

**Midland County  
Employee Medical and Dental Benefit Plans**

**Amendment #1  
Effective Date: January 27, 2020**

The Midland County Employee Medical and Dental Benefit Plans (the “Plan”) is hereby amended with the below enhanced health benefits associated with the 2019 Novel Coronavirus (COVID-19) in compliance with the Families First Coronavirus Response Act (“FFCRA”) and the CARES Act.

In an effort to ensure continuous compliance with evolving legislation, this application and interpretation of this Addendum shall be in compliance with, and deemed to automatically conform as required by, then prevailing law, regulation or order/judgment of a court of competent jurisdiction governing provisions of the Plan, including, but not limited to, provisions relating to maximums, exclusions and/or limitations. In the event that any local, state or federal law, regulation, directive, and/or judgment of a court of competent jurisdiction causes the Plan Administrator to pay claims which are otherwise limited or excluded under the Plan and this Addendum as stated, such payments shall nevertheless be considered as being in accordance with the terms of the Plan Document for the effective duration of this Addendum.

This Amendment will remain effective until December 31, 2020, unless extended by legislation. All other sections of the Plan remain unchanged.

Below are the temporary changes to this Plan’s coverage and language:

- Under the Schedule of Benefits section, the following has been added:

<b>Benefit Description</b>	<b>Network</b>	<b>Non-Network</b>	<b>Additional Limitations and Explanations</b>
<b>Testing for the 2019 Novel Coronavirus (COVID-19) including the administration of, and items or services furnished to an individual during the visit that result in an order for or administration of the test.</b>	100%, Deductible waived		Includes testing in any place of service, including a physician’s office, emergency room, urgent care or a telemedicine visit. Precertification is not required. The Plan’s Maximum Eligible Charges will apply.
<b>Treatment of the 2019 Novel Coronavirus (COVID-19)</b>	As any other illness	As any other illness	
<b>Telemedicine Visits (Non COVID-19 related)</b>	See the Plan’s office visit benefit.	See the Plan’s office visit benefit.	

- This Plan’s benefit language including covered expenses, exclusions and definitions are modified to include coverage for the following:

**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 with or without Pre-Certification:

- In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, 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 telemedicine), 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.
- *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.
- *Telemedicine 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. This is recommended if a Participant believes he or she has COVID-19 symptoms.
- *Non-Emergency Ambulance Transportation.* The Plan will cover limited, Medically Necessary, non-emergency ambulance transportation relating to COVID-19 Diagnosis or treatment.

The above benefits 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.

**Telemedicine visits** for medically necessary reasons other than COVID-19 related conditions are covered as any other office physician office visit.

3. In the **Continuation of Coverage** section, the following provision has been added:

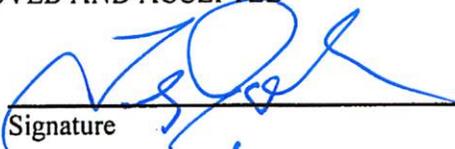
**Employer Continuation Coverage**

Eligible Participants may seek to continue coverage upon the occurrence of leave 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.

Additionally, the Midland County Commissioners Court may relax the minimum number of hours required to meet the definition of a full-time employee during this emergency declaration period. Please refer to the County's temporary policy for specifics.

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By:   
 Signature \_\_\_\_\_  
 Title: COUNTY JUDGE  
 Date: 4/13/20