

AMENDMENT NO. #1

LOUISIANA ASSESSORS' ASSOCIATION Health and Welfare Benefit Plan

Effective March 1, 2020, the LOUISIANA ASSESSORS' ASSOCIATION Health and Welfare Benefit Plan (the "Plan") is hereby amended to provide enhanced health benefits associated with testing for and treatment of the 2019 Novel Coronavirus (COVID-19) without cost-sharing. This Amendment will remain effective for one year, terminating on the anniversary of the effective date noted above. All other sections of the Plan remain unchanged.

1. In the **Summary of Benefits** section, under the "Summary of Benefits—Medical" provision, the following line item has been added to the medical benefits grid:

Covered Medical Expenses	Network	Non-Network	Limits
Testing for the 2019 Novel Coronavirus (COVID-19)	100%, Deductible waived	100%, Deductible waived	
Treatment of the 2019 Novel Coronavirus (COVID-19)	100%, Deductible waived	100%, Deductible waived	Subject to Medical Necessity guidelines

2. In the **Medical Benefits** section, the following benefit language for "2019 Novel Coronavirus (COVID-19)" has been added:

2019 Novel Coronavirus (COVID-19). Covered Expenses associated with testing for and treatment of 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.
- *Inpatient Hospital Quarantines.* There may be times when Participants with the virus need to be quarantined in a Hospital private room to avoid infecting other individuals. These patients may not meet the need for acute inpatient care any longer but may remain in the Hospital for public health reasons. Such charges will not be denied solely because otherwise-applicable Medically Necessary requirements would not indicate a need for a private room.
- *Telehealth and Other Communication-Based Technology Services.* Participants can communicate with their doctors or certain other practitioners without going to the

doctor's office in person. This is recommended if a Participant believes he or she has COVID-19 symptoms.

- *Requests for Prescription Refills.* When considering whether to cover a greater-than-30-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.
- *Non-Emergency Ambulance Transportation.* The Plan will cover limited, Medically Necessary, non-emergency ambulance transportation relating to COVID-19 Diagnosis or treatment.

The above benefits are specific to Diagnosis and treatment of COVID-19. Participants who have been diagnosed with COVID-19 will continue to receive all other benefits covered by the Plan, in accordance with the Plan's guidelines.

3. In the **Continuation of Coverage** section, the following provision has been added:

Employer Continuation Coverage

Eligible Participants may seek to continue coverage upon the occurrence of any of the following:

1. Layoff: coverage will continue for 6 months following the date of layoff.
2. Short-Term Disability Leave: coverage will continue for 6 months following termination of Active Employment.
3. Long-Term Disability Leave: coverage will continue for 6 months following termination of Active Employment.
4. Americans with Disabilities Act (ADA) Leave; A non-FMLA leave granted by the Employer in accordance with the ADA: coverage will continue for a period not to exceed 6 months.
5. Leave of Absence (not meeting the definition of FMLA Leave): coverage will continue for 6 months.
6. COVID-19 Leave. Leave taken in accordance with the Families First Coronavirus Response Act "FFCRA," including the Emergency Family and Medical Leave Expansion Act and Emergency Paid Sick Leave Act: coverage will continue for the duration of the permitted leave under the FFCRA, as amended.

The above-noted leave(s) do not run concurrently with FMLA, USERRA, or any state-mandated family or medical leave, and/or any other applicable leaves of absence. At the end of the period(s) listed above, the Participant's coverage will be deemed to have terminated for purposes of Continuation of Coverage under COBRA.

All other sections of the Plan remain unchanged.