

WITTENBERG UNIVERSITY

SUMMARY OF MATERIAL MODIFICATION TO THE WITTENBERG UNIVERSITY WRAP BENEFIT PLAN

This Summary of Material Modification (“SMM”), effective as indicated below, amends your Summary Plan Description (“SPD”) for the Wittenberg University Wrap Benefit Plan as follows:

The section titled “**Introduction**” is amended by adding the following paragraph to the end thereof:

Section 6001 of the Families First Coronavirus Response Act (“FFCRA”), as Amended and Expanded by Sections 3201, 3202 and 3203 of the Coronavirus Aid, Relief and Economic Security (“CARES”) Act - Coverage of Testing, Vaccinations and Other Preventive Services for COVID-19. Federal law requires any group health plan and health insurance issuer offering group or individual health insurance coverage (other than plans providing excepted benefits; retiree-only plans and short-term, limited-duration insurance plans) to cover COVID-19 testing and related services and not impose any cost-sharing requirements or prior authorization or other medical management requirements consistent with the FFCRA as amended by the CARES Act. This Section, which applies to all employers regardless of size, is effective immediately and will continue throughout the public health emergency. The U.S. Department of Health and Human Services (“HHS”) will determine when the public health emergency has expired. This Section has also been deemed to cover over the counter COVID-19 tests at a minimum of \$12 per test, limited to 8 individual tests per 30-day period per participant, beneficiary, or enrollee.

Section 3203 of the CARES Act adds to the testing mandate and requires group health plans (other than plans providing excepted benefits; grandfathered group health plans; retiree only plans and short-term, limited-duration insurance plans) and health insurance issuers to cover COVID-19 vaccines, as well as any qualifying coronavirus preventive services, without cost sharing. Such qualifying coronavirus preventive services are defined in Section 3203(b)(1) as “an item, service or immunization that is intended to prevent or mitigate COVID-19.”

The Department of Labor (“DOL”) and HHS issued an interim final rule to implement the requirements of the CARES Act to cover qualifying coronavirus preventive services without a cost share requirement for both in-network and out-of-network providers. The vaccine coverage mandate and no cost share requirement for qualifying coronavirus preventive services will not expire for all in-network providers. The requirement for the extension of such coverage to out-of-network providers will cease when HHS determines the public health emergency has expired.

The Consolidated Appropriations Act, 2023 (“CAA 2023”). The CAA 2023 extends health savings account (“HSA”) relief permitting high deductible health plans (“HDHPs”) to provide first-dollar telehealth and other remote care services for plan years beginning after December 31, 2022 and before January 1, 2025, and allows HDHPs to choose to waive the deductible for any telehealth services without causing participants to lose HSA eligibility. Those telehealth or other remote care services do not need to be preventive or related to COVID-19 to qualify for the relief.

This provision is an optional extension of the CARES Act provision, which provided the same telehealth relief for plan years beginning on or before December 31, 2021, and a further extension of The Consolidated Appropriations Act, 2022, which provided such relief between April 1, 2022 and December 31, 2022, regardless of plan year.

Deadline Extensions. In response to the COVID-19 outbreak, certain departments, including the DOL, Department of the Treasury and HHS have issued extensions with respect to standard timeframes relating to HIPAA, COBRA, and the ACA. These departments may make further extensions and may do so with other similar laws generally relating to ERISA which shall be incorporated in this document as appropriate. For additional information regarding fully insured plans, please refer to your insurance carrier certificate of coverage and/or policy. For additional information regarding self-insured plans, please reach out to your Employer and/or Plan Administrator.

This SMM merely highlights the COVID-19 legislative changes as they have impacted your Plan.
Please keep this important Summary of Material Modification with your Summary Plan Description.