

# Roper St. Francis Healthcare

## Plan Updates

October 2020

### New Regulatory Guidance

As a result of the National Emergency regarding COVID-19, new regulatory guidance was issued to *temporarily* extend certain plan deadlines and allow election changes. In addition, there are some enhancements to your flexible spending accounts.

### Purpose of Rules

Because of the National Emergency, some teammates may have difficulty meeting certain plan deadlines for enrollment or claims filing, or may have difficulty utilizing account-based funds. The purpose of the new, temporary rules is to allow additional time for teammates to meet certain plan deadlines, and allow election changes to be made. The opportunity to make optional election changes only impacts health care and dependent care flexible spending accounts (FSAs).

### Effective Date

The new rules are effective immediately and apply to any deadline that ended on or after March 1, 2020, i.e., the beginning of the Outbreak Period. Any plan deadlines ending on or after March 1, 2020 will be extended through the end of the National Emergency plus an additional 60 days, i.e., the end of the Outbreak Period. At this time, it is not known when the National Emergency will end.

Example: If the National Emergency ends October 30<sup>th</sup>, the Outbreak Period would extend an additional 60 days, or through December 29<sup>th</sup>. Then, the deadlines for the Benefit Plan Provisions Impacted would end as illustrated below:

### Plans Impacted and New, Temporary Guidelines

Benefit Plans Provisions Impacted	New Guidelines
<p><b>HIPAA Special Enrollment timeframe</b> is 31 days following the date of the event (such as acquiring a new spouse or dependent) for changes to medical plan elections.</p>	<p>The deadline to submit a medical plan change will be extended to 31 or 60 days following the Outbreak Period, depending upon the event (listed below). As an example, if a teammate marries on April 15<sup>th</sup>, the teammate would now have 31 days following the Outbreak Period to submit a change.</p> <p>HIPAA Special Enrollment events include the following:</p> <ul style="list-style-type: none"> <li>• 31 days: birth, adoption, placement for adoption, marriage, or loss of other coverage</li> <li>• 60 days: loss of eligibility for state Medicaid or CHIP or gains eligibility for premium assistance under Medicaid or CHIP</li> </ul>
<p><b>Claim filing deadline</b> for 2019 FSA plan year was March 31, 2020.</p>	<p>The deadline to submit 2019 claims for a health or limited purpose FSA is extended and will remain open until 30 days following the end of the Outbreak Period. This extension does not apply to the dependent care FSA.</p>
<p><b>External review deadline</b> for medical plan was 4 months from date of adverse benefit determination.</p>	<p>As an example, if a teammate received an adverse benefit determination of a medical claim on March 1, 2020 the deadline to submit a request for external review is 4 months or typically July 1, 2020. The time in which the external review period is pended is to the end of the Outbreak Period.</p> <p>Therefore, the last day to request external review is 120 days (4 months) after the date the Outbreak Period ends.</p>
<p><b>Claim appeal deadline</b> for FSA was 180 days.</p>	<p>As an example, if a teammate received an adverse benefit determination on February 15, 2020 the deadline to submit an appeal is 180 days or typically August 15, 2020. The time in which to appeal is pended is to the end of the Outbreak Period.</p>

	Therefore, the last day to submit an appeal is 165 days (180 days minus 15 days from February 15 to March 1) after the date the Outbreak Period ends.
<b>Change in Election</b> for FSAs could previously be made with a specific change event and reason.	Changes to FSA elections can now be made for any reason and without necessarily experiencing a specific change event. Through December 31, 2020, an FSA participant can make a prospective mid-year election change to enroll, increase, decrease or terminate the FSA (except that an election cannot be reduced to below the amount of claims already paid to you).
Permanent change to <b>permissible qualifying expenses</b> in your health FSA	Health care FSAs may reimburse employees for two additional types of expenses: <ul style="list-style-type: none"> <li>• all over-the-counter drugs, whether or not they are prescribed by a physician, and</li> <li>• menstrual care products.</li> </ul> <p>You may submit claims for reimbursement for these expenses if they are incurred on or after January 1, 2020.</p>

*The above communication constitutes a Summary of Material Modifications (SMM) to the Roper St. Francis Healthcare summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members. If you need a copy of your SPD, or if you have questions or concerns about this SMM, contact the HR Benefits Team at Roper St. Francis Healthcare at 8536 Palmetto Commerce Parkway, Suite 402, Ladson SC 29456 or 843-720-8400 Option 2 or [HRBenefitsTeam@rsfh.com](mailto:HRBenefitsTeam@rsfh.com).*