

### Date November 2017

To: All Participants and Dependents enrolled in the National Roofers Union and Employers Joint Health and Welfare Fund

### From: The Board of Trustees

This Participant Notice will advise you of certain material modifications to the National Roofers Union and Employers Joint Health and Welfare Fund. This information is VERY IMPORTANT to you and your dependents. Please take the time to read it carefully.

## HOUR BANK CHANGES EFFECTIVE JANUARY 1, 2018

Currently, the maximum balance in an Active Employee's Hour Bank is calculated **BEFORE** the hour bank deduction has been made for the current month's eligibility.

Effective January 1, 2018, the maximum balance in an Active Employee's Hour Bank will be calculated **AFTER** the hour bank deduction has been made for the current month's eligibility

# CHANGES TO OUTPATIENT DRUG BENEFITS EFFECTIVE JANUARY 1, 2018

The Trustees are pleased to announce the addition of a **90-day at Retail prescription drug program**. Starting on January 1, 2018, you can fill a 90-day supply of medication at certain CIGNA-approved 90-day Retail pharmacy locations, including CVS, Target, Walmart, and Kroger/Frys.

• For a 90-day supply of medication at the Retail pharmacy location, **you pay the same cost** as you would for a 90-day Mail Order medication supply, meaning:

Generic: \$10.00 copay Preferred Brand: \$40.00 copay Non-Preferred Brand: \$80.00 copay

- More information about the 90-day at retail program is provided at <u>Cigna.com/Rx90network</u> or call CIGNA's Customer Service Number: 800-244-6224.
- The 90-day at retail program does not apply to Specialty drugs which are available in up to a 30-day supply.
- As a reminder, contact the Prescription Drug Program (CIGNA's Customer Service Number: 800-244-6224) for information on the **formulary Performance Drug List**, ordering **Specialty drugs**, and for the following:
  - Information on **medication requiring prior authorization (precertification)** by the clinical staff of the Prescription Drug Program, such as specialty drugs and compounded medication.

- Information on which medications have a limit to the quantity payable by this Plan, such as certain migraine treatments and other pain medications.
- Information on **which drugs are part of the step therapy program** where you first try a proven, cost-effective generic medication before moving to a more costly brand-name drug treatment option, such as medication to treat high cholesterol, stomach ulcers and pain.

Please keep this important notice with your Plan Rules/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you would like to view or receive a copy of the actual amendments or have any questions, please contact the Administrative Office at 800-622-8780.

Sincerely,

Board of Trustees

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Administrative Office at 800-622-8780. In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan advising you of Plan changes.



Date June 2018

# To: All Participants and Dependents enrolled in the National Roofers Union and Employers Joint Health and Welfare Fund

### From: The Board of Trustees

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### ADDITION OF GENE THERAPY COVERAGE EFFECTIVE JULY 1, 2018

The Trustees are pleased to announce the addition of coverage for Gene Therapy, effective July 1, 2018. Gene Therapy is a technique that uses human genes to treat or prevent disease in humans. Gene therapy involves introducing human DNA into an individual to treat a genetic disease. The new DNA usually contains a functioning gene to correct the effects of a disease-causing mutation. The technique can allow doctors to treat a disorder by inserting a gene into an individual's cells instead of using drugs or surgery. Note that non-human gene therapy is excluded from coverage.

Medically necessary gene therapy is payable under the Plan as follows: In-network at 80% after your deductible is met and Non-network at 50% after your deductible is met.

Gene Therapy services <u>require precertification to avoid a non-payment penalty</u> by calling the UM Company, Cigna at 800-768-4695. Because currently gene therapy can only be performed at certain US hospital locations, Cigna can also tell you the location of the Plan-approved Gene Therapy facilities.

For more information on Gene Therapy coverage, contact Cigna customer service by calling 800-768-4695.

## CHANGES TO OUTPATIENT PRESCRIPTION DRUG BENEFITS EFFECTIVE July 1, 2018

Effective July 1, 2018, the Plan will implement a **mandatory generic program**. This means that if a brand name drug is dispensed in place of a generic drug, regardless if you or your doctor request it, you will pay the brand name cost-sharing (copayments and coinsurance) plus the difference in cost between the generic and brand name drug.

If there is no generic equivalent available, the cost-sharing for brand name drugs will **not** apply.

To help you save money, when you have a new prescription or get your prescription refilled, ask your physician or pharmacist if there is a generic or lower cost alternative available for your medication. For many brand-name medications, these generic alternatives can lower you out of pocket costs. For more information on the mandatory generic drug program, go to <u>www.mycigna.com</u> or contact the Prescription Drug Program (Cigna Pharmacy) at 800-244-6224.

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### **REMINDER ABOUT THE 30-DAY SUPPLY LIMIT FOR SPECIALTY PRESCRIPTION DRUG COVERAGE**

**Specialty drugs** obtained through the Prescription Drug Program <u>are available only up to a 30-day</u> <u>supply per prescription</u>. They are available on an outpatient basis only when ordered through and managed by the Prescription Drug Program.

Specialty drugs are used by individuals with unique health concerns and include items such as injectables for multiple sclerosis, rheumatoid arthritis, or hepatitis. These drugs also require prior authorization, they often require special handling, and are time-sensitive.

For more information on Specialty drug coverage, go to <u>www.mycigna.com</u> or contact the Prescription Drug Program (Cigna Pharmacy) at 800-244-6224.

Please keep this important notice with your Plan Rules/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you would like to view or receive a copy of the actual amendments or have any questions, please contact the Administrative Office at 800-622-8780.

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Board of Trustees

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March 2020

# SUPPORT IN THE FIGHT AGAINST COVID-19

As information continues to unfold about the coronavirus, be assured that you can count on your Plan to provide the support and benefits that you and your family need.

# No Deductible, Copays or Coinsurance for COVID-19 Testing

If you're showing symptoms or believe you have been exposed to the virus, we encourage you to take action. Testing for COVID-19 will be covered at 100% as a preventive service. In-network office visits, urgent care, and emergency room visits associated with COVID-19 testing will also be covered at 100%. We encourage you to use Cigna Open Access Plus (OAP) providers whenever possible. You will not pay a deductible, copay, or coinsurance. To find an in-network provider near you, log onto www.mycigna.com or call 800-768-4695.

We understand some circumstances are out of your control. If you must use a non-network provider (emergency room, office visit, or urgent care) for the COVID-19 test, your Plan will cover the cost of the test at 100%. You will not pay a deductible, copay or coinsurance for the cost of the test or the visit. The Plan will also cover the cost of the visit to a non-network provider at the Plan's Allowed Amount and the current non-network level of benefits. Please remember, non-network providers can bill you for amounts they charge that are not covered by the Plan. We encourage you to use in-network providers whenever possible.

# Access to Telehealth

During the national emergency period, the Plan is removing the current exclusion specific to visits via telephone call and virtual visits. The Plan will allow telephonic and virtual visits with your doctor subject to the regular plan of benefits. You also have access to Cigna's Health Information line – a free service that can help you choose the right setting if you need care. To access Cigna's Health Information line call 800-768-4695.

# **Eligibility Changes**

As Trustees, we understand many of you are going through significant disruption as a result of the coronavirus. The Trustees have agreed to extend eligibility through April 2020. If you are currently eligible, you will not lose eligibility for the month of April as a result of insufficient hours.

This is a fluid situation and as Trustees, we are monitoring this every day. We will continue to look for opportunities on how our Health and Welfare Fund can support your needs.

# **Stay Informed to Stay Healthy**

As news and advice related to COVID-19 continues to evolve, we will send updates to answer questions you may have about your health care coverage. Note that your best source for the latest information about COVID-19 is the website of the Centers for Disease Control and Prevention (CDC) <u>www.cdc.gov/coronavirus/2019-ncov/</u>.

### Date April, 2020

# To: All Participants and Dependents enrolled in the National Roofers Union and Employers Joint Health and Welfare Fund

#### From: The Board of Trustees

This Participant Notice will advise you of certain material modifications to the National Roofers Union and Employers Joint Health and Welfare Fund. This information is VERY IMPORTANT to you and your dependents. Please take the time to read it carefully.

