

**SUMMARY OF MATERIAL MODIFICATIONS--COVID BENEFIT CHANGES  
FOR  
NTESS POST-EMPLOYMENT HEALTH AND WELFARE BENEFITS PLAN (“PLAN”)<sup>1</sup>**

This Summary provides a high-level overview of the status of certain Plan benefits previously available on account of the COVID-19 pandemic. The period of time during which most of these COVID-related Plan benefits were available was governed by the duration of the “**Public Health Emergency**” and/or the “**Outbreak Period**.” As noted in the footnote below, the Public Health Emergency and the Outbreak Period have ended.<sup>2</sup> References in this summary to “**Pre-Medicare Individuals**” are to individuals enrolled in NTESS Pre-Medicare medical benefit programs. References to “**Medicare Individuals**” are to individuals enrolled in NTESS Medicare medical benefit programs.

BENEFIT	PREVIOUS COVID-RELATED BENEFIT	STATUS
<p><b>Coverage for FDA approved diagnostic COVID testing (in or out of network).</b></p> <p><b>If ordered by a licensed or authorized healthcare professional, this coverage can include related items and services (as defined by applicable law) in connection with an FDA approved diagnostic COVID test; as well as office visits (in-person and telehealth), urgent care center visits, and emergency room visits for COVID testing</b></p>	<p>During the Public Health Emergency and the 60-day period following the Public Health Emergency (through July 10, 2023) the Plan covered the COVID testing benefit described here without requiring prior authorization or cost sharing, and before the deductible.</p> <p>Effective January 15, 2022, medical benefit programs offered under the Plan also covered over-the-counter COVID tests purchased online, via mail or in person without the direct involvement of a health care provider. Eight (8) tests per covered family member were made available each month (or 30-day period) as applicable during the Public Health Emergency and the 60-day period following the Public Health Emergency (through July 10, 2023).</p> <p>These provisions applied to Pre-Medicare Individuals. Medicare Individuals contacted their medical</p>	<p>Effective July 10, 2023, the Plan covers the following for <u>Pre-Medicare Individuals</u>:</p> <p>FDA-approved COVID-19 diagnostic tests that are authorized or ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) and health care provider office visits (in-person and telehealth) resulting in a COVID-19 diagnostic test subject to the Plan’s cost-sharing requirements (i.e., the applicable copay or deductible/co-insurance).</p> <p>COVID-19 over-the-counter (OTC) tests are provided and covered at \$0 cost-share for up to eight tests per member per 30 days. Members can submit a claim to get reimbursed for up to \$12 per test, both in and out of network (or up to the full cost for in network claims or up to \$12 per test for out of network claims if provided through a direct reimbursement program). For additional information regarding OTC tests, contact Express Scripts at 877-817-1440.</p> <p><u>Medicare Individuals</u> should contact their medical benefit program carrier to confirm coverage.</p>

<sup>1</sup> The Plan previously was known as the NTESS Health and Welfare Benefits Plan for Retirees.

<sup>2</sup> Effective January 31, 2020, the Secretary of Health and Human Services (“Secretary”) declared a “**Public Health Emergency**.” The Public Health Emergency ended on May 11, 2023.

The “**Outbreak Period**” generally refers to the period beginning on the date (March 1 2020) that the President declared a **National Emergency**. The “Outbreak Period” is scheduled to end 60 days after the end of the National Emergency. The National Emergency ended on May 11, 2023. Consequently, the “Outbreak Period” ended on July 10, 2023.

