

**SUMMARY OF MATERIAL MODIFICATION  
FOR THE RAILROAD MAINTENANCE AND INDUSTRIAL  
HEALTH AND WELFARE FUND**

---

To: Participants and Beneficiaries

From: Board of Trustees

Re: Termination of Extensions and Temporary Benefits during the COVID-19 National Emergencies and Expanded Access to the Operators' Health Centers for Both Plan D and Plan E

---

*This document is a Summary of Material Modification ("SMM") intended to notify you of important plan changes to the plan of benefits for the Railroad Maintenance and Industrial Health and Welfare Fund ("Fund" or "Plan"). This summary is intended to satisfy the requirements for issuance of a SMM under the Employee Retirement Income Security Act of 1974, as amended. You should take the time to read this SMM carefully and keep it with the Summary Plan Description ("SPD"). This SMM does not contain a full restatement of the terms of the SPD. If you have any questions regarding these changes, please contact the Fund Office at: 2725 W. Monroe St., Springfield, IL 62704, telephone number: (800) 258-6534.*

---

**TERMINATION OF TEMPORARY EXTENSION OF CERTAIN DEADLINES  
DUE TO COVID-19**

On January 30, 2023, the Biden Administration announced that the National Emergency and Public Health Emergency related to COVID-19 will terminate on May 11, 2023. However, the federal government expedited the end of the National Emergency when President Biden signed a bipartisan congressional resolution to end the National Emergency on April 10, 2023, which was earlier than originally stated. This means that the temporary extension of certain deadlines under the National Emergency will soon end. As a reminder, the Plan was required to disregard the "Outbreak Period," which was generally defined as the period from March 1, 2020 until sixty (60) days after the announced end of the National Emergency, with respect to certain deadlines. With the National Emergency exceeding one (1) year, certain deadlines were subsequently disregarded/tolled for a period not to exceed the earlier of:

- One year from the date an individual was first eligible for relief (*i.e.*, an extended deadline); or
- Sixty (60) days from the end of the National Emergency.

Under the National Emergency, the following deadlines were tolled for a period up to one (1) year beyond the Plan's normal deadlines, which was dependent upon when the aforementioned relief was first triggered:

- The period to request special enrollment;
- The 60-day election period for COBRA continuation coverage;
- The date for making COBRA premium payments;
- The date for individuals to notify the plan of a qualifying event or determination of disability for purposes of COBRA continuation coverage and the COBRA disability extension;
- The date within which individuals may file a benefit claim under the Plan's claims procedure;
- The date within which claimants may file an appeal of an adverse benefit determination under the Plan's claim procedures;
- The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination; 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.

With the National Emergency ending, the temporary extension will no longer be in effect as of sixty (60) days after the end of the National Emergency. Thus, effective June 10, 2023, the Plan's normal deadlines will once again apply without regard to the temporary extension for the above-noted claims/appeals/events incurred or otherwise triggered on and after that date. The Plan's normal deadlines are contained in the SPD.

### **TERMINATION OF TEMPORARY COVERAGE FOR COVID-19 TESTING AND OUT-OF-NETWORK COVID-19 VACCINES**

As detailed in a previous Summary of Material Modification, the Plan was required to cover 100% of the Reasonable and Customary Charge for diagnostic testing for COVID-19 without precertification and without cost-sharing during the Public Health Emergency. This temporary coverage also required the Plan to cover the cost of items and services furnished to you during a provider visit that related to the furnishing or administration of a COVID-19 diagnostic test or the provider's evaluation of you for purposes of determining the need for a COVID-19 diagnostic test. With the Public Health Emergency ending on May 11, 2023, the Plan will no longer cover 100% for the Reasonable and Customary Charge for diagnostic testing for COVID-19 or the related items and services incurred after that date. Instead, coverage for diagnostic testing for COVID-19 and the related items and services will be covered when incurred at an in-network facility and will be subject to the Plan's deductible and copayment percentage.

The Plan was also required to cover a Qualifying Coronavirus Preventive Service, such as COVID-19 vaccines, on both an in-network and out-of-network basis, without cost-sharing, during the Public Health Emergency. With the Public Health Emergency ending on May 11, 2023, the Plan will no longer cover such Qualifying Coronavirus Preventive Services on an out-of-network basis incurred after that date. Instead, coverage for Qualifying Coronavirus Preventive Service will be covered on an in-network basis only at 100%.

### **TERMINATION OF TEMPORARY COVERAGE FOR OVER-THE-COUNTER COVID-19 TESTS**

As detailed in a previous Summary of Material Modification, the Plan was required to cover the full cost of over-the-counter COVID-19 tests as of January 15, 2022. As a reminder, the Plan implemented the reimbursement option, which generally allowed you to seek reimbursement for eight (8) over-the-counter COVID-19 diagnostic test kits per covered individual per thirty (30) day period, provided you submitted a claim form to the Fund Office along with the original receipt for the over-the-counter COVID-19 tests. With the Public Health Emergency ending on May 11, 2023, the Plan will no longer cover over-the-counter COVID-19 tests purchased after that date.

