

AMENDMENT NO. 2020-04

AMBASSADOR PERSONNEL EMPLOYEE BENEFIT PLAN

Effective 4/1/2020, AMBASSADOR PERSONNEL EMPLOYEE BENEFIT PLAN, (the “Plan”) is hereby amended to provide enhanced health benefits associated with testing for and treatment of the 2019 Novel Coronavirus (COVID-19). This Amendment will terminate upon the expiration of the public health emergency relating to COVID-19 and declared pursuant to 42 U.S.C. § 247d. All other sections of the Plan remain unchanged.

1. In the **Summary of Benefits** section, under the “Summary of Benefits—Medical” 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	
Treatment of the 2019 Novel Coronavirus (COVID-19)	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to Medical Necessity guidelines

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

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

- *Diagnostic Tests.* The following items are covered at 100%, deductible waived, as provided in the Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and notwithstanding any otherwise-applicable Medical Necessity or Experimental and/or Investigational requirements, and do not require Pre-Certification. These items are paid at the negotiated rate, if one exists. If no negotiated rate exists, the Plan will pay the cash price publicly posted on the Provider’s website, or such other amount as may be negotiated by the Provider and Plan.
 - In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 (including all costs relating to the administration of such in vitro diagnostic products) which satisfy **one** of the following conditions:
 - that are approved, cleared, or authorized by the FDA;
 - for which the developer has requested or intends to request emergency use authorization under Section 564 of the Federal Food, Drug, and Cosmetic Act, unless and until such emergency use authorization request has been denied or the developer does not submit a request within a reasonable timeframe;
 - that are developed in and authorized by a State that has notified the Secretary of Health and Human Services of its intention to review tests intended to diagnose COVID-19; or
 - that are deemed appropriate by the Secretary of Health and Human Services.

- Items and services furnished during an office visit (including both in-person and telehealth), urgent care visit, or emergency room visit which results in an order for or administration of an in vitro diagnostic product described above. Such items and services must relate to the furnishing of such diagnostic product or evaluation of the individual for purposes of determining the need for such product.
- *Qualifying Coronavirus Preventive Services.* The following items are covered at 100%, deductible waived, and do not require Pre-Certification.
 - An item, service, or immunization that has in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; and
 - An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.
- *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.
- *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 or treatment.

The above benefits are specific to Diagnosis and treatment 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.

3. In the **Continuation of Coverage** section, the following provision has been added:

Employer Continuation Coverage

Eligible Participants may seek to continue coverage upon the occurrence of any of the following:

1. Layoff: coverage will continue until May 31, 2020.
2. Leave of Absence (not meeting the definition of FMLA Leave): coverage will continue for 3 months.
3. COVID-19 Leave. Leave taken in accordance with the Families First Coronavirus Response Act “FFCRA,” including the Emergency Family and Medical Leave Expansion Act (see the Plan’s “Continuation During Family and Medical Leave Act (FMLA)” section) and Emergency Paid Sick Leave Act: coverage will continue for the duration of the permitted leave under the FFCRA, as amended.

The above-noted leave(s) do run concurrently with FMLA, USERRA, or any state-mandated family or medical leave, and/or any other applicable leaves of absence, as applicable and subject to applicable law. At the end of the period(s) listed above, the Participant’s coverage will be deemed to have terminated for purposes of Continuation of Coverage under COBRA.

4. In the **Continuation During Family and Medical Leave Act (FMLA) Leave** section, the following provision has been added:

FFCRA

The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020. Eligibility will be extended through any such leave in the same manner as for traditional FMLA leave.

Eligible Employees

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

Qualifying Reasons For Leave Related To COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

Eligibility for Coverage:

1. Plan participants or employees who are actively-at-work on the day prior to alteration of normal business operations will be considered actively-at-work provided Stop Loss premiums continue to be paid for those participants.
2. Employees in their “waiting period” who are actively-at-work on the day prior to alteration of normal business operations will be considered actively-at-work as of the day they complete their waiting period provided Stop Loss premiums are paid for those participants.

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By:  _____

Signature

CFO

Title: _____

04/20/2020

Date: _____