

IMPORTANT NOTICE

Date: May 8, 2023

To: All Active and Non-Medicare Retired Participants covered under the Comprehensive Medical Plan and Indemnity Prescription Drug Plan

From: Board of Trustees
AFL Hotel and Restaurant Workers Health & Welfare Trust Fund

Subject: Plan Benefit Changes Due to Expiration of COVID-19 Public Health Emergency

The U.S. Federal Government has announced the COVID-19 public health emergency will end on May 11, 2023. This emergency affected your plan administration and benefit coverage under the Self-Funded Comprehensive Medical Plan and Indemnity Prescription Drug Plan.

Effective June 1, 2023, the following benefit changes apply.

Self-Funded Comprehensive Medical Plan

- COVID-19 related treatment and diagnostic testing will no longer be covered at 100% and will revert back to standard plan benefits. For outpatient diagnostic testing, you have no copayment when services are provided by a Participating Provider and your copayment is 20% of Eligible Charges and any difference between the actual and Eligible Charges when services are provided by a nonparticipating provider. Please consult your Summary Plan Description (SPD) for standard plan benefits for other services covered under this Plan,
- Telehealth services will be covered as a standard physician visit plan benefit, for which your copayment is 10% of Eligible Charges when services are provided by a Participating Provider and 20% of Eligible Charges and any difference between the actual and Eligible Charges when services are provided by a nonparticipating provider.
- COVID-19 pre-admission testing required for elective facility admissions will be covered under the standard Hospital Inpatient or Outpatient Surgical Center plan benefit, for which you have no copayment when services are provided by a Participating Provider and 20% of Eligible Charges and any difference between the actual and Eligible Charges when services are provided by a nonparticipating provider.
- COVID-19 vaccines, including boosters, will be covered under the standard immunization plan benefit, for which your copayment is 10% of Eligible Charges when services are provided by a Participating Provider and 20% of Eligible Charges and any difference between the actual and Eligible Charges when services are provided by a nonparticipating provider.

- If you pay for the cost of over-the-counter (“OTC”) COVID-19 self-tests approved by the Food and Drug Administration (“FDA”) for Emergency Use Authorization (“EUA”) purchased on or after January 15, 2022, coverage for reimbursement is extended until further notice. Up to 24 individual tests (12 two-test kits) per participant per calendar year may be reimbursed.

Please consult your Summary Plan Description (SPD) for further information regarding the standard plan benefits described above or contact an PSWA customer service representative at (808) 275-2520.

Indemnity Prescription Drug Plan

- COVID-19 vaccines, including boosters, will be covered as a standard benefit available through the Point of Service (POS) Program through Participating Pharmacies, when available. For the currently available COVID-19 vaccines and boosters, the Preferred Brand Name Drug copayment of \$18.00 will apply. COVID-19 vaccines and boosters obtained from a nonparticipating pharmacy are NOT covered under the POS Program.

Please consult your Summary Plan Description (SPD) for further information regarding the standard plan benefit described above or contact an ESI customer service representative at (866) 568-4973.

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.

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust Office at (808) 523-0199, or for neighbor islands, call toll free at (866) 772-8989. If you are unable to contact the Trust Fund Office during normal business hours, inquiries 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.