Notice of Important Changes to Your Benefits under the AGC Health Benefit Trust

This Notice is to inform you of certain changes to the AGC Health Benefit Trust ("Plan") and of a delay in certain 2020 deadlines relevant to these and other benefits provided under the Plan.

A. Changes to Your Medical Benefits: COVID-19 Testing

Effective March 1, 2020, and until further notice, the following changes are being made to the Regence Medical Benefits ("Regence Medical Benefits") offered by the Plan:

1. Deductibles, co-pays, and co-insurance will be waived for (1) COVID-19 testing (by in-network or out-of-network providers), including serological tests that detect the patient's immune response to the COVID-19 infection rather detecting the virus itself; (2) the associated provider visit at which COVID-19 testing is administered or ordered (including office visits, urgent care, emergency room and telehealth visits); and (3) other tests performed during the provider visit to determine the need for COVID-19 testing, if a COVID-19 test is ordered or administered at the provider visit. The Regence Medical Benefits will also cover the costs of COVID-19 testing at nontraditional settings, such as drive-through testing or screening sites at which a medical professional is administering the COVID-19 test. The Regence Medical Benefits will pay 100% of these costs. These changes in benefits will not cause you to lose eligibility to make contributions to your Health Savings Account

2. The Regence Medical Benefits will not require any prior authorization for tests for COVID-19 illness. For example, the Regence Medical Benefits will not require that you be tested for the flu before you are tested for COVID-19.

3. If and when COVID-19 vaccines, immunizations and other preventive services are recommended by the Center for Disease Control's United States Preventive Services Task Force, the Regence Medical Benefits will pay for 100% of the cost for such services and immunizations with no deductible, co-insurance or co-payments due, beginning 15 business days after the recommendations are made.

4. The Regence Medical Benefits will waive all penalties for failure to obtain a pre-certification.

5. MDLive pre-screening for COVID is still covered at normal cost shares

B. Extension of Certain Deadlines under the Plan

Due to the COVID-19 pandemic, the federal government has issued guidance extending deadlines for taking certain actions regarding the Plan. When calculating the deadlines set forth below, the Plan will not count the period beginning on March 1, 2020 and ending 60 days after the federal government has announced the end of the "National Emergency" period for COVID-19. We do not know at this time when the National Emergency period will end. Plan deadlines that expired prior to March 1, 2020, are not being extended.

1. Special Enrollment Deadlines.

In certain circumstances, you have the right to enroll yourself and/or your eligible family members in the Regence Medical Benefits mid-year when certain events occur triggering 60-day "HIPAA Special Enrollment" periods. The deadlines for you to request special enrollment under the Regence Medical Benefits have been extended, if the deadlines occur on or after March 1, 2020. (Note: The deadlines for enrolling in other benefits offered by the Plan, such as the dental or vision benefits, have not been extended.) The deadlines that have been extended under the Regence Medical Benefits are:

a. 31-day deadline to enroll yourself, your new spouse and eligible children after a marriage.
b. 31-day deadline to enroll yourself, your new child and other eligible family members due to the birth, adoption or placement for adoption of a child.
c. 31-day deadline to enroll yourself and/or other eligible family members due to loss of other group health plan coverage.
d. 60-day deadline to enroll due to loss of Medicaid or state Children's Health Insurance Program (SCHIP) coverage or due to eligibility for premium subsidy from Medicaid or SCHIP.

More information on the HIPAA special enrollment rules are found in the Summary Plan Description for the Plan.

Even though these HIPAA special enrollment deadlines are being extended, coverage for you and/or your family members who are enrolling in the Regence Medical Benefits under the HIPAA special enrollment rules will not become effective until the first day of the month after you request such a special enrollment. Thus, the earlier that you enroll the new family members after the triggering event, the sooner they will have coverage. There is one exception to this rule: when you request special enrollment due to birth, adoption, or placement for adoption of a new child, coverage will effective retroactively to the date of the birth, adoption or placement for adoption.

Here's a couple of examples showing you how the new deadlines are calculated, taking the delay into account.

> You and your spouse are enrolled in the Regence $2,500 Deductible Plan with HSA Option on January 1, 2020. You have a new baby on March 1, 2020. If you want coverage for your new baby, you normally would be required to enroll the new baby by April 1, 2020. You now can enroll the baby anytime between March 1 and 91 days after the National Emergency ends. Let's say that you request enrollment for the new baby on July 1, 2020. The baby will be covered as of March 1, 2020. You will have to make back payments for the additional contributions due to the enrollment of the baby (if any) for the months of March, April, May and June.
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> You are enrolled in the Regence $500 Deductible PPO Option Plan as of January 1, 2020. You are married on March 1, 2020. You normally would be required to enroll your new spouse by April 1, 2020. You can now enroll the new spouse anytime between March 1 and 91 days after the National Emergency ends. Let's say that you request enrollment for your new spouse on August 15, 2020. Your new spouse will be covered as of September 1, 2020. If you had requested enrollment for your new spouse on March 15, 2020, your new spouse would have been covered as of April 1, 2020.

2. <u>COBRA Continuation Coverage Deadlines</u>.

The following deadlines for COBRA continuation coverage that occur on or after March 1, 2020, have been delayed by this federal guidance. (Deadlines that expired prior to March 1, 2020 are not being extended.) This applies to any COBRA continuation coverage provided by the Plan.

a. The 60-day deadline to elect COBRA coverage
b. Deadlines for making COBRA premium payments
c. Deadlines for individuals to notify the Plan of a COBRA qualifying event (such as notification of a divorce)
d. Deadline to notify the Plan of a determination of disability by the Social Security Administration (for purposes of the 11-month disability extension provided by COBRA)

Here's an example to show how the new deadlines are calculated, taking the delay into account.

> Your COBRA premium payment for April is due on April 1. The last day of your grace period to make such a payment is May 1. The deadline to make your COBRA premium payment for April is delayed until 90 days after the National Emergency ends.

Please note that if you do not make your April COBRA premium payment by May 1, the Plan will not pay benefits for medical expenses you incur during April until you make your premium payment for April. Therefore, even though you have extra time to make your COBRA premium payments, you should continue to make them when they are due if you are able to do so.

3. Deadlines for Filing Claims and Certain Appeals.

The federal guidance also delays the deadline for filing a claim for benefits and the date by which you must file an appeal of a denial of a claim for benefits. This applies to all benefits provided by the Plan that are subject to ERISA. The federal guidance also delays certain timeframes relating to a request for an external review under the Regence Medical Benefits.

C. New Eligible Expenses for Health Savings Accounts (HSAs).
The following items are eligible for reimbursement from a Health Savings Account on a tax-free basis for purchases made on or after January 1, 2020.

a. Most over-the-counter drugs and medical supplies, whether or not they were prescribed. This includes items such as allergy medicine, cold medicine and pain relievers. However, vitamins or supplements are not covered unless a letter of medical necessity by a licensed medical provider is provided for these expenses. CBD oil, lotions and other CBD products are not covered.

b. Menstrual care products, such as tampons, pads, liners, cup, sponge and similar products.

If you have questions about the Plan or a benefit it provides, you can find more information at http://www.agchealthplansnw.com/AGCOR.htm or by calling the Plan Administrator at 503-462-4041.

This Summary of Material Modifications ("SMM") modifies some of the information contained in the Summary Plan Descriptions ("SPD") for the Plan. This constitutes a change to the SPD and benefit booklets for your Plan effective as of the dates shown above and is a SMM under ERISA. Note: in the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.