

Notice of Plan Changes: End of the COVID-19 Public Health Emergency

This document describes certain benefit changes to your health plan as a result of the end of the COVID-19 public health emergency (PHE), which will occur on May 11, 2023. These changes apply to the Deseret Premier, Deseret Select, Deseret Value, Deseret Protect, and Deseret Choice Hawaii plans.

Several temporary benefit changes for COVID-19 related services were made to your health plan and were authorized through the end of the COVID-19 PHE. Effective May 12, 2023, regular plan terms (e.g., benefits, limits, exclusions) will apply for treatment related to COVID-19, such as diagnostic testing, evaluations, and immunizations. In addition, the preauthorization requirement for inpatient hospital admission initiated through the emergency room will resume. Finally, monoclonal antibody treatment for COVID-19 and over-the-counter tests for COVID-19 will no longer be covered by your health plan.

For additional details about your benefits, refer to your summary plan description or plan document.

This document serves as a Summary of Material Modifications (SMM) under ERISA and is a supplement to your health plan Summary Plan Description (SPD) effective February 1, 2023. In the event of an inconsistency between the terms of this SMM or the SPD and the terms of the official plan document, the terms of the official plan document shall control.

Temporary Changes to Your Health Plan for COVID-19

This document describes temporary benefit enhancements to your health plan in response to the COVID-19 public health emergency (PHE). These changes apply to the Deseret Premier, Deseret Select, Deseret Value, Deseret Protect, and Deseret Choice Hawaii plans.

COVID-19 testing and evaluation

Your health plan is waiving cost sharing (copayments, coinsurance, and deductibles) for an approved COVID-19 diagnostic test or for an evaluation resulting in an order for or administration of a COVID-19 diagnostic test. This includes both the cost of the test and the office visit, telemedicine visit (including Intermountain Connect Care visits), urgent care visit, or emergency room visit rendered by contracted and non-contracted providers. However, an attending healthcare provider must order the test for it to be covered by your plan.

Your plan will pay 100% of the allowable amount for a COVID-19 diagnostic test or for an evaluation resulting in a COVID-19 diagnostic test when rendered by a contracted provider. However, if a non-contracted provider renders such services, the plan will pay the lesser of (1) the billed amount for the COVID-19 diagnostic test or (2) the cash price for a COVID-19 diagnostic test as listed on the provider's public website. If a non-contracted provider does not post the cash price of a COVID-19 diagnostic test on its public website, the plan will pay 100% of the plan's allowable amount for the COVID-19 diagnostic test. Similarly, the plan will pay 100% of the allowable amount for an evaluation resulting in an order for a COVID-19 diagnostic test rendered by a non-contracted provider.

If you are diagnosed with COVID-19, regular plan terms and conditions, including cost sharing, apply to the treatment.

COVID-19 diagnostic testing for employment, education, travel, public health surveillance, or other screening purposes are not covered by your plan.

Preauthorization waiver for certain inpatient hospital admissions

There is no preauthorization requirement for COVID-19 testing. Your health plan is also temporarily waiving preauthorization requirements and penalties for failure to preauthorize inpatient hospital admissions for COVID-19, and other inpatient hospital admissions initiated through the emergency room.

These temporary benefit enhancements and preauthorization waiver are effective March 6, 2020, and will remain so until the COVID-19 PHE is declared over by the federal government.

In the case of each of the benefit enhancements and preauthorization waiver described above, all other regular plan terms and conditions remain in effect.

This document serves as a summary of material modifications (SMM) under ERISA and is a supplement to your health plan *Summary Plan Description* (SPD) effective January 1, 2021. In the event of an inconsistency between the terms of this SMM or the SPD and the terms of the official plan document, the terms of the official plan document shall control.