



May 2023

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**Pipeline Industry Benefit Fund
Pipeline Industry 401(k) Fund**

***Important Information to the Membership
Summary of Material Plan Modifications***

The Board of Trustees of Pipeline Industry Benefit Fund and Pipeline Industry 401(k) Fund met on April 4, 2023, and approved changes to the respective Plans as summarized below. These important health and welfare plan and 401(k) plan changes will affect active participants, spouses, children, and retirees.

Pipeline Industry Benefit Fund

The following benefit improvements and changes will be implemented for participants and retired participants in the Pipeline Industry Benefit Fund (PIBF):

COVID-19 Public Health Emergency Period (PHE Period) Ending May 11, 2023 – Impact on Related Coverage

PIBF Coverage for At-Home COVID-19 Tests

1. The requirement for private health insurers to cover up to eight home COVID-19 tests per person per month for participants on their plans ended May 11, 2023. Effective May 12, 2023, the Board of Trustees elected to continue coverage of these tests up to four tests per person per month. Coverage is only available for qualifying tests (FDA authorized) to be utilized by the covered participant and cannot be for employment purposes.

When purchasing a home COVID-19 test, participants should submit their receipt and required forms to Sav-Rx's direct member reimbursement department (paper claim).

To locate the OTC COVID-19 Test Reimbursement Form, please visit www.pibf.org under the “Forms” tab, “H&W”. Reimbursement will be subject to a \$12 maximum per test.

PIBF Coverage of COVID-19 Testing and Vaccine Coverage

2. Costs related to determining a COVID-19 diagnosis were covered at 100% during the PHE Period. After May 11, 2023, these costs will be covered at PIBF co-insurance rates, subject to deductible.
3. Coverage of the COVID-19 vaccine was 100% covered by the government for the cost of the vaccine with the administration of the vaccine covered at PIBF co-insurance rates, subject to deductible. After May 11, 2023, and after the government surplus is exhausted, the PIBF co-insurance rates, subject to deductible, will apply for the vaccine and administration of the vaccine.

End of Extended Deadlines for COBRA and Other Due Dates due to end of COVID-19 National Emergency Period (NEP)

4. As previously announced, certain deadlines that fall within the “Outbreak Period,” which began on March 1, 2020, were extended during the NEP, freezing the clock until the earlier of (i) one year from the date the deadline otherwise would expire or (ii) 60 days after the end of the NEP. Since the NEP period will end on May 11, 2023, the end of the Outbreak Period will be July 10, 2023. Starting July 11, 2023, the following standard Plan deadlines will apply:
 - (1) HIPAA Special Enrollment Period - the 30-day or 60-day period in which employees and dependents may request special enrollment in the Plan when there is a new dependent due to marriage, birth, adoption, or placement for adoption, or a loss of eligibility for other group health coverage.
 - (2) COBRA Election Period - the 60-day period, after receiving a COBRA election notice, in which an eligible participant may elect COBRA coverage.
 - (3) Due Date for Notifying Group Health Plan of Qualifying Event or Determination of Disability - the 60-day period in which an eligible participant must notify the Plan of certain qualifying events, such as divorce or a child losing dependent status (other deadlines apply for notifying the Plan of a disability for purposes of extending COBRA coverage).
 - (4) Due Date for Paying COBRA Premium/Self-Payment – the 45-day period after COBRA coverage is elected for making the initial payment, and the 30-day period for making subsequent payments for monthly COBRA coverage.
 - (5) Due Date for Filing Benefit Claim Under Plan’s Claims Procedure - the maximum period allowed to submit an initial claim for benefits.
 - (6) Due Date for Filing Appeal of Adverse Benefit Determination or External Review, if applicable, Under Plan’s Appeal Procedure – the 180-day period to appeal a denied claim.
 - (7) The 14-day period to provide the COBRA election notice.

Your receipt of this Notice does not certify that you are eligible for benefits under the Plan. You must satisfy the Plan's eligibility requirements to be covered. This Notice is only a summary of the changes and does not replace or modify the Plan.

Pipeline Industry 401(k) Fund

The following benefit improvements and changes will be implemented for participants and retired participants in the Pipeline Industry 401(k) Fund (401(k)):

Changes to Required Minimum Distribution (RMD) Age

1. The age for required minimum distributions from the 401(k) Plan has been modified. You were previously notified that effective for distributions made after December 31, 2019, for Participants turning age 70 ½ after December 31, 2019, the Required Beginning Date shall not be later than April 1st of the calendar year following the calendar year in which the Participant attains age 72. Effective for Participants turning age 72 after December 31, 2022, the Required Beginning Date shall not be later than April 1st of the calendar year following the calendar year in which the Participant attains age 73.

All 401(k) and Pension Plan-related deadlines, related to the filing of claims and appeals that arise after the Outbreak Period ends on July 10, 2023, as explained above, will be governed by the standard rules.

REMINDER OF GRANDFATHERED HEALTH PLAN STATUS: *The Plan is a group health plan that believes it 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 that law was enacted. Being a grandfathered health plan means that your 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 Fund office, at the address and telephone number listed above. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Sincerely,



Renée E. Vause
Director