AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Plan Resolution; COVID-19

Action Requested: County Manager Signature

Parties to the Agreement: Gunnison County, Colorado

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Plan Resolution to provide enhanced health benefits associated with testing for and treatment of COVID-19.

Fiscal Impact:

Submitted by: Cheryl Seling **Submitter's Email Address:** cseling@gunnisoncouny.org

Finance Review: (●) Required ( ) Not Required

Comments:
Unknown impact to partially self-funded reserves as treatment of COVID-19 will be handled the same as any other illness, no way of knowing how many employees will require treatment and what level of treatment may be required.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 4/2/2020

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 4/1/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 4/1/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 4/3/2020

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 4/7/2020

Revised April 2015

Plan Resolution
Gunnison County, Colorado
Gunnison County, Colorado Employee Medical Benefit Plan

Effective _MARCH 1, 2020_____ the Gunnison County Colorado Gunnison County, Colorado Employee Medical Benefit Plan (the "Plan") is hereby amended to provide enhanced health benefits associated with testing for and treatment of the 2019 Novel Coronavirus (COVID-19). This Resolution will remain effective for

☐ one year, terminating on the anniversary of the effective date noted above unless amended.

___☒ December 31, 2020

All other sections of the Plan remain unchanged.

1. In the **Summary of Benefits** section, under the "Summary of Benefits—Medical" provision, the following line item has been added to the medical benefits grid:

Covered Medical Expenses	Network	Non-Network	Limits
Testing for the 2019 Novel Coronavirus (COVID-19)	100%, Deductible waived	100%, Deductible waived	
☒ Treatment of the 2019 Novel Coronavirus (COVID-19)	Same as any other illness	Same as any other illness	Subject to Medical Necessity guidelines/ Allowable Claim Limits
☐ Treatment of the 2019 Novel Coronavirus (COVID-19)	_____%, Deductible waived	_____%, Deductible waived	Subject to Medical Necessity guidelines/ Allowable Claim Limits
☐ Treatment of the 2019 Novel Coronavirus (COVID-19)	_____%, Deductible applies	_____%, Deductible applies	Subject to Medical Necessity guidelines/ Allowable Claim Limits
☐ Treatment of the 2019 Novel Coronavirus (COVID-19)	$_____co-pay _____%, Deductible ☐ Waived ☐ applies	$_____co-pay _____%, Deductible ☐ Waived ☐ applies	Subject to Medical Necessity guidelines/ Allowable Claim Limits

2. In the **Major Medical Expense** section, the following benefit language for "2019 Novel Coronavirus (COVID-19)" has been added:

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 at 100%, deductible waived, and do not require 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.

☒ *Requests for Prescription Refills.* When considering whether to cover a greater-than-30-day-supply of drugs, the Plan and its Prescription Drug Plan Administrator will, on a case-by-case, basis, consider each request and make decisions based on the circumstances of the patient.

☐ *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.

☐ *Non-Emergency Ambulance Transportation.* The Plan will cover limited, Medically Necessary, non-emergency ambulance transportation relating to COVID-19 Diagnosis or treatment.

☒ *Telehealth and Other Communication-Based Technology Services.* Participants can communicate with their doctors or certain other practitioners without going to the doctor's office in person.

The above benefits except the Telehealth and other Communication-Based Technology Services 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.

3. In the **Coverage During Leave of Absence** section, the following provision has been added:

Employer Continuation Coverage
Eligible Participants may seek to continue coverage upon the occurrence of any of the following:

☒ COVID-19 Leave. Leave taken 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.

☐ Layoff: coverage will continue for _____ months following the date of layoff.

☐ Short-Term Disability Leave: coverage will continue for _____ months following termination of Active Employment.

☐ Long-Term Disability Leave: coverage will continue for _____ months following termination of Active Employment.

☐ Americans with Disabilities Act (ADA) Leave; A non-FMLA leave granted by the Employer in accordance with the ADA: coverage will continue for a period not to exceed _____ months.

☐ Leave of Absence (not meeting the definition of FMLA Leave): coverage will continue for _____ months.

☐ Other: _____

The above-noted leave(s)

☒ Do

☐ Do Not

run 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.

4. In the **Eligibility for Coverage** section, the following has been changed:

☐ The number of hours to be considered a full-time employee eligible for coverage has been changed to _____ hours per week/month.

☐ Other: _____

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By: _____
Signature

Title: County Manager

Date: 3-31-2020