

Trace Systems Inc.

**SUMMARY OF MATERIAL MODIFICATION TO THE
2021 Trace Systems Inc. CONUS Wrap Benefit Plan**

This Summary of Material Modification (“SMM”), effective as indicated below, amends your Summary Plan Description (“SPD”) for the 2021 Trace Systems Inc. CONUS Wrap Benefit Plan as follows:

FIRST: The section titled “**Introduction**” is amended by adding the following paragraph to the end thereof:

Section 6001 of the Families First Coronavirus Response Act (“FFCRA”), as Amended and Expanded by Sections 3201, 3202 and 3203 of the Coronavirus Aid, Relief and Economic Security (“CARES”) Act - Coverage of Testing, Vaccinations and Other Preventive Services for COVID-19. Federal law requires any group health plan and health insurance issuer offering group or individual health insurance coverage (other than plans providing excepted benefits; retiree-only plans and short-term, limited-duration insurance plans) to cover COVID-19 testing and related services and not impose any cost-sharing requirements or prior authorization or other medical management requirements consistent with the FFCRA as amended by the CARES Act. This Section, which applies to all employers regardless of size, is effective immediately and will continue throughout the public health emergency. The U.S. Department of Health and Human Services (“HHS”) will determine when the public health emergency has expired.

Section 3203 of the CARES Act adds to the testing mandate and requires group health plans (other than plans providing excepted benefits; grandfathered group health plans; retiree only plans and short-term, limited-duration insurance plans) and health insurance issuers to cover COVID-19 vaccines, as well as any qualifying coronavirus preventive services, without cost sharing. Such qualifying coronavirus preventive services are defined in Section 3203(b)(1) as “an item, service or immunization that is intended to prevent or mitigate COVID-19.”

The Department of Labor (“DOL”) and HHS issued an interim final rule to implement the requirements of the CARES Act to cover qualifying coronavirus preventive services without a cost share requirement for both in-network and out-of-network providers. The vaccine coverage mandate and no cost share requirement for qualifying coronavirus preventive services will not expire for all in-network providers. The requirement for the extension of such coverage to out-of-network providers will cease when HHS determines the public health emergency has expired.

IRS Notice 2020-15- High Deductible Health Plans and Expenses Related to COVID-19. Under IRS Notice 2020-15, until further guidance is issued, a health plan that otherwise satisfies the requirements to be a High Deductible Health Plan (“HDHP”) under the Internal Revenue Code will not fail to be an HDHP merely because the health plan provides health benefits associated with testing for and treatment of COVID-19 without a deductible, or with a deductible below the minimum deductible (self only or family) for an HDHP. Therefore, an individual covered by the HDHP will not be disqualified from making tax-favored contributions to a health savings account.

Note that recent legislation also permits, until January 1, 2022, a HDHP to cover all telehealth and other remote care services with no deductible. This Section is applicable only to employers who offer HDHPs. The effective period is immediate and will cease when further guidance is issued by the IRS.

Deadline Extensions. In response to the COVID-19 outbreak, certain departments, including the DOL, Department of the Treasury and HHS have issued extensions with respect to standard timeframes relating to HIPAA, COBRA, and the ACA. These departments may make further extensions and may do so with other similar laws generally relating to ERISA which shall be incorporated in this document as appropriate. For additional information regarding fully insured plans, please refer to your insurance carrier certificate of coverage and/or policy. For additional information regarding self-insured plans, please reach out to your Employer and/or Plan Administrator.

SECOND: The section titled “**Family Medical Leave Act Coverage**” is amended by adding the following paragraph to the end thereof:

All references to “FMLA” incorporate any applicable provision of the FFCRA. Although FFCRA leave benefits expired on December 31, 2020, the Consolidated Appropriations Act of 2021 (“CAA”) extended the employer payroll tax credit for paid sick and family leave through March 31, 2021, or as extended by legislative updates. It should be noted that the CAA does not change the total amount of leave available, the qualifying reasons for which employees may take leave, the caps on the amount of pay employees are entitled to receive, or the FFCRA’s documentation requirements; however, it does permit employers with fewer than 500 employees to choose whether to provide such leave to eligible employees and seek a payroll tax credit for any such leave provided.

- This Section is only applicable to employers who have fewer than 500 employees. (Certain exceptions apply.)

