

# Summary of Material Modifications (SMM) Trinity Health Corporation Welfare Benefit Plan Temporary Plan Changes Due to COVID-19



As a result of COVID-19, we've adopted a variety of temporary changes to the Trinity Health Corporation Welfare Benefit Plan ("Plan") and the benefits available under the Plan, including temporarily adjusting the benefits for colleagues and their eligible dependents enrolled in a Trinity Health medical plan. For example, in addition to covering testing for COVID-19 and a healthcare visit that leads to COVID-19 testing at 100% (i.e., without any member co-payment, deductible, etc.) through at least December 31, 2020, the Trinity Health medical plans will cover the **treatment** for COVID-19 at 100% through December 31, 2020, and will cover virtual health visits **for any reason** at 100% between Apr. 1, 2020 and Dec. 31, 2020 (in certain health plans). You may access a detailed description of the Trinity Health medical plan provisions as they relate to COVID-19 at: <https://www.trinity-health.org/covid-19-resources/find-a-resource/colleague-work-from-home-resources/>.

Certain dates are extended by the Outbreak Period set forth in Department of Labor and Internal Revenue Service guidance. The "Outbreak Period" begins Mar. 1, 2020 and ends 60 days after the date on which the federal government declares the COVID-19 national emergency period has ended. For example, if the national emergency ends on Jul. 25, 2020, the Outbreak Period is Mar. 1, 2020 through Sep. 23, 2020 (i.e. July 25<sup>th</sup> + 60 days). We will provide a communication about the date the Outbreak Period will end as soon as possible after the date is publicized.

The following dates are extended by the Outbreak Period:

- The date by which claims for benefits, appeals of adverse benefit determinations and requests for external review of eligible claims under the Plan's applicable claims and appeal procedures must be filed.
- The 60-day period for electing COBRA.
- The date COBRA premium payments must be made.
  - Note: The initial COBRA premium payment generally must be made within 45 days of electing COBRA and subsequent monthly COBRA premium payments must be made by the first day of the month for which the premium is paid (e.g., by July 1 for July coverage) with a 30-day grace period. The COBRA premium payment dates are extended by the Outbreak Period so that no COBRA premiums are due during the Outbreak Period. **However, coverage will be pended for any month for which a COBRA premium is not paid pending timely payment of the premium.**
  - Example: COBRA coverage started on Jan. 1, 2020 and premiums were timely paid for January and February. The premiums for March and later months are not due for 30 days following the end of the Outbreak Period. If the premiums for March through September have not already been paid and the Outbreak Period ends on Sep. 23, 2020, the March, April, May, June, July, August and September COBRA premiums are due by Oct. 23, 2020 and the individual is entitled to COBRA coverage for March through September if all of the COBRA premiums are paid by Oct. 23, 2020. If the individual pays the COBRA premiums for March through September by Oct. 23, 2020, all claims for eligible expenses incurred during March through September of 2020 will be paid under the Trinity Health plan(s) in accordance with the terms of the plan(s). If the individual only makes a payment equal to two months' COBRA premiums by Oct. 23, all claims for eligible expenses incurred during March and April of 2020 will be paid under the Trinity Health plan(s) in accordance with the terms of the plan(s) and COBRA coverage under all of the Trinity Health plans will terminate as of the end of April.
- The 60-day period for an individual to provide notice of a COBRA qualifying event (e.g. divorce or child's loss of dependent coverage).
- The date by which a COBRA election notice must be provided to qualified beneficiaries.

- The 30-day period to enroll in benefits due to the occurrence of a special enrollment rights event under the Health Insurance Portability and Accountability Act (“HIPAA”) (i.e., the addition of a spouse due to marriage, the addition of a child through birth, adoption or placement for adoption or loss of eligibility for other health coverage); 60-day period for a Medicaid/CHIP HIPAA special enrollment rights event.
  - Note: Although the HIPAA special enrollment rights events technically only apply to the Trinity medical plans, we will allow a colleague who experiences a HIPAA special enrollment rights event during the Outbreak Period to enroll in all benefits under the Plan for which the colleague is eligible (e.g., dental, vision and supplemental life insurance) following the end of the Outbreak Period. Upon timely enrollment following the end of the Outbreak Period, coverage will be added as of the effective date of the event. If a colleague enrolls in the HSA medical plan during the plan year, the employer HSA “seed money” is prorated based on the effective date of coverage.
  - Example 1: If a colleague who is not enrolled in a Trinity medical, dental and vision plan had a baby on Apr. 1, 2020 and would like to enroll herself and her newborn in a Trinity medical, dental and vision plan, the colleague would normally have needed to enroll by May 1, 2020, but due to the temporary Outbreak Period extension, has 30 days from the end of the Outbreak Period to enroll.
  - Example 2: If a colleague who is not enrolled in a Trinity medical, dental and vision plan was married on Feb. 15, 2020 and would like to enroll herself and her new spouse in a Trinity medical, dental and vision plan, the colleague would normally have needed to enroll by Mar. 13, 2020, but due to the temporary Outbreak Period extension, has 15 days from the end of the Outbreak Period to enroll (i.e., 15 days of the election notice period expired before the beginning of the Outbreak Period on Mar. 1, 2020).

In addition to the above, the Plan will permit flexibility for the following rules relating to Flexible Spending Accounts:

Benefit	Old Date	New Date
<b>Healthcare Flexible Spending Account (“HCFSA”) – Dates of service</b>	Dates of service must be (i.e., expenses must be incurred) on or before Mar. 15, 2020 in order to pay with 2019 HCFSA contributions. However, if a colleague’s employment terminates during 2020, only claims incurred before the employment termination date are eligible for reimbursement.	Dates of service must be on or before Dec. 31, 2020 in order to pay with 2019 HCFSA contributions. However, if a colleague’s employment terminates during 2020, only claims incurred before the employment termination date are eligible for reimbursement
<b>HCFSA – Time to submit claims for reimbursement</b>	Claims for expenses incurred through Mar. 15, 2020 to be paid with 2019 HCFSA contributions must be submitted for reimbursement by Mar. 31, 2020.	Claims for expenses incurred through Dec. 31, 2020 to be paid with 2019 HCFSA contributions must be submitted for reimbursement by Mar. 31, 2021.
<b>Dependent Care Flexible Spending Account (“DCFSA”) – Time to submit claims for reimbursement</b>	Claims for expenses incurred through Dec. 31, 2019 must be submitted for reimbursement by Mar. 31, 2020.	Claims for expenses incurred through Dec. 31, 2019 must be submitted for reimbursement by Dec. 31, 2020.
<b>DCFSA and HCFSA – Election changes</b>	Election changes during the year are limited to qualified life events permitted under Internal Revenue Code Section 125 and the Plan.	Election changes may be made at any time without a qualifying life event - colleagues may make a new election, cancel an election or increase or decrease a contribution amount (but not less than amount already reimbursed) through Dec. 31, 2020.