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AETNA

COVID-19 BENEFIT ENHANCEMENTS

Screening/diagnostic testing provided at no cost; This policy will cover the cost of a physician-ordered test and the physician visit that results in a COVID-19 test, which can be done in any approved laboratory location. Aetna is waiving cost-sharing and co-pays for inpatient hospital admissions related to COVID-19 for Aetna's commercially insured members, part of several additional steps to help members access the care that they need during the COVID-19 pandemic.

Aetna will waive member cost-sharing for inpatient admissions at all in-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial plan sponsors and is effective immediately for any such admission through June 1, 2020.

For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for any covered telemedicine visits – regardless of diagnosis. With increased anxiety over the COVID-19 pandemic, Resources For Living® (RFL), Aetna's employee assistance program, is offering support and resources to individuals and organizations who have been impacted by COVID-19 whether or not they have RFL included as part of their benefits. Aetna is offering 90-day maintenance medication prescriptions for insured and Medicare members. Aetna is also waiving early refill limits on 30-day prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark.

CVS Pharmacy will waive charges for home delivery of prescription medications.

Through Aetna's Healing Better program, members who are diagnosed with COVID-19 will receive a care package, mailed direct to their home, containing useful information and resources to help recover, as well as personal and household cleaning supplies to help keep others in the home protected from potential exposure.

Update 5/7/2020:

Aetna is waiving member cost sharing for diagnostic testing related to COVID-19. This policy covers the cost of a physician-ordered test and office, clinic or emergency room physician visit that results in the administration of or order for a COVID-19 test. The test can be done by any approved laboratory. The policy aligns with the new Families First legislation requiring all health plans to provide coverage of COVID-19 testing without cost share. The requirement also applies to self-insured plans.

Per guidance from the Centers for Medicare & Medicaid Services (CMS), the Department of Labor and the Department of the Treasury, group health plans

	<p>must cover serological (antibody) testing with no cost-sharing – as required under recent legislation.</p>
<p>SPECIAL OPEN ENROLLMENT</p>	<p>Aetna is offering a Special Enrollment Period opt-in for Aetna Commercial-insured/ACA and Small Group Aetna Funding Advantage customers. Aetna is committed to assisting members during the rapidly evolving COVID-19 pandemic. Aetna is providing an option for most of its insured commercial group insurance/ACA and Small Group Aetna Funding Advantage (AFA) customers to offer a Special Enrollment Period (SEP) to their eligible populations. This new option would be at the election of the plan sponsor. It would apply to most of Aetna's medical, pharmacy, dental, vision and voluntary products. Interested plan sponsors should contact their Account Manager to determine if this option is available to them. The SEP is limited to eligible employees and dependents who did not previously elect coverage with their Plan Sponsor. Plan Sponsors with Section 125 plans should consult with their own benefit advisors regarding this action. This enrollment opportunity will be offered from Monday, April 6, through Friday, April 17, 2020. Enrollees can choose between an April 1, 2020 or May 1, 2020 coverage effective date.</p>
<p>PREMIUM & GRACE-PERIOD EXTENSION</p>	<p>Aetna will maintain 30 day grace period; however they're not terminating groups within a 60 day window during the COVID-19 period (no deadline as COVID-19 window can change). Aetna is permitting Credit Card payments for Small Groups during the COVID-19 period. Aetna's current contracts already include a provision for a grace period for those struggling to meet monthly payments. Aetna will also continue complying with state mandated extensions of grace periods.</p>
<p>ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH</p>	<p>Aetna will allow employee terminations without a qualifying event. Employers with Section 125 plans should consult with their benefits or tax advisors about the potential impact of such action. A business is not required to be physically open to maintain an insurance plan throughout the COVID-19 pandemic. Employees can maintain their coverage on the plans so long as (1) the shutdown is a temporary measure resulting from the COVID-19 pandemic; (2) the Plan Sponsor continues to pay its monthly bill and (3) the Plan Sponsor does not terminate the employee(s). This option is available to customers until July 31, 2020. Please note the guidelines must be applied uniformly without regard to health status-related factors. Employees can maintain their coverage on employer's Aetna plans so long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic; (2) employer continues to pay their monthly bill and (3) employer does not terminate the employee(s). This option is available to customers until July 31, 2020. Please note the guidelines must be applied uniformly without regard to health status-related factors. Group Terminations: If the termination is due to COVID-19 (such as: close of business, unable to pay premium, no longer afford benefits program) Aetna will waive the 30-day advance termination requirement upon customer request, so long as the request is received prior to the requested termination date.</p>
<p>COBRA / CAL-COBRA</p>	<p>Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.</p>
<p>RE-HIRE WAITING PERIOD</p>	<p>Through July 31, 2020, Aetna is prepared to support changes to the waiting period rules. Any change in the waiting period rules that extends into the next plan year will be considered in the renewal.</p>

RENEWALS / PLAN CHANGES

CCH will allow mid-year downgrades (both Employer and Employee) due to financial hardship. The request must be submitted in writing from the Employer.

For more information, visit www.benefitmall.com/covidresources.





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ANTHEM

COVID-19 BENEFIT ENHANCEMENTS

Update 8/4/2020: Anthem is committed to help our members gain timely access to care and services. Our actions should reduce barriers to seeing a doctor, getting tested and receiving treatment.

Anthem is waiving:

Cost-sharing for the treatment of COVID-19 from April 1 through Dec. 31, 2020 for members of its fully-insured employer, Individual, Medicare Advantage and Medicaid plans. This includes FDA approved medications for the treatment of COVID-19 when they become available. We encourage our self-funded customers to participate and these plans will have an opportunity to opt in. Cost-sharing for COVID-19 diagnostic tests, including serology tests, for members of our employer-sponsored, individual, Medicare and Medicaid plans. This is effective throughout the duration of the public emergency. Cost-sharing for COVID-19 screening related tests (e.g., influenza tests, blood tests, etc.) performed during a visit that result in an order for, or administration of, diagnostic testing for COVID-19 will also be covered with no cost sharing for members. This is effective throughout the duration of the public emergency. Cost-sharing for visits to get the COVID-19 diagnostic test, regardless of whether test is administered, beginning March 5 for members of our employer-sponsored, individual, Medicare and Medicaid plans. This is effective throughout the duration of the public emergency. Cost-sharing for telehealth visits from in-network providers from March 17 through Sept. 30, 2020, including visits for behavioral health, for our fullyinsured employer, individual, and Medicare Advantage plans, and wherever missible, Medicaid plans. We encourage our self-funded customers to participate, although these plans will have an opportunity to opt in. Cost-sharing for FDA-approved vaccines when they become available. The cost-sharing waiver includes copays, coinsurance and deductibles. Anthem encourages members to access the SydneyCare app at no cost. The app includes a Coronavirus Assessment that can help members quickly and safely evaluate their symptoms and assess their risk and then communicate with a doctor to address additional questions. Employee Assistance Program (EAP) is here to provide employees and their household members support during challenging times. Includes: Telephonic counselor support, Counseling visits (or LiveHealth Online), Child & Eldercare resources, Financial Consultations, Legal Consultations, and Website resources:

- anthemeap.com (log in: My EAP CA)
- Call 800-999-7222

SPECIAL OPEN ENROLLMENT

Extended through 6/16/2020: Anthem will provide both Fully Insured and Self-funded groups, excluding Life and Disability*, an option to offer a Special

	<p>Enrollment Period to enroll employees who previously did not elect to enroll in coverage at the time of open enrollment. This Group Special Enrollment Period will last from June 8, 2020 to July 31, 2020 and is available to both Large and Small groups. Coverage would be effective no later than Aug. 1, 2020. State eligibility guidelines will apply. For fully insured groups, Employees, their spouses and dependents who were eligible for benefits during your clients' Open Enrollment are eligible for this SEP if they had previously waived coverage. An employee enrollment application can be used for SEP. Please make sure to utilize the application that applies to the current groups plan benefit. For example, if the group has 2019 plans, the 2019 employee application should be used. Applications should be sent to Anthem's submission box indicating COVID-19 Special Open Enrollment at the top of the application and email to small.group@anthem.com.</p>
<p>PREMIUM & GRACE-PERIOD EXTENSION</p>	<p>Anthem is reviewing extended grace-periods on a case-by-case basis only. Employers should contact their Account Manager. Premium extensions will be reviewed on a case-by-case basis.</p> <p>Update 6/5/2020: Anthem announces Premium Credit, by issuing premium credits their Fully Insured employer groups based on their April 2020 invoices. The credits will appear on employers' August 2020 invoices (issued in July 2020):</p> <ul style="list-style-type: none"> •15% of the April premium for Anthem Small Group medical plans •50% of the April premium for Anthem Dental plans
<p>ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH</p>	<p>Update: 6/16/2020 Extended: Anthem's requirement for employees to be actively working in order to be eligible for coverage will be relaxed through September 30,2020 as long as the monthly premium payment is received. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage as long as the monthly premium payment is received.</p>
<p>COBRA / CAL-COBRA</p>	<p>Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.</p>
<p>RE-HIRE WAITING PERIOD</p>	<p>Updated: 6/16/2020 Extended:Temporarily laid-off employees, if rehired by September 30, 2020 will not be subject to a waiting period.</p>
<p>RENEWALS / PLAN CHANGES</p>	<p>Regardless of the ACA Small Group effective date, the group can make one off-cycle buy down to a less expensive plan. Employers must notify Anthem by May 31, 2020 for a future off-cycle buy down effective date. Anthem will implement the off-cycle buy down at a minimum within 10 business days. The group will keep their current renewal date. Plan changes may require a 60-day notice to employees prior to the change taking effect due to the SBC material modification requirements.</p> <p>Revised 6/16/2020: Anthem will also allow currently covered employees to switch to a lower-priced medical plan when one is offered. This option is available for July 1, 2020 and August 1, 2020 effective dates. Anthem will not allow currently covered employees to switch to a more expensive plan absent a qualifying event as described in the benefits booklet or certificate or as mandated by HIPAA. Note: All members must move to the new buy down off-cycle plan design. If a group has multiple plan designs and wants to buy-down off-cycle, the group must select ONE plan design for all covered employees. At renewal they can add plan designs according to the local guidelines.</p>

