

NOTICE: YOU ARE ENTITLED TO TIME FRAME EXTENSIONS FOR CERTAIN GROUP HEALTH PLAN DEADLINES

On March 13, 2020, President Trump signed the Proclamation declaring a National Emergency for the COVID-19 pandemic. Subsequently, Federal agencies issued guidance allowing you additional time to make critical health coverage decisions affecting medical benefits during the COVID-19 outbreak.

When calculating the following deadlines, the group health plan will disregard the period from March 1, 2020 until sixty days after the end of the National Emergency (the “Outbreak Period”). This means you will have extra time to complete these actions.

- ***HIPAA Special Enrollments.*** The 30- or 31-day timeframe in which you can apply for coverage due to marriage, birth, adoption, placement for adoption, and loss of other coverage, as well as the 60-day timeframe that applies to changes in eligibility for state premium assistance under the Children’s Health Insurance Program.

Note that even though you are allotted extra time to enroll new dependents, coverage effective dates will not be retroactive unless required due to birth of a new child, so timely enrollment is encouraged.

- ***COBRA Election Period.*** The 60-day deadline for participants to elect COBRA.
- ***COBRA Notice of Qualifying Event.*** The 30- or 60-day deadline to notify the plan of a qualifying event.
- ***COBRA Determination of Disability.*** The 60-day deadline to notify the plan of a determination of disability.
- ***COBRA Payment Deadlines.*** The 45-day initial premium payment deadline and the 30-day subsequent premium payment deadline.

Note that even though payment deadlines are extended, if your payment is received after the normal grace period has expired, you may experience a temporary suspension in coverage until payment is received and coverage can be reinstated.

- ***Claims Filing Deadlines.*** The deadline to file a claim for benefits under the group health plan. This includes health FSAs.
- ***Requests an Appeal.*** The 180-day deadline to file an appeal of an adverse benefit determination.
- ***Requests for External Review.*** The 45-day day deadline to request an external review after a final internal adverse benefit determination.
- ***Filing information to perfect a claim.*** The date within which you may file information to perfect a request for external review upon a finding that the request was not complete.



If you have any questions about these extensions, contact your Human Resources department or call Gilsbar’s Customer Contact Center at the number on your ID card.