CHEROKEE COUNTY HEALTH CARE PLAN AMENDMENT PLAN: 501

This is a summary of material modifications (SMM) that reflects an amendment made to the Cherokee County Health Care Plan. You should read it carefully and keep it with your summary plan description (SPD) for future reference.

Changes to Health Coverage During Family and Medical Leave or Paid Sick Leave

The Families First Coronavirus Response Act (FFCRA) requires covered employers to provide eligible employees with expanded family and medical leave and paid sick leave for reasons related to the COVID-19 pandemic. These new leave requirements begin on April 1, 2020, and end on Dec. 31, 2020 (unless extended or limited by federal law). If you take expanded family and medical leave or paid sick leave under the FFCRA, your group health benefits under the Plan will continue on the same terms as if you did not take leave.

Extension of Certain Deadlines under the Plan

Due to the COVID-19 pandemic, the federal government has issued guidance that extends certain deadlines for participants to take certain actions under the Plan. When calculating the deadlines listed below, the Plan Administrator does not count the period beginning on March 1, 2020, and ending 60 days after the announced end of the National Emergency period for the COVID-19 outbreak (or other date announced by the federal government). This period is referred to as the "Outbreak Period." This extension does not apply to Plan deadlines that expired before March 1, 2020.

- HIPAA Special Enrollment Deadlines: You have the right to enroll yourself and/or your eligible family members in the Plan during the Plan Year when certain events occur, such as when you, your spouse or your dependents lose eligiblity for any other group health plan or if you have a new spouse or dependent as a result of marriage, birth, adoption or placement for adoption. The 30-day (or 60-day) deadline for you to request special enrollment under the Plan is extended during the Outbreak Period. Keep in mind that special enrollment rights may not apply to all Benefit Programs under the Plan. You should check with the Plan Administrator if you have questions about enrolling in a Benefit Program.
- <u>COBRA Continuation Coverage Deadlines</u>: The following deadlines for COBRA continuation coverage are extended during the Outbreak Period:
 - The 60-day deadline to elect COBRA continuation coverage;
 - Deadlines for making COBRA premium payments;
 - o Deadlines to notify the Plan Administrator of a qualifying event (for example, a divorce); and
 - Deadline to notify the Plan Administrator of a determination of disability by the Social Security Administration (for purposes of the 11-month disability extension under COBRA).

 <u>Deadlines for Filing Benefit Claims and Requesting Appeals</u>: The Plan deadlines for filing a claim for benefits, appealing a denial of a benefits claim and requesting an external review after exhausting the Plan's internal appeals procedures are extended during the Outbreak Period.

In addition, in accordance with federal guidance related to the COVID-19 pandemic, the deadlines for the Plan Administrator to furnish certain notices and disclosures are extended during the Outbreak Period, provided the Plan Administrator will provide the required documents as soon as administratively practicable under the circumstances.

Coverage of COVID-19 Testing Without Cost-Sharing

The Plan pays benefits for certain items and services related to diagnostic testing for the detection of SARS-CoV-2 or the diagnosis of COVID-19 (referred to collectively as COVID-19) when those items or services are furnished on or after March 18, 2020, and during the applicable emergency period, as required by the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief and Economic Security Act (CARES Act) and any subsequent applicable federal laws or regulatory guidance. This coverage is not subject to any cost-sharing requirements (including deductibles, copayments and coinsurance) or prior authorization or other medical management requirements.

In Witness Whereof, Cherokee County has caused this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on its behalf and attested by its duly authorized officer this Amendment to be signed on the amendment to be signed on th

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Title: County Manage

This summary of material modifications is for informational purposes only. No action is required on your part.