

**AMENDMENT NUMBER ONE
TO THE OPERATING ENGINEERS LOCAL 139 HEALTH BENEFIT FUND
ECONOMY PLAN SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT
2020 EDITION**

The Operating Engineers Local 139 Health Benefit Fund has adopted the following changes to the Economy Plan Summary Plan Description/Plan Document, 2020 Edition (“Plan”).

Effective January 1, 2020, the subsection entitled “If You Do Not Continue Coverage Under USERRA” on page 14, in the Section entitled “Taking a Military Leave,” is amended to read as follows:

The following information outlines the deadlines applicable to your rights to reemployment and reinstatement of health care coverage. When you are discharged or released from military service that lasted:

- More than 180 days, you have up to 90 days after discharge to either (1) return to work for a contributing employer or (2) be registered and available for full-time work in the “out-of-work book” with Local 139 within 90 days after discharge and have not refused to accept or rejected a work referral from Local 139.

The following two new subsections are added following the subsection entitled “Hearing Care Benefits” on page 31, in the Section entitled “Covered Expenses”:

COVID-19 Diagnostic Testing and Associated Provider Visits

Effective March 18, 2020, the Plan covers federally-approved diagnostic testing (including nasal swabs) for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 at 100%, meaning without any cost sharing. In-network and out-of-network office visits (including telehealth visits), urgent care visits, emergency room visits and other laboratory or radiology services associated with such diagnostic testing are also covered at 100%, as are items or services provided during those provider visits to the extent that they relate to the furnishing or administration of the diagnostic test or the evaluation of whether the test is needed.

Telehealth Services

Beginning March 1, 2020, the Plan covers telehealth services for medically necessary treatment from network providers at the same benefit level as in-person treatments, subject to all other Plan terms and requirements, including deductibles and coinsurance (except when such coverage is associated with diagnostic testing for the novel coronavirus of 2019 (SARS-CoV-2) and/or COVID-19 as described in the subsection “COVID-19 Diagnostic Testing and Associated Provider Visits”). The Plan covers telehealth services for Medicare retirees to the extent that Medicare covers the services.

The Plan does not cover telehealth services from out-of-network providers, except where the services are associated with diagnostic testing for the novel coronavirus of 2019

(SARS-CoV-2) and/or COVID-19 as described in the subsection “COVID-19 Diagnostic Testing and Associated Provider Visits.”

The Trustees intend to provide such telehealth services during the COVID-19 public health emergency, but the Trustees reserve the right to modify, amend or terminate such services at any time.

Effective January 1, 2020, the subsection entitled “Coordination of Benefits with Medicare” on page 54, in the Section entitled “Coordination of Benefits,” is amended to read as follows:

If you are Eligible for Medicare due to:

- **ESRD.** The Plan will be the primary source of coverage for up to the first 30 consecutive months. Beginning in the 31st month, Medicare will become the primary plan and benefit payments under this Plan will be reduced by the amount of benefits paid (or payable) under Medicare (see “How the Plan Coordinates Benefits with Medicare” on page 55). However, when this Plan pays secondary to Medicare as a result of active coverage (not retiree coverage), Plan benefits will not exceed the total percentage of costs that the Fund would have paid had this Plan been the primary plan. In any event, the Fund will not pay an amount that is greater than, when added to other amounts paid or payable, the actual expenses incurred.

Effective March 1, 2020, the time periods in the Plan for the following actions are suspended:

- COBRA continuation coverage election, Plan pp. 16-18;
- COBRA continuation coverage premium payment, Plan p. 19;
- Initial or late enrollment and eligibility of participants and their Dependents, Plan pp. 3-4 and 11-12;
- Special Enrollment, Plan p. 5;
- Benefit claims filing by participants, including Health Care Claims and Death and Dismemberment Claims, Plan pp. 47-50; and
- Appealing a Denied Claim to the Trustees, Plan pp. 51-52.

During the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak (“National Emergency”), pursuant to federal rules (85 Fed. Reg. 26351 – the “Coronavirus Rule), and notwithstanding other Plan deadlines, the Plan will disregard the period above from the earlier of:

- (a) one year from the date the individual was first eligible for relief (i.e., one year from the original deadline); or
- (b) 60 days after the announced end of the National Emergency.

Union Trustees



05/13/2021

Dated

Employer Trustees



05/13/2021

Dated