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IMPORTANT NOTICE - FEDERAL DECLARATION OF THE END OF THE COVID-19 EMERGENCY STATUS

The Official End to the Pandemic Means Changes for MCTWF Benefit Plans

The United States Congress has passed a declaration to end the COVID-19 National Emergency (NE) on April 10, 2023, and end the Public Health Emergency (PHE) on May 11, 2023. This means all benefits and Fund time-period requirements that were mandated because of COVID-19 due to the emergencies declared over the course of the last three years, will end 60 days following May 11, 2023.

All MCTWF benefits and time period requirements will be restored back to the original benefit/requirements on July 11, 2023.

What does this mean?

COVID-19 Testing and Treatment

Since February 4, 2020, COVID-19 testing has been covered with no member cost share by presenting your BCBS ID card at the hospital or doctor's office or your MCTWF Networks card at the pharmacy. Since January 15, 2022, at-home COVID-19 tests have been covered with no member cost share by presenting your MCTWF Networks ID card at the pharmacy as well as reimbursement of the personal purchases of at-home tests up to the maximum number of at-home testing kits allowed per month.

Effective July 11, 2023, members will be billed applicable deductible and/or coinsurance cost share in accordance with their MCTWF benefit plan for covered COVID-19 testing that is done at the hospital, doctors office or pharmacy. Also, **effective July 11, 2023**, at-home COVID-19 tests will no longer be covered under the pharmacy benefit and will no longer be reimbursed if you purchase the COVID-19 at-home test kits.

Since March 4, 2020, medically necessary services to evaluate the need for and administer the tests were provided at no member cost share. **Effective July 11, 2023**, MCTWF members will be responsible for any deductibles, coinsurances, copayments, or charges, as required by their MCTWF benefit plan, for dates of services July 11, 2023 and after.

Since March 18, 2020, MCTWF has paid the entire cost for treatment of COVID-19 with no member cost share. **Effective July 11, 2023**, members will be responsible for any deductibles, coinsurances, copayments, or charges as required by your MCTWF benefit plan, for dates of services July 11, 2023, and after.

COVID-19 Vaccine Coverage

As compared with the seasonal flu vaccine, eligible MCTWF members are covered in full for the cost of the COVID-19 vaccination under either their medical or prescription drug benefits, thereby expanding access to COVID-19 vaccine administered by local in-network retail pharmacies, when available.

COVID-19 vaccines, and boosters as recommended by the Centers for Disease Control and Prevention (CDC), will continue to be covered in full with no member cost share if the vaccine is obtained at an in-network provider or pharmacy for all members that have MCTWF medical and pharmacy benefits.

Telehealth Benefits

During the pandemic, limited availability of primary care physician appointments, and greater concern about contagion in the doctor's office, made it necessary to encourage telehealth visits to healthcare providers. MCTWF members receive telehealth benefits in two ways:

- The MDLIVE service, which provides telehealth consultations with \$0 copay. Even with the pandemic ending, MCTWF will continue the \$0 copay through March of 2024.
- MCTWF's telehealth benefit was expanded in 2020 to include eligible providers outside of the MDLIVE network. This expanded benefit was provided with no member cost-share (i.e., no deductible, copay, or coinsurance charge) for the duration of the health emergencies. Now that the emergencies have ended, MCTWF members will be responsible for applicable copays, deductibles, or other charges, as required by their MCTWF benefit plans, for dates of services **July 11, 2023, and after.**

Weekly Accident and Sickness Benefits

Since March 18, 2020, MCTWF members, whose MCTWF benefit plan included Weekly Accident and Sickness Benefits, and who were diagnosed with COVID-19, were automatically eligible for short-term disability commencing on the 8th day of the disability, after completing proper paperwork.

Also, effective March 18, 2020, any eligible participant who was directed by a qualified health care professional or public health agency to self-quarantine in connection with COVID-19 was deemed eligible for Weekly Accident & Sickness Benefits, commencing on the 8th day of the self-quarantine period, and continuing for the balance of the self-quarantine period, upon completing proper paperwork.

Effective July 11, 2023, and after, a COVID-19 diagnosis does not automatically mean a participant will qualify for short term disability. A range of health factors will be reviewed before Weekly Accident and Sickness Benefits can be approved.

COBRA Continuation Coverage

In April 2020, the U.S. Department of Labor, Internal Revenue Service and Department of Treasury delayed certain ERISA and COBRA-specific timeframes for employee benefit plans, participants and beneficiaries impacted by the COVID-19 pandemic.

The Final Rule established a new time convention beginning with the start of the COVID-19 National Emergency (March 1, 2020) and ending 60 days after the end of the National Emergency calling this date the "Outbreak Period." Employee benefit plans subject to ERISA and/or the Internal Revenue Code were required to disregard notice and payment deadlines occurring during the Outbreak Period, including:

- The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
- The date for making COBRA premium payments under ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C); and
- The date to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C).

The "pause" on COBRA payments and timeframes, along with the time period for HIPAA special enrollments, ends with the declaration of the end to the pandemic. **For MCTWF members, all COBRA elections, payments, and other extended timeframes will revert back to pre-pandemic deadlines on July 11, 2023.**

Extension of Certain Timeframes

Pursuant to the federal Joint Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID–19 Outbreak (Federal Register page 26351), group health plans, such as the MCTWF Actives Plan and MCTWF Retirees Plan, were ordered to disregard “certain timeframes” during the “Outbreak Period” running from March 1, 2020 until sixty (60) days after the announced end of the National Emergency. Affected time frames included the following coverage periods and dates:

- The 60-day period to request special enrollment under ERISA section 701(f) and Code section 9801(f);
- The 60-day period to request special enrollment under ERISA section 701(f) and Code section 9801(f);
- The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
- The date for making COBRA premium payments under ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C);
- The date to notify the plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C);
- The date within which individuals may file a benefit claim under the plan’s claims procedure pursuant to 29CFR 2560.503-1(h);
- The date within which individuals may file an appeal of an adverse benefit determination under the plan’s claims procedure pursuant to 29CFR2560.503-1(h);
- The date within which claimants may file a request for an external review after receipt of an adverse benefit determination pursuant to 29CFR2590.715-2719(d)(2)(ii), and
- The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete pursuant to 29CFR2590.715.

Effective July 11, 2023, all timeframes will revert back to their original deadlines prior to the pandemic.

Details for all pre-pandemic required time frames can be found in the MCTWF Summary Plan Description Booklet mailed to all MCTWF members in June of 2022. It can also be viewed on the homepage of the MCTWF public website at www.mctwf.org.

Questions regarding benefit changes can be directed to MCTWF Member Services, available Monday through Friday, 8:30 a.m. to 5:45 p.m. at (313) 964-2400 or Toll Free at (800) 572-7687.

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