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APEX

COVID-19 BENEFIT ENHANCEMENTS	Pending Confirmation
SPECIAL OPEN ENROLLMENT	Pending Confirmation
PREMIUM & GRACE-PERIOD EXTENSION	Apex is providing a 60-day grace period for premium payments
ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH	Pending Confirmation
COBRA / CAL-COBRA	Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.
RE-HIRE WAITING PERIOD	Pending Confirmation
RENEWALS / PLAN CHANGES	Pending Confirmation

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BLUE SHIELD

COVID-19 BENEFIT ENHANCEMENTS

Update 7/28/2020: In an ongoing effort to meet the needs of the times, Blue Shield of California is extending cost-sharing waivers through December 31, 2020 for COVID-19 treatment and for Teladoc virtual medicine visits. On April 1, 2020, Blue Shield announced it will waive co-payments, coinsurance, and deductibles for treatment for COVID-19 received between March 1, 2020 and May 31, 2020. This waiver was previously extended to September 30, 2020. Today, Blue Shield is extending this waiver through December 31, 2020. This applies to the following plan types:

- Fully insured and flex-funded employer-sponsored plans
- Plans purchased through Blue Shield of California directly
- Plans purchased through Covered California
- Medicare Advantage plans
- Medicare Supplement plans
- Employer-sponsored plans where the plan sponsor elects to pay for copays, coinsurance, and deductibles for COVID-19 treatment. These plans are not required to cover these costs. Employer groups with questions on this topic should contact their Blue Shield account team.

Medi-Cal members have no out-of-pocket costs for treatments.

Covered services include any treatments for COVID-19 from doctors, hospitals, and other healthcare professionals in a plan's network from March 1, 2020 through December 31, 2020. Providers must use proper diagnosis and procedure codes related to COVID-19 for Blue Shield to waive member deductible, copay, and coinsurance liability for treatment.

Please note: COVID-19 guidance is evolving rapidly. Our responses are based on existing guidance and are subject to change depending on legal and/or regulatory developments.

Teladoc:

Copays and co-insurance for Teladoc visits, general medical and behavioral health, will be waived for members enrolled in all Blue Shield commercial (including IFP Grandfathered Plans) and Medicare plans through December 31, 2020, whether or not the visit is related to COVID-19. Currently, Teladoc can screen for COVID-19 but cannot order COVID-19 tests.

Members enrolled in Blue Shield's Trio HMO and Tandem PPO plans, Medicare Advantage, Medicare Supplement Plan G Extra, Medi-Cal, and Cal MediConnect plans, already enjoy \$0 out-of-pocket costs for Teladoc general medical services.

Employer-sponsored plans should contact their account team with questions regarding providing this benefit coverage for their members.

Testing:

Blue Shield of California will continue to comply with all federal and state laws and regulations until the end of the public health emergency, including the latest DMHC emergency regulation issued on July 17, 2020 regarding COVID-19 testing for "essential workers" and other individuals which expires on January 14, 2021. We are working diligently and expeditiously to implement the new DMHC emergency regulation to help ensure our members have access to care, especially during this ongoing public health crisis. Blue Shield will continue to provide updates as more information becomes available.

SPECIAL OPEN ENROLLMENT

REVISED 6/29/2020:

The Special Enrollment Period (SEP) has been extended through September 30, 2020.

Blue Shield will continue allowing Special Enrollment Period (SEP) for COVID-19 through September 30 for small businesses. The COVID-19 SEP for large groups (101+) will end June 30. Self-funded plan sponsors typically determine eligibility of group coverage, which is described in their Plan Document.

Notes:

This special enrollment for small groups applies only to employees who previously waived coverage for themselves and/or their dependents, allowing enrollment without any of the standard qualifying life events.

Enrollment requests must be received on or before the 1st of the month for which enrollment is being requested.

This applies to all enrollment for medical plans, dental plans, and vision plans.

PREMIUM & GRACE-PERIOD EXTENSION

Update 9/8/2020: Blue Shield is offering a flexible payment plan option to the following Blue Shield customers whose premium payment for April, May, June, July, August, and/or September 2020 coverage is delinquent:

Who:

Individual Family Plan (IFP) Off-Exchange subscribers, IFP On-Exchange subscribers without subsidy, and Small Group employers:

- whose accounts were current for August coverage and newly entered a grace period in September

- enrolled in the Premium Payment Plan Program in August

IFP On-Exchange subscribers with subsidy and Medicare Supplement subscribers:

- whose accounts were current for August coverage and newly entered a grace period in September

- in a grace period (month 1 only for the On-Exchange grace period) in August and enrolled in the Premium Payment Plan Program

- Subscribers or groups may only enroll in the program for up to two months.

Generally, payment is delinquent when the Total Amount Past Due is not received on or before the due date (e.g., May 31). The subscriber or group is then entitled to a grace period.

- In order to enroll in our Premium Payment Plan Program, a subscriber or small group must meet and agree to all program terms and conditions, which includes becoming current for the Total Amount Past Due premiums. Once paid, a subscriber or small group may be enrolled in the Premium Payment Plan

Program, for up to two months, with a minimum 25% premium payment.

- For the purpose of this document, the market segments eligible for the payment plan, described above, will be referred to as "target audience."

- Enrollment into the program must be by the subscriber or small business administrator; brokers cannot enroll in the program on their behalf.

- This document does not include information regarding IFP On-Exchange (with subsidy) subscribers entering months 2 and 3 of their 3-month grace period. Contact Producer Services for more information.

	<ul style="list-style-type: none"> • Subscribers or small groups who have paid their premium payments are not eligible for this program. • Large Group employers (101+ employees) are not eligible for this program. <p>What:</p> <ul style="list-style-type: none"> • The target audience will receive a legally required “Notice of Start of Grace Period.” Included in that mailing is an insert (buck-slip) advising them to call Blue Shield to discuss payment options. o The legal requirements for grace period notices changed as of 4/1/20. If you have any questions regarding grace periods and what it means for your clients, please contact Producer Services. • For the target audience only, we offer an option to defer up to 75% of premiums due and subscriber /small group customer’s account remains current (i.e. must pay a minimum of 25%). For example, August premium is \$1,000. Subscriber can defer \$750. August payment due is \$250. • So long as the subscriber or small group enrolls in the program or pays the Total Amount Past Due before the end of the grace period, coverage will not be cancelled after the applicable grace period ends. <p>**please refer to Blue Shield COVID page for full details</p>
<p>ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH</p>	<p>Fully Insured Groups: Maintaining health coverage through layoffs, furloughs, or reduction in work hours can be challenging and Blue Shield will continue to provide coverage through June 30, 2020 as long as premiums are received. Coverage must be offered on a consistent, non-discriminatory basis to all employees, and employee premium contributions must be the same or less as prior to the layoffs, furloughs or reduction of hours.</p> <p>Options for continuing coverage for laid-off employees – Fully insured: Employees can remain on a group plan to keep them covered in the same manner as prior to COVID-19 if premium payments continue for laid-off employees.</p> <p>Employees can elect COBRA or Cal-COBRA, if eligible, and will be liable to pay the full cost of coverage (unless their employer chooses to subsidize COBRA premiums).</p> <p>Employees can enroll in the individual marketplace. Employees may benefit from government subsidies to help pay premiums.</p>
<p>COBRA / CAL-COBRA</p>	<p>Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details.</p> <p>Note: This does not apply to Cal-COBRA, standard process applies.</p>
<p>RE-HIRE WAITING PERIOD</p>	<p>Standard guidelines will apply. Blue Shield will waive the waiting period if employee is re-hired within 6 months.</p> <p>Former employees being rehired within six months from terminating will not be subject to the waiting period. Enrollment applications will be processed 1st of the month following the rehire date; application submission should include a written request to waive the waiting period and proof of full-time employment.</p>
<p>RENEWALS / PLAN CHANGES</p>	<p>Blue Shield is making changes to policies geared toward helping employers maintain their health plans and continue to cover their employees. Plan changes, at the group and member levels, are generally allowable only during a group’s renewal period for the next contract year. In response to COVID-19, Blue Shield will allow a one-time buy-down plan change off-cycle for employers and employees to adjust their health plan selection to meet their current needs. Plan election changes, for both groups and members, can be made through June 30, 2020 with July 1, 2020 as the latest effective date.</p>

This applies to all fully insured small group (1-100) and large group (101+) employers.

Large group employers (101+ employees) who cannot afford contributions due to loss of income should contact their Blue Shield account team to discuss buying down to a more affordable plan design.

For quick comparison and clear understanding of possible premium reductions, small group renewals include a plan options census. The census features a buy-down option from the group's current plan(s), as well as Trio HMO and Tandem PPO plan options comparable to the group's current selections. This census shows rates by individual and at the group level.

Group-level changes: Submit a Request for Contract Change form.

Member-level changes: Submit all member-level changes using our Multiple Subscriber Change Spreadsheet or Subscriber Change Form.

As a reminder, specialty benefits – dental plans, vision plans, and life insurance – may be added at any time.

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CALCHOICE

COVID-19 BENEFIT ENHANCEMENTS

Participating Carrier benefits enhancements apply - refer to specific carrier for details.

SPECIAL OPEN ENROLLMENT

CaliforniaChoice will allow a group special open enrollment for a 4/1/2020 effective date for employees and their dependents that previously waived coverage. Enrollment applications must be received by 4/10/2020.

PREMIUM & GRACE-PERIOD EXTENSION

If customers are having trouble making payments they should reach out to their account manager or customer service. CaliforniaChoice will evaluate payment extensions on a case-by case basis

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH

As long as the group and employees are current on their monthly payments, CaliforniaChoice will allow employees that would otherwise have lost eligibility to remain on the plan. If an employee loses eligibility and the group will not cover the employer contribution, the employee is encouraged to explore COBRA, their state based individual exchange, or the federally facilitated marketplace, based on a qualifying life event (per existing standard business practices and applicable law).

COBRA / CAL-COBRA

Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.

RE-HIRE WAITING PERIOD

CaliforniaChoice will allow the group to define the waiting period when the employee returns to work.

RENEWALS / PLAN CHANGES

Employers that have a single plan offering may make a one-time, "mid-plan year" change to their contribution or plan to reduce their premiums and maintain coverage for the balance of the contract year. And their employees may make a one-time "mid-plan year" change to downgrade from the current plan they are on to a lower cost plan as long as they remain with the same Health Plan. CaliforniaChoice will continue to meet renewal rate actions and does not anticipate delays or impacts to quote responses.

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CALCPA

COVID-19 BENEFIT ENHANCEMENTS

CalCPA Health plan includes access to LiveHealth Online doctors. Through June 14, LiveHealth online/video office visits are free of charge. COVID-19 tests authorized by a doctor according to CDC guidelines are covered by CalCPA Health at no cost sharing (copay or deductible). Note: self-administered home tests, not ordered by a doctor, are not covered. CalCPA Health is aware of home test companies advertising to submit sales receipt into your health plan for reimbursement. Currently, tests require a doctor's order and be administered by a medical provider to be covered by the plan. CalCPA Health is encouraging members to convert their prescriptions to mail order (Home Delivery) to reduce exposure by visiting pharmacies as well as to save member cost (mail order copays and drug costs are less than retail pharmacies). A retail prescription can be changed over to home delivery with a few clicks on the Express Scripts web site or app. Doctors can also electronically send in new prescriptions directly to the mail order pharmacy. For those with a need for an early refill or 90-day supply at the retail pharmacy CalCPA Health has authorized pharmacists to provide this service. Many drugs are excluded from this program due to state/federal laws and supply, so check with your pharmacist.

SPECIAL OPEN ENROLLMENT

Not Offering as of 3/31/2020

PREMIUM & GRACE-PERIOD EXTENSION

California law provides for a 30-day premium grace period for payments to be made. The California Insurance Commissioner has asked carriers to consider up to a 60-day grace period for clients that have a need for payment extensions. Since the duration of the current situation is unknown, CalCPA Health will update its grace period policy as needed, going forward. Currently, premiums due April 1 have a 30-day grace period extending payment receipts through April 30. Firms that have a business need to extend this grace period may request up to 60-days, extending April premiums to May 31, 2020. Requests to extend the grace period will be reviewed on a case by case basis by CalCPA Health. Please email your formal request to calcpahealth@calcpahealth.com by providing the details of your circumstance and the date of your expected payment. All other provisions of the Subscription Agreement, Plan Document, state and federal regulations remain. Please note that CalCPA Health does not know if the extension of a grace period (beyond 30-days) effects an employer's obligations under ERISA or other federal and state regulations; for example, handling/remitting plan assets in a timely manner.

**ENROLLED EMPLOYEES FALLING
BELOW 30 HRS PER WEEK
LAYOFFS / FURLOUGH**

CalCPA Health will waive the actively-at work- provision through May 31, 2020 subject to the following:

Employees who were enrolled and eligible during March and/or April 2020, but do not meet the actively at work provisions in April or May 2020, due to being furloughed, having hours reduced, layoff, or similar, may remain actively enrolled in the plan through May 31, 2020; provided the monthly premium is paid.

Employers must offer to continue coverage on a uniform, nondiscriminatory basis to all employees and employee premium contributions must be the same or less as prior to the event.

The actively at-work provision, in part, means: "The Group Insurance Trust requires that employees must be employed by the firm on a permanent basis, with wages subject to withholding that are reported on a W-2 form. Such employees are eligible to enroll if they are actively at work at least 20 hours per week. However, the employer may elect to offer benefits only to those employees working 30 or more hours per week."

Employees who do not meet the actively at work criteria after May 31, 2020 need to have their active status changed

If an employee is non-active (laid-off, terminated) they have COBRA continuation benefits and coverage available through Covered California – no one will lose medical coverage.

Important Note: Firms should consider how to handle employees who do not have a current salary to deduct the employee's premium contribution from. Updated as of 5/6/2020

COVID-19 Actively-at-Work Provision Modification

CalCPA Health has implemented modifications to the actively-at-work provision to address the current environment of the COVID-19 pandemic.

This is a complicated subject and difficult to provide every possible scenario in this brief. Please contact us if your situation is not detailed here or to verify how to handle your specific situation with regards to furloughs, layoffs, reduced work hours or similar employment status.

ACTIVELY-AT-WORK PROVISION

Actively-at-Work Provision, in part, means: "The Group Insurance Trust requires that employees must be employed by the firm on a permanent basis, with wages subject to withholding that are reported on a W-2 form. Such employees are eligible to enroll if they are actively at work at least 20 hours per week. However, the employer may elect to offer benefits only to those employees working 30 or more hours per week."

·Employees who do not meet the actively at work criteria after July 31, 2020 need to have their active status changed.

·If an employee is non-active (laid-off, terminated) they have COBRA continuation benefits and coverage available through Covered California – no one will lose medical coverage.

·Important Note: Firms should consider how to handle employees who do not have a current salary to deduct the employee's premium contribution from.

PROVISION MODIFICATION

CalCPA Health will waive the actively-at work provision through July 31, 2020 subject to the following:

·Employees who were enrolled and eligible during the months of March through July 2020, but do not meet the actively at work provisions due to being furloughed, having hours reduced, layoff, or similar, may remain actively enrolled in the plan through July 31, 2020; provided the monthly premium is paid.

·Employers must offer to continue coverage on a uniform, nondiscriminatory basis to all employees and employee premium contributions must be the same or less as prior to the event.

COBRA / CAL-COBRA

Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak

	Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.
RE-HIRE WAITING PERIOD	Pending Confirmation
RENEWALS / PLAN CHANGES	No plan change options available as of 4/3/2020.

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CIGNA

COVID-19 BENEFIT ENHANCEMENTS

Waiving cost-sharing for the COVID-19 diagnostic test when recommended by a health care professional.

Waiving cost-sharing for office visits related to COVID-19 testing.

Waiving cost-sharing for telehealth screenings for COVID-19.

Effective immediately, Cigna will waive customer cost-sharing and co-payments for COVID-19-related treatment through May 31, 2020.

Offering free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists.

Offering a 24-hour toll-free help line (1-866-912-1687) available to the general public to speak with qualified behavior health clinicians who can provide one-on-one support.

Effective 3/23/2020, Cigna will waive prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network LTACHs. In place of prior authorizations, Cigna will require notification from the LTACH on the next business day following the transfer. This policy will remain in place through May 31, 2020 .

Update 4/27/2020: Cigna partnered with Medocity, to provide an interactive digital tool that allows Cigna Care Advocates to provide remote monitoring for customers who are presumptive positive or positive for COVID-19 and at home with mild to moderate symptoms. Program is accessible via web or smartphone app.

Cigna has also launched a new Select Segment COVID-19 Resource Line. This hotline will provide 1-on-1 support to smaller employers and consultants wanting to learn more about the Coronavirus Aid, Relief and Economic Security (CARES) Act. You can reach the resource line at (844) 338-4091, 9 a.m. to 5 p.m. ET daily or at SelectCOVID19Support@cigna.com throughout the month of April.

Available now through September 30, 2020, Cigna has expanded emotional support to include:

- Increased free sessions with a licensed clinician in Cigna's EAP network
 - Virtual meetings with counselors by phone, tablet or home computer
- This is being offered to customers who have Employee Assistance Program (EAP), Cigna Total Behavioral Health (CTBH), or the emotional well-being resources introduced earlier this year available to smaller to mid-size clients with 25-499 employees. As a reminder, CTBH and emotional well-being resources for smaller to mid-size clients, are only available to customers enrolled in Cigna medical coverage.

	Cigna Dental Virtual Care now available; Eligible Cigna dental customers can use this virtual care option at no cost for dental consultations through May 31, 2020.
SPECIAL OPEN ENROLLMENT	Not Offering as of 3/31/2020
PREMIUM & GRACE-PERIOD EXTENSION	Update 6/2/2020: Cigna Dental Client Relief Program Dental group clients who were active in May 2020 will receive a one-month premium credit. In order to determine the size of the credit, Cigna will use information from each client's May-billed insured-product premium. Cigna anticipates that premium credits will be automatically applied by July 31, 2020, subject to state regulation, and your client will not need to request action from their billing analyst.*
ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH	Cigna is relaxing eligibility requirements during this crisis and are establishing an extended relief period. If an active, enrolled employee working 30 hours or more per week as of March 1 is furloughed or has hours reduced below normal full-time eligibility, Cigna will agree, at the request of the employer, to allow the employee to remain on the plan for the duration of the extended relief period as long as fee and premium payments are made.
COBRA / CAL-COBRA	Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.
RE-HIRE WAITING PERIOD	Pending Confirmation
RENEWALS / PLAN CHANGES	Pending Confirmation

For more information, visit www.benefitmall.com/covidresources.





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COMMUNITY CARE HEALTH

COVID-19 BENEFIT ENHANCEMENTS	<p>COVID-19 Screening Visits: CCH is waiving out-of-pocket costs for medically necessary COVID-19 screening (including, but not limited to, co-pays, deductibles, or coinsurance) for hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19. COVID-19 Testing: CCH is waiving out-of-pocket costs (see above) for medically necessary COVID-19 FDA-approved testing. Only a health care provider or hospital can administer the test and send the sample to an approved lab for results. COVID-19 Treatment: CCH is waiving out-of-pocket costs for all medically necessary treatment of COVID-19 (through May 31, 2020). Telehealth options available to CCH members, all copayments associated with CMP e-Visits and Teladoc are also waived through May 31, 2020.</p>
SPECIAL OPEN ENROLLMENT	<p>CCH is offering a special enrollment opportunity due to COVID-19. The special enrollment period is limited to employees who previously did not elect coverage for themselves or their dependents at open enrollment or plan inception. This period will be open through Friday, April 10th, 2020 for coverage effective April 1.</p>
PREMIUM & GRACE-PERIOD EXTENSION	<p>The standard 30 day grace period will apply. If premiums are not paid, termination will take effect after standard grace period of 30 days is exhausted. CCH will review extension requests on a case-by-case basis. Additional grace period would not apply to COBRA enrollees.</p>
ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH	<p>As long as one employee remains actively employed, all laid off employees may continue coverage as long as premium continues to be paid by the employer. Effective through May 31, 2020.</p>
COBRA / CAL-COBRA	<p>Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.</p>
RE-HIRE WAITING PERIOD	<p>CCH will waive the waiting period for rehires during the COVID-19 period.</p>
RENEWALS / PLAN CHANGES	<p>CCH will allow mid-year downgrades (both Employer and Employee) due to financial hardship. The request must be submitted in writing from the Employer.</p>

For more information, visit www.benefitmall.com/covidresources.



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COVEREDCA (CCSB)

COVID-19 BENEFIT ENHANCEMENTS

Participating Carrier benefits enhancements apply - refer to specific carrier for details.

SPECIAL OPEN ENROLLMENT

COVID-19 Special Enrollment Period (SEP) Extended:
To assist qualified employees impacted by COVID-19 who are seeking coverage, CCSB is offering an extended Special Enrollment Period (SEP). A qualified employee and/or dependent(s) that previously declined coverage during renewal or original enrollment, can sign up for CCSB plans offered by their employer utilizing this COVID-19 SEP. Coverage will be effective on the 1st of the month following the submission date. All enrollments must be submitted by June 30, 2020.

How to Add an Employee under this COVID-19 SEP:

1. Download and print an Employee Change form for effective dates April 1st through June 1st
2. Provide this form to the Employee to complete and sign
3. Under reason for change, instruct the Employee to select Other and write in COVID-19
4. Complete and return forms:

Online using the MyCCSB portal or by emailing the forms to CCSBeligibility@covered.ca.gov

PREMIUM & GRACE-PERIOD EXTENSION

Update 5/28/2020: In April, CCSB contacted current employers that have not paid their April and May invoices informing them CCSB is providing an additional 30-day grace period. Additionally, CCSB informed them of new added flexibility to pay their premiums and keep employees covered with the Premium Deferral Program.

Employers that participate in the Premium Deferral Program that did not pay for their April and May's invoice can pay as little as 25% of the invoice total amount due. The remaining deferred premium amounts will be spread across the remaining months of the calendar year. The remaining premium amounts will not be subject to any interest or penalty charges.

The deadline for groups that have not paid their April invoice was May 15, 2020. Groups that have not paid their May invoice must sign up to participate in the program by June 12, 2020.

Covered California for Small Business will provide a monthly Premium Deferral Program Statement that will be emailed and included with the monthly invoice. The Premium Deferral Program Statement will include the employer's initial payment amount, monthly premiums deferred, and the total amount due for the current month's invoice. Employers can submit payments online at MyCCSB.com or send payment to:

	Covered California for Small Business PO Box 740167 Los Angeles, CA 90074-0167
ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH	CCSB will allow coverage to continue as long as premiums are paid.
COBRA / CAL-COBRA	Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.
RE-HIRE WAITING PERIOD	CCSB will allow the Employer to waive the waiting period. The Employer must apply their established eligibility policy consistently for all rehired employees.
RENEWALS / PLAN CHANGES	A qualified enrolled employee may change their enrollment to one of the other plans on the employer selected tiers. Effective immediately, through June 1st effective date.

For more information, visit www.benefitmall.com/covidresources.





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HEALTH NET

COVID-19 BENEFIT ENHANCEMENTS

Health Net covers screening and testing for COVID-19. Health Net is waiving all member cost-sharing requirements including, but not limited to, copayments, deductibles, or coinsurance for all medically necessary screening and testing for COVID-19, including hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19. Effective immediately, Health Net will waive member cost sharing for COVID-19 related treatments for all Medicare, Medi-Cal and commercial fully insured members. Effective immediately, Health Net and its delegated entities will waive prior authorizations for COVID-19 related treatments for all Medicare, Medi-Cal and commercial fully insured members. Inpatient admission notification is still required as soon as possible to Health Net and the member's assigned delegated participating physician group (PPG) or IPA, if available. Health Net's coverage for telehealth services will be temporarily expanded in accordance with regulatory requirements, and will be reimbursed whether the telehealth service is delivered via audio/video technology or via audio-only technology (when deemed medically appropriate for the patient's medical condition). To obtain an emergency supply of a prescription medication, affected members can return to the pharmacy where the original prescription was filled. In addition, Health Net is waiving prescription refill limits for medically necessary drugs and relaxing restrictions on home or mail delivery of prescription drugs. If the pharmacy is not open due to the state of emergency, affected members can contact the Emergency Response line at 1-800-400-8987, 8 a.m. to 6 p.m. Pacific Time (PT) for questions or assistance. Members impacted by COVID-19 may contact MHN, Health Net's behavioral health subsidiary, for referrals to mental health counselors, local resources or telephonic consultations to help them cope with stress, grief, loss, or other trauma resulting from COVID-19. For the duration of the COVID-19 public health emergency period and its immediate aftermath, affected members may contact MHN 24 hours a day, seven days a week at 1-800-227-1060, or the telephone number listed on the member's identification (ID) card. Update 6/16/2020: Health Net has expanded their telehealth and alternate-site care offering to their members to empower their choices for healthy and wellbeing: Teledoc, Babylon, Nurse Advice lines, Heal, Mystrenght, Aunt Berta. Teledoc is available to their entire membership at \$0 cost share, including behavioral health.

