

**AMENDMENT TWELVE  
TO THE  
SACRAMENTO INDEPENDENT HOTEL, RESTAURANT & TAVERN EMPLOYEES WELFARE  
TRUST**

WHEREAS, the Board of Trustees of the Sacramento Independent Hotel, Restaurant and Tavern Employees Welfare Plan (the "Plan") intends to temporarily amend the self-funded indemnity PPO Plan (with Aetna) and HMO coverages with Kaiser and Western Health Advantage (WHA) to comply with the Families First Coronavirus Response Act ("FFCRA Act") and Coronavirus Aid, Relief and Economic Security Act ("CARES Act") to allow for coverage at no cost-sharing for COVID-19 screening and testing and no prior authorization for covered testing during the period of the 2020 declared public health emergency;

WHEREAS, the Board of Trustees wishes to amend the Plan to expand limits on early refill of retail prescription drugs (if applicable) during the 2020 declared public health emergency given that during these times participants and dependents should avoid travel (if possible) to doctor's offices, clinics, hospitals or other healthcare facilities where they could risk their own or others' exposure to further illness;

WHEREAS, a Participant and/or Dependent's COVID-19 treatment including out-of-pocket costs received with an Aetna PPO network provider will be covered at 100% but treatment for COVID-19 received at a non-network Aetna PPO facility will be treated in the same manner as other treatment when performed at a non-PPO network facility pursuant to the Plan terms;

WHEREAS, a Participant and/or Dependent's COVID-19 treatment including out-of-pocket costs, co-payments or other cost-share related to their medical care and treatment for Coronavirus received at a Kaiser network facility will be covered at 100% pursuant to Kaiser Permanente's national Benefit policy updated April 1, 2020;

WHEREAS, the Board of Trustees of the Plan reserves the right to extend these provisions beyond the 2020 declared public health emergency at any time;

WHEREAS, the Board of Trustees of the Plan believes it is in the best interest of its Plan Participants and Dependents during this COVID-19 pandemic to adopt this amendment pursuant to the FFCRA and CARES Acts; and

THEREFORE, the Board of Trustees amends the Plan as follows:

**Amendment**

**The Board of Trustees of the Plan has amended Section C, "Other Covered Indemnity Plan Benefits" under Article IX, CLARIFICATION OF INDEMNITY PLAN BENEFITS on page 36 of the Summary Plan Description (also known as the Plan Document) by adding new items (11), (12), and (13) as follows:**

**(11) COVID-19 Testing, Diagnostic Services or Items (During Public Health Emergency).**  
Effective March 18, 2020, the Plan's self-insured coverage through Aetna will cover

charges for the all tests (for both in-network and out-of-network providers) to detect the SARS-COV-2 or COVID-19 or the diagnosis of the virus that causes COVID-19 at no cost (meaning no copayment, deductible or coinsurance) for: (a) tests approved, cleared or authorized by the FDA, (b) a test that a test developer intends or has requested FDA authorization for emergency use, (c) a state authorized test and the state has notified the Department of Health and Human Services, or (c) other tests that the Secretary of Health and Human Services determines appropriate in guidance, developed during the COVID-19 public health emergency period. This COVID-19 coverage extends to any diagnostic items or services provided during a medical visit including an in-person or telehealth/telemedicine visit (such as virtual check-ins or e-visits) to a doctor's office, urgent care visit or an emergency room visit that results in an order for an administration of the SARS-COV-2 or COVID-19 testing or screening but only to the extent such items and services relate to the furnishing or administration of the test or to the evaluation of the need for a test. Prior authorization or other medical management requirements is not required for diagnostic services related to SARS-COV-2 or COVID-19 testing.

Pricing of Out-of-Network Diagnostic Testing. Pursuant to Section 3202 of the CARES Act and subject to any further government regulation and guidance, the Plan or Insurer will pay or reimburse for covered COVID-19 diagnostic tests as follows: (a) an existing negotiated rate if there is one or (b) in the absence of a pre-existing negotiated rate, the cash price listed by the diagnostic test provider on the public internet website of such provider.

(12) **Prescription Drug Re-fill During Public Health Emergency.** Effective April 1, 2020, the self-funded indemnity Plan's retail prescription drug early re-fill limits have been extended to allow eligible participants and dependents to re-fill medications early so long as there are refills available with their prescription. This means that early medication refill limits on 30-day prescription retail maintenance medications will be waived. However, Plan Participants and/or members are encouraged to use the 90 day mail order benefit. Exception: Early refills for any controlled prescription medications will continue to require prior authorization request to be received from your prescribing physician.

(13) **COVID-19 Treatment.** Effective March 25, 2020 to June 1, 2020, if a Plan Participant or Dependent is diagnosed with COVID-19, charges for treatment of the Coronavirus will be covered in full (including hospital admission if applicable) if performed at an Aetna PPO network Provider facility as provided in this Plan (without a co-pay or deductible or coinsurance). However, COVID-19 treatment received at a non-Aetna PPO network Provider will be covered in the same manner and cost-sharing as other medical necessary treatments performed at a non-network Provider pursuant to the Plan terms.

The Board of Trustees of the Plan has amended Article VIII. MEDICAL BENEFIT CHOICES on page 30 of the Summary Plan Description (also known as the Plan Document) as follows:

A. **KAISER HMO Plan- COVID-19 Testing and Treatment Coverage During Public Health Emergency.**

1. **Kaiser COVID-19 Testing, Diagnostic Services or Items.** Effective March 18, 2020, the Plan's HMO coverage through Kaiser will waive all cost-sharing (deductibles, copayments, and coinsurance) for all medically necessary screening and tests to detect COVID-19 during the COVID-19 public health emergency period. This COVID-19 coverage extends to any diagnostic services or items including the visit (such as an in-person or telehealth visit), associated lab testing, and radiology services provided in an

urgent care center, hospital, an emergency room or medical office that results in an order for an administration of the COVID-19 testing or screening but only to the extent such items and services relate to the furnishing or administration of the test or to the evaluation of the need for a test. This cost-sharing reduction applies to all Kaiser Permanente and other participating providers. Prior authorization is not required for diagnostic services related to COVID-19 testing.

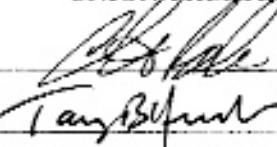
Please note, however, COVID-19 Testing claims for non-Kaiser network or non-participating Kaiser providers may be denied by Kaiser unless received through emergency services.

2. **Kaiser COVID-19 Treatment Coverage.** Effective April 1, 2020 to May 31, 2020 unless superseded by government action or extended by Kaiser, if a Kaiser Plan Participant or Dependent is diagnosed with COVID-19, charges such as out-of-pocket costs for treatment of COVID-19 will be covered for inpatient medical, inpatient pharmacy, outpatient medical, office visits, telemedicine, hospitalization, emergency room, urgent care and transportation costs). This means any out-of-pocket costs, co-payments or other cost-share related to a positive COVID-19 diagnosis and treatment (including hospital stay) will be waived by Kaiser.

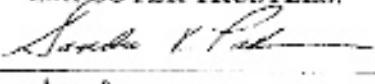
#### **B. WHA HMO Plan COVID-19 Testing During Public Health Emergency.**

1. **WHA COVID-19 Screening, Testing, and Visits Coverage.** Effective March 18, 2020, the Plan's HMO coverage through WHA will waive all cost-sharing for medically necessary screening and tests to detect COVID-19 or the diagnosis of the virus that causes COVID-19, including hospital/emergency room, urgent care, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19, during the COVID-19 public health emergency period.
2. **WHA Virtual Visits.** WHA will cover services provided through telehealth (virtual visits) at the same cost sharing that would apply to those services if they had been provided in person. Please refer to the copayment summary for more cost-sharing amounts. Dignity Health is offering a coupon code for a free virtual urgent care visit to anyone experiencing moderate COVID-19 symptoms (ex. low fever cough or shortness of breath). To see a virtual urgent care provider, download the Virtual Care Anywhere App in the Apple App store or Google play store or call 1-855-356-8053.
3. **Prescription Medicine.** WHA members should call WHA member services at 1-888-563-2250 to request an early refill if for some reason they are not able to access their current supply of prescription medications or need additional supply. WHA members are encouraged to fill their maintenance prescriptions through OptumRx's mail order program (contact Optum Rx at 1-844-568-4150). This avoids members from having to wait in line at the pharmacy during the COVID-19 pandemic. However, early refills for controlled prescription medications will continue to require prior authorization from a prescribing physician.

Approved:

UNION TRUSTEES:


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EMPLOYER TRUSTEES:


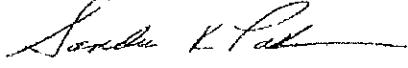
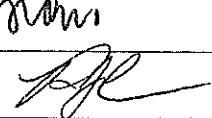

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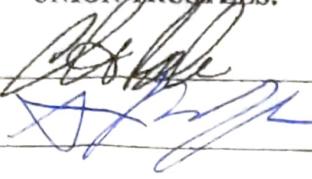
UNION TRUSTEES:

  
Regina Strong

EMPLOYER TRUSTEES:

  
Sonoda L. Pelt  
  
M. M. M.

Approved:

UNION TRUSTEES:


EMPLOYER TRUSTEES:
