual with a COBRA election notice.
- The 60-day period to elect COBRA continuation coverage after receiving a COBRA election notice.
- The date for making COBRA premium payments.
- The 30-day (or 60-day, as applicable) period to request special enrollment after a special enrollment event.
- The time limit for members to file a benefit claim, an appeal of an adverse benefit determination, or an external review request, under the plan's claims procedures.

The Department of Labor has authority to grant these extensions for **one year** only. The new Department of Labor notice dictates that the one-year extension should be applied separately to each deadline during the Outbreak Period. In effect, this adds one year to each one of the above deadlines until the Outbreak Period is over.

COBRA Examples

If you had a qualifying event in April 2020 and received a COBRA election notice on May 1, 2020, your 60-day period to elect COBRA coverage will begin running on May 1, 2021, one year later. You will have until June 29, 2021 to elect COBRA continuation coverage effective back to your qualifying event.

If you had a qualifying event in February 2021 and received a COBRA election notice on March 1, 2021, your 60-day period to elect COBRA coverage will begin one year later, on March 1, 2022, or at the end of the Outbreak period, whichever comes first.

COBRA premiums are generally due on the first of the month and subject to a 30-day grace period. During the Outbreak Period, the 30-day grace period for each monthly payment is extended by one year. For example, if you were receiving COBRA in April 2020, the 30-day grace period for the April premium payment begins on April 1, 2021, so your payment is due on April 30, 2021. The May 2020 premium payment similarly will be due by May 30, 2021, and so on.

Special Enrollment Examples

If you previously declined coverage for a dependent because the dependent had coverage under another employer health plan, but your dependent lost that coverage because of the end of that employment, then you have 30 days from the end of that coverage to request special enrollment for that dependent in the Plan. That 30-day time limit was suspended under the federal rule, but will begin or resume **one year** from the date of the event. For example, if your spouse's other employment-based coverage ended on January 1, 2021, you will have until January 30, 2022 to request special enrollment – one year, plus 30 days – unless the Outbreak Period ends earlier.

Important Note Regarding Retroactivity

Please note that while you may elect COBRA continuation coverage back to your COBRA qualifying event or special enrollment for a new dependent based on birth or adoption back to the date of birth or adoption, you must pay any required premiums for all months before retroactive coverage will be provided. Retroactive coverage must be continuous from the time of first retroactive eligibility. You may submit claims for services during the suspended period, but they will be pended until you make the necessary premium payments.

If you have any questions regarding this notice, contact the Administration Office at (800) 3316158, option 0. Please also reference the Trust website, www.psbenefittrust.com for additional information.

**Board of Trustees
Puget Sound Benefits Trust**