

**EMPLOYEES SECURITY FUND
OF THE ELECTRICAL PRODUCTS INDUSTRIES**

158-11 HARRY VAN ARSDALE JR. AVENUE • FLUSHING, N.Y. 11365
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May 2023

EMPLOYEE SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES HEALTH AND WELFARE PLAN

IMPORTANT NOTICE

END OF COVID-19 EMERGENCIES

Dear Participant:

This notice contains important information regarding the **Employees Security Fund of the Electrical Products Industries (“the Plan”)** and the end of the COVID-19 Emergencies. Please take the time to read this notice carefully and share it with your covered family members.

On April 10, 2023, the President signed a Joint Resolution ending the National Emergency and, earlier this year, the White House announced that the Public Health Emergency would conclude at the end of the day on May 11, 2023. As described below, the end of these Emergencies affects certain benefits and deadlines under the Plan.

COVID-19 SERVICES AFTER THE END OF THE PUBLIC HEALTH EMERGENCY

During the Public Health Emergency, the Plan covered COVID-19 testing expenses, preventive services and vaccinations without any participant cost-sharing in and out-of-network. Effective May 12, 2023, the following changes will go in effect:

- **Doctor’s Office** – The **\$50 copayment** for a doctor’s office visit will resume whether or not you are treated or tested for COVID-19.
- **COVID-19 Diagnostic Lab Test** - The Plan will require you to pay a **\$30 copayment** for COVID-19 diagnostic testing if administered at a doctor’s office, urgent care center or at a free-standing laboratory such as LabCorp and Quest Diagnostics. **Please note that the plan will not pay for diagnostic tests performed by non-network labs.**
- **Telemedicine** - The Plan will continue to cover telehealth visits for the treatment and diagnosis of covered services, including COVID-19, with a **\$30 copayment**.
- **Vaccination** - The Plan will cover COVID-19 vaccinations and associated administration fees with a **\$50 copayment** when it is part of an office visit or as a separate charge.
- **Urgent Care Center** - The **\$50 copayment** for an urgent care visit will resume whether or not you are treated or tested for COVID-19.
- **Emergency Room** - The **\$100 copayment** will be reinstated whether or not you are treated or tested for COVID-19.
- **Over-the-Counter COVID-19 Tests** - The Plan will **no longer cover** COVID-19 tests purchased over-the-counter at pharmacies or similar retail locations.

The Plan waived certain prior authorization requirements and extended other medical management accommodations during the Public Health Emergency Period. Please note that all standard plan provisions will commence at the conclusion of the Public Health Emergency.

Services rendered to participants on or before May 11, 2023 will not be subject to these changes.

Established 1944
HARRY VAN ARSDALE JR.
Founder

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DEADLINES AFTER THE END OF THE NATIONAL EMERGENCY

As you may be aware, due to the COVID-19 National Emergency, the federal government extended certain deadlines for participants, dependents and beneficiaries during the “Outbreak Period,” which began March 1, 2020, and ends on July 10, 2023. The extensions applied to the following deadlines:

- filing an initial claim for benefits
- filing an appeal of a claim denial
- requesting and perfecting an external review of an appeal denial, if applicable
- electing COBRA continuation coverage
- making payments for COBRA continuation coverage
- notifying the plan of qualifying events or disability
- filing for HIPAA special enrollment

The extended deadlines will continue to apply if you experienced either a qualifying life event or became eligible to take any of the foregoing actions under the Plan on or before July 10, 2023. Thus, you continue to have up to the earlier of: (1) one year from your original deadline; or (2) the end of the Outbreak Period plus the original deadline in which to take the action in question. For events after July 10, 2023, all deadlines will run as normal with no further COVID-19 extensions.

If you have any questions concerning any of these changes, you may contact the following departments below:

MagnaCare’s Dedicated ESF Customer Service Dept. Benefits - Professional Services Claims and Appeals	(800) 548-0138
ESF Hospitalization Department at JIB Benefits - Claims and Appeals	(718) 591-2000, ext.1350
Empire BCBS Customer Service Department In/Outpatient Hospital Claims and Appeals	(844) 243-5566
ESF Members Records Department at JIB Eligibility, COBRA and Enrollment related matters	(718) 591-1100

Sincerely,

Trustees of the Employees Security Fund of the Electrical
Products Industries Health and Welfare Plan

NOTICE OF GRANDFATHERED STATUS

This notice is provided in accordance with the Patient Protection and Affordable Care Act (the “Affordable Care Act”).

The Plan believes it is a “grandfathered health plan” under 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, such as 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 718-591-2000.