

COVID-19 Mandated Plan Changes Amendment MCENTIRE PRODUCE GROUP HEALTH BENEFIT PLAN

Nature of Amendment: Due to the novel coronavirus (COVID-19) national emergency and resulting Family First Coronavirus Response Act legislation enacted on March 18, 2020 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act legislation enacted on March 27, 2020, this amendment amends the above-referenced Summary Plan Description (the "Plan") to provide certain benefits related to the COVID-19 pandemic effective as of the dates specified below.

1. Laboratory Tests and test-related visits covered for COVID-19:

Effective February 4, 2020, the Plan will waive cost sharing, including Co-pay, Plan Participation, and Deductibles, for approved and authorized COVID-19 Laboratory Tests and test-related visits at Physician office, Urgent Care, Emergency Room, or telehealth/telemedicine including Teladoc visits, for Covered Persons. Coverage includes items and services provided during the visit related to COVID-19 testing services.

Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines. Coverage includes In and Out-Of-Network Covered Expenses.

The provision applies on a temporary basis through the COVID-19 emergency period.

2. Care Management:

- The Plan's Prior Authorization requirement for post-acute care admissions to an Extended Care Facility that is a skilled nursing facility or long-term care facility, will be waived through May 31, 2020, subject to further evaluation:
 - The admitting Physician is required to notify the Plan within 48 hours of transfer, subject to applicable Plan provisions, including penalties.
 - The Plan will continue to review for appropriate length of stay management in accordance with Plan provisions.
- To the extent the Plan requires Prior Authorization when a Covered Person transfers to a new provider, such Prior Authorization requirements will be waived through May 31, 2020, subject to further evaluation, as follows:
 - The Plan will not require a new Prior Authorization when a member moves to a different yet similar Site of Care for the same service (e.g., Hospital transfers or practice transfers).
 - The admitting Physician is required to notify the Plan within 48 hours of transfer, subject to applicable Plan provisions, including penalties.
- Until May 31, 2020, subject to further evaluation, Prior Authorization approval notifications dated March 2, 2020 and forward will be extended until December 31, 2020, provided the member remains a Covered Person.