

Return this form to your Meritain Health[®] representative if your organization wishes to expand the following benefits specific to COVID-19. If you wish to make any changes that do not fall into the options outlined below, you will need to work with your Client Management team to follow the standard process when making benefit changes.

The information below describes changes you are directing Meritain Health to make to your group health care plan, expanding certain benefits in response to limiting the spread of the COVID-19 virus.

Effective February 4, 2020, no cost share to member for Diagnostic Testing for COVID-19, which covers the test kit in any approved laboratory location, both in and out of network

Applicability	Duration
<input type="checkbox"/> All plan offerings <input type="checkbox"/> I do not wish to make changes at this time	<input type="checkbox"/> Until directed otherwise, Meritain Health will not prepare a plan amendment unless you request one <input type="checkbox"/> Permanent change, please prepare a plan amendment

Effective March 6, 2020, zero copay Teladoc[®] visits for any diagnosis, excluding dermatology and behavioral health specialties

Applicability	Duration
<input type="checkbox"/> N/A, Teledoc not offered under plan offerings <input type="checkbox"/> All plan offerings, including HDHP plan offerings <input type="checkbox"/> All plan offerings, excluding HDHP plan offerings <input type="checkbox"/> I do not wish to make changes at this time	<input type="checkbox"/> 90 days, or as otherwise extended at your direction, Meritain Health will not prepare a plan amendment unless you request one <input type="checkbox"/> Permanent change, please prepare a plan amendment

Group specific information

Group name:	
Group number(s):	

By signing below, I certify that I am an authorized representative of the plan with the authority to make benefit changes on behalf of the plan sponsor.

Signature of authorized representative:	
Name:	
Date:	