

January 2021

**TO: All Eligible Active and Retiree Participants
AFL Hotel & Restaurant Workers Health & Welfare Trust Fund**

FROM: Board of Trustees

**SUBJECT: COVID-19 Vaccine, Comprehensive Medical Plan and Indemnity
Prescription Drug Plan**

This is important information regarding health care services for you and your family covered under the Plan:

I. COVID-19 Vaccine Coverage

When a COVID-19 vaccine is made available to you:

A. Comprehensive Medical Plan (Self-funded)

Effective January 1, 2021, the Plan will cover the COVID-19 vaccine at 100% of Eligible Charges for Participating Providers and nonparticipating providers.

B. Indemnity Prescription Drug Plan (Self-Funded)

Effective January 1, 2021, the Plan will cover the COVID-19 vaccine and you pay no copayment at a Participating Pharmacy under the Point of Service (POS) or Central Fill programs. CVS (Longs Drugs) will also be a Participating POS Pharmacy for the COVID-19 vaccine only. Prescriptions and other covered services under this Plan are not available through CVS (Longs Drugs). If you have questions about a Participating Pharmacy, please contact the Pharmacy Benefits Manager at 1 (888) 869-4600 for assistance.

C. Kaiser Plan

The COVID-19 vaccine is covered with no charge to the member. This is subject to change; however Kaiser will comply with any state and/or federal mandates.

D. Retired Participants covered by Medicare Advantage Plans (HMSA Akamai Advantage and Kaiser Senior Advantage)

Pursuant to the CARES Act, Medicare plans are required to cover the administrative cost of the COVID-19 vaccine at no cost share. You can obtain further information from your Medicare Advantage Plan.

II. Comprehensive Medical Plan (Self-Funded)

Exclusions and Limitations of Coverage Clarification regarding Gene Therapy

The Self-Funded Comprehensive Medical Plan has not covered and will not cover gene therapy treatments. Specifically, no benefits under the Self-Funded Comprehensive Medical Plan will be paid in connection with any and all charges for, or related to, gene therapy treatments, whether those therapies have received approval from the U.S. Food and Drug Administration (FDA) or not, or are considered experimental or investigational. For example, this exclusion applies to Chimeric Antigen Receptor T-Cell (CART) Therapies such as Kymriah and Yescarta, as well as Luxturna and Zolgensma, and to all new gene therapies that become available.

III. Indemnity Prescription Drug Plan (Self-Funded)

Drugs Not Covered Clarification regarding Gene Therapy

The Indemnity Prescription Drug Plan has not covered and will not cover gene therapy treatments. Specifically, no benefits under the Indemnity Prescription Drug Plan will be paid in connection with any and all charges for, or related to, gene therapy treatments, whether those therapies have received approval from the U.S. Food and Drug Administration (FDA) or not, or are considered experimental or investigational. For example, this exclusion applies to Chimeric Antigen Receptor T-Cell (CART) Therapies such as Kymriah and Yescarta, as well as Luxturna and Zolgensma, and to all new gene therapies that become available.

Should you have any questions, visit the Trust Fund's website at www.unitehere5trustbenefits.com or contact the Trust Fund Office at 523-0199; neighbor islands, call toll free at 1 (866) 772-8989. If you are unable to contact the Trust Fund Office during normal business hours, inquires may be emailed to hiaflinfo@brmsonline.com

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.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions.