

## **IMPORTANT NOTICE ABOUT CORONAVIRUS AND YOUR BENEFIT PLAN**

March 2020

To Participants in Plan:

This notice summarizes important changes to the NECA/IBEW Family Medical Care Plan amid the coronavirus ("COVID-19") pandemic. If you have any questions regarding the changes, you should contact the Benefits Office.

As you are aware, COVID-19 is a global pandemic disease that is currently affecting many parts of the world, including the United States. Federal, state, and local government officials are encouraging all individuals to engage in social distancing and various quarantine protocols, which has led to disruption in the economy and turmoil in the financial markets. As a result of the rapid containment measures taken during the month of March 2020, many IBEW-related jobs and projects may be temporarily suspended or closed, and the Plan expects a sharp decline in the number of hours worked by IBEW members during March. To ensure that you and your family do not lose health coverage as a result of the COVID-19 crisis, the Plan is instituting temporary changes to its eligibility requirements, which are outlined below.

The Plan is monitoring the evolving COVID-19 situation with its professional advisors and will continue to make proactive decisions in furtherance of providing comprehensive and affordable health coverage for you and your dependents.

### **Initial Eligibility Participants**

If you have never been eligible for coverage under the Plan and you worked at least 100 hours in the month of February 2020, the Plan will provide coverage for the month of May 2020, regardless of how many hours you worked in March.

### **Continuing Eligibility Participants**

If you have been eligible for coverage under the Plan prior to February 2020 (meaning you and your dependents have previously received coverage through the Plan), and you worked at least 100 hours in the month of February 2020 **AND** you continue to maintain coverage during the month of April (through hours worked in February 2020, the use of your Hour Bank or through Short Hour self-payments), the Plan will provide coverage for the month of May 2020, regardless of how many hours you worked in March.

### **Coverage of COVID-19 Testing & Treatment**

The Plan will provide coverage of the testing and treatment of COVID-19 at 100% of the Plan's allowable charge with no deductibles, copayments or coinsurance for services rendered by in-network and out-of-network providers. Please note, however, that out-of-network providers are not contractually obligated to accept the Plan's allowable charge amounts as payment in full and may still bill any remaining and unpaid charges to you. If you are billed a remaining balance by an out-of-network provider, please contact the Benefit Office before you pay the bill.

### **Coverage of Telemedicine Office Visits**

The Plan will cover telemedicine visits for participants who are unable to have a physical office visit with a provider as a result of COVID-19.

### **Future Impact**

The Plan will continue to monitor the impact of COVID-19. The Trustees are working diligently to protect all FMCP members and their families, and will keep you informed of any additional changes to the Plan in a similar notice.

If you have any questions about this notice, please contact the Benefit Office at 877-937-9602.

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Please keep this notice with your Summary Plan Description booklet for future reference.

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