

A.F.L. HOTEL AND RESTAURANT WORKERS TRUST FUNDS

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HEALTH & WELFARE • PENSION • TRAINING

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Notice of End of COVID-19 National Emergency and Certain Extended Plan Deadlines

The government provided to health and pension plan Participants certain extensions on deadlines related to electing and paying for COBRA, filing claims and appeals, and other deadlines during the COVID-19 National Emergency. These extended deadlines applied to all Participants in the AFL Hotel and Restaurant Workers Health and Welfare Fund (“Health Plan”) and the Hotel Union and Hotel Industry of Hawaii Pension Plan (“Pension Plan”) (collectively “Plans”).

Now that the COVID-19 National Emergency is ending, these extended deadlines are also ending.

During the National Emergency, the Plans’ deadlines for participant filing of claims for benefits, appeals, electing and paying for COBRA continuation coverage, and requesting special enrollment were suspended until the earlier of: (i) one year from the date the participant(s) were first eligible for relief; or (ii) 60 days after the end of the National Emergency (May 11, 2023). Therefore, the deadlines will begin to run again starting July 10, 2023, if not already expired.

The extension applies to all the following Plan deadlines:

1. Certain COBRA continuation coverage-related deadlines, including:

- i. the 60-day period during which a qualified beneficiary may elect COBRA coverage;
- ii. the due dates for making COBRA premium payments; and
- iii. the date by which an individual must provide notice to the Health Plan of a COBRA qualifying event or a disability determination by the Social Security Administration.

2. HIPAA Special Enrollment Deadlines—The period to request a mid-year “special enrollment” in the Health Plan. Special Enrollment Deadlines are as follows:

- i. to add coverage for you, your Spouse or Dependent Child due to loss of other coverage or other Qualifying Event, deadline is 30 days from the loss of coverage date or Qualifying Event
- ii. to add coverage for you, your Spouse or Dependent Child as a result of loss of Medicaid or State Children’s Health Insurance Program (CHIP), deadline is 60 days from loss of other coverage

3. ERISA Claims, Appeals, Deadlines for Health Plan—The following deadlines that apply to claims and appeals under the Health Plan:

- i. the date by which a participant must file a claim for Health Plan benefits (one year);
 - ii. the date by which a participant must file an appeal of an adverse determination of a claim for benefits (180 days)
4. **ERISA Claims, Appeals, Deadlines for Pension Plan**—The following deadlines that apply to claims and appeals under the Pension Plan:
- i. the date by which a participant must file an appeal of an adverse determination of a claim for benefits (60 days)

Please see the following examples for an explanation of how the end of the deadline extensions will work.

Example #1: You received a denial of your benefit claim from the Pension Plan on May 1, 2022. Under the usual Plan terms, you have 60 days to appeal that decision (that is, until June 30, 2022). However, under the extension guidance described above, the time period you have to file your appeal with the Plan is extended for one year, until April 30, 2023, and so the 60-day period you have to appeal that adverse benefit determination now ends on June 29, 2023.

Example #2: You received a COBRA notice on April 1, 2023. Under the usual Health Plan terms, you have 60 days to elect COBRA (that is, until May 31, 2023). However, under the extension guidance described above, the time period you have to elect COBRA is extended until July 10, 2023, and so the 60-day period you have to elect COBRA now ends on September 8, 2023.

Refer to your SPDs for the usual benefit claim-related deadlines that apply to your coverage(s) and the Plans.

Disclosure of Grandfathered Status

The Trust Fund believes its group health plans are “grandfathered health plans” 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, Benefit & Risk Management Services, Inc., at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817-5315 or 1-808-523-0199. 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.