

Plan Resolution

Perry County Employee Medical Plan

Effective 3/1/2020, Perry County Employee Medical Plan (the "Plan") is hereby amended to provide enhanced health benefits associated with testing for and treatment of the 2019 Novel Coronavirus (COVID-19). This Resolution will remain effective for

one year, terminating on the anniversary of the effective date noted above unless amended.

All other sections of the Plan remain unchanged.

1. In the **Summary of Benefits** section, under the "Summary of Benefits—Medical" provision, the following line item has been added to the medical benefits grid:

Covered Medical Expenses	Network	Non-Network	Limits
Testing for the 2019 Novel Coronavirus (COVID-19)	100%, Deductible waived	100%, Deductible waived	
<input checked="" type="checkbox"/> Treatment of the 2019 Novel Coronavirus (COVID-19)	Same as any other illness	Same as any other illness	Subject to Medical Necessity guidelines/ Allowable Claim Limits
<input type="checkbox"/> Treatment of the 2019 Novel Coronavirus (COVID-19)	____%, Deductible waived	____%, Deductible waived	Subject to Medical Necessity guidelines/ Allowable Claim Limits
<input type="checkbox"/> Treatment of the 2019 Novel Coronavirus (COVID-19)	____%, Deductible applies	____%, Deductible applies	Subject to Medical Necessity guidelines/ Allowable Claim Limits
<input type="checkbox"/> Treatment of the 2019 Novel Coronavirus (COVID-19)	\$____ co-pay ____%, Deductible <input type="checkbox"/> Waived <input type="checkbox"/> applies	\$____ co-pay ____%, Deductible <input type="checkbox"/> Waived <input type="checkbox"/> applies	Subject to Medical Necessity guidelines/ Allowable Claim Limits

*Plan
Cover
Notes*

2. In the **Major Medical Expense** section, the following benefit language for "2019 Novel Coronavirus (COVID-19)" has been added:

2019 Novel Coronavirus (COVID-19). Covered Expenses associated with testing for and treatment of COVID-19 include the following:

Diagnostic Tests. The following items are covered at 100%, deductible waived, and do not require Pre-Certification:

Required by New Fed. Law

- o In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 that are approved, cleared, or authorized by the FDA, including all costs relating to the administration of such in vitro diagnostic products.
- o Items and services furnished during an office visit (including both in-person and telehealth), urgent care visit, or emergency room visit which results in an order for or administration of an in vitro diagnostic product described above. Such items and services must relate to the furnishing of such diagnostic product or evaluation of the individual for purposes of determining the need for such product.

Standard

Requests for Prescription Refills. When considering whether to cover a greater-than-30-day supply of drugs, the Plan and its Prescription Drug Plan Administrator will, on a case-by-case, basis, consider each request and make decisions based on the circumstances of the patient.

Yes

Inpatient Hospital Quarantines. There may be times when Participants with the virus need to be quarantined in a Hospital private room to avoid infecting other individuals. These patients may not meet the need for acute inpatient care any longer but may remain in the Hospital for public health reasons. Such charges will not be denied solely because otherwise-applicable Medically Necessary requirements would not indicate a need for a private room.

NO

Non-Emergency Ambulance Transportation. The Plan will cover limited, Medically Necessary, non-emergency ambulance transportation relating to COVID-19 Diagnosis or treatment.

Telehealth and Other Communication-Based Technology Services. Participants can communicate with their doctors or certain other practitioners without going to the doctor's office in person.

The above benefits except the Telehealth and other Communication-Based Technology Services are specific to Diagnosis and treatment of COVID-19. Participants who have been diagnosed with COVID-19 will continue to receive all other benefits covered by the Plan, in accordance with the Plan's guidelines.

3. In the **Coverage During Leave of Absence** section, the following provision has been added:

Employer Continuation Coverage

Eligible Participants may seek to continue coverage upon the occurrence of any of the following:

- COVID-19 Leave. Leave taken in accordance with the Families First Coronavirus Response Act "FFCRA," including the Emergency Family and Medical Leave Expansion Act and Emergency Paid Sick Leave Act: coverage will continue for the duration of the permitted leave under the FFCRA, as amended.
- Layoff: coverage will continue for _____ months following the date of layoff.
- Short-Term Disability Leave: coverage will continue for _____ months following termination of Active Employment.
- Long-Term Disability Leave: coverage will continue for _____ months following termination of Active Employment.
- Americans with Disabilities Act (ADA) Leave; A non-FMLA leave granted by the Employer in accordance with the ADA: coverage will continue for a period not to exceed _____ months.
- Leave of Absence (not meeting the definition of FMLA Leave): coverage will continue for _____ months.
- Other: _____

The ~~above~~-noted leave(s)

- Do
- Do Not

run concurrently with FMLA, USERRA, or any state-mandated family or medical leave, and/or any other applicable leaves of absence. At the end of the period(s) listed above, the Participant's coverage will be deemed to have terminated for purposes of Continuation of Coverage under COBRA.

4. In the **Eligibility for Coverage** section, the following has been changed:

- The number of hours to be considered a full-time employee eligible for coverage has been changed to _____ hours per week/month.
- Other: _____

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By: Thomas J. Hansen
Signature

Title: President of Commissioners

Date: 4-6-2020