

2020 AMENDMENT FOR CARES ACT AND OTHER CHANGES

ARTICLE 1 PREAMBLE; DEFINITIONS

- 1.1 **Adoption of Amendment.** The Employer adopts this Amