

WENTE FAMILY ESTATES

Date: June 28, 2023

To: All Group Health Plan Participants

Re: COVID-19 Provisions

This information is being provided in lieu of an amendment due to the impact it has on your Plan. The following provisions have been updated per the announced end of the COVID-19 public health emergency, national emergency, and the end of the federal extensions of timeframes under your group health plan.

COVID-19 Testing

As a result of the COVID-19 pandemic, changes to the Plan were previously implemented: Section I.A. below became effective March 18, 2020 and Section I.B. below became effective March 27, 2020. However, **both Sections I.A and I.B. below expire at the end of the day on May 11, 2023**, which is the announced end of the public health emergency. Please maintain this document with your copy of the Health Plan Booklet.

- I. Notwithstanding any provisions in the Plan to the contrary, the Plan shall:
- A. Provide coverage for an in vitro diagnostic test for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such a test, without imposing any cost sharing, including deductibles, copays and coinsurance. Such coverage will include items and services furnished during health care provider office visits (including in-person visits and telehealth visits), urgent care center visits, and emergency room visits that result in an order for a COVID-19 test but only to the extent, such items and services relate to:
1. the furnishing or administration of a COVID-19 test; or
 2. the evaluation of a covered person for purposes of determining the need for such test.
- B. Reimburse the services described in section A. based on a negotiated rate, if one was in effect before March 13, 2020. If a negotiated rate does not exist, the Plan shall reimburse the provider for the cash price for such service as listed on the provider's public internet website. The Plan may negotiate a rate with the provider for less than the cash price.

Federal Extension of Timeframes

Federal agencies have temporarily extended certain deadlines under group health benefit plans, including dental plans, disability and other plans subject to ERISA and the Internal Revenue Code, including HRAs and FSAs. The U.S. Department of Labor (DOL), the Department of the Treasury and the IRS have issued a notification of relief that affects several deadlines, including those related to special enrollee elections, COBRA coverage, filing claims and appeals.

The COVID-19 outbreak in the United States was declared a national emergency by the President, beginning March 1, 2020. **The federal relief extends the following time frames, if applicable under the Plan, by disregarding these time frames until the earlier of: one (1) year or July 10, 2023, when such time frames will resume.**

1. The time frame to elect special enrollment;
2. The time frame to elect COBRA;
3. The time frame to make the initial payment and any subsequent payment for COBRA (the disregarded time frame to make the initial COBRA payment and to elect COBRA will run concurrently);
4. The time frame to provide notice of a qualifying event resulting from divorce or legal separation from the employee or the child's loss of dependent status;
5. The time frame to submit proof of the Social Security Administration's disability determination to extend COBRA;
6. The time frame to submit a claim;
7. The time frame to appeal an adverse benefit determination;
8. The time frame to request an external appeal of an adverse benefit determination.

In no event will any disregarded time frame exceed a period of one (1) year.

Over-the-Counter COVID-19 Testing

Previously during the Public Health Emergency, the Plan provided coverage without cost-sharing, prior authorization or other medical management requirements of over-the-counter diagnostic COVID-19 tests that met statutory criteria without an order or individualized clinical assessment by a health care provider. Reimbursement of over-the-counter diagnostic COVID-19 tests was limited to eight (8) tests per month or thirty (30) day period per covered person, and was limited in certain circumstances to \$12.00 per test.

After May 11, 2023, the end of Public Health Emergency, reimbursement of over-the-counter diagnostic COVID-19 tests purchased is subject to plan provisions and may not be covered.

Received and accepted:

By: Regina Geranen

Title: Sr Director, Team People

Date: 7.18.2023