SPECIAL OPEN ENROLLMENT

Special Enrollment Period for Group Businesses - Now through 4/20/2020: Due to the COVID-19 virus, a Special Enrollment Period has been created for group businesses and is open now through April 20 for those employees,

spouses and children who need 2020 health care coverage. The Small and Large group special enrollment period will last until April 20, 2020 for employees, spouses and children who have previously waived coverage at an employer. Provided the employer remits the full premium for the month of April, coverage will be effective April 1, 2020. Customers are not required to adopt the special enrollment period. No opt out action is required on their behalf.

- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
- Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply.
- For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility.
- Members are not allowed to change plans within the special enrollment period.

INDIVIDUAL COVERAGE - Special Enrollment Period for Individual and Family Plans - Now through 6/30:

Due to the COVID-19 virus, a Special Enrollment Period has been created and is open now through June 30 for those who need 2020 health care coverage. Proof of this qualifying event is not needed.

Consumers must:

- Enroll by the last day of the month in order to start coverage on the first day of the following month.
- Pay their first premium payment to begin coverage.

PREMIUM & GRACE-PERIOD EXTENSION

Health Net will maintain a 30 day grace-period. Health Net requires full payment of premium for employees covered.

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH

Health Net will offer continuous coverage if the Employer has paid premium for the month. If the member has been laid off they will be able to enroll in Cobra or IFP coverage Special OE period through 6/30/2020. Update 6/16/2020: Through July 31, 2020, Health Net is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow employers to cover their reduced-hour employees, as long as employers pay the monthly premium. Employers must offer this coverage on a uniform, non-discriminatory basis.

COBRA / CAL-COBRA

Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.

RE-HIRE WAITING PERIOD

Health Net will waive the normal waiting period for rehired employees. Employees rehired by May 31, 2020 will not be subject to a waiting period. Note: So long as the employee remains on the same plan with the same member ID, the deductible and OOPM will pick up where it left off when the employee re-enrolls later in the year.

RENEWALS / PLAN CHANGES

Updated 4/19/2020: Groups have a one-time opportunity to downgrade their existing plans without penalty. The plan downgrade must be within the plan family (for example, HMO to HMO, or PPO to PPO) HMO plan downgrades that include a change in provider network require Underwriting approval (for example, Full-network HMO to WholeCare HMO) Plan upgrades are not available The group's renewal date will not change. Requests should be sent to the Health Net Account Manager for review 800-447-8812 option 2. Renewal deadlines will not be extended. Health Net continues to comply with the 60-day renewal notification requirement for Small group employers, and 120-day renewal requirements for Large group employers.

For more information, visit www.benefitmall.com/covidresources.

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KAISER

COVID-19 BENEFIT ENHANCEMENTS

Kaiser Permanente members do not have to pay for costs related to COVID-19 screening or testing if referred by a Kaiser Permanente doctor.

As of April 1, Kaiser Permanente is waiving member out-of-pocket costs for inpatient and outpatient services when treating COVID-19. Members who are diagnosed with COVID-19 will not have to pay co-pays or other cost-share related to their medical care and treatment of COVID-19, even if they have to stay in the hospital. This waiver applies to all admissions whose date of service is from April 1 to May 31 (unless superseded by government action or extended by Kaiser Permanente).

Kaiser Permanente is adding the digital mental health app myStrength to its portfolio of self-care tips and tools on kp.org/wellnessresources. Kaiser Permanente members in most regions can download the app and support their mental health and wellness 24/7 using their kp.org sign-in information on their smartphone, computer, or tablet at no cost and without a referral (kp.org/selfcareapps).

Update 9/11/2020: Kaiser has developed a convenient process for COVID-19 testing for members employed at Skilled Nursing and Long-Term Care Facilities. The recommended frequency is once per month for asymptomatic members. Members can complete an e-visit screening on kp.org to have a COVID-19 PCR diagnostic test ordered. For further details, please visit kp.org.

Update 6/1/2020: Reimbursement for elective COVID-19 tests - notice to Employers: If you choose to have employees undergo testing through a third-party vendor, the cost could be treated as a claim and processed like other outside covered services. These costs will be part of your claims experience, and could impact future renewal rates. In order to be eligible for claims reimbursement, testing must meet the following requirements:

- Testing must be authorized by an attending health care provider who is licensed under state law and directly responsible for providing patient care.
- Tests must be administered by a licensed health care provider.
- The test they use must be authorized by the FDA, or the developer must have requested an emergency use authorization from the FDA.
- The vendor must have a process in place for submitting claims to Kaiser Permanente.
- Appropriate data must be collected and submitted to process the claim payment, including the covered member's name, date of birth, address, and member ID number.
- Members can submit claims by signing in to kp.org, clicking "Coverage and Costs," and selecting "Submit a claim" from the menu.

SPECIAL OPEN ENROLLMENT

New announcement 5/19/2020: Kaiser Permanente is providing members with access to Calm, a powerful meditation and sleep app, at no cost. Calm helps Kaiser Permanente members build resilience and mental fitness through better sleep, mindfulness, and meditations. Members will have access for 12 months from the date of their registration which can also be renewed annually through their active account.

Features include:

- Guided meditations
- Programs taught by world-renowned experts
- Sleep Stories narrated by celebrity guests
- Mindful movement videos

For more information, go to kp.org/coronavirus

Kaiser Permanente will allow a special open enrollment for a 4/1/2020 effective date for employees/dependents that previously waived coverage as long as the enrollment application is received by 4/3/2020. Applications that are received between 4/4/2020 and 4/15/2020 may be applied for a 5/1/2020 effective date if the employer agrees.

Employer may also choose to conduct a special enrollment period (SEP) for a limited time for all employees to enroll in a less expensive plan. This would include all employees actively enrolled in

the plan, regardless of whether they have reduced hours or are furloughed.

Note: Employees won't be able to make another plan change until their annual open enrollment period unless they have a qualifying even

The following conditions must be met:

- All previously waived employees must be offered coverage under the same contributions as employees already participating.
- Enrollees must remain on the plan for the duration of the contract period unless employment is terminated or there is another qualifying life event for coverage changes.
- The customer understands that accumulated benefits (Deductibles and/or Out of Pocket Maximums) will not be pro-rated.
- All other medical coverage options must also offer this special open enrollment.

PREMIUM & GRACE-PERIOD EXTENSION

Kaiser Permanente is following the California Insurance Commissioner's recommendation of suspending terminations for a 60-day grace period. This applies to all of Kaiser's business regulated by the California Insurance Commissioner, including Large Group and Small Group.

Kaiser Permanente understands the financial impact that COVID-19 has had on customers, members, and communities. Kaiser Permanente is working with regulators and, at this time, they will not terminate coverage for non-payment of premium through the month of April.

Notes: If an Employer can not make their payment, contact Kaiser for payment plan options:

Large Group: Please consult your Kaiser Permanente Account Management team for more information.

Small Group: Please contact Kaiser Permanente Membership Administration to discuss payment plan options.

- California: 800-790-4661, option 1

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH

Kaiser Permanente will allow employees to remain on the plan with the following conditions: As long as the group and employee are current on their monthly payments.

(Kaiser reserves the right to change this policy at any time)

If an employee loses eligibility and the group will not cover the employer contribution, the employee is encouraged to explore COBRA, their state based exchange, or the federally facilitated marketplace, based on a qualifying life event.

COBRA / CAL-COBRA	<p>Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details.</p> <p>Note: This does not apply to Cal-COBRA, standard process applies.</p>
RE-HIRE WAITING PERIOD	<p>Small Group: Kaiser Permanente will allow the group to define the waiting period when the employee returns to work, with no minimum, but no greater than 90 days.</p> <p>Large Group: Kaiser Permanente will allow the group to define the waiting period, as long as the waiting period and employer contribution are consistent for all employees.</p>
RENEWALS / PLAN CHANGES	<p>Small and large employers may make a one-time, "mid-plan year" change to downgrade from the current plan they are on to lower cost plan to reduce their premiums and maintain coverage for the balance of the contract year under the below parameters. The restrictions, limitations, and guardrails are:</p> <ul style="list-style-type: none"> • This must be a full plan transition and all medical coverage options must make similar changes. • Customer can only downgrade to a KP Standard Plan, specific benefit customization is not allowed. • You cannot move to/from KFHP and KPIC plans, Kaiser cannot cross accumulate between legal entities. • Plan changes must be made by a 5/1/2020 effective date • Accumulation credit to new plan deductibles and OOP maximums can be supported with the following exceptions/limitations: <ul style="list-style-type: none"> -Customer must keep their same Group ID when changing plans mid accumulation. -Customer must remain under the same line of business (Large Group, Small Group, KPIF). -Groups cannot change plans multiple times within an accumulation period, group cannot make multiple plan changes the same plan year. -No automated accumulation credit when member stays in same group but moves from one region to another. <p>For large and small groups: Kaiser Permanente will allow a delayed open enrollment when it was not offered prior to the contract effective date and is offered to all eligible employees and all carriers are offered.</p>

For more information, visit www.benefitmall.com/covidresources.





