**AMENDMENT NO. #1**

**<PLAN SPONSOR> Group Benefit Plan**

Effective March 1, 2020 the <PLAN SPONSOR> Group Benefit Plan (the “Plan”) is hereby amended to provide enhanced health benefits associated with testing for the 2019 Novel Coronavirus (COVID-19) without cost-sharing. This Amendment will remain effective for year, terminating on the anniversary of the effective date noted above. All other sections of the Plan remain unchanged.

1. In the **Schedule of Benefits** section, under the “Medical Benefits Schedule” 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 | Subject to Medical Necessity guidelines |

1. In the **Medical Benefits** section, the following benefit language for “2019 Novel Coronavirus (COVID-19)” has been added:

**2019 Novel Coronavirus (COVID-19).** Covered Expensesassociated with testing for COVID-19 include the following:

* *Diagnostic Tests.* Medically Necessary clinical diagnostic laboratory tests when a doctor or other Provider orders them. Providers must follow the Centers for Disease Control (CDC) guidelines regarding screening/testing for charges to be Covered Expenses.
* *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.
* *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. This is recommended if a Participant believes he or she has COVID-19 symptoms.
* *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.
* *Non-Emergency Ambulance Transportation.* The Plan will cover limited, Medically Necessary, non-emergency ambulance transportation relating to COVID-19 Diagnosis.

The above benefits are specific to Diagnosis 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.

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_