

**Fort Bend County  
Employee Benefit Medical Plans  
High Deductible Medical Plan and Low Deductible Medical Plan**

**Amendment #1**

The Fort Bend County Employee Benefit Medical Plans (the “Plan”) are hereby amended with the below enhanced health benefits associated with the 2019 Novel Coronavirus (COVID-19). This Amendment will remain effective as indicated below unless otherwise extended by legislation. All other sections of the Plan remain unchanged.

Below are the temporary changes to this Plan’s coverage and language:

1. Under the **Schedule of Benefits** section, the following has been added beginning January 27, 2020 and will terminate on December 31, 2020, unless extended by legislation:

<b>Benefit Description</b>	<b>Network</b>	<b>Non-Network</b>	<b>Additional Limitations and Explanations</b>
<b>Testing for the 2019 Novel Coronavirus (COVID-19)</b> including the administration of, and items or services furnished to an individual during the visit that result in an order for or administration of the test.	100%, Deductible waived		Includes testing in any place of service as approved by the FDA, including a physician’s office, emergency room, urgent care or a telehealth visit. Precertification is not required. The Plan’s Maximum Eligible Charges will apply.
<b>Treatment of the 2019 Novel Coronavirus (COVID-19)</b>	As any other illness	As any other illness	
<b>Telemedicine Visits (Non COVID-19 related, but to reduce risk of COVID spread by minimizing travel to office)</b>	See the Plan’s office visit benefit.	See the Plan’s office visit benefit.	

2. This Plan’s benefit language including covered expenses, exclusions and definitions are modified to include coverage for the following beginning January 27, 2020 and will terminate on December 31, 2020, unless extended by legislation:

**2019 Novel Coronavirus (COVID-19).** Covered Expenses associated with testing for and treatment of COVID-19 include the following:

- *Diagnostic Tests.* The following items are covered with or without Pre-Certification:
  - In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 that are approved, cleared, or authorized by the FDA, including all costs relating to the administration of such in vitro diagnostic products.
  - Items and services furnished during an office visit (including both in-person and telehealth), urgent care visit, or emergency room visit which results in an order for or administration of an in vitro diagnostic product described above. Such items and services must relate to the furnishing of such diagnostic product or evaluation of the individual for purposes of determining the need for such product.
- *Inpatient Hospital Quarantines.* There may be times when Participants with the virus need to be quarantined in a Hospital private room to avoid infecting other individuals. These patients

may not meet the need for acute inpatient care any longer but may remain in the Hospital for public health reasons. Such charges will not be denied solely because otherwise-applicable Medically Necessary requirements would not indicate a need for a private room.

- *Telehealth and Other Communication-Based Technology Services* are now covered during this 2019 Novel Coronavirus (COVID-19) Amendment period. Participants can communicate with their doctors or certain other practitioners without going to the doctor's office in person. This is recommended if a Participant believes he or she has COVID-19 symptoms.
- *Non-Emergency Ambulance Transportation*. The Plan will cover limited, Medically Necessary, non-emergency ambulance transportation relating to COVID-19 Diagnosis or treatment. An example would include transport from a receiving facility to another with a higher level of care available that is necessary for the patient.

The above benefits are specific to Diagnosis and treatment of COVID-19. Participants who have been diagnosed with COVID-19 will continue to receive all other benefits covered by the Plan, in accordance with the Plan's guidelines.

**Telemedicine visits** for medically necessary reasons other than COVID-19 related conditions are covered as any other office physician office visit.

3. In the **Continuation of Coverage** section, the following provision has been added at least as of enactment on March 18, 2020 and expires as of December 31, 2020, unless otherwise extended by legislation:

**Employer Continuation Coverage**

Eligible Participants may seek to continue coverage upon the occurrence of leave in accordance with the Families First Coronavirus Response Act "FFCRA," including the Emergency Family and Medical Leave Expansion Act and Emergency Paid Sick Leave Act. Coverage will continue for the duration of the permitted leave under the FFCRA, as amended.

The above-noted leave(s) runs concurrently with FMLA, USERRA, or any state-mandated family or medical leave, and/or any other applicable leaves of absence. At the end of the period(s) listed above, the Participant's coverage will be deemed to have terminated for purposes of Continuation of Coverage under COBRA.

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_

Date: \_\_\_\_\_