

**Amendment #1
To the Plan Document and Summary Plan Description for
Western Area School**

This Amendment to the **Western Area School Health Benefit Plan – Master Plan** (“Plan”) is made effective on and after the date stated herein.

WHEREAS, applicable provision of the Plan grant the Employer the right to amend the Plan; and,

WHEREAS, the Employer desires to make such amendment;

NOW, THEREFORE, the Plan is hereby amended as follows to provide enhanced health benefits associated the 2019 Novel Coronavirus (COVID-19), with such amendment to be effective on the date listed herein and terminating on the anniversary of the effective date noted below.

Effective March 1, 2020,

Covered expenses associated with COVID-19 include the following:

1. **COVID-19 Testing** (Medically Necessary clinical diagnostic laboratory tests when a doctor or other Provider orders them. Providers must follow the Centers for Disease Control (CDC) guidelines regarding screening/testing for charges to be Covered Expenses) will be covered at 100%. No deductible, copayment or coinsurance applies.
2. **Telehealth and Other Communication-Based Technology Services** will be covered at 100%. No deductible, copayment or coinsurance applies.
3. **Requests for Early Prescription Refills.** To ensure participants have at least a one month supply of prescription medicines on-hand, the Plan and its Prescription Drug Plan Administrator will, on a case-by-case, basis, consider each request for an early prescription refill and make decisions based on the circumstances of the patient.
4. **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.
5. **Non-Emergency Ambulance Transportation.** The Plan will cover limited, Medically Necessary, non-emergency ambulance transportation relating to COVID-19 Diagnosis or treatment.
6. **Continuation of Coverage:**
 - a. Employees considered Actively at Work the day prior to any temporary closure or temporary reduction of workforce due to COVID-19 will be considered Actively at Work during the temporary closure or temporary reduction of workforce.
 - b. If due to COVID-19 Social Distancing guidelines, employees on non-medical leave of absence/unable to work remotely will have continued coverage.

The above benefits are specific to 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.

All other provisions of this document remain as stated. The above is effective on and through the dates stated herein.