### **TELEHEALTH COVERAGE**

As a reminder, the Board of Trustees previously decided to cover doctor visits/consultations that occurred via the internet or by telephone ("telehealth coverage"). These visits will be paid as though they were in-person visits. While some group health plans chose to temporarily offer telehealth coverage during the Public Health Emergency, this benefit will remain after the end of the Public Health Emergency. Additionally, even if your medical provider does not offer telehealth services, you still have access to Teledoc Health. Teledoc provides you and your family with 24-hour access to medical professionals. Please note that the telephone number and website for Teledoc is located on the back of your United Healthcare ("UHC") identification card. Finally, please note that the Plan has only contracted with Teledoc Health as its dedicated telehealth provider. This means that charges from other telehealth providers, such as MDLive, will not be covered.

## **EXPANDED ACCESS TO OPERATORS' HEALTH CENTERS FOR PLAN D AND PLAN E**

You and your family (including children over 2) can now receive primary care services at the Operators' Health Centers in Countryside, IL and Merrillville, IN. While this benefit previously existed under Plan E, it has now been expanded to include Plan D. The hours and location for each clinic are as follows:

### **Operators' Health Center – Countryside**

6150 Joliet Road, Suite OHC

Countryside, IL 60525

708-485-2273

[www.operatorshealthcenter.com/countryside](http://www.operatorshealthcenter.com/countryside)

Hours: Mon: 9:00 am – 5:00 pm\*

Tues: 9:00 am – 5:00 pm\*

Wed: 9:00 am – 5:00 pm\*

Thurs: 10:00 am – 7:00 pm\*

Fri: 9:00 am – 5:00 pm\*

Sat: 8:00 am – 12 pm\*

\*(last appt. 1 hour before closing)

Lab draws are available on Tues & Sat starting at 7 a.m.

### **Operators' Health Center – Merrillville**

8900 Broadway

Merrillville, IN 46410

219-525-1150

[www.operatorshealthcenter.com/merrillville](http://www.operatorshealthcenter.com/merrillville)

Hours: Mon: 9:00 am – 5:00 pm\*

Tues: 10:00 am – 7:00 pm\*

Wed: 10:00 am – 7:00 pm\*

Thurs: 9:00 am – 5:00 pm\*

Fri: 9:00 am – 5:00 pm\*

\*(last appt. 1 hour before closing)

Lab draws are available on Thurs at 7 a.m.

The services provided by the Operators' Health Centers, which are operated by Premise Health, generally include:

- Routine Primary Care – Annual physicals; lipid profiles, blood glucose and blood pressure screenings; flu shots, immunizations, and vaccinations; school physicals; women's health; skin, breast, and prostate cancer screenings; and allergy management.
- Acute/Urgent Care – common cold/flu symptoms; earaches and sinus infections; sprains and strains; and minor surgical procedures.
- Disease/Condition Management – diabetes, high cholesterol, and hypertension; asthma and COPD; back pain, migraines, and osteoarthritis; depression and stress; obesity.
- Behavioral Health – available in Countryside as well as virtually.
- Clinical Laboratory Services.
- On-site Physical Therapy.
- Patient Education – smoking cessation; drug and alcohol awareness.

The services provided at the Operators' Health Centers are being provided as an added benefit to you and your family. As such, you can choose to utilize this benefit or continue seeing your current, in-network medical professional. Should you choose to utilize the services at the Operators' Health Centers, such services will be provided at:

- **No out-of-pocket costs for medical visits for you and your covered family members.**
- **No-cost for commonly ordered labs if performed at the clinic.**

Please also note that the Operators' Health Centers currently offer virtual visits. Virtual visits are offered via HIPAA-compliant telephone and video capabilities. If you wish to schedule a virtual visit, please message the

Operators' Health Clinic through the "My Premise Health Patient Portal," which you can find on the Operators' Health Centers' website, or call the numbers above. Please note that the Operators' Health Centers have the right to cease providing virtual visits in the future.

For more information regarding the Operators' Health Centers, please visit <https://www.operatorshealthcenter.com/>. Please also note the Operators' Health Centers are expected to open additional locations in Northbrook, Joliet, Round Lake, Utica, and Elgin, IL. If you have any questions regarding the Operators' Health Centers, including when the additional locations are set to open, please contact the respective centers at the above-noted addresses or telephone numbers or via the website.

If you have any questions regarding this Summary of Material Modification, please do not hesitate to contact the Fund Office at (800) 258-6534.

Sincerely,

Board of Trustees