
**End of Public Health Emergency – Impact on Your Health Benefits**

The Biden Administration ended the COVID-19 Public Health Emergency (PHE) on May 11, 2023. During the PHE, there were certain health coverage mandates related to COVID-19 testing and vaccines. When the PHE ended, these requirements were lifted, and there are some changes to the Fund’s COVID-19-related benefits, as follows:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>During the PHE Period</th>
<th>Effective September 1, 2023</th>
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<tbody>
<tr>
<td><strong>COVID-19 vaccines, including boosters</strong></td>
<td>No charge for the vaccine when received at either in-network or out-of-network providers.</td>
<td>COVID-19 vaccines and boosters will be covered in the same manner as other vaccines where the usual cost-sharing may apply.</td>
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<tr>
<td><strong>COVID-19 diagnostic tests and related services</strong></td>
<td>No charge for COVID-19 test related office visits or lab tests (including rapid diagnostic and swab-and-send tests) performed by either in-network or out-of-network providers.</td>
<td>COVID-19 test related office visits or lab tests will be covered in the same manner as any test or lab, including applicable cost-sharing, based on whether the service is performed in or out of network. *This change was effective May 11, 2023 for out-of-network COVID-19 diagnostic tests and related services</td>
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<tr>
<td><strong>COVID-19 at-home test kits, also known as over-the-counter, or OTC test kits</strong></td>
<td>No charge for up to eight (8) over-the-counter (OTC) COVID-19 tests per month, both in and out of network. Reimbursement for out-of-network OTC COVID-19 tests is limited to $12 per test.</td>
<td>COVID-19 OTC tests are not reimbursable and will not be provided through your prescription drug benefit.</td>
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<tr>
<td><strong>Telehealth Visits</strong></td>
<td>Telehealth services will be covered when provided by an in-network provider at the current in-network primary care physician (PCP) copayment.</td>
<td>Telehealth services will continue to be covered in the same manner. When telehealth services are billed with a COVID-19 indicator,</td>
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Services provided by an out-of-network provider will be subject to the current cost-sharing (deductible and coinsurance) applicable for out-of-network office visits.

Audio and Visual will be covered with no cost share

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**End of National Emergency – Impact on Certain Fund Deadlines**

As explained in prior notices from the Fund, early during the COVID-19 pandemic, the federal government required employee benefit plans (like the Fund) to extend the usual deadlines for requesting special enrollment in health plans, filing claims and appeals, and making COBRA elections and payments. Specifically, the applicable periods were “tolled” until 60 days after the end of the COVID-19 National Emergency, for a period of up to one year.

The National Emergency has ended and in accordance with government guidance, the above deadlines will no longer be extended as of July 11, 2023.

As an example, if a participant got married on March 1, 2023, the normal special enrollment period to enroll the new spouse in the Fund would end 30 days after the date of marriage. With the National Emergency tolling through July 10th, the participant has until 30 days after July 10th (August 9th) to enroll the spouse in the Fund. As another example, if a participant’s child aged out of medical coverage and received a COBRA election notice on April 1, 2023, the 60-day period to elect COBRA coverage will end on September 8, 2023 (60 days after July 10th), because the tolled period does not count toward the 60-day COBRA election period.

There is no extension of deadlines for events occurring on and after July 10th. For example, if you get married on July 10th (or later) you must enroll your spouse in the Fund within 30 days of the date of marriage.

As always, if you need assistance or have any questions regarding Fund benefits, please contact the Fund Office at (212) 245-4802.

Sincerely,

Board of Trustees
Local 802 Musicians Health Fund

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This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan’s benefits and eligibility requirements. A full description of benefits available from the Fund is set out in the SPD (as amended by prior SMMs), except to the extent that this SMM explicitly modifies the SPD.

The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate any benefits provided under the Fund and change the Fund’s eligibility rules, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the SPD and the Agreement and Declaration of Trust establishing the Fund (the “Trust Agreement”). The Trust Agreement and the SPD are available at the Fund Office and may be inspected by you free of charge during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters, legal and/or factual, arising under the Plan.