

Amendment to the HealthPartners UnityPoint Health Summary Plan Description

Keep this Amendment with your 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 March 1, 2020 through December 31, 2021, coverage for the treatment of COVID-19 will be covered at no cost. Services must be performed by a Network Provider.
3. Effective November 17, 2020 through the end of the national public health emergency, the following exceptions will be made:
 - If a Covered Person is transferred from a Network hospital that lacks capacity due to the COVID-19 pandemic to another facility that has capacity, medical transportation from the Network hospital to an available facility will be covered at no cost.
 - If a Covered Person is transferred from a Network hospital that lacks capacity due to the COVID-19 pandemic to another facility that has capacity, and is transferred to a hospital that is a Non-Network hospital, the Non-Network hospital will be covered at the same benefit level that would have applied had the Covered Person received services from a Network hospital.
 - Antibody therapy for COVID-19 administered at Non-Network antibody infusion sites and/or by Non-Network Providers which administer the therapy, will be covered at the same benefit level as a Network site or Provider.

This Amendment does not change, alter or amend any of the other provisions or limitations of the Summary Plan Description. In all other respects the Summary Plan Description shall, except to the extent explicitly amended hereby, remain in full force and effect.