

AMENDMENT #2
TO THE
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION
for
THE DISTRICT SCHOOL BOARD OF COLLIER COUNTY
HEALTH BENEFITS PLAN - GROUP 2003022

Effective **July 1, 2020 through December 31, 2020**, The District School Board of Collier County Health Benefits Plan is amended as follows (red and *italics* means addition and ~~strikeout~~ means deletion):

Within "**EFFECTIVE DATE OF COVERAGE**", "**COVID-19 RELATED ENROLLMENT**" is added immediately following "**PERMISSIBLE ENROLLMENT CHANGES**":

COVID-19 RELATED ENROLLMENT

An eligible Employee, and the Employee's eligible Dependents, who have been affected by COVID-19 and who need medical coverage as a result of COVID-19 may enroll in this Plan at any time, subject to the Employee providing sworn attestation describing the COVID-19 event that has caused the need for medical coverage and upon prior approval of the Plan Administrator.

Newly hired Employees must enroll during specified dates and times which are communicated at the New Hire Meetings. Current Participants who wish to make midyear COVID-19 related enrollment changes must contact the Plan Administrator.

Coverage for the Employee, and the Employee's eligible Dependents, will become effective on the date of request, provided that application for coverage is made on the Plan's enrollment electronic or paper form within thirty (30) days following approval of the Plan Administrator.

The Coverage Option for a Dependent must be the same as the Participant. Coverage under this Plan can only be done prospectively, not retroactively. Covered Persons may not otherwise re-enroll or terminate coverage during the 2020 Benefit Period, unless there is a Special Enrollment Event.

Within "**TERMINATION OF COVERAGE**", "**COVID-19 RELATED TERMINATION**" is added immediately following "**DEPENDENT TERMINATION**":

COVID-19 RELATED TERMINATION

An Employee who has been affected by COVID-19 who has enrolled for medical coverage under COVID-19 Related Enrollment, may terminate medical coverage under this Plan upon request to the Plan Administrator. Coverage for the Employee and any Dependent(s) will automatically terminate on the last day of the month upon request to the Plan Administrator.

Termination of coverage can only be done prospectively, not retroactively. Covered Persons may not otherwise re-enroll or terminate coverage during the 2020 Benefit Period, unless there is a Special Enrollment Event.

Nothing in this amendment is deemed to change any other provision of the Plan Document of which it becomes a part.

THE DISTRICT SCHOOL BOARD OF COLLIER COUNTY

BY:

Valerie Wenzel

TITLE:

Executive Director