

**RESOLUTION OF THE BOARD OF TRUSTEES
OF THE SOUTHERN ILLINOIS LABORERS AND EMPLOYERS' HEALTH & WELFARE AND
ANNUITY FUNDS**

TEMPORARY COVID-19 BENEFIT ENHANCEMENTS

WHEREAS, with the spread of Coronavirus Disease 2019 (COVID-19) and the passage into law of the *Families First Coronavirus Response Act* (hereafter referred to as “FFCRA”), the Board of Trustees of the Southern Illinois Laborers and Employers’ Health & Welfare and Annuity Funds (“Funds”) adopted and incorporated mandatory benefit enhancements into the Summary Plan Descriptions, to be effective temporarily for the period of March 18, 2020 through December 31, 2020;

WHEREAS, with the passage into law of amendments to 29 CFR 2560 and 2590 by the U.S. Department of Labor and U.S. Department of Treasury (hereafter referred to as “Agencies”) on May 4, 2020, the Board of Trustees of the Funds adopted and incorporated mandatory extensions of certain timeframes in the Summary Plan Descriptions retroactive to March 1, 2020, and effective temporarily through the announced end of the COVID-19 National Emergency or, alternatively, such other date as announced by the Agencies in prospective notifications;

WHEREAS, pursuant to Article V, Sections 5.03 and 5.24 of the Restated Agreements and Declarations of Trust, the Board of Trustees is empowered to adopt resolutions as necessary to facilitate the proper administration of the Trust Fund, including the provision of welfare coverage benefits and, when applicable, mandatory plan modifications required pursuant to governmental mandates;

WHEREAS, we the undersigned, being the duly authorized Chairman and Secretary of the Board of Trustees, and on behalf of the entire Board of Trustees, do hereby authorize, consent and agree that the following action may be taken and adopted for the benefit of the participants covered under the Funds;

NOW THEREFORE, BE IT RESOLVED THAT, the Board of Trustees of the Funds hereby TEMPORARILY AMEND the Summary Plan Descriptions as follows:

Effective **March 1, 2020**, the Welfare and Annuity Plan’s existing deadlines for the following notification related requirements in the Summary Plan Descriptions are hereby “delayed” until **60** days after the announced end of the Coronavirus National Emergency (or an alternative date yet to be determined by the Agencies):

HIPAA Special Enrollment Period

- In the event a Participant acquires a Dependent through a qualifying event such as marriage, birth of a child, adoption, placement for adoption of a child or obtaining legal guardianship of a child, the Welfare Plan may accept the Participant’s completed enrollment form and enroll the new Dependent if the enrollment form (and all requested supporting documentation) is received by the Welfare Plan within 30 days after the expiration of the new deadline period described above.

- In the event a Participant's Dependent loses eligibility for Medicaid or CHIP coverage or becomes eligible for premium assistance under Medicaid or CHIP, the Welfare Plan may accept the Participant's completed enrollment form and enroll the new Dependent if the enrollment form (and all requested supporting documentation) is received by the Welfare Plan within 60 days after the expiration of the new deadline period described above.

COBRA Continuation Coverage

- In the event a Participant or Dependent experiences a Qualifying Event (such as loss of employment or reduction of hours, a Dependent Spouse's divorce or legal separation, or a child ceasing to qualify as a Dependent) the Plan may accept the completed COBRA election form and consider the COBRA election to be timely submitted if it is received by the Plan within 60 days after the expiration of the new deadline period described above.
- In the event a Participant or Dependent experiences a Qualifying Event, submits a completed COBRA election form and are thereafter enrolled for COBRA Continuation Coverage, the applicable monthly COBRA premium required to be paid for COBRA continuation coverage may be considered timely if received by the Plan within 30 days after the expiration of the new deadline period described above. After all outstanding COBRA premium payments are received, the Participant or Dependent may have coverage retroactively applied to the COBRA election/enrollment date.

Filing of Benefit Claims

- Medical and prescription drug claim(s) will be deemed filed in a timely manner if the claim(s) are incurred and received at the Welfare Plan Office within 12 months after the expiration of the new deadline period described above.

Filing of Disability Claims

- Disability benefit claims will be deemed filed in a timely manner if the Participant notifies the Plan of his/her disability (and submit all required disability benefit forms and supporting documentation) within 12 months after the expiration of the new deadline periods described above.

Benefit Claim Appeals and External Review Requests

- Written appeals filed by Participants or Dependents who receive an Adverse Benefit Determination by the Welfare Plan will be considered timely if it is received within 180 days after the expiration of the new deadline period described above.
- Written appeals filed by Participants or Beneficiaries who receive an Adverse Benefit Determination by the Annuity Plan (with respect to disability, death or retirement benefits) will be considered timely if it is received within 90 days after the expiration of the new deadline periods described above.
- In the event the Annuity Plan denies any appeal for disability benefits (whether in whole or in part) and the Participant or Beneficiary receives a Final Adverse Benefit Determination, any request for an external review of the Annuity Plan's Final Adverse Benefit Determination will be considered timely if it is received within 4 months after the expiration of the new deadline period described above.

Effective **March 18, 2020**, the Welfare Plan is hereby temporarily amended until December 31, 2020 to provide the following benefit enhancements:

- For both in-network and out-of-network providers, the Welfare Plan will temporarily cover 100% of the cost of FDA approved in vitro (laboratory) diagnostic products used to detect or diagnose COVID-19 and SARS-COV-2, the virus that causes COVID-19, as well as antibody testing used to identify a previous infection. This coverage will include the costs related to the administration of these in vitro diagnostic products and antibody testing as well. No prior authorization is required.
- For both in-network and out-of-network providers, the Welfare Plan will also temporarily cover 100% of the cost of items and services furnished during a health care provider visit, urgent care center visit, and/or emergency room visit (whether it is an in-person or telemed visit) that results in an order for antibody testing, in vitro diagnostic products or administration of in vitro diagnostic products to detect or diagnose COVID-19 and/or SARS-COV-2, the virus that causes COVID-19. No prior authorization is required.
- COVID-19 tests intended for at-home use (including tests which require self-collection of a specimen at home) will be temporarily covered by the Welfare Plan at 100% with no cost sharing if the test is ordered by an attending health care provider who has determined the test is medically necessary.

IN WITNESS HEREOF, this resolution has been executed on this 20th day of August, 2020, to be effective as of the specific dates and durational periods referenced above.

Chairman, Southern Illinois Laborers and
Employers' Health & Welfare and Annuity
Funds

Secretary, Southern Illinois Laborers and
Employers' Health & Welfare and Annuity
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