THIRD: The section titled “**COBRA Rights**” is amended by adding the following paragraph:

Note that, effective February 10, 2021, the CAA may permit additional health care FSA carryovers and/or grace periods to be temporarily extended. Provisions of such extensions, if any, must be reflected in the health care FSA documents.

This SMM merely highlights the COVID-19 legislative changes as they have impacted your Plan.

Please keep this important Summary of Material Modification with your Summary Plan Description.

COVID-19 NOTICE OF TEMPORARY SUMMARY OF BENEFIT CHANGES FOR FULLY INSURED MEMBERS



When you enrolled in your health plan (Plan) you received a *Summary of Benefits and Coverage* document (*SBC*) to help you understand your Plan's *Schedule of Benefits*. The following temporary changes have been made to your Plan's *Schedule of Benefits*.

For the purpose of this notice, cost share means the amount of co-payment, co-insurance and/or deductible which you would otherwise be responsible for when you receive certain health care services.

COVID-19 Testing and Testing-Related Visits

Effective February 4, 2020, through July 24, 2020, which the end of the *Public Health Emergency* period, as declared by the Secretary of the *Department of Health and Human Services (HHS)*, unless further extended, you will not be responsible for any cost share for the following services: approved and authorized COVID-19 diagnostic testing, and testing-related visits at a physician's office, urgent care center, or emergency department of a hospital or alternate facility. Testing must be provided at approved locations in accordance with *U.S. Centers for Disease Control and Prevention (CDC)* guidelines. This cost share waiver applies to services received from both in-network and out-of-network providers.

COVID-19 Treatment

Effective February 4, 2020 through July 24, 2020, unless otherwise extended, you will not be responsible for any cost share, for services received during that period, for applicable covered health care services related to a COVID-19 diagnosis. This cost share waiver applies to office visits/telehealth, inpatient hospital, acute inpatient rehabilitation, long-term acute care, skilled nursing facilities, urgent care and emergency department visits, observation stays for COVID-19 applicable covered services received from both in-network and out-of-network providers. UnitedHealthcare will waive cost sharing (copays, coinsurance and deductibles) for emergency and medically necessary non-emergency ground ambulance transportation for COVID-19-related or suspected COVID-19-related services.

Virtual Visits through a Designated Network Provider

Effective March 18, 2020 through September 30, 2020, you will not be responsible for any cost share for virtual visits received from a designated virtual network provider (*AmWell, Doctor on Demand or Teladoc*).

Other Virtual or Telehealth Services

COVID-19 Testing Related Telehealth Visits

Effective February 4, 2020 through July 24, 2020, unless otherwise extended, you will not be responsible for cost share for visits with your medical provider through live audio with video-conferencing or audio-only (telephonic) technology when the visit is related to COVID-19 testing. This cost share waiver applies to services received from both in-network and out-of-network providers. Effective July 25, 2020 through September 30, 2020, services will be provided with no cost share for telehealth visits with in-network providers.

Non-COVID-19 Related Telehealth Visits

Effective March 31, 2020 through September 30, 2020, unless otherwise extended, you will not be responsible for any cost share for visits with your in-network medical provider through live audio/video-conferencing or audio-only (telephonic) technology for visits that are not related to COVID-19. Physical, occupational and/or speech therapy visits must be provided through live audio/video-conferencing. Out-of-network claim payment will be based on your Plan benefits.

Behavioral Health and Substance Use Disorder

All eligible in-network and out-of-network behavioral health care providers who have the ability and want to connect through live audio with video-conferencing or audio-only (telephonic), may do so to support your behavioral health (mental health and substance use disorder) needs.

Effective March 31, 2020 until September 30, 2020, you will not be responsible for any cost share for in-network virtual visits and telehealth outpatient behavioral health visits, including Applied Behavioral Analysis, (ABA) services.

- Please note: *Teladoc* is unable to provide behavioral health virtual visits at this time.
- Physical office visits (not telehealth or telephonic) will pay according to your *Schedule of Benefits*.

Cryopreservation and Storage of Embryos for Plans with Fertility Benefits

Coverage will be provided at Plan benefits for cryopreservation services delivered March 17, 2020 through April 30, 2020, for dates of service within this range. You will be responsible for the applicable member cost share. These charges will not apply to the fertility lifetime maximum.

In addition to the changes summarized in this notice, your state may have mandated changes to your health benefit coverage that also may change your cost share. To learn more about state mandated changes, or for general questions about this notice please call the toll free number on the back of your UnitedHealthcare Member ID Card.