

Amendment to the HealthPartners UnityPoint Health Summary Plan Description

Keep this Amendment with your Summary Plan Description

Group Name: Marshall County
Group Number: 35823
Effective Date: The later of May 4, 2020 and your effective date for coverage under the HealthPartners UnityPoint Health plan

Your Summary Plan Description is amended as follows:

Applicable to “Special Enrollment Period”:

Depending on your circumstances, some of the timeframes described in this section may be extended for the earlier of one year or 60 days after the end of the COVID-19 National Emergency. If you have questions about the timeframes that are applicable to you, please contact your employer.

Applicable to “CONTINUATION OF GROUP COVERAGE”:

Depending on your circumstances, some of the timeframes described in this section may be extended for the earlier of one year or 60 days after the end of the COVID-19 National Emergency. If you have questions about the timeframes that are applicable to you, please contact your employer or your employer’s COBRA administrator.

Applicable to “CLAIMS PROCEDURES”:

Depending on your circumstances, some of the timeframes described in this section may be extended for the earlier of one year or 60 days after the end of the COVID-19 National Emergency. If you have questions about the timeframes that are applicable to you, please contact Member Services.

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.