

Montana Contractors' Association Health Care Trust (MCAHCT) Benefit Plan  
(A Grandfathered Plan)

Summary of Material Modifications No. 1  
Coverage for COVID-19 Testing

To: Participants and COBRA Qualified Beneficiaries under the Montana Contractors' Association Health Care Trust (MCAHCT) Benefit Plan (the "Plan")  
Date: April 27, 2020

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**Why this Memo?** The Plan is making changes related to coverage for COVID-19 testing for a limited time.

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**The Plan changes are:**

- the Plan will provide coverage for — and will not impose **Cost Sharing and Other Requirements** for — **COVID-19 Testing** and **Related Items and Services**
- incurred during the period that begins March 1, 2020, and ends on the date the **US Public Health Emergency** ends.

**"Cost Sharing and Other Requirements"** are the Plan's cost-sharing requirements (such as Deductibles and Co-Insurance), prior authorization requirements and medical management requirements.

**"COVID-19 Testing"** is testing:

- for the diagnosis of Coronavirus Disease 2019 (COVID-19); or
- for the detection of the virus that causes COVID-19 (known as SARS-CoV-2).

**"COVID-19 Testing"** is limited to in vitro diagnostic testing products and services:

- that are approved, authorized, or cleared by the US Food and Drug Administration ("FDA");
- with respect to which a developer has requested, or intends to request, emergency use authorization from the FDA;
- that are developed in and authorized by a State, with prior notice to the US Department of Health and Human Services ("HHS"); **or**
- that HHS determines appropriate.

**"Related Items and Services"** are items and services that:

- are furnished to an individual during health care provider visits (including telemedicine visits (to the extent already covered by the Plan)), urgent care center visits, and emergency room visits; **and**
- relate to the furnishing or administration of **COVID-19 Testing** or to the evaluation of the individual for purposes of determining the need of the individual for **COVID-19 Testing**.

The **"US Public Health Emergency"** means the public health emergency declared by the US Government concerning the outbreak of Coronavirus Disease 2019 (COVID-19).

**Compliance with Federal Law.** These changes are intended to satisfy the requirements of the Families First Coronavirus Response Act and the CARES Act. To the extent these Federal laws (or subsequently enacted applicable Federal law) require greater benefits, the Plan will follow applicable Federal law.

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**There are No Other Changes to the Plan.** Except as provided above, there are no other changes to the Plan. All the other terms, conditions and limitations of the Plan Document and Summary Plan Description as amended and restated effective January 1, 2020 ("Plan Document"), continue to apply. For example:

- If you receive treatment for COVID-19, the Plan's cost sharing requirements, pre-authorization requirements and medical management requirements continue to apply to all charges incurred in connection with the treatment for COVID-19.
- The Plan's Maximum Eligible Expense provisions limit the amount the Plan pays for **COVID-19 Testing** and **Related Items and Services** (increased, however, to the extent required by applicable Federal law). This means that if a provider is not a member of the Plan's Preferred Provider Organizations, the provider may "balance bill" you for the excess of the provider's charges over the amounts the Plan pays.

**These Changes will Expire.** When the **US Public Health Emergency** ends, all changes to the Plan described in this Summary of Material Modifications No. 1 expire, and the governing provisions of the Plan will be the Plan Document, unless it is otherwise modified or amended.

**Legal Effect of this Summary of Material Modifications No. 1.** This Summary of Material Modifications No. 1 is: a "summary of material modifications" (within the meaning of the Employee Retirement Income Security Act) to the Plan Document; a "notice of modification" to the Plan's current Summary of Benefits and Coverage (within the meaning of US Department of Labor Regulations); and an advance "notice of modification" to the Plan's Summary of Benefits and Coverage with respect to the expiration of changes described in this Summary of Material Modifications No. 1 once the **US Public Health Emergency** ends (for example, advance notice of the expiration of the waiver of **Cost Sharing and Other Requirements**).

### **Notice of Grandfathered Plan Status**

The Montana Contractors' Association Health Care Trust (MCAHCT) believes the Montana Contractors' Association Health Care Trust (MCAHCT) Benefit Plan (the "Plan") is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the Affordable Care Act was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the MCA Trust Office, P. O. Box 30177, Billings, MT 59107 or (406) 256-9910.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or log on to their official web-site <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.