

Notice of Benefit Changes

Please take a few minutes to review this summary of recent changes to the SAG-AFTRA Health Plan. These changes are effective for services obtained after the end of the Emergency Periods.

Summary of Material Modifications

This Summary of Material Modifications shows the changes the Trustees have made to the Health Plan to respond to the end of the declared COVID-19 emergencies.

Changes are related to the following coverage:

1. COVID-19 vaccines
2. COVID-19 testing and screening coverage
3. Telehealth coverage

The end of deadline extensions for certain submission deadlines, life events and COBRA is effective on and after July 10, 2023.

Please keep this notice with your SAG-AFTRA Health Plan summary plan description (“SPD”) and other Plan documents.

COVID-19 Vaccines:

COVID-19 vaccines received from in-network providers (including doctors and pharmacies) will continue to be covered with no cost share. There will be no coverage for COVID-19 vaccines received from out-of-network providers.

COVID-19 Testing and Screening Coverage:

The following will be in effect for dates of service beginning June 1, 2023:

1. COVID-19 office, ER and Urgent Care visits will now be subject to applicable cost sharing.
2. Only COVID-19 testing received from in-network providers will be covered. In-network cost-sharing will apply.

COVID-19 Over the Counter Tests:

3. For purchases beginning May 11, 2023, up to eight over the counter COVID-19 tests per family (instead of per person) per month will be covered. The Trustees will review whether to continue this benefit at their next meeting. The Plan will provide you with another notice if this benefit changes.

Telehealth Coverage (Including for Reasons Other Than COVID-19 Testing and Screening):

Effective for dates of service beginning June 1, 2023, telehealth coverage, will continue to be covered for both in network and out-of-network behavioral health providers. Telehealth visits with medical providers will only be covered for providers in Anthem’s network (whether they are for COVID-19 testing and screening or for other reasons).

Extensions of Deadlines During COVID-19 Emergency Period

The Health Plan has disregarded the period from March 1, 2020 until July 10, 2023 in determining the following periods and deadlines. The Health Plan has decided to reset these deadlines on July 10, 2023, and they will begin to run on that date. Please note that the deadline extensions do not mean that you will be eligible for coverage (COBRA or otherwise) beyond the period of coverage for which you were otherwise eligible.

- The special enrollment period to request mid-year enrollment in the Health Plan after a loss of coverage or acquiring a new dependent due to birth, marriage, adoption, or placement of adoption;
- The 60-day period for electing COBRA continuation coverage, as well as the date for making COBRA premium payments;
- The date to notify the Health Plan of a COBRA qualifying event or determination of disability;
- The deadline for individuals to file a claim for benefits under the Health Plan's claims procedure;
- The deadline for claimants to file an appeal of an adverse benefit determination under the Health Plan's claims procedure;
- The deadline for claimants to file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination; and
- The deadline for a claimant to file information to perfect a request for external review upon a finding that the request was not complete.

Please see the Health Plan SPD for additional information regarding special enrollment, COBRA, and the Health Plan's claims and appeals procedures.

If you have any questions regarding the changes described in this notice, please contact the Health Plan office.

You should take the time to read this notice carefully and share it with your family. It is very important that you retain this notice, which is intended to serve as a Summary of Material Modification (SMM) to the Health Plan, with the 2023 SPD and any prior notices issued after the SPD. While every effort has been made to make the SMM as complete and as accurate as possible, it does not restate the existing terms and provisions of the Health Plan other than the specific terms and provisions it is modifying. If any conflict should arise between this summary and the terms of the SPD (other than with respect to the specific terms and provisions this summary is modifying), or if any point is not discussed in this summary or is only partially discussed, the terms of the applicable SPD will govern in all cases. The Board of Trustees or its duly authorized designee reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Health Plan. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Health Plan or any benefits provided under the Health Plan (or qualification for such benefits), in whole or in part, at any time and for any reason (including, but not limited to, with respect to retirees).