

**SUMMARY OF MATERIAL MODIFICATIONS  
TO THE  
WASHINGTON MANUFACTURING HEALTH TRUST**

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This Summary of Material Modification ("SMM") modifies some of the information contained in the Summary Plan Description ("SPD") for the Washington Manufacturing Health Trust Plan (the "Plan") that describes the Plan as of January 1, 2020. These modifications apply to the benefits described in the medical insurance Booklet from the insurance carrier, Asuris Northwest Health.

Note: In the event of any discrepancy between this SMM and the SPD and/or Booklet, the provisions of this SMM will govern.

**Modification(s)**

Important changes to certain benefits under the Plan will go into effect on March 25, 2020. In particular, coverage for COVID-19 testing and telehealth services are amended and provisions for prescription drug refills, certain pre-authorization requirements and premium grace periods are modified as provided in the Endorsement to Your Medical Policy or Booklet from the insurance carrier, which is attached as Appendix A and incorporated herein.

Additional information and the latest updates on COVID-19 from the insurance carrier at <https://www.asuris.com/member/home>

If you have questions about these changes in benefits, please contact Associated Industries Management Services ("AIMS"), at 800-274-5309 or you may contact the carrier directly as described in Appendix A.



## Endorsement to Your Medical Policy or Booklet

This Endorsement modifies Your medical Policy or Booklet, effective March 25, 2020, pursuant to Proclamation 20-29 issued by the Governor of the State of Washington and to Emergency Orders 20-01, 20-02, and 20-04 issued by the Office of Insurance Commissioner of the State of Washington.

This Endorsement is subject to the provisions, terms, conditions, limitations and exclusions set forth in the Policy or Booklet to which it is attached. If there is any inconsistency between this Endorsement and the Policy or Booklet, the terms of this Endorsement will prevail.

The following changes are made to Your Policy or Booklet:

1. Deductibles, Copayments, and Coinsurance will be waived for the FDA-authorized COVID-19 test and the associated Provider visit.
2. Any prior authorization requirements that previously may have applied to covered testing and treatment for COVID-19 illness will be suspended.
3. While You should use In-Network Providers whenever possible, COVID-19 associated Covered Services from Out-of-Network Providers will be covered at the In-Network cost sharing level for those COVID-19 associated Covered Services.
4. A one-time early refill of covered Prescription Medications prior to the expiration of the waiting time between refills will be allowed, taking into account patient safety risks associated with certain drug classes. This one-time early refill does not apply to opioid medications.
5. Benefits will be extended to permit the use of a non-HIPAA compliant platform for the provision of Covered Services by In-Network Providers through telehealth. Any requirement for a secure HIPAA-compliant platform will be suspended for In-Network Providers that do not already utilize or are unable to readily access a HIPAA-compliant platform.
6. Deductibles, Copayments, and Coinsurance will be waived for diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when such testing is determined to be medically necessary by Your Provider, and when billed in conjunction with a COVID-19 related diagnosis code.
7. Services provided at a drive-through site established for testing and assessment of COVID-19 are covered as a Provider visit when provided by In-Network Providers. The testing and assessment of COVID-19 symptoms performed at a drive-through site must be approved by either the U.S. Food and Drug Administration (FDA) or the Washington State Department of Health, and must be provided as ordered by Your Provider.
8. Any prior authorization requirements that may apply to long-term care facility or home health services following discharge from a Hospital will be suspended, when insufficient time exists to receive prior authorization before the delivery of care. Prior authorization for any other Covered Services necessary for discharge to a long-term care facility or home will be administered as an expedited prior authorization request.
9. The grace period for payment of monthly premiums is changed from 30 days to 60 days unless You are covered by a qualified health plan and receiving advanced premium tax credit through the Health Benefit Exchange. If monthly premium is not received within 60 days of the Premium Due Date (the grace period), coverage may end automatically and without further prior written notice on the thirty-

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## APPENDIX A – COVID-19 Changes to Medical Booklet

first day of the grace period, subject to Your continued obligation to pay premiums for the first thirty days of the grace period, and You potentially will be subject to billing from health care providers for unpaid claims for services rendered after the first thirty days of the grace period.

10. The amount which We reimburse an In-Network Provider furnishing a Medically Necessary Covered Service through telehealth will be the same as if the service was provided in person by the Provider.

Asuris Northwest Health complies with all state and federal requirements regarding COVID-19. The changes to Your Policy or Booklet outlined by this endorsement will remain in effect until the underlying Proclamation or Emergency Order expires without extension, is rescinded, or is further modified by the Governor of the State of Washington or the Office of Insurance Commissioner of the State of Washington.

For more information, call Customer Service at the number listed in Your Policy or Booklet or visit **asuris.com**.

All other terms and conditions of Your Policy or Booklet remain unchanged.

IN WITNESS WHEREOF, We, by Our duly authorized officer, have executed this Endorsement.



Brady D. Cass  
President  
Asuris Northwest Health