

BENEFIT PLAN AMENDMENT
IT IS UNDERSTOOD AND AGREED THAT:

Nature of Amendment: Due to the novel coronavirus (COVID-19) national emergency and resulting Family First Coronavirus Response Act legislation enacted on March 18, 2020 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act legislation enacted on March 27, 2020, this amendment amends the *plan* to provide certain benefits related to the COVID-19 pandemic. The following provisions apply on a temporary basis through the COVID-19 emergency period unless otherwise specified below.

1. Laboratory Tests and test-related visits covered for COVID-19:

Effective February 4, 2020, the *plan* will waive cost sharing, including deductible, coinsurance and copays, for approved and authorized COVID-19 laboratory tests and test-related visits at a *qualified practitioner's* office, *urgent care, emergency room*, or telehealth/telemedicine including Teladoc visits, for *covered persons*. Coverage includes items and services provided during the visit related to COVID-19 testing services.

Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines. Coverage includes both *EPO* and *Non-EPO covered expenses*.

2. Care Management:

The *plan's* Prior Authorization requirement for post-acute care admissions to an Extended Care Facility that is a skilled nursing facility or long-term care facility, will be waived through May 31, 2020, subject to further evaluation:

- The admitting *qualified practitioner* is required to notify the *plan* within 48 hours of transfer, subject to applicable *plan* provisions.
- The *plan* will continue to review for appropriate length of stay management in accordance with *plan* provisions.

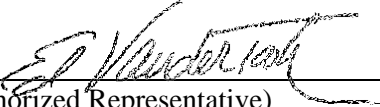
To the extent the *plan* requires Prior Authorization when a *covered person* transfers to a new provider, such Prior Authorization requirements will be waived through May 31, 2020, subject to further evaluation, as follows:

- The *plan* will not require a new Prior Authorization when a *covered person* moves to a different yet similar Site of Care for the same service (e.g., *hospital* transfers or practice transfers).
- The admitting *qualified practitioner* is required to notify the *plan* within 48 hours of transfer, subject to applicable *plan* provisions.

Until May 31, 2020, subject to further evaluation, Prior Authorization approval notifications dated March 2, 2020 and forward will be extended until December 31, 2020, provided the member remains a *covered person*.

IN WITNESS WHEREOF, the undersigned has caused this amendment to be duly adopted and effective as of February 4, 2020.

Colorado Employer Benefit Trust



(Authorized Representative)

May 29, 2020
(Date)