

# Amendment to the Summary Plan Description

**Group Name:** Marshall County

**Group Number:** 35823

**Your Summary Plan Description is amended as follows:**

1. Effective February 1, 2020 through the end of the national public health emergency, coverage for the testing of COVID-19 and the associated provider visit will be covered at no cost. Services may be performed by a Network or Non-Network Provider.
2. Effective July 1, 2020 through December 31, 2020, coverage for the treatment of COVID-19 will be covered at no cost. Services must be performed by a Network Provider.