### **EXTENDED ELIGIBILITY THROUGH MAY 2020**

The impact of COVID-19 continues to evolve on a daily basis. Since our initial March 20 communication, much has changed. Strict social distancing guidelines have been implemented, businesses have closed, and governments have issued "shelter in place" orders.

The Board of Trustees understands many of you are going through significant disruption as a result of the coronavirus. Therefore, we have agreed to extend eligibility through **May 2020**. If you are currently eligible, you will not lose eligibility for the month of May as a result of insufficient hours.

This is a fluid situation and, as Trustees, we are monitoring changes every day. We will continue to seek opportunities for the Health and Welfare Fund to support your needs.

### **Stay Informed to Stay Healthy**

As news and advice related to COVID-19 continues to evolve, we will send updates to answer questions you may have about your health care coverage. Note that your best source for the latest information about COVID-19 is the website of the Centers for Disease Control and Prevention (CDC) www.cdc.gov/coronavirus/2019-ncov/.

### REMEMBER TO USE OAP NETWORK PROVIDERS

**Your greatest savings is achieved when you choose an OAP in-network provider**. These OAP providers discount the cost of their services to you and the Plan. OAP providers are added to and deleted from the OAP network during the year so it's best to check with Cigna or the provider to be sure the provider is still participating in the Cigna Open Access Plus (OAP) network.

# For a list of in-network OAP providers: <u>www.cignasharedadministration.com</u> or call CIGNA at 1-800-768-4695.

Please keep this important notice with your Plan Rules/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you would like to view or receive a copy of the actual amendments or have any questions, please contact the Administrative Office at 800-622-8780.

Sincerely,

Board of Trustees

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### Date June 1, 2020

To: All Participants and Dependents enrolled in the National Roofers Union and Employers Joint Health and Welfare Fund

### From: The Board of Trustees

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## **EXTENDED ELIGIBILITY THROUGH JUNE 2020**

The Board of Trustees understands many of you are going through significant disruption as a result of the coronavirus. Therefore, we have agreed to extend eligibility again through **June 2020**. You may recall, the Trustee also extended eligibility for April and May. If you are currently eligible, you will not lose eligibility for the month of June as a result of insufficient hours.

This is a fluid situation and, as Trustees, we are monitoring changes every day. We will continue to seek opportunities for the Health and Welfare Fund to support your needs.

### **Stay Informed to Stay Healthy**

As news and advice related to COVID-19 continues to evolve, we will send updates to answer questions you may have about your health care coverage. Note that your best source for the latest information about COVID-19 is the website of the Centers for Disease Control and Prevention (CDC) <u>www.cdc.gov/coronavirus/2019-ncov/</u>. Please keep this important notice with your Plan Rules/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you would like to view or receive a copy of the actual amendments or have any questions, please contact the Administrative Office at 800-622-8780.

Sincerely,

Board of Trustees

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### Date July 1, 2020

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## EXTENDED ELIGIBILITY THROUGH JULY 2020

The Board of Trustees understands many of you are going through significant disruption as a result of the coronavirus. Therefore, we have agreed to extend eligibility again through **July 2020**. You may recall, the Trustee also extended eligibility for April, May and June. If you are currently eligible, you will not lose eligibility for the month of July as a result of insufficient hours.

This is a fluid situation and, as Trustees, we are monitoring changes every day. We will continue to seek opportunities for the Health and Welfare Fund to support your needs.

### Stay Informed to Stay Healthy

As news and advice related to COVID-19 continues to evolve, we will send updates to answer questions you may have about your health care coverage. Note that your best source for the latest information about COVID-19 is the website of the Centers for Disease Control and Prevention (CDC) <u>www.cdc.gov/coronavirus/2019-ncov/</u>. Please keep this important notice with your Plan Rules/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you would like to view or receive a copy of the actual amendments or have any questions, please contact the Administrative Office at 800-622-8780.

