

**GRACE COTTAGE
EMPLOYEE GROUP MEDICAL BENEFIT PLAN(S)
and all other GROUP HEALTH BENEFIT PLANS
SUMMARY OF MATERIAL MODIFICATIONS**

The Medical Benefit Plan(s) and other Group Health Benefit Plans offered by Grace Cottage and administered by Health Plans, Inc. are amended to include coverage related to the testing and treatment of COVID-19 described below, as well as to include continued coverage under the Plan(s), in accordance with the terms of the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Stimulus (CARES) Act and reimbursement of over-the-counter medications and menstrual care products under MCRAs and/or HRAs, as applicable. The provisions below are in addition to and supersede any contrary provisions detailed in the Plan Document(s) and/or Summary Plan Descriptions.

The Medical Care Reimbursement Account(s) and Health Reimbursement Arrangement(s) are hereby amended to include the provisions below, effective as of Plan Years beginning on and after January 1, 2020:

Coverage for the reimbursement of:

- Over-the-counter medicine and drugs
- Menstrual care products (*not applicable for Limited Purpose MCRAs*)

The Medical Plan(s) are hereby amended, as applicable, to include the provisions below, effective as of the date specified for each provision.

Coverage for the testing and diagnosis of COVID-19 includes the following:

- Coverage of testing authorized under federal law and diagnosis for COVID-19 without any cost sharing (e.g. deductibles, copayments or coinsurance) or prior authorization or other medical management requirements. This includes in- and out-of-network telehealth visits, office visits, ER visits and urgent care visits related to determining the need for a test or the actual test, and any related medical services during that time. **Effective March 18, 2020**
- Payment to testing providers according to the network contracted rate. In the absence of a negotiated rate for out-of-network providers, payment will be based on the price posted on the provider's web site. **Effective March 18, 2020.**

Coverage for the treatment and prevention of COVID-19 includes the following:

- Coverage of COVID-19 treatment services received via telehealth services or as outpatient services with cost sharing waived. **Effective March 18, 2020**
- Coverage of COVID-19 preventive care and/or vaccinations that may become available with cost sharing waived within 15 days of recommendation for such services issued by either the United States Preventive Services Task Force (USPSTF) or the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. **Effective March 27, 2020.**
- Coverage of COVID-19 treatment for inpatient services with cost sharing waived. **Effective March 31, 2020.**

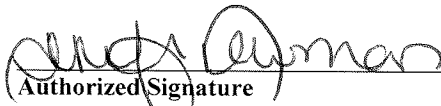
Coverage for non-COVID-19 related health care services provided via telehealth

- All Plans except any Employer Qualified High Deductible Health Plans (QHDHPs), will cover non-COVID-19-related health care services provided via telehealth providers with no member cost sharing. **Effective March 18, 2020.**
- QHDHPs will cover non-COVID-19 related health care services provided via telehealth providers with no member cost sharing. This provision will not affect that Plan's classification under Internal Revenue Service rules as a QHDHP through Plan Years beginning on or before December 31, 2021. **Effective March 27, 2020.**

Continued coverage under paid leave provisions of the Families First Coronavirus Response Act

- Continued eligibility for coverage for employees and covered dependents to the extent that the employee qualifies for paid leave under the provisions of the Emergency Paid Sick Leave Act and/or the Paid FMLA/Emergency Family and Medical Leave Expansion Act, as amended, beginning on and after April 1, 2020. **Effective April 1, 2020.**

Accepted by:
Grace Cottage



Authorized Signature

Jennifer Newman

Print Name

Director of Human Resources

Title

4/15/20

Date