

ROCKY MOUNTAIN UFCW UNIONS & EMPLOYERS HEALTH BENEFIT PLAN

ADMINISTRATION OFFICE

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October 1, 2020

COVID-19 TESTING

The Plan continues to provide 100% coverage for COVID-19 testing, if for in-vitro diagnostic testing that is authorized by the FDA or otherwise required to be covered under Federal law, with no cost-sharing (no deductible, copays, or coinsurance). This coverage is provided consistent with the Families First Coronavirus Response Act or other applicable Federal law and guidance, and applies to both in-network and out-of-network and includes costs associated with COVID-19 testing (**office visits, telehealth visits, urgent care visits and emergency room visits**). No prior authorization or medical management requirements will apply to qualifying COVID-19 testing or visits.

This coverage will continue during the Public Health Emergency declared by Health and Human Services, or until a later date as may be determined by the Board of Trustees.

To find an in-network United Healthcare/UMR Choice Plus provider near you, log onto www.umar.com or call 800-826-9781. To find a Kaiser provider, log into www.kp.org or call 1-800-632-9700 or 303-338-3800.

EXTENSION OF CERTAIN DEADLINES

Certain Plan deadlines have been extended due to COVID-19. The Outbreak Period began on March 1, 2020, and will end 60 days after the end of the National Emergency previously declared by the President Trump.

Days during the Outbreak Period will not be counted toward the number of days you have to take certain actions. Specifically, days during the Outbreak Period will not be counted towards the following:

- 30-day period (or 60-day period in certain circumstances) to request enrollment in the Plan due to a HIPAA special enrollment event (for example, birth of a child, marriage, loss of other employer provided coverage);
- 60-day period to elect COBRA continuation coverage;
- 30-day grace period to pay COBRA premiums;
- 45-day period to pay the first COBRA premium after electing COBRA;
- Deadline to file a benefit claim under the Plan's claims procedure;

- Deadline to file an appeal of a claim denial under the Plan's appeal procedure;
- Deadline to request an external review of a certain denied appeals; and
- Date by which information must be received to perfect a request for external review.

QUESTIONS?

If you have questions about this Notice, please contact the Plan Office at: (303) 430-9334.