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NATIONAL GENERAL

COVID-19 BENEFIT ENHANCEMENTS

National General will waive 100% of customers' out-of-pocket costs for COVID-19 diagnostic tests and will ease access for customers seeking diagnostic testing.

As part of the effort regarding COVID-19 diagnostic testing, National General will:

- 1) Waive all member cost sharing for COVID-19 diagnostic tests and testing-related services, including the associated office visit, emergency room, or urgent care charges. The waiver applies to any out-of-pocket costs, including deductibles, copays, and co-insurance for diagnostic testing related to COVID-19.
- 2) Waive all prior authorization requirements as it relates to COVID-19 diagnostic testing.
- 3) Allow early refills and up to a 90-day supply of a member's prescription drugs in the event of hardship related to COVID-19.

SPECIAL OPEN ENROLLMENT

Not Offering as of 3/31/2020

PREMIUM & GRACE-PERIOD EXTENSION

National General will ensure that all state-specific regulatory requirements are followed, as applicable. In general, Employers have a 30 day grace period. During the grace period, claims will pend until payment is received. Plans can be reinstated up to 60 days after the date of non-payment (lapse). Call your Account Manager to request reinstatement. Account Managers can work with you to discuss options for payments outside the grace period. Resources to assist small businesses during this time may be available through the U.S. Small Business Administration (sba.gov) or government agencies in your state.

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH

During the Emergency Period (currently determined as running through May 31st, 2020) National General Benefits Solutions will not enforce actively-at-work requirements on current plan participants (actively enrolled in coverage), if the employer desires to lessen these restrictions. Monthly plan costs (premium equivalent) must continue to be paid and employer contribution must be maintained. During the Emergency Period (currently determined as running through May 31st, 2020) National General Benefits Solutions will waive or reduce the minimum hourly requirement for currently covered employees if the employer desires to makes such a change to its eligibility criteria. Any such waiver or change will only apply to enrolled employees who were previously considered eligible for coverage under the prior (standard) minimum hourly requirement. The standard eligibility hourly requirements will apply for all employees who

were not previously covered. All other eligibility and payment requirements will still apply.

If the group no longer has any active members on the plan, the plan will need to be terminated. The termination of the plan will trigger a Qualifying Life Event for the members to seek coverage during a Special Enrollment Period, pursuant to the Affordable Care Act. In addition, members may potentially be eligible for a subsidy, or to purchase a short term medical policy.

COBRA / CAL-COBRA

Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details.

Note: This does not apply to Cal-COBRA, standard process applies.

RE-HIRE WAITING PERIOD

Upon request, the employer may waive the waiting period for any previously employed and previously covered person should they return to work within 90 days of termination. Waiver must be applied uniformly to all previously covered employees who have been rehired.

RENEWALS / PLAN CHANGES

National General may consider mid-year plan design changes to buy-down monthly cost, once per plan year, however employers must give a 60-day material modification notice to employees advising of any plan changes before they become effective.

Groups should talk to their Account Manager regarding this option.

For more information, visit www.benefitmall.com/covidresources.





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NIPPON LIFE

COVID-19 BENEFIT ENHANCEMENTS

Nippon Life Benefits will waive in-network and out-of-network cost-sharing (including, but not limited to, co-pays, deductibles and co-insurance) for screening and testing for COVID-19. This waiver of cost-sharing also applies to in-network and out-of-network hospital, emergency department, urgent care and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.

Update: Telemedicine visits (including visits via Teladoc®) between 4/1/2020 and 5/31/2020, regardless of reason for visit or diagnosis, will be covered with no cost share.

For covered persons who require a hospital stay related to COVID-19, Nippon Life Benefits will waive in-network cost sharing, through 5/31/2020. For the treatment of those insureds that may not need a hospital stay, we will also cover the treatment of COVID-19 in accordance with and governed by the insured person's Nippon Life Benefit's booklet-certificate and applicable law - notably, if we do not have a health care provider in an insured person's network with the appropriate training and experience to meet the particular health care needs of the insured, an insured may visit an out-of-network provider at the in-network cost-sharing level, in accordance with the insured person's booklet-certificate

As of March, 9th, 2020, all Nippon Life Benefits members will have access to a 90-day supply of maintenance medication prescriptions, and early refill limits will be waived on 30-day prescriptions at all in network pharmacies. In addition, CVS Pharmacies will waive charges for home delivery of prescription medications to help patients avoid visiting their local CVS Pharmacy. Members can contact CVS/Caremark for more information.

SPECIAL OPEN ENROLLMENT

Not Offering as of 3/31/2020

PREMIUM & GRACE-PERIOD EXTENSION

The current premium payment policy includes a 60 day payment window and will remain in place.

Nippon Life Benefits is in compliance with applicable law and regulatory mandates regarding COVID-19 and will continue to closely monitor updates that may be enacted related to this concern for premium payment extension. If you have specific needs or requests, please contact Nippon Life Benefits directly with specific information so they can clearly understand any business impact needs you may have.

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH

Through May 31st, 2020, Nippon Life Benefits will waive the coverage requirement that employees must be actively working in order to receive benefits, under the condition that the monthly premium payment is received. For groups facing entire workforce layoffs, benefits are also still available if

	<p>there is one active employee available to continue benefit coverage and the monthly premium is received.</p> <p>To continue benefits, non-discriminatory coverage must be offered consistently to all impacted employees and employee premium contributions must be equal or less than they were prior to the layoffs.</p>
COBRA / CAL-COBRA	<p>Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details.</p> <p>Note: This does not apply to Cal-COBRA, standard process applies.</p>
RE-HIRE WAITING PERIOD	<p>If an employee is rehired by May 31st, 2020, they will not be subject to a waiting period.</p>
RENEWALS / PLAN CHANGES	<p>Not offering plan changes as of 3/31/2020.</p>

For more information, visit www.benefitmall.com/covidresources.





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OSCAR

COVID-19 BENEFIT ENHANCEMENTS

Oscar is waiving cost-sharing for diagnostic testing for COVID-19. If a member has a question about how to find a provider, we encourage them to send their Concierge Team a message from their account on hioscar.com or the Oscar app, or contact us at 855-672-2755. Oscar is waiving these costs for all our members, when the test is recommended by a doctor.

Oscar continues to offer \$0 telemedicine services. Telemedicine is a great first option for people who think they could have coronavirus. Telemedicine doctors can help you determine your risk factors and direct you to the right place for testing, if they think it is necessary.

Oscar's mental health vendor is Optum and they have a toll-free emotional support helpline (866) 342-6892 which is free of charge and available to anyone, so you can share it with family and friends. Professionals will connect people to resources. It will be open 24 hours a day, seven days a week.

Mental Health Virtual Visits: Oscar members also have access to virtual therapy and psychiatric visits as part of their mental health benefit. Members can use doctorondemand.com to access virtual mental health visits (not medical), they just need to set up an account. As part of the set up process they'll input their Oscar ID and then they'll be able to schedule a virtual visit. This is offered at \$0.

Oscar is waiving early refill limits on most prescription drugs at all in-network pharmacies. You can get refills for many meds - up to 90 days for some - through Doctor on Call or by selecting "renew prescriptions" in the app. CVS Pharmacy offers free home delivery for all meds within 1-2 days. To transfer and refill your prescriptions with CVS, just call the Oscar/CVS hotline at (855) 796-7227.

SPECIAL OPEN ENROLLMENT

No special open enrollment available for small group.

INDIVIDUAL COVERAGE:

California consumers who enroll in health insurance coverage by 3/31 on Covered California will have a 4/1 start date and WILL NOT be subject to the state tax penalty. Because of the coronavirus (COVID-19), individuals can apply now for coverage if uninsured and eligible. Individuals can also apply if you didn't know about the new state penalty or new financial help available. Medi-Cal enrollment continues to be year-round.

PREMIUM & GRACE-PERIOD EXTENSION

Oscar will maintain a 30 day grace-period.

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK

Employees would need to meet standard eligibility requirements to remain on the plan.

LAYOFFS / FURLOUGH	
COBRA / CAL-COBRA	Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.
RE-HIRE WAITING PERIOD	The employer's waiting period would apply.
RENEWALS / PLAN CHANGES	Oscar will allow groups one single mid-year plan change to a leaner plan. Please submit your requests to your local Oscar Sales Executive.