BENEFIT	PREVIOUS COVID-RELATED BENEFIT	STATUS
	benefit program carrier to confirm coverage.	
<b>Timing of Coverage for COVID Preventive Services &amp; Vaccines</b>	This COVID-related provision provides that, within 15 business days after an official recommendation is made, coverage without cost sharing is to be offered for vaccines (and fees associated with vaccine administration) and other preventive care intended to prevent or mitigate COVID.	For <u>Pre-Medicare Individuals</u> , this COVID-related provision is not currently scheduled to expire, and is available only to participants in a medical benefit program offered under the Plan.  <u>Medicare Individuals</u> should contact their medical benefit program carrier to confirm coverage.
<b>Claims and Appeals Procedures for plans (including, but not limited to, the NTESS Post-Employment Health and Welfare Benefits Plan) governed by the Employee Retirement Income Security Act (“ERISA”)</b>	<p>When counting days to determine whether a claim or appeal deadline has expired, days included in the “Outbreak Period” have been disregarded.</p> <p>During the Outbreak Period, for a maximum of one year, Plan deadlines were paused for a claimant to: (1) file a claim for benefits, (2) file an appeal of an adverse benefit determination, and (3) request external review.</p> <p>No more than one year could be disregarded pursuant to this provision.</p>	<p>Effective July 10, 2023, claims, appeals and external review request deadlines no longer are paused, and regular deadlines (see your Summary Plan Description) apply. As noted in the example below, this means that deadlines were paused until the earlier of:</p> <ul style="list-style-type: none"> <li>• One (1) year from the date your original deadline was paused during the Outbreak Period, or</li> <li>• July 10, 2023 (i.e., the end of the Outbreak Period).</li> </ul> <p><b>EXAMPLE:</b></p> <ul style="list-style-type: none"> <li>• A participant in the UHC Total Health PPO Plan receives a claim denial notice on April 1, 2023. Normally, the Plan requires participants to appeal within 180 days after receipt of a claim denial notice.</li> <li>• The 180-day period for the participant to file an appeal will not commence until the end of the Outbreak Period (July 10, 2023).</li> <li>• After July 10, 2023, the participant has 180 days to file their appeal (i.e., until January 6, 2024).</li> </ul>
<b>COBRA health care continuation coverage made available when dependent or spouse loses group health plan coverage on account of divorce or death of participant</b>	<p>When counting days to determine whether a COBRA deadline for election, payment, or notice (e.g., a dependent’s notice to the Plan of a COBRA qualifying event) had expired, days included in the “Outbreak Period” were disregarded.</p> <p>No more than one year could be disregarded pursuant to this provision.</p> <p>When COBRA elections and payments were delayed pursuant to this temporary COVID provision, then coverage for benefits and services incurred during the</p>	<p>Effective July 10, 2023, COBRA election and payment deadlines no longer are paused, and regular deadlines (see your Summary Plan Description) apply. As noted in the examples below, this means that deadlines will be paused until the earlier of:</p> <ul style="list-style-type: none"> <li>• One (1) year from the date your original deadline was paused during the Outbreak Period, or</li> <li>• July 10, 2023 (i.e., the end of the Outbreak Period).</li> </ul> <p><b>EXAMPLE- 60 Days to Make Election:</b></p> <ul style="list-style-type: none"> <li>• A retiree and spouse divorce and as a result the former spouse loses coverage under the BCBSNM Total Health PPO Plan on May 31, 2023 (a COBRA qualifying event).</li> <li>• The former spouse receives the COBRA election notice on June 1, 2023.</li> <li>• The standard 60-day COBRA election period does not commence until the end of the Outbreak Period (the period ending July 10, 2023).</li> <li>• After July 10, 2023, the former spouse had 60 days (i.e., until September 8, 2023) to elect COBRA.</li> </ul>

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	<p>extended delay also were delayed until proper elections and payments were made.</p>	<p><b>EXAMPLE -45 Days to Pay First Premium:</b></p> <ul style="list-style-type: none"> <li>• A retiree passes away and his surviving spouse receives a COBRA election notice on October 1, 2022. On October 15, 2022, the surviving spouse elects COBRA continuation coverage, retroactive to October 1, 2022.</li> <li>• The surviving spouse had until 45 days after the end of the Outbreak Period (i.e., until August 24, 2023) to pay her COBRA premiums in full for the months of October 2022 through July 2023.</li> <li>• Note: Subsequent monthly COBRA premium payments would be due the first of each month, subject to a 30-day grace period. For example, the surviving spouse’s premium payment for August 2023 must be paid by August 30, 2023 (the last day of the 30-day grace period for the August 2023 premium payment).</li> </ul> <p><b>EXAMPLE-60 Days to Provide Notice:</b></p> <ul style="list-style-type: none"> <li>• A retiree and spouse are covered under the Kaiser Total Health PPO Plan and finalize their divorce effective April 1, 2023, which causes the spouse to lose eligibility for the Kaiser plan.</li> <li>• The 60-day period for the retiree or the former spouse to notify the employer of the divorce to preserve the former spouse’s COBRA rights is extended by disregarding the Outbreak Period.</li> <li>• After July 10, 2023, the retiree or the former spouse had 60 days (i.e., until September 8, 2023) to notify the Kaiser Total Health PPO Plan of the divorce to preserve COBRA rights for the former spouse.</li> </ul>

***If you have questions about this Summary or about the Plan, please contact HR Solutions at 1-505-284-4700 or visit <https://sandiahr.custhelp.com/app/ask>.***

***Plan documents, Summary Plan Descriptions, and benefit booklets for the NTESS Post-Employment Health and Welfare Benefits Plan are available on the Plan Documents page of the [hr.sandia.gov](http://hr.sandia.gov) website.***

***As always, the Plan can be amended or terminated in whole or in part at any time by National Technology & Engineering Solutions of Sandia, LLC (“NTESS”), and the Plan document will govern.***