EXTENSION OF DEADLINES
DURING CORONAVIRUS OUTBREAK PERIOD

~ IMPORTANT BENEFIT NOTICE ~

To Participants in the University of Detroit Mercy Employee Benefits Plan
June 16, 2020

This notice serves as an amendment to the University of Detroit Mercy Employee Benefits Plan (the "Plan") and a Summary of Material Modifications that supplements the Summary Plan Description ("SPD") previously provided or otherwise made available to you. You should retain this document with your copy of the SPD.

Certain deadlines under the Plan are temporarily extended during the coronavirus "Outbreak Period." The Outbreak Period runs from March 1, 2020 until sixty (60) days after the announced end of the Presidentially-declared National Emergency (or such other date determined by the federal government in a future notice). These extended deadlines apply regardless of any contrary deadlines reflected in any COBRA Notice or form provided.

Additionally, the Plan is amended to permit participants to change certain of the Plan elections they previously made for the calendar year 2020, and to expand the ability to use their health flexible spending accounts benefits.

The following changes are being made to the Plan for calendar year 2020, effective as of March 1, 2020, except as stated otherwise below.

The Plan must disregard the Outbreak Period when determining following time periods/deadlines:

COBRA --

- **The 60 days period** (starting on the later of the date a COBRA Election form is mailed or group health coverage is lost), **within which a COBRA Election for must be sent to the Plan Administrator;**
- **The 45 day period** (starting on the date of the COBRA election) **for paying the initial COBRA premiums for the entire period from the date coverage ended through the payment date, and the subsequent 30 day grace period during which payments will be treated as timely;**
- **The 60 day period** (starting on the later of the date of the event or the resulting loss of coverage) **you have under COBRA to notify the Plan Administrator of your divorce or separation, or a loss of "dependent" status, affecting eligibility for group health coverage;**
- **The period the Plan Administrator has to send a notice of COBRA election rights after receiving notice of a COBRA-qualifying event** (14 days after receipt from the employer or from a participant or other qualifying beneficiary)**;**
- **If you are already on COBRA, the 60 day period for notifying the Plan Administrator** (from the date of a Social Security Administration determination of disability status, or if later,

from the date of the COBRA qualifying event or loss of coverage) **of your disability status,** which may trigger an 11 month COBRA extension;

SPECIAL ENROLLMENT RIGHTS --

- **The 30-day period (or 60-day period, if applicable) to request special enrollment under ERISA** (You may enroll yourself or an eligible Spouse or Dependent Child, or may change coverage elections mid-year if already enrolled, in the medical and prescription drug benefits under the Plan at a time other than during an open enrollment period if you notify the Plan Administrator within 30 days of the loss of coverage, or the addition of a new dependent due to marriage, birth, adoption or placement for adoption; or you may enroll within 60 days of gaining or losing eligibility for Medicaid or State CHIP coverage assistance);

CLAIM AND APPEAL DEADLINES –

- **The date within which individuals may file a benefit claim under the plan's claims procedure** (e.g., a post-service claim or a claim for disability benefits not addressed in a separate benefit booklet must be filed within 90 days unless (a) it was not reasonably possible to file the claim within such time; and (b) the claim is filed as soon as possible and in no event (except in the case of legal incapacity of the claimant) later than twelve (12) months after the date of receipt of the service, treatment or product to which the claim relates); for other benefits the deadlines provided in the benefit booklet for the applicable benefit apply, if any);
- **The date by which claimants may provide additional information after they receive notice from the claim Reviewer that their pre-service or post-service claim is incomplete** (the claim Reviewer may deny the claim or may take an extension of time, and if the Reviewer takes an extension of time the extension notice will include a description of the missing information and shall specify a timeframe, no less than 45 days, in which the necessary information must be provided);
- **The date within which claimants may file an appeal of an adverse benefit determination under the plan's claims procedure** (the appeal of an adverse benefit decision must be filed within 180 days following the claimant's receipt of the notification of adverse benefit decision, except that the appeal of a decision to reduce or terminate an initially-approved course of treatment must be filed within 30 days of the claimant's receipt of the notification of the decision to reduce or terminate); and
- **The date within which claimants seeking medical or prescription drug benefits may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination** (a claimant must file a request for an external review with the Plan within 4 months after the date of receipt of a notice of an adverse benefit determination or final adverse benefit determination).

MID-YEAR 2020 CHANGES IN PRIOR ELECTIONS --

- **Change your prior group medical coverage election mid-year, and change your Pre-Tax Premium election to correspond to the new choice**. Participants may prospectively change their prior election regarding the group medical benefits offered under the Plan [e.g., switching from the Base Plan to the High Deductible Health Plan ("HDHP")], and may change their Pre-tax Premium election to pay the corresponding employee-portion of the premiums. However, a participant can only drop coverage if they certify in writing that they are enrolled, or immediately will enroll, in other health coverage not sponsored by UDM.

- **Change your Flexible Spending Account ("FSA") Elections**. Participants can prospectively change their existing health FSA election and/or their existing dependent care FSA election.
- **Extend FSA Grace Period**. Unused amounts remaining in a participant's health FSA or dependent care FSA as of the end of the 2019 grace period (March 15, 2020), may be used for claims incurred at any time through December 31, 2020;
- **Health FSA Coverage.** Retroactive to January 1, 2020, a participant who elected a Health Savings Account for 2020 but who had a balance remaining in a Health FSA as of December 31, 2019, may use that balance for pre-deductible telehealth services (expenses incurred before the HDHP deductible is satisfied), without losing eligibility to contribute to their Health Savings Account.

OVER THE COUNTER DRUGS AND PRODUCTS --

- Effective January 1, 2020, a participant's health FSA may now be used to pay for over-the-counter drugs and medical products without the need for a prescription. Additionally, it may be used to pay for menstrual care products. This change does not expire at the end of 2020.

Note that as a result of these changes, individuals' rights under the Plan are greatly expanded. Please contact the Plan Administrator if you have any questions.

Plan Sponsor and Plan Administrator Information:

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