

April 2020

SUMMARY OF MATERIAL MODIFICATIONS

In response to the current COVID-19 pandemic crisis, the Board of Trustees of the Northeast Carpenters Health Fund has adopted the following temporary changes to the Fund's Summary Plan Description for Participants in the Adirondack, Buffalo, Jamestown/Olean, Niagara, Rochester, South Central, and Upstate areas ("Plan"). These changes will remain in effect during the COVID-19 pandemic crisis, as determined by the Board of Trustees, unless terminated earlier at the Trustees' discretion. This document summarizes this change so you should keep it with your Summary Plan Description ("SPD").

Coverage for COVID-19 Testing

Effective March 18, 2020, the following COVID-19 testing services will be covered In-Network and Out-of-Network with no cost sharing (including deductibles, copayments and coinsurance) and no requirement of prior authorization:

- Diagnosis products for the detection of SARS-CoV-2 or the diagnosis of COVID-19 and the administration of such diagnostic products. The types of tests that will be covered include:
 1. Diagnostic testing authorized by the FDA or the Secretary of HHS;
 2. Diagnostic testing that is under review, or will be submitted for review, by the FDA for emergency use; and
 3. Diagnostic testing authorized by a State, if that State has notified the Secretary of HHS.
- Items and services furnished to a Participant or Dependent during health care provider office visits, urgent care visits, and emergency room visits that result in an order for, or administration of, a diagnosis product, but only to the extent that the item or service relates to the furnishing or administration of the diagnostic test or the evaluation of whether an individual needs a diagnostic test.

Coverage for Treatment of COVID-19

Effective April 1, 2020, the Plan will pay 100% of the reasonable and customary charges for hospital care and other eligible medical expenses for the treatment of COVID-19. The eligible medical expenses will be covered In-Network and Out-of-Network with no cost sharing (including deductibles, copayments and coinsurance).

Coverage for COVID-19 Preventive Services

Effective March 27, 2020, to the extent required by federal law, the Plan will cover items, services, or immunizations intended to prevent or mitigate COVID-19, provided the item, service or immunization meets certain criteria and ratings of the U.S. Preventative Services Task Force or is recommended by the Centers for Disease Control and Prevention. The items, services, and immunizations will be covered In-Network and Out-of-Network with no cost sharing (including deductibles, copayments and coinsurance).

Proof of State Unemployment Compensation for Wage Replacement Account Benefits

Participants are eligible to receive Wage Replacement Account (WRA) benefits of up to \$525 (after taxes) for weeks they are receiving State unemployment compensation. In order to receive the WRA unemployment benefits, your application for WRA withdrawal must be accompanied by a State unemployment payment history that includes your name and Social Security Number. However, effective April 1, 2020, if you are unable to provide such proof of your State unemployment benefits at the time you apply for a WRA withdrawal, the Fund may nevertheless conditionally approve your application, and you will have 60 days from the date your application is approved to submit the required State unemployment payment history to the Fund Office. If you do not submit the required State unemployment payment history within 60 days, any WRA unemployment benefits paid to you during that period will be treated as an overpayment subject to recovery under the Plan and you will not be eligible for any further WRA benefits until you submit the required documentation.

Expansion of Eligibility Provisions

Effective from April 1, 2020 through December 31, 2020, the period during which a Participant will remain eligible for coverage as an Active Participant after he or she last worked in Covered Employment has been temporarily increased from 6 months to 9 months. A Participant will be considered an Active Participant if the Participant worked in Covered Employment in a Covered Area on whose behalf contributions have been received by the Fund during the immediately preceding 9-month period.