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Date August 1, 2020

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## FINAL EXTENSION OF ELIGIBILITY THROUGH AUGUST 2020

The Board of Trustees understands many of you are going through significant disruption as a result of the coronavirus. Therefore, we have agreed to extend eligibility again through **August 2020**. You may recall, the Trustee also extended eligibility for April, May, June and July. If you are currently eligible, you will not lose eligibility for the month of August as a result of insufficient hours. However, August 2020 will be the final month the Board of Trustees will be extending Eligibility for those with insufficient hours.

### **Stay Informed to Stay Healthy**

As news and advice related to COVID-19 continues to evolve, we will send updates to answer questions you may have about your health care coverage. Note that your best source for the latest information about COVID-19 is the website of the Centers for Disease Control and Prevention (CDC) <u>www.cdc.gov/coronavirus/2019-ncov/</u>. Please keep this important notice with your Plan Rules/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you would like to view or receive a copy of the actual amendments or have any questions, please contact the Administrative Office at 800-622-8780.

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### SUMMARY OF MATERIAL MODIFICATION

To: All Participants enrolled in the National Roofers Union and Employers Joint Health and Welfare Fund

From: The Board of Trustees

Date: February 28, 2022.

### **Applied Behavior Analysis (ABA) Therapy**

The Board of Trustees is pleased to advise you that we have made changes to the National Roofers Union and Employers Joint Health and Welfare Fund Plan to improve your benefits for Applied Behavior Analysis (ABA) therapy. Effective for ABA therapy received on or after June 1, 2021, these services are covered under the Plan's regular outpatient benefits, subject to your deductible, copay and/or coinsurance as applicable. To receive In-Network level benefits, you must use a contracted provider.

ABA Therapy is payable as an outpatient service for individuals who have been diagnosed with autism/autistic disorder, asperger syndrome or pervasive developmental disorder. ABA Therapy is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relationship between the environment and behavior. ABA strives to improve speech and social interaction skills and reduce disruptive behavior and includes instruction in a range of skills including speech, motor and socialization.

### **Outpatient Drug Testing**

All out-patient drug testing claims will be covered subject to the Preferred Provider Organization (PPO) medical necessity review and criteria. Further, the Trust Fund has adopted the PPO's outpatient drug testing policy for medical necessity determinations, as may be amended periodically.

### Free Over-the-Counter Covid-19 Tests

### Free COVID-19 Test Kits

As a result of COVID-19, many of us have taken advantage of over the counter (OTC) test kits. Now you can get one set of four (4) at-home COVID-19 test kits for free. This is a governmentsponsored program available to all residential households in the U.S. Simply visit special.usps.com/testkits, fill in and submit the form, and the kits will be mailed directly to your door.

You may also locate low or no cost COVID-19 tests in your community via https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html.

### Fund Reimbursement

The Fund will now reimburse you and your eligible dependents for up to eight (8) FDAapproved at-home COVID-19 test kits per month that you purchase OTC at a pharmacy or retail store. For example, a family of four can receive reimbursement for up to 32 OTC test kits per month. You will not be required to get a prescription, doctor's order or an individualized clinical assessment. While the quantity limit applies to OTC at-home test kits purchased without the involvement of a health care provider, the Fund continues to cover COVID-19 tests performed by in-network health care providers without a quantity limit.

The Fund will cover the at-home test kits as a pharmacy benefit and will do so through the Coronavirus public health emergency period. We recommend that you be sure to shop with reputable retailers to avoid scams. As you can imagine, with the high demand that exists for these test kits, there will be retailers taking advantage of the limited supply. Please do not stockpile tests so that they will be more readily available for those who really need them. COVID-19 tests have expiration dates and stockpiling tests also may result in waste of unused tests.

In order to be reimbursed for FDA-approved at-home COVID-19 test kits, you must submit a claim by completing the COVID-19 OTC test kit claim form available via <u>Cigna.com or log in to myCigna.com</u>. You will need to complete a claim form and provide your receipt. You can use the instructions on the form or on your Cigna ID card to send in your claim.

If you have any questions, please contact the Fund Office at 952-854-0795 or toll free at 800-622-8780.

Sincerely,

Board of Trustees