For more information, visit www.benefitmall.com/covidresources.





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SHARP

COVID-19 BENEFIT ENHANCEMENTS

Reduced cost-sharing to \$0 for all medically necessary screening and testing for the 2019 Novel Coronavirus (or COVID-19). Effective immediately for commercial and IFP clients who are enrolled in benefits plans through Sharp Health Plan, including high deductible health plans.

These cost-sharing waivers include, but are not limited to copays, deductibles and coinsurance. Medically necessary screening and testing for COVID-19 includes hospital (including emergency department), urgent care, provider office visits, and telehealth appointments for the purpose of screening and/or testing for COVID-19.

Any medically necessary treatment related to COVID-19 would be considered a covered benefit. Sharp Health Plan covers medically necessary isolation and quarantine in the hospital. We do not cover home isolation or quarantine. Sharp is temporarily relaxing early refill limits on most maintenance medications (up to a 90-day supply) at any in-network pharmacy as long as you have pharmacy benefits through Sharp Health Plan. Note: This does not apply to refills of controlled substances, such as certain pain medications. A new prescription from your prescriber is required to provide an emergency supply of a controlled substance.

Medication delivery with pharmacy benefits through Sharp Health Plan:
-Home Delivery - Many pharmacies are offering free home delivery right now. Please check with your pharmacy for more details on what they may be offering.

-Mail order - maintenance medications delivered. Shipping is always free. Standard co-payments and deductibles (if applicable) will apply.

If you're taking a specialty medication, you will be contacted by CVS Specialty™ to discuss alternative delivery arrangements if needed. If you do not hear from CVS Specialty, or would like to contact them directly, please call 1-800-237-2767 or visit CVSSpecialty.com. If using Sharp® Specialty Pharmacy for specialty medications, please contact them directly at 1- 858-627-5644 Monday through Friday, 8 am to 6 pm with any questions.

SPECIAL OPEN ENROLLMENT

Not Offering as of 3/31/2020

PREMIUM & GRACE-PERIOD EXTENSION

Sharp Health Plan is aware that both the state and federal governments are looking into options for financial assistance for members, but as of now, there has not been any guidance regarding premium payment policies.

Premium extension requests will be review case-by-case, contact your Sharp Account Manager 858-499-8009.

Note: For groups that are billed for COBRA enrollees, the exception would be extended to them as well.

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH	Pending Confirmation
COBRA / CAL-COBRA	Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.
RE-HIRE WAITING PERIOD	Pending Confirmation
RENEWALS / PLAN CHANGES	Pending Confirmation

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SUTTER HEALTH PLUS

COVID-19 BENEFIT ENHANCEMENTS

Members have \$0 cost-share (copay, coinsurance, or deductible) for medically necessary services related to the screening and testing for COVID-19. Common services related to medically necessary COVID-19 screening and testing include, but are not limited to, primary care provider (PCP) office visits, urgent care visits, emergency department visits, telehealth visits, and lab tests.

New 4/23/202: Members diagnosed with COVID-19 have no cost-share for covered services related to treatment from February through the end of September 2020. This includes, but is not limited to, PCP office visits, urgent care visits, emergency department visits, inpatient hospital stays, telehealth visits, and lab tests. Members are responsible for the appropriate cost-shares for outpatient prescription drugs. Sutter Health Plus covers out-of-area urgent and emergent services for our members. Services related to COVID-19 are considered urgent at this time.

Prescription Drugs: Members who enroll in mail order can get medications sent right to their home with standard shipping costs waived. Members can also pick up their prescription drugs at most independent pharmacies and chains, including CVS Pharmacy, Raley's, Bel Air, Safeway, and Walgreens, to name a few. And in a select Bay Area delivery zone, members have access to free, same-day retail pharmacy delivery through Alto Pharmacy at the same cost share as picking them up.

New 4/23/2020: Members have no cost-share for telehealth visits for covered services from April through the end of December 2020. A member can check with their provider office to see if they offer telehealth services, or they can schedule a visit with another licensed clinician through My Health Online from 8 a.m. to 8 p.m., seven days a week, including most holidays.

Additionally, members who use telehealth for mental health services will have no cost-share from April through the end of December 2020. A member can self-refer and schedule a video visit with a participating licensed mental health provider at liveandworkwell.com or by calling U.S. Behavioral Health Plan, California at 855-202-0984.

SPECIAL OPEN ENROLLMENT

Not offering Special Open Enrollment as of 3/31/2020.

INDIVIDUAL COVERAGE:

A special enrollment period is available in the individual market through June 30, 2020, due to COVID-19.


PREMIUM & GRACE-PERIOD EXTENSION

Sutter Health Plus currently allows a minimum of a 30-day grace period for premium payments for employer groups and will continue to monitor the

	<p>situation and guidance from the DMHC. Currently maintaining a 30 day grace period.</p> <p>Account Services is available to answer questions weekdays from 8 a.m. to 5 p.m. at 855-325-5200 or contact your account manager.</p> <p>Note: Any extended premium payment arrangements made with the carrier and employer group as a whole, would just apply to the premiums due from the employer group. COBRA enrollees would just comply with regular payment terms they have with the COBRA TPA or employer.</p>
ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH	<p>Sutter Health Plus expects employers to determine eligibility for coverage for their furloughed employees according to the group employer agreement and state and federal law, regarding:</p> <ul style="list-style-type: none"> -Allowing employees who take a voluntary sabbatical or temporary leave of absence to remain eligible for coverage -Allowing employees who drop below full-time employment (30 hours per week) to remain eligible for coverage without the employer having to add part-time eligibility <p>A layoff resulting in loss of employment and employer-sponsored coverage is a qualifying event. A special enrollment period is available in the individual market through June 30, 2020, due to COVID-19. Individuals can also apply if they have a qualifying life event.</p>
COBRA / CAL-COBRA	<p>Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details.</p> <p>Note: This does not apply to Cal-COBRA, standard process applies.</p>
RE-HIRE WAITING PERIOD	<p>Sutter Health Plus expects employers to determine eligibility for coverage for their employees according to the group employer agreement and state and federal law, regarding:</p> <ul style="list-style-type: none"> -New hire/rehire waiting period for enrollment for employees who are laid off and later rehired -Waiting period for rehires regardless of employer closure duration due to COVID-19
RENEWALS / PLAN CHANGES	<p>Sutter Health Plus will consider mid-year plan downgrades for an employer due to financial hardship on a case-by-case basis. Written requests can be submitted to account manager.</p>

For more information, visit www.benefitmall.com/covidresources.





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UHC

COVID-19 BENEFIT ENHANCEMENTS

Update 9/8/2020: Home test are covered during the NPHE. Testing must be ordered by a physician or licensed health care professional and processed at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country. Claims must be coded appropriately for COVID-19 diagnostic testing including home tests. At this time there are only a few home tests that were FDA approved (EUA) for home usage (manufacturer - Everlywell and LabCorp). Update 7/24/2020: COVID-19 diagnostic and antibody testing and test related visits and applicable services has been extended through the national public health emergency (NPHE) when medically necessary, ordered by a physician or licensed medical health professional. Test must be provided at approved location. Refer to FAQs for additional detail. The current NPHE date is October 22, 2020. Diagnostic tests for COVID-19 include virus and antigen detection test that determine if a person is currently infected with COVID-19. An antibody (serology) COVID-19 test may determine if a person has been exposed to COVID-19. During the national public health emergency period, UnitedHealthCare will cover medically necessary COVID-19 testing at no cost-share (copayment, coinsurance or deductible) when ordered by a physician or health care professional for purposes of diagnosis or treatment of an individual member. UnitedHealthcare and its self-funded customers will waive cost sharing (copayment, coinsurance, and deductible) for medically necessary COVID-19 diagnostic testing during this national emergency. UnitedHealthCare are also waiving cost sharing for COVID-19 diagnostic testing related visits during this same time, whether the testing related visit is received in a health care provider's office, an urgent care center, an emergency department or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and fully insured and self-funded employer-sponsored plans. Testing must be ordered by a physician or appropriately licensed health care professional and provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country. Cost share will be waived for testing and testing-related services during the national public health emergency beginning on February 4, 2020. The Secretary of HHS renewed the National Public Health. Emergency for 90 days from the earlier date, through July 24, 2020, and now extended it again through October 22, 2020. Update 6/18/2020: Telehealth

- COVID-19 Telehealth: Cost share waiver (copayment, deductible, coinsurance) for in-network and out-of-network telehealth coverage for COVID-19-related services.
- Non COVID in-network telehealth services: Through September 30, 2020, cost share is waived for in-network non-COVID covered telehealth services, for individual and fully insured group market health plans, and for self-funded employers that opted in.
- Non COVID out-of-network telehealth services: Out-of-network telehealth services do not include the cost-share waiver and is processed in accordance with the group's health benefits plan if the service is eligible. Expanded telehealth non-COVID-19 services ended July 24, 2020.
- Virtual Visits: For individual and group market health plan members, many members can access their Virtual Visits benefits through one of UnitedHealthcare's national designated providers without any cost share (copayment, deductible or coinsurance) through September 30, 2020 — Doctor on Demand, AmWell, Teladoc, HealthiestYou.
- Expanded Provider telehealth Access for COVID-19 — Effective March 18, and through October 22, 2020, all eligible network medical providers who have the ability and want to connect with their patient through synchronous virtual care (live video conferencing) or audio-only (telephone) can do so at no cost share for the member. Effective dates may vary based on state laws. This applies to all fully insured clients and self-insured clients that are following the fully insured guidelines.

Optum is offering a free emotional support help line for all people impacted. This help line will provide access to trained mental health specialists. The company's public toll-free help line number, 866-342-6892, will be open 24 hours a day, seven days a week for as long as necessary. This service is free of charge and open to anyone. Emotional-support resources and information are also available online at www.liveandworkwell.com.

SPECIAL OPEN ENROLLMENT

On 7/22/2020: UHC revised their SEP guidelines as follows: To assist members in accessing care in light of the COVID-19 national emergency, UnitedHealthcare is providing its fully insured small and large employer customers with a Special COVID-19 Enrollment Opportunity to enroll employees who previously did not enroll in coverage. The opportunity will be limited to those employees who previously did not elect coverage for themselves (spouses or children) or waived coverage. See Notice of Special COVID-19 Enrollment Opportunity (English) and Notice of Special COVID-19 Enrollment Opportunity (Spanish) document for details.

- The enrollment opportunity extended from March 23, 2020, to April 13, 2020. Effective date is April 1.
- Customers were not required to adopt the Special COVID-19 Enrollment Opportunity. Because of this, no opt out action is required on their behalf. UnitedHealthcare realizes each situation is unique, and each customer must make their own decisions on the enrollment opportunity.
- UnitedHealthcare is aware that not everybody who was eligible was able to take advantage of the earlier special enrollment opportunity. Therefore, UnitedHealthcare will honor valid enrollment requests received from our customers that amended their cafeteria plans to permit these changes. In the case of mid-year election requests received during calendar year 2020, we will honor such requests from customers with employees who previously waived coverage to enroll, to revoke an existing election and/or to make a new health coverage decision.
- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee. (Included domestic partners in states where covered)
- Standard waiting periods may be waived for new and rehires; however, existing eligibility and state guidelines will apply.
- Existing eligibility, underwriting and state guidelines apply.

On 5/14/2020 UHC announced Special COVID-19 Dental and Vision Enrollment Opportunity:

- The enrollment opportunity will extend from May 18, 2020 through May 29, 2020. Effective date is June 1.

- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.

- Existing eligibility, underwriting and state guidelines apply.

To take advantage of this Special Enrollment Period, brokers, consultants and/or customers should follow these steps:

- Review the Notice of Special COVID-19 Dental and Vision Enrollment Opportunity

- Enrollment updates can be submitted via Employer eServices with a June 1, 2020 effective date.

- Member enrollments can also be made via your regular channels if eServices is not used, which may include the Client Services Operations (CSO) team, GA Service Inbox, Electronic Data Interchange (EDI) feed, maintenance eligibility file via a Third Party Administrator (TPA), all with a June 1, 2020 effective date.

- For brokers, consultants and employers who wish to use enrollment forms:

- o Ensure the enrollment form indicates "Special Enrollment COVID-19" for the qualifying event reason on the form.

- o Include a signature date on the enrollment form that is within the time period of the Special Enrollment Period.

- o Be sure to use the June 1, 2020 effective date.

PREMIUM & GRACE-PERIOD EXTENSION

UHC is working with customers on a case-by-case basis taking into consideration need and other criteria. All requests for premium extensions must come from the client/group directly and will follow the standard process working with the Accounts Receivables team. Update 5/7/2020: UnitedHealth Group will provide more than \$1.5 billion in initial assistance, including customer premium credits, to its UnitedHealthcare customers as many people have been unable to access routine or planned care due to the COVID-19 pandemic. Consequently, UnitedHealthcare has seen a lower volume of medical care being delivered than was anticipated when pricing was initially established. For UnitedHealthcare commercial fully insured individual and employer customers, credits ranging from 5% to 20% -- depending upon the specific plan -- will be applied to premium billings in June (on their July invoice). The credit percentage will range from 5%-20% and will be determined based on a variety of market specific variables. All policyholders with the same state of issue and segment (i.e.: small group) will receive the same percentage. Update 5/27/2020: UHC confirms the Percentage amounts for their CA Premium Relief Credits as follows:

- Fully Insured Small Groups: 10%

- Fully Insured Large Groups: 10%

- Fully Insured Group Dental: 50%

Note: Credits will be applied to July premium billings received by customers in June. There will be a bill stuffer in the July bill, which arrives in June, explaining the premium relief on the statement. The insert is the only communication on the amount that customers will receive.

ENROLLED EMPLOYEES FALLING BELOW 30 HRS PER WEEK LAYOFFS / FURLOUGH

Through May 31, 2020, UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as you pay the monthly premium. Please note that you must offer this coverage on a uniform, non-discriminatory basis. UHC will temporarily allow fully-insured clients to continue to offer medical benefits to employees furloughed or with reduced hours due to COVID-19 as long as the plan sponsor continues to pay the premiums and offers the option to all furloughed employees on an equal basis. If a group's enrollment drops by more than 10% as a result of the COVID-19 National Emergency, small group ACR rates will not be adjusted

off renewal. For large group, for the present time, if the loss of enrollment is a result of the COVID-19 situation, rates and premiums will not be adjusted off renewal. Update 7/24/2020: UnitedHealthcare will allow fully insured clients to continue to offer medical benefits to furloughed or with reduced hours due to COVID-19. UHC will temporarily allow it if the plan sponsor continues to pay the premiums and offers the option to all furloughed employees on an equal basis. In order to stay consistent with the end of the emergency period 10/22 – UnitedHealthcare offers customers the ability to extend furloughed non-medical leave employees to 10/22 OR 20 weeks whichever is later. There is no change to medical leave.

COBRA / CAL-COBRA

Update: The Department of Labor Timeline issued final rule that created extension of timelines for plans subject to ERISA (during the "Outbreak Period" from March 1, 2020); Reference BenefitMall resource page released 4/30/2020 for full details. Note: This does not apply to Cal-COBRA, standard process applies.

RE-HIRE WAITING PERIOD

UHC will waive any rehire waiting period for re-hired employees who were terminated due to COVID 19.

RENEWALS / PLAN CHANGES

For Small employers, UnitedHealthcare will consider requests over the next 90 days to downgrade the plan; or add a leaner plan offering. The group's effective date will not change. Employers can send their request to clientserviceoperations@uhc.com or contract their Renewal Representative with any questions. For large employers, in order to ensure no disruption in benefits to members at this critical time, UnitedHealthcare will automatically enroll members to their existing 2019 plan option updated for 2020 rates and benefits. UnitedHealthcare will allow the group policyholder up to thirty (30) days post renewal to advise us of changes. In some limited instances, the 2019 plan option may no longer exist (e.g. plan discontinuance). In such instances we will map groups and enrollees to the closest equivalent plan options. Updated 6/23/2020: Specialty Benefits Renewal Update COVID-19 Renewal Details for groups of 2-499 eligible employees:

- Groups renewing from May 1 through December 31, 2020 will renew at existing rates or better without rate increase
- Products in-scope for this short term COVID-19 renewal adjustment are fully insured Dental, Vision, Basic Life, Supplemental Life, STD and LTD, and Supplemental Health (Critical Illness, Accident, Hospital Indemnity).*
- This Includes the UnitedHealthcare and All Savers businesses.
- State regulatory guidelines may apply.*

*WA groups in the 2-50 space will be subject to standard renewal rate strategy for Dental & Vision

*FL groups in the 2-100 space will be subject to standard renewal rate strategy for STD and LTD

*Supplemental Health (Critical Illness, Accident, Hospital Indemnity) available for groups of 51+

COVID-19 Renewal Details for groups of 500-3000 eligible employees:

- Groups renewing from May 1 through September 30, 2020 will be deferred until October.

-Original renewal rate will be applied on October 1st for the remaining contract period.

- Products in-scope for this short term COVID-19 renewal adjustment are fully insured Dental, Vision, Basic Life, Supplemental Life, STD and LTD, and Supplemental Health (Critical Illness, Accident, Hospital Indemnity).

- This Includes the UnitedHealthcare businesses and fully insured products listed above tied to UMR medical ASO business.

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