

South Bay Hotel Employees, Restaurant Employees Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

August 2, 2022

**TO: All Plan Participants
South Bay Hotel Employees, Restaurant Employees Welfare Fund**

RE: New Benefit Changes to the Self-Funded Medical Plan

This is a Summary of Material Modification describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read this notice carefully and keep it with your benefit booklet for future reference.

The Board of Trustees of the South Bay Hotel Employees, Restaurant Employees Welfare Fund (the "Trust") adopted the following changes to the Self-Insured Aetna PPO Plans:

Telemedicine and Teladoc Visits – Clarification

The Trust provides coverage for virtual or telephonic visits in addition to Teladoc. Benefits for telemedicine and Teladoc are subject to the Trust's deductible and coinsurance the same way as an in-office provider visit.

Applied Behavioral Analysis

Effective August 1, 2022, diagnosis and treatment of medically necessary Autism Spectrum Disorder, including evaluation or treatment of learning disabilities, minimal brain dysfunction, developmental, learning and communication disorders and Intensive therapies such as Applied Behavior Analysis ("ABA") will be covered, subject to the Plan's applicable co-payment or coinsurance.

Diagnosis may include the following: Medically necessary assessments, evaluations, neuropsychological evaluations, genetic testing, or other tests to diagnose whether the individual has one of the Autism Spectrum Disorders.

Treatment including the following care when prescribed, provided, or ordered by a board-certified or licensed health care professional who determines the care to be medical necessary:

- Habilitative or rehabilitative,
- Residential treatment,
- Inpatient Treatment (including partial hospitalization/day treatment),
- Pharmacy benefits,
- Psychiatric & psychological,
- Intensive outpatient treatment, and
- Outpatient treatment.

Services include the following:

- Diagnostic evaluations, assessment, and treatment planning,
- Treatment and/or procedures,
- Medications management and other associated treatments,
- Individual, family and group therapy,
- Provider-based care management services, and
- Crisis intervention.

Colonoscopy Benefit

Effective May 1, 2021, the Trust provides coverage for colorectal cancer screening in adults starting at age 45, as recommended by the U.S. Preventive Services Task Force (USPSTF).

Over-the-Counter COVID-19 Tests

Below, we describe multiple methods for you to access At-Home Over the Counter (OTC) test kits at no cost.

At-Home OTC COVID Test Kits available from the Federal Government – All Americans are now able to request free at-home COVID-19 tests from the federal government. Currently, the limit is four OTC tests per household. To request your free OTC Test Kits from the Federal Government, visit [COVIDTests.gov](https://www.covidtests.gov). These tests are completely free to order, with tests expected to ship within 7 to 12 days. This website also includes a resource to locate any of the 20,000+ sites nationwide offering no-cost antigen and PCR tests to everyone.

At-Home OTC COVID Test Kits covered by the Plan

In-Network Pharmacies – The Plan has contracted with MaxorPlus to provide OTC COVID test kits at no cost to you for tests purchased within the MaxorPlus network. If you use an in-network pharmacy, you may go to the pharmacy counter to have the pharmacy submit a claim to the health plan on your behalf. Your copay will be \$0 directly through the pharmacy. Members can also login to the MaxorPlus member portal and request an over-the-counter COVID test kit and have it shipped to their home address. On the portal, members can indicate any dependents covered on the Plan and MaxorPlus will ship two covered COVID tests kits per indicated individual at a time.

Participants are eligible to receive up to eight (8) tests every 30 days per covered person. The tests must have been authorized, cleared, or approved by the FDA and do not require a prescription or doctor's order. Examples of FDA authorized, cleared, or approved OTC COVID-19 Antigen tests include, but are not limited to:

- BINAXNOW COVID-19 AG SELF TEST
- CARESTART COVID19 AG HOME TEST
- ELLUME COVID-19 HOME TEST
- FLOWFLEX COVID-19 AG HOME TEST
- IHEALTH COVID-19 AG RAPID TEST
- QUICKVUE AT-HOME COVID-19 TEST

Out-of-Network Purchases – The Plan will reimburse the cost of eight (8) tests per month per covered individual in your household at up to \$12 per test, or the actual cost of the test, whichever is lower. Although tests may be sold in packages containing more than one test, *each test is counted separately*. Please note shipping and handling fees will **not** be reimbursed by the Plan. The Plan will cover tests purchased for personal use only. Tests purchased for employment purposes are **not** covered. At this time, to get reimbursement, you will need to submit a claim form and proof of purchase to MaxorPlus. To expedite your claim, we ask you to follow these steps:

1. Purchase the tests from any available retailer. OTC at-home tests are being sold at pharmacies, other retail outlets, as well as online. (If at all possible, purchase tests separate from other items you may purchase so you have a clear receipt for the tests.)
2. Download the COVID Test Reimbursement Form from the Trust website at www.southbayheretrust.com, or from www.maxor.com/maxorplus/. Send the completed form with purchase receipt to:

Patient Reimbursement Claims
MAXORPLUS
320 S. Polk, Suite 200
Amarillo, Texas 79101

Please take advantage of the free tests available to you from the Federal Government and feel free to contact the Trust office if you have any questions. COVID tests are still available at no cost to the member when ordered by a physician; if you are experiencing symptoms of COVID-19, please see your primary doctor.

For more information regarding OTC COVID-19 tests, you may be interested in checking out the [Food and Drug Administration \(FDA\)](https://www.fda.gov) website.

If you have any questions regarding the information outlined in this notice, please contact the Administration Office at (800) 544-5085 option 0.

This Plan 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 this Plan does not include certain consumer protections of the Affordable Care Act that may apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, this Plan 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 Administration Office at 206-441-7574, option 0 or toll free at 800-331-6158, option 0. 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Important Reminder - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents, divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.