**Employee Notice**

**Benefit Changes Due to Coronavirus National Emergency**

**Summary of Changes Effective 04/01/2020-12/31/2020**

The Families First Coronavirus Response Act (FFCRA) and CARES Act added in a number of changes that impact participant’s benefits as summarized below:

• **Section 3701: Health Savings Accounts for Telehealth Services**

A high-deductible health plan (HDHP) with a health savings account (HSA) will be allowed to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 virus and protecting other patients from potential exposure.

• **Section 3702: Over-the-Counter Medical Products without Prescription**

Patients to use funds in HSAs and Flexible Spending Accounts for the purchase of over-the-counter medical products, (including menstrual care products) are now included under the term “qualified medical expenses including those needed in quarantine and social distancing, without a prescription from a physician.

• **Section 3201- Coverage of diagnostic testing for COVID-19:**

Clarifies that all testing for COVID-19 is to be covered by private insurance plans without cost sharing, including those tests without a EUA by the FDA.

• **Section 3202- Pricing of diagnostic testing:**

For COVID-19 testing covered with no cost to patients, requires an insurer to pay either the rate specified in a contract between the provider and the insurer, or, if there is no contract, a cash price posted by the provider.

• **Section 3203 - Rapid coverage of preventive services and vaccines for coronavirus:**

Provides free coverage without cost-sharing of a vaccine within 15 days for COVID-19 that has in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP).

• **Sick Leave & Extended Family Medical Leave**

Qualifying employees may receive paid time off under the FFCRA for eligible sick leave and extended family medical leave as explained in this notice: https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA\_Poster\_WH1422\_Non- Federal.pdf with the right to continue medical insurance while out on approved leave. If applicable, employees should contact Human Resources for leave approval, additional details, as well as information explaining how employee’s share of insurance premiums will be handled.

• **Furlough**

In the event that the company elects to implement a furlough, where some employees’ hours are reduced to zero or below the minimum required hours, they may be eligible to continue participation in the group medical plan during the furlough time up to an amount determined by the provider. If employees are impacted by furloughs, they will be provided additional details regarding the furlough, continuation of medical insurance, and premiums.

**New Periods to make Elections for Benefits or Coverage**

Due to the ongoing national emergency related to the Coronavirus, the federal Labor Department and IRS released guidance which requires all welfare benefit plans subject to Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code (Code) to disregard the period beginning from March 1, 2020, until 60 days after the announced end of the national emergency or such other date announced by the agencies in a future notice (“Outbreak Period”) in determining the following periods and dates:

• The 30-day period (or 60-day period, if applicable) to request special enrollment for employee, spouse or child during a plan or policy years

• The 60-day election period to elect COBRA continuation coverage

• The date for making COBRA premium payments

• The date for individuals to notify the plan of a qualifying event or determination of disability

• The date within which individuals may file a benefit claim under the plan’s claims procedure.

• The date within which claimants may file an appeal of an adverse benefit determination under the plan’s claims procedure.

• The date within which claimants may file a request for an external review after receipt of a final internal adverse benefit determination.

• The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete pursuant to applicable appeal rules.

**The delay created by the Outbreak Period only applies if the deadline for making an election, giving notice, or making a claim did not expire before March 1, 2020.**

**What this means to Employees, Former Employees, and Beneficiaries**

Beginning March 1, 2020, if an employee, former employee or beneficiary failed to elect COBRA coverage, pay a COBRA premium, add him or herself, his or her spouse or child to coverage or failed to file a claim for benefits that individual has until the end of the Outbreak Period to file.

To make a new election for coverage or benefits, give notice or make a claim for benefits, please contact your HR department.