



Out-of-Network Services Payable at the In-Network Level

Covered Expenses billed by an Out-of-Network Provider or Facility will be payable at an enhanced Out-of-Network Reasonable and Customary Amount and at the In-Network Coinsurance, Deductible, Copayment, and Out-of-Pocket Limit amounts, if any of the following conditions are met:

- Charges are incurred while the Eligible Individual is in an In-Network Facility.
- The Eligible Individual receives Emergency services in an Urgent Care Facility to evaluate such Emergency medical condition and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Urgent Care Facility, as are required to stabilize the patient.
- The Eligible Individual receives Emergency services in an emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency medical condition and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required to stabilize the patient.
- The Eligible Individual receives ambulance services.
- Charges incurred while an Eligible Individual is in the state of Alaska.
- The Eligible Individual receives services from an In-Network Provider and additional services are provided by an Out-of-Network Provider and the Eligible Individual is not involved in the selection of that additional Provider.
- The Eligible Individual receives Emergency services from an Out-of-Network Facility and the Eligible Individual is not involved in the selection of the Facility.

Federal Law and Emergency Declaration

To the extent applicable, the Plan will provide coverage and benefits in accordance with the requirements of all applicable federal laws, including, but not limited to, Covered Expenses billed by any Facility of the Uniformed Services, ERISA (Employee Retirement Income Security Act), COBRA (Consolidated Omnibus Budget Reconciliation Act), PPACA (Patient Protection and Affordable Care Act), FFCRA (Families First Coronavirus Response Act), CARES Act (Coronavirus Aid, Relief, and Economic Security Act), Indian Self-Determination and Education Assistance Act, and CAA (Consolidated Appropriations Act). In the event that a State of Emergency is declared due to an emergency situation such as a natural disaster or pandemic, enhanced benefits may be provided as required by applicable federal law or as directed by the Board of Trustees or its Delegate. Any enhanced benefits provided during a State of Emergency will terminate when such emergency ends unless extended by the Board of Trustees.

Important Contact Information

Call **Cigna at 1-800-235-7748** for more information on when Out-of-Network services are payable at the In-Network benefit level. To find In-Network Providers, Collaborative Care Providers, Preferred Facilities for substance use treatment, or Telehealth Exclusive Providers, please see the contact information below.

<p>*In-Network Providers & Facilities</p> <p>*Collaborative Care Providers</p> <p>Medical, mental health, & substance use treatment</p>		<p>1-800-235-7748</p> <p>www.mycigna.com</p>
<p>*Preferred Facilities</p> <p>Substance Use Treatment</p>	<p>Boilermakers National Health & Welfare Fund Substance Abuse Program©</p>	<p>1-877-244-3572</p>
<p>*Telehealth Exclusive Provider</p> <p>Medical, mental health, & substance use treatment</p>		<p>www.mycigna.com</p> <p>(click on “talk to a doctor”) or call 888-726-3171</p>
<p>*Telehealth Exclusive Provider</p> <p>Medical, mental health, & substance use treatment</p>		<p>Download the mobile app</p> <p>Visit www.amwell.com</p> <p>Call 1-844-733-3627</p> <p>SERVICE KEY: BOILERMAKERS</p>
<p>*Telehealth Exclusive Provider</p> <p>Mental health services for children and teens through age 17.</p>		<p>www.hellobrightline.com</p>
<p>*Telehealth Exclusive Provider</p> <p>Mental health services for ages 18 and over.</p>		<p>www.brightside.com</p>

Reference the 2023 Summary Plan Description (SPD) as amended for a full description of benefits, limits, and exclusions at www.bnf-kc.com. In addition, the information described above does not apply to the Fund’s Medicare Advantage Plan administered through United Healthcare (UHC). Individuals covered under UHC should refer to the United Healthcare Plan Guide for more information, available online at www.bnf-kc.com.