

## NOTICE OF SUMMARY MATERIAL MODIFICATION

Dear Participant and Beneficiaries,

This summary of material modification ("**SMM**") describes changes that may impact plan participants benefits under the company's (**Define Name of Plan "e.g. XYZ Health & Welfare Benefit Plans"**), ("**Plan**") and supplements the Summary Plan Description ("**SPD**") for the Plan. The effective date of each of these changes are indicated below. Read this SMM carefully and retain this document with your copy of the SPD for future reference.

*If this summary has been delivered to you by electronic means, and you would like to receive a written summary, you may request a copy of this on a written paper document at no charge by contacting the plan administrator.*

**Benefit Plans Impacted:** Medical Insurance, Health Savings Account, Health Reimbursement Account & Flexible Spending Account (**Take out those that are not applicable**)

The reason for this SMM are due to provisions that establish new benefits and services.

**Effective Date of Material Modification:** 04/01/2020-12/31/2020

### **Summary of Changes:**

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](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 any of these leave provisions apply to eligible employees, they are to contact the person in charge of Human Resources or the Plan Administrator for leave approval, additional details, as well as information explaining how employee's share of insurance premiums will be handled, if applicable.

- **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.

**Additional Information:**

Refer to your Summary Plan Description (SPD), and provider component plan documents for details of your benefit plans. If you have questions regarding this modification, contact the Plan Administrator at:

Company Name:

Contact Person:

Company Address:

Contact Email:

Contact Phone Number:

**General Plan Information:**

Plan Name:

Plan Number:

Plan Sponsor/Plan Administrator: