



BENEFITS UPDATE

June 2023

Changes to your Health Care Benefits

The Trustees have made the following important changes to the Electrical Insurance Trustees Health and Welfare Plan for Communication Employees ("Plan") as described in the Summary Plan Description for the Plan, dated as of January 1, 2008.

This Benefits Update supplements the information contained in that Summary Plan Description. Please keep these documents together for your records and future reference. If you have any questions about the benefit changes described in this Benefits Update, please contact the EIT Benefit Funds Office at 312-782-5442.

Maternity Leave Benefit

Effective January 1, 2023, a new maternity leave benefit has been added to the Plan. If you are an active employee and are out of work due to your pregnancy, you may be eligible for the maternity leave benefit.

Qualifying for a Benefit

To qualify for the maternity leave benefit, you must be covered as an active participant by the Plan (not including COBRA continuation coverage) at the onset of your maternity leave.

When Benefits Begin and End

The maternity leave benefit begins no earlier than 13 weeks before your expected due date, except in the case of delivery prior to 13 weeks. Total payments for maternity leave benefits may not exceed 26 consecutive weeks.

Benefit Amount

The maternity leave benefit provides \$800 per week for up to a maximum of 26 consecutive weeks.

Because of federal law, Social Security and Medicare taxes will be withheld from your weekly maternity leave benefit. If you want federal income and state taxes withheld from your benefit payment, you must notify the Fund Office.

Maintaining Coverage

In order to maintain coverage under the Plan while on maternity leave, you will be credited with 5 hours per day, for each day of maternity leave, up to a maximum of 25 hours per week. Maternity leave hours will be credited for up to a maximum of 26 weeks.

Coordination with Other Benefits

You cannot receive both the maternity leave benefit *and* the Short-Term Disability Benefit or Long-Term Disability Benefit at the same time. However, you may apply for Short-Term Disability benefits under the Plan once your maternity leave has been exhausted, provided

you are still unable to return to work due to a disability (whether due to pregnancy or another reason).

All eligibility rules, requirements and payment amounts under the Disability section of the Plan would apply, with the exception of the 7-day waiting period. Further, COBRA does not extend to maternity leave benefits.

Applying for the Benefit

To apply for maternity leave benefits, you must submit a Maternity Leave statement to the Fund Office within 90 days after your due date or delivery date, whichever is later. For additional information, contact the Fund Office.

Long-Term Disability Benefit

Eligibility

When determining your eligibility for purposes of long-term disability benefits, the Plan requires that you be continuously covered for the 12-month period prior to the date of your injury or illness.

Effective January 1, 2022, eligibility for long-term disability benefits is determined based on continuous health care coverage under the Plan (not including COBRA continuation coverage) for the 12 consecutive months prior to the short-term disability effective date, or 7 of the last 8 consecutive coverage quarters prior to the short-term disability effective date.

End of COVID-19 Emergency Periods

The Biden Administration ended the public health emergency period related to COVID-19 on May 11, 2023. Accordingly, the Board of Trustees made the following changes to the plan of benefits.

COVID-19 Diagnostic Testing

The Fund has been providing coverage for COVID-19 diagnostic testing, including services and supplies related to the furnishing or administration of the test during health care provider visits, urgent care center visits and emergency room visits, without any cost-sharing, for the duration of the public health emergency.

Effective May 12, 2023, the Fund will no longer provide coverage for COVID-19 diagnostic testing without any cost-sharing. The Fund will, however, provide coverage for COVID-19 diagnostic testing in accordance with the Plan's normal rules and cost-sharing requirements for "diagnostic services." Any COVID-19 testing that is not for diagnostic purposes (including but not necessarily limited to testing that is required for work or travel purposes) will not be covered.

Over-the-Counter COVID-19 Testing

The Fund has been providing coverage for over-the-counter ("OTC") COVID-19 diagnostic testing without any cost-sharing for the duration of the public health emergency. Effective May 12, 2023, the Fund will no longer provide coverage for OTC COVID-19 tests. However, you may submit a request for reimbursement for these tests from your Health Reimbursement Arrangement ("HRA").

COVID-19 Vaccinations

The Fund has been providing coverage for COVID-19 vaccinations without any cost-sharing for the duration of the public health emergency. Effective May 12, 2023, the Plan will continue

to provide coverage for COVID-19 vaccinations, but under the normal cost sharing provisions of the Plan for other vaccinations/immunizations. For COVID-19 vaccinations provided by an in-network provider, the Plan will cover at 100% as an ACA preventive care service.

National Emergency

The Biden Administration ended the COVID-19 National Emergency on April 10, 2023. As a result, on July 11, 2023, the Plan deadlines for the following actions will again apply:

- Filing a claim for benefits
- Filing an appeal for a claim denial
- Requesting an external review or perfecting an incomplete request
- Providing notice of a COBRA qualifying event
- Making COBRA elections
- Paying COBRA premiums
- Requesting special enrollment

As a reminder, beginning in March 2020, all Plan deadlines were suspended for the shorter of one year or the end of the National Emergency plus 60 days or such other date announced by the Government. With the National Emergency having ended, all Plan deadlines will begin running July 11, 2023. Any deadline that is currently suspended, and that has not yet hit its one-year extension, will begin running on July 11, 2023.

Forfeiture of HRA Credit Balance

Effective June 23, 2020, the Trustees made changes to the forfeiture rules for the Health Reimbursement Arrangement.

Your HRA credit balance will be forfeited on the earliest to occur of the following:

- You lose coverage under the Plan for a period of four (4) consecutive years (“Non-Eligible Period”) and your HRA balance is less than or equal to \$2,500. If your HRA credit balance is more than \$2,500, your HRA will be forfeited after a period of ten (10) consecutive years starting on the last date of activity (i.e., either a contribution to your HRA credit balance or a reimbursement request is made)(“Inactive Period”); or
- The Fund Office receives written notice that you irrevocably elect to opt-out of the HRA; or
- You die and you have no surviving Dependent.

If you were performing covered work under an IBEW Local 134 collective bargaining agreement, such work will not count towards computing the length of the Non-Eligible Period or Inactive Period described above. However, you must provide supporting documentation to the satisfaction of the Trustees to be eligible for this provision.

IMPORTANT INFORMATION

This Benefits Update is intended to serve as a Summary of Material Modifications for the Electrical Insurance Trustees Health & Welfare Plan for Communication Employees (the "Plan"). If any conflicts exist between the terms of this Benefits Update and the official Plan document, the terms of the official Plan document will control. The Trustees reserve the right to amend, modify or terminate the Plan at any time. Receipt of this Benefits Update does not confer any eligibility or entitlement to any benefits under the Plan.

Electrical Insurance Trustees Health & Welfare Plan for Communication Employees Employer
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