

LOCAL 807 LABOR-MANAGEMENT HEALTH & PENSION FUNDS

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COVERING COVID-19 TREATMENT and CHANGES TO ELIGIBILITY PROVISIONS

This Notice Contains Important Information Regarding Your Welfare Fund Benefits

Dear Participant;

We are providing you and your family with this notice to inform you of changes to your benefits and to the Fund's eligibility rules. These changes were authorized by the Board of Trustees (the "Trustees") of the Local 807 Labor-Management Welfare Fund (the "Fund").

Treatment for COVID-19:

If you receive treatment for COVID-19 at an *In-Network hospital*, you will not have to pay any copayments, co-insurance or deductibles for hospital charges or for services you receive from In-Network doctors and other In-Network medical providers. You will, however, be responsible for any copayments, co-insurance and deductibles charged by any *Out-of-Network hospital*, doctor or other medical provider for treatment of COVID-19.

Eligibility:

The eligibility rules found at page 4 of your Summary Plan Description ("SPD") have been revised. Under the revised rules, you will be eligible for health coverage for a four month period for each Eligibility Quarter during which you work at least 250 hours. Also, except for the Eligibility Quarters of February-April 2020 or May-July 2020, you cannot continue coverage under the Fund's Look Back Rule unless your Employer contributes to the Fund for you in the month following the last month of the Eligibility Quarter in which you needed to use the Look Back Rule.

The provisions on page 4 of the Summary Plan Description (“SPD”) will now read as follows:

ELIGIBILITY AND EFFECTIVE DATES OF COVERAGE

Active Employees’ Eligibility

You first become eligible for benefits on the first day of the Health Fund Coverage Quarter following completion of at least 250 hours of work in Covered Employment in the immediately preceding Eligibility Quarter. See the chart below which reflects the Eligibility Quarters and the corresponding Health Fund Coverage Periods.

If you have at least 250 contribution hours during a Fund Eligibility Quarter	You will then become eligible for the entire Health Fund Coverage Period on the 1st of the month of the Health Fund Coverage Period
May-June-July	September-October-November-December
August-September-October	December-January-February-March
November-December-January	March-April-May-June
February-March-April	June-July-August-September

Employer Contributions Required

You will be credited for days worked only after your employer has submitted the required reports and contributions for each period. Any claims you may have while your employer is delinquent will be suspended until the employer makes the payments which are required under the terms of the collective bargaining agreement and the Plan’s Trust Agreement.

Seasonal Employees – Look Back Rule

If you are engaged in irregular or seasonal covered employment and because of the nature of the work are unable to accrue the required 250 hours in any given eligibility quarter, you may still be eligible for benefits. Under a “Look Back Rule”, the Trustees may determine that you are eligible for benefits if you have accumulated at least 1,000 hours of Covered Employment during the current and the three immediately preceding Eligibility Quarters and your Employer’s remittance report for the month following the last month of the Eligibility Quarter for which you did not earn the necessary 250 hours reflects contributions owed on your behalf. If you are in this situation, please contact the Fund’s Office for a determination of your eligibility. The Trustees are the sole judges of your eligibility. The Look Back Rule does not apply to employees who have terminated Covered Employment or who are employed by an employer that has ceased to be a Contributing Employer. Any individual who receives coverage under this Look Back Rule shall not be entitled to two (2) consecutive eligibility quarters under this Look Back Rule.

Special Look Back Rule for the February-March-April 2020 Eligibility Quarter and the May-June-July 2020 Eligibility Quarter

For the Eligibility Quarter for the period February-March-April 2020 (the “February Eligibility Quarter”), if you did not earn at least 250 hours of work in Covered Employment you may be eligible for benefits if you accumulated at least 1,000 hours of Covered Employment during the February Eligibility Quarter and the three immediately preceding Eligibility Quarters, even if your Employer does not contribute for you in May 2020.

If you earned at least 250 hours of work in Covered Employment during the February Eligibility Quarter but do not earn at least 250 hours of work in Covered Employment during the Eligibility Quarter for the period May-June-July 2020 (the “May Eligibility Quarter”) you may be eligible for benefits for that Quarter if you accumulate at least 1,000 hours of Covered Employment during the May Eligibility Quarter and the three immediately preceding Eligibility Quarters.

You are not eligible for benefits under this Special Look Back Rule if you have terminated Covered Employment or if you are employed by an Employer that has ceased to be a Contributing Employer. Also, if you receive coverage under a Look Back Rule for the February Coverage Quarter, you cannot earn coverage under this Look Back Rule for the May Coverage Quarter.”

If you have any questions about the new rules, please call the Health Fund office at (718) 274-5353.

Notice of Grandfathered Health Plan

The Board of Trustees of the Local 807 Labor-Management Health Fund believes this plan is a “grandfathered health plan” 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 at (718) 274-5353. 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.

You should keep this Notice together with your Summary Plan Description at all times. The two documents should be read together for an accurate depiction of your current health plan benefits. If you have any questions, contact the Fund office.

Plan Sponsor: Board of Trustees of Local 807 Labor-Management Health Fund

Sponsor’s EIN: 13-5548780

Plan Number: 501

Plan Year: September 1 to

August 31