

**AMENDMENT #4**

CLIENT NAME: Oklahoma County

PLAN NAME: Oklahoma County Health Benefit Plan

GROUP # OC4184

Effective March 16, 2020 the Plan Document is amended as follows:

1. The following provisions have been **added** to **SCHEDULE OF BENEFITS** (page 6):

	<b>In Network- PPO</b>	<b>Out of Network</b>
Testing for the 2019 Novel Coronavirus (COVID-19)	<b>No Deductible then 100%</b>	<b>No Deductible then 100%</b>
Treatment of the 2019 Novel Coronavirus (COVID-19)	<b>No Deductible then 100%</b>	NOT COVERED

2. The following provisions have been **added** to **MAJOR MEDICAL EXPENSE BENEFITS** (page 9):

**2019 Novel Coronavirus (COVID-19).**

Covered Charges associated with testing for 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-34-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.

Covered Charges associated with Treatment of COVID-19 are covered at 100%, Deductible waived for In-Network providers only. All applicable Copays, Deductibles, Coinsurance, and overall cost-sharing will be waived.

The above benefits are specific to diagnosis and Treatment of COVID-19.

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3. The following provision contained in **MAJOR MEDICAL EXPENSE BENEFITS, EXCLUDED CHARGES** (page 25) has been **deleted**:

30. Charges for failure to keep a scheduled visit, telephone consultations, preparing medical reports or itemized bills, online counseling, online consultations or charges for completion of a claim form.

It has been **replaced** with the following:

30. Online consultations, except as specified, failure to keep a scheduled visit, preparing medical reports or itemized bills, online counseling or charges for completion of a claim form.

4. The following provision contained in **ELIGIBILITY REQUIREMENTS AND TERMINATION OF COVERAGE** (page 29) has been **deleted**:

**Eligible Employee**

The term “Eligible Employee” shall mean a Full-time, Employee of the Employer. An Employee is considered to be Full-time if he or she normally is scheduled to work an average of thirty (30) hours per week. For the purposes of this provision, the term week shall mean any period of seven consecutive days, which need not be the same as a calendar week, during which the Employee works thirty (30) hours, except law enforcement hours which can be based on a twenty-eight (28) consecutive day period of one hundred seventy one (171) total hours.

It has been **replaced** with the following:

**Eligible Employee**

The term “Eligible Employee” shall mean a Full-time, Employee of the Employer. An Employee is considered to be Full-time if he or she normally is scheduled to work an average of thirty (30) hours per week. For the purposes of this provision, the term week shall mean any period of seven consecutive days, which need not be the same as a calendar week, during which the Employee works thirty (30) hours, except law enforcement hours which can be based on a twenty-eight (28) consecutive day period of one hundred seventy one (171) total hours.

An “Eligible Employee” includes Employees compensated by the Employer who are not providing services due to an unexpected closure who are regularly scheduled to work thirty (30) hours or more per week.

All other sections of the Plan remain unchanged.

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I hereby acknowledge that this Amendment, as delivered to me by HealthSmart Benefit Solutions, Inc., accurately describes the change to be effected to this Plan. I hereby authorize HealthSmart Benefit Solutions, Inc. to administer payments in accordance with the provisions of this document effective March 16, 2020.

APPROVED ON THIS 16TH DAY OF APRIL, 2020

OKLAHOMA COUNTY BUDGET BOARD

*Kevin Calvey*

Kevin Calvey, Commissioner District No. 3  
and Chairman

ATTEST:

*D. B. Hooten*



David B. Hooten, County Clerk  
and Secretary to the Board

APPROVED ON THIS 17TH DAY OF APRIL, 2020 BOCC

*Bruni Maughan*  
*Kevin Calvey*  
*Carrie Blumetto*