

Summary of Material Modifications

Ensign Services, Inc. Comprehensive Health and Welfare Benefit Plan

Effective Date: Dependent Upon Modification Outline Below

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important changes made to the Ensign Services, Inc. Comprehensive Health and Welfare Benefit Plan (“the Plan”). You should take the time to read this Summary carefully and keep it with the Summary Plan Description document that was previously provided to you. If you need another copy of the Summary Plan Description or if you have any questions regarding these changes to the Plan, please contact Benefits Support at **(888) 659-3616** weekdays 8AM to 5PM PT or email support@ensignservices.net or visit our website at www.ensignbenefits.com.

COVID-19 Testing and Associated Office (or other) Visits

Effective January 1, 2020 the **medical plans administered by Collective Health** will provide coverage without cost sharing for COVID-19 testing, any diagnostic products for the detection of COVID-19, and any healthcare provider office visits, urgent care visits, telemedicine, or emergency room visits that result in an order for COVID-19 testing. The end date for this coverage has yet to be determined.

Effective April 1, 2020 the **Kaiser Permanente Medical Plan** will provide coverage without cost sharing for COVID-19 testing, any diagnostic products for the detection of COVID-19, and any healthcare provider office visits, urgent care visits, telemedicine, or emergency room visits that result in an order for COVID-19 testing. The end date for this coverage is 12/31/2020, but may be reconsidered for an extension.

COVID-19 Treatment

Medical Plans Administered by Collective Health - The Plan will provide coverage for COVID-19 treatment based on where services are received. Prior authorization may be required depending on the service.

Kaiser Permanente Medical Plan - Effective April 1, 2020 the Plan will provide coverage without cost sharing related to the medical care and treatment of a positive COVID-19 diagnosis. This waiver of member out-of-pocket costs will apply to all places of service including, but not limited to, Hospitalization, Office Visit, Telemedicine, Emergency Room and Urgent Care. This expansion of zero cost share will end December 31, 2020 (unless superseded by government action or extended by Kaiser Permanente).

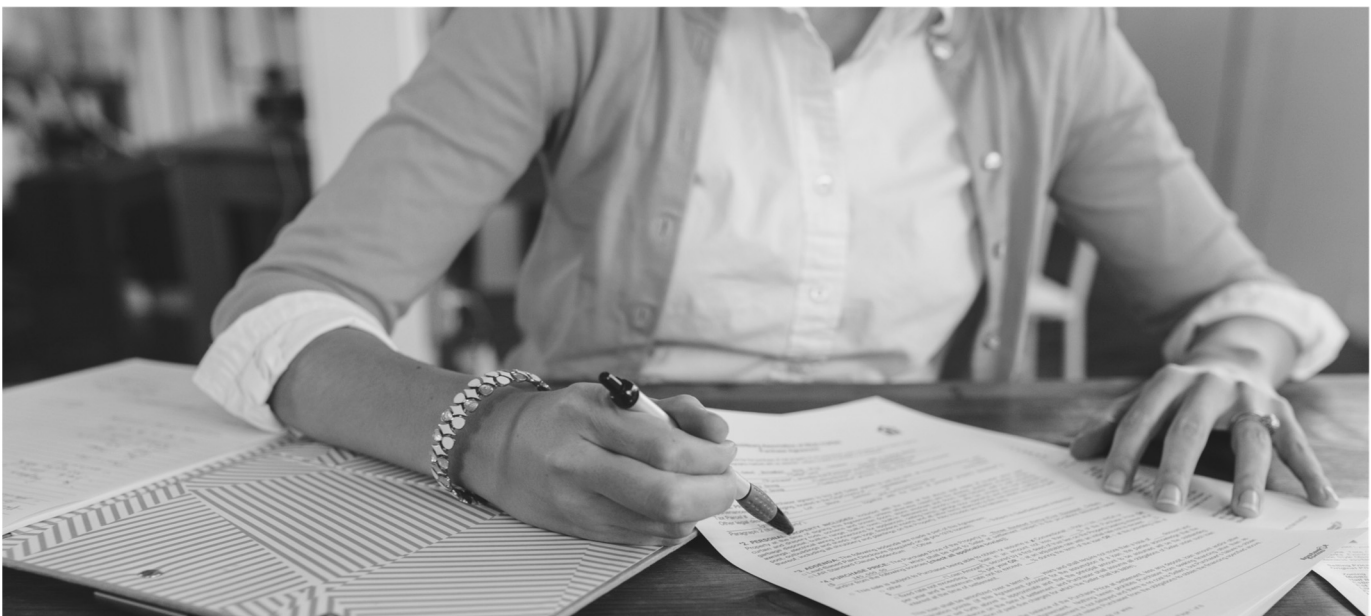
Teladoc Visits – Medical Plans Administered by Collective Health

Medical Plans Administered by Collective Health - Effective March 16, 2020 the Plan will provide coverage without cost sharing for Teladoc outside of COVID-19 related visits. This expansion of zero cost share will end May 31, 2020 (unless superseded by government action or extended by medical plan).

Extension of Deadlines in Response to the COVID-19 Crisis

Multi-Agency guidance has extended certain deadlines that apply to group health plans if those deadlines fall within the COVID-19 national emergency outbreak period (**March 1 – 60 days after National Emergency Ends**). Those deadlines include and are limited to the following:

- The 30-day period to request special enrollment under HIPAA (or 60-day period as applicable to CHIP enrollment requests);
 - employees, spouses, and new dependents are allowed to enroll upon marriage, birth, adoption, or placement for adoption;
 - employees and dependents are allowed to enroll if they had declined coverage due to other health coverage and then lose eligibility or lose all employer contributions towards active coverage;
 - employees and their dependents are allowed to enroll upon loss of coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs;
- The 60-day election period for COBRA continuation coverage;
- The deadline for making COBRA premium payments;
- The deadline for individuals to notify a plan of a COBRA qualifying event or determination of disability;
- The deadline for individuals to file an ERISA benefit claim under the plan's claims procedure (including a H-FSA run out period deadline that ends during the outbreak period);
- The deadline for claimants to file an appeal of an adverse benefit determination, a request for an external review, and to file information related to a request for external review for an ERISA plan.



Examples

Assuming that the National Emergency ends on June 29, 2020, with the Outbreak Period ending on August 28, 2020.

	Standard Timeframes	New Deadlines
HIPAA Special Enrollment	Enrollment allowed within 30 days of the occurrence of the event (or within 60 days for a CHIP special enrollment right)	If a birth occurs on March 31, 2020: Employee has until 30 days after August 28, 2020, which is <u>September 27, 2020</u> , to enroll herself and child into the employer's plan.
COBRA Election Period	At least 60 days to elect COBRA	If Employee receives COBRA Election Notice on April 1, 2020: Employee has 60 days after August 28, 2020 to elect COBRA, which is <u>October 27, 2020</u> . This new deadline applies to any election notice received during the outbreak period.
COBRA Premium Payment	No later than 30 days after the first period for which payment is being made	If March 1, 2020 is first month in which COBRA payment is not made: premium payments made by 30 days after August 28, 2020, which is <u>September 27, 2020</u> , for March, April, May, June, July and August 2020, are considered timely.
Providing COBRA Election Notice	44 days	If March 1, 2020 is first month in which COBRA payment is not made: premium payments made by 30 days after August 28, 2020, which is <u>September 27, 2020</u> , for March, April, May, June, July and August 2020, are considered timely.
Claims and Appeals Procedure	At least 180 days following receipt of an adverse benefit determination to appeal	If Employee received adverse benefit determination on January 28, 2020: Employee's last day to submit appeal is 148 days (180 – 32 days following January 28 to March 1) after August 28, 2020, which is January 23, 2021.
External Review of Final Appeal	Claimant must file within four months after receipt of final internal benefits denial notice	If Employee received final internal benefits denial notice on April 1, 2020: Employee's last day to file for an external review is four months after August 28, 2020, which is December 28, 2020.