

SUMMARY OF MATERIAL MODIFICATIONS

University of San Diego Health & Welfare Wrap Plan

Summary Plan Description

Effective January 1, 2021

This document--called a Summary of Material Modifications—updates the Summary Plan Description (SPD) for the University of San Diego Health & Welfare Wrap Plan (Plan). Keep it for reference along with your SPD and share this with your covered family members.

Except for the changes noted below, all other provisions of the SPD remain unchanged. As always, University of San Diego reserves the right, at any time and at its discretion, to amend, supplement, modify or eliminate the benefits provided under the Plan.

Changes to your medical benefits due to COVID-19

Coverage of COVID-19 vaccine(s) without cost sharing

Within 15 days following its approval by the CDC (or when given an “A” or “B” rating by the US Preventive Task Force), a COVID-19 vaccine will be covered by the Plan at no cost to you.

Temporary removal of cost sharing for COVID-19 testing and related services

Until the Department of Health and Human Services determines the public health emergency due to COVID-19 has ended, the Plan will offer enhanced coverage to those employees and dependents enrolled in any of the Plan’s medical benefit options to the extent required by law. You will not owe any copayments, coinsurance, or deductible for approved and authorized COVID-19 testing, as well as related items and services during a visit that results in an order for or administration of a COVID-19 test. The waiver of member cost-sharing applies in and out of network.

Temporary removal of cost sharing for COVID-19 treatment and telehealth

For plan information related to the temporary removal of cost sharing for COVID-19 treatment and telehealth, refer to the plan websites.

Cigna @ Cigna.com, Kaiser @ kp.org and SIMNSA @ simnsa.com

Certain plan deadlines extended during Outbreak Period

Government guidance issued in response to the COVID-19 National Emergency requires the Plan to pause certain deadlines during the “Outbreak Period.”

This means that, beginning on March 1, 2020, i.e., the beginning of the Outbreak Period, deadlines related to HIPAA Special Enrollment events, COBRA notifications, elections and payments, and certain ERISA Benefit Claims and Appeals rules are paused until the earlier of:

- One year from the date a particular individual or plan was first eligible for relief
- 60 days from the end of the COVID-19 National Emergency (i.e., the end of the Outbreak Period)

Once the relief expires, the paused time frames will resume. While we don’t know when the National Emergency will end, this relief from Plan deadlines is temporary.

HIPAA special enrollment period

HIPAA special enrollment rights allow you to enroll yourself and/or your dependent(s) in health coverage following certain circumstances:

- If you (or your dependents) lose other health coverage or when a person becomes your dependent by birth, adoption, placement adoption or marriage, you generally have 31 days to enroll in the Plan.
- If you lose eligibility for coverage under a state Medicaid or CHIP program, or if you become eligible for state premium assistance under Medicaid or CHIP, you generally have 60 days to enroll in the Plan's medical benefits.

The Plan will suspend the 31-or 60-day HIPAA special enrollment period during the Outbreak Period.

COBRA continuation coverage

The Plan will suspend the following COBRA deadlines for participants or qualified beneficiaries during the Outbreak Period:

- The deadline to elect COBRA continuation coverage (normally 60 days starting on the date the election notice is sent)
- The deadline for the payment of COBRA initial premiums (normally 45 days after the COBRA election) or subsequent COBRA premiums
- The deadline to notify the Plan of a qualifying event, such as divorce or a dependent aging off the plan, or determination of disability (normally within 60 days of the event or determination)

Benefit claims and appeals deadlines (including Health Care FSA runout period)

Your SPD describes the benefit claim and appeal deadlines that apply to those Plan benefits that are covered by the Employee Retirement Income Security Act of 1974 (ERISA). The following deadlines are impacted:

- The Plan will disregard the Outbreak Period for determining the deadline by which benefit claims have to be submitted and appealed.
- The Plan will disregard the Outbreak Period for determining the Health Care FSA runout period for purposes of submitting claims incurred during the prior plan year if the runout period would have otherwise ended during the Outbreak Period. **Note:** This extension relief does NOT apply to Dependent Care FSAs.
- The Plan will also disregard the Outbreak Period for determining the deadline by which a participant must file or perfect a request for external review of a medical benefits claim.

If you need a copy of your SPD, or if you have questions or concerns about this SMM, contact the Benefits Department.