



## SUMMARY OF MATERIAL MODIFICATIONS for the Robert Half Welfare Benefit Plan & Summary Plan Description & the Robert Half Cafeteria Plan & Summary Plan Description

September 2, 2020

*This document – called a Summary of Material Modifications (SMM) — is to make you aware of important changes to some of your Robert Half benefit plans (the “Plan” or “Plans”) as follows:*

- Changes to your medical benefits due to COVID-19;
- Certain Plan deadlines which have been extended;
- Permanent changes to expenses that may be reimbursed by your Health Care FSA (Flexible Spending Account);
- An opportunity to change your Health and Dependent Care FSA contributions for 2020 only; and
- Clarification that the Employee Assistance Program (EAP) is covered through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Except for the changes noted below, all other provisions of your benefit Plans remain unchanged.

### **Changes to your medical benefits due to COVID-19**

#### **Temporary removal of cost sharing for COVID-19 testing and related services**

From March 18, 2020 until the Department of Health and Human Services determines the public health emergency due to COVID-19 has ended, the Plan will offer enhanced coverage to those employees and dependents enrolled in any of the Plan’s medical benefit options to the extent required by law. You will not owe any copayments, coinsurance, or deductible for approved and authorized COVID-19 testing, as well as related items and services during a visit that results in an order for or administration of a COVID-19 test. The waiver of member cost-sharing for testing and services related to testing applies in and out of network. The effective date of this change varies slightly among carriers.

- For Kaiser the effective date was 03/05/2020
- For Anthem, Cigna, and HMSA, the effective date was 03/18/2020

### Temporary removal of cost sharing for COVID-19 treatment

The Plan will waive cost-sharing (copayments, coinsurance, deductibles) for eligible medical expenses for covered services, in network only, when associated with COVID-19 diagnosis. Dates will vary depending on carrier, as follows.

Carrier	Effective Date	End Date
Anthem	03/18/2020	05/31/2020
Cigna	03/30/2020	07/31/2020
HMSA (Hawaii)	03/01/2020	12/31/2020
Kaiser all locations except Mid-Atlantic states	04/01/2020	12/31/2020
Kaiser Mid-Atlantic States	03/19/2020	12/31/2020

### Temporary removal of cost sharing for telehealth services

Anthem, Kaiser, or HMSA members: Effective March 27, 2020 through December 31, 2020, all in network cost-sharing amounts (copayments, coinsurance, deductibles) will be waived regardless of whether such services are related to COVID-19.

Cigna members: Effective March 27, 2020 through December 31, 2020, all in network cost-sharing amounts (copayments, coinsurance, deductibles) will be waived for services provided through Cigna's MDLIVE<sup>®</sup> or Amwell<sup>™</sup> regardless of whether such services are related to COVID-19.

### Certain deadlines extended during "Outbreak Period"

Recent guidance issued in response to the COVID-19 National Emergency defines the "Outbreak Period" as beginning on March 1, 2020 and ending 60 days after the end of the COVID-19 "National Emergency" (or such other time as the government may announce in the future). While we don't know when the Outbreak Period will end, this relief from Plan deadlines is temporary.

The guidance requires that deadlines related to HIPAA special enrollments, COBRA (Consolidated Omnibus Budget Reconciliation Act) notices, elections and payments, and certain deadlines applicable to ERISA's claims and appeals procedures will be extended to the end of the Outbreak Period. This guidance impacts applicable deadlines and timeframes that begin during the Outbreak Period as well as those that began prior to the Outbreak Period but that had not yet lapsed.

For examples of how this guidance impacts certain deadlines, please see the *Examples of how Extension Rules Will Work* section of this SMM.

### HIPAA Special Enrollment Periods

HIPAA special enrollment rights allow you to enroll yourself and/or your dependent(s) in medical coverage due to certain circumstances.

- If you (or your dependents) lose other medical coverage or a person becomes your dependent by birth, adoption, placement for adoption or marriage, you generally have 30 days to enroll in medical coverage under the Plan.
- If you lose eligibility for medical coverage under a state Medicaid or CHIP (Children's Health Insurance Program), or become eligible for state premium assistance under

Medicaid or CHIP, you generally have 60 days to enroll or disenroll in the Plan's medical coverage.

The 30 or 60-day time frames will not apply during the Outbreak Period.

### **COBRA continuation coverage**

The following COBRA deadlines for participants or qualified beneficiaries will be disregarded during the Outbreak Period:

- The deadline to elect COBRA continuation coverage (normally 60 days starting on the date the election notice is sent);
- The deadline for the payment of COBRA initial premiums (normally 45 days after the COBRA election) or subsequent COBRA premiums; and
- The deadline to notify TRI-AD, Robert Half's COBRA administrator, of a qualifying event such as divorce or a dependent aging off the Plan, or determination of disability (normally within 60 days of the event or determination).

Contact TRI-AD at 1.866.268.0142 if you have any questions about COBRA for you and/or your dependents.

### **Benefit Claims and Appeals Deadlines**

Your SPD describes the claim and appeal deadlines that apply to those benefits that are covered by the Employee Retirement Income Security Act of 1974 (ERISA). During the Outbreak Period, the following deadlines will be disregarded:

- The deadline by which benefit claims and appeals have to be submitted.
- The deadline by which a participant must file or perfect a request for external review of a medical benefits claim.

### **Extension of Health Care FSA Runout Period**

The last day you may submit health care expenses incurred in 2019 for reimbursement from your Health Care FSA will be extended to 31 days after the end of the Outbreak Period. Note: This extension does NOT apply to Dependent Care FSAs.

### ***Examples of how Extension Rules Will Work (assumes National Emergency ends on September 30, 2020 and Outbreak Period ends November 29, 2020):***

#### **HIPAA Special Enrollment Rights**

On March 31, 2020, Mary has a baby and typically would have until April 30, 2020 to enroll the child in her employer's group health plan. Because the Outbreak Period is disregarded for purposes of determining the length of the special enrollment period, Mary has until December 28, 2020 to enroll her baby, provided Mary pays the premiums for the entire period of coverage.

#### **COBRA Election & Payment (Electing after Outbreak Period)**

Sam's work hours are reduced and he no longer meets the Plan's eligibility requirements. Sam's coverage will terminate on March 31, 2020, if he does not elect COBRA. Sam is provided with a COBRA election notice on April 1, 2020. Normally, he would be required to elect COBRA by May 30, 2020. But the Outbreak Period must be disregarded:

- Sam has until January 28, 2021 to make his election (60 days after the end of the Outbreak Period). Sam elects coverage January 28, 2021, with coverage effectively retroactive to April 1, 2020.
- Sam has until 45 days after January 28, 2021 to pay his initial premium. All prior months' premiums must be paid at this time.

### **COBRA Payments (Enrolled in COBRA prior to/during Outbreak Period)**

If Sam had already been enrolled in COBRA on March 1, 2020 when the Outbreak Period began, Sam has until 30 days after the end of the Outbreak Period to pay for all months for which payment was due during the Outbreak Period. So, for all months of COBRA coverage for which payment would have otherwise been due during the Outbreak Period, Sam must pay his premiums by December 28, 2020.

### **Initial Benefit Claim Submission**

On March 1, 2020, Peter received medical treatment for a condition covered by the Plan but did not submit his claim until April 1, 2021. Under the Plan, claims must be submitted within 365 days of receipt of medical treatment. With the extension, the Outbreak Period is disregarded for purposes of determining the 365-day period. Peter's last day to submit a claim is November 29, 2021.

### **Health FSA Extension**

Peter participates in the Health FSA. Normally, Peter would have until March 31, 2020 to submit claims that Peter (or his dependents) incurred in 2019. If the Outbreak Period is disregarded, Peter has 31 days after the end of the Outbreak Period to submit claims incurred in 2019. Any remaining balance in Peter's FSA attributable to 2019 may not be forfeited until December 29, 2020; nevertheless, all employees are encouraged to submit claims as soon as possible.

### **External Review**

*During the Outbreak Period*, Ann received an adverse benefit determination after exhausting her appeals under the Plan. Generally, you must request the external review within four (4) months of the date you receive an adverse benefit determination. Because the Outbreak Period is disregarded for purposes of determining the period during which Ann may request an external review, the last day she could ask for the external review is March 29, 2021.

### **Permanent Changes to your Health Care FSA (Flexible Spending Account)**

Due to a change in the law, Health Care FSAs may reimburse employees for two additional types of expenses:

- All over-the-counter drugs, whether or not they are prescribed by a physician, and
- Menstrual care products.

You may submit claims for reimbursement for these expenses if they are incurred on or after January 1, 2020.

If you participate in the limited purpose Health Care FSA because you are enrolled in a high deductible medical plan, you may submit such claims for reimbursement, but they will be paid

only after you have met the deductible for your high deductible medical plan.

### **Opportunity to make changes to your Health and Dependent Care FSA for 2020 only**

Between August 10, 2020 and August 21, 2020, you will be able to make the following changes to your Health Care or Dependent Care FSAs:

- Enroll in an FSA or contribute more to your FSA; or
- Stop contributing or contribute less to your FSA (Note: the changes may only be applied on a prospective basis and you cannot reduce your contributions to a level below the amount of reimbursed expenses).

### **Clarification that EAP is Covered through COBRA**

If you lose coverage due to a COBRA qualifying event, you will continue to have access to the EAP services for up to 36 months from the date of the event without requiring a COBRA election for EAP coverage. COBRA continuation of Medical, Dental, Vision and Health Care FSA benefits (if applicable) will still require a COBRA election.

***If you need a copy of your Summary Plan Description, or if you have questions or concerns about this SMM, contact the HR Solutions Center at 855.744.6947 or [HRsolutions@roberthalf.com](mailto:HRsolutions@roberthalf.com).***

This document is a Summary of Material Modification, as required by ERISA. Together the Plan documents, this SMM, Benefit Guides, benefit descriptions, contracts and summary plan descriptions comprise the official Plan document, which legally governs the administration of each Plan. Robert Half reserves the right to amend or terminate the Plan(s) and benefits offered by each Plan as described in this document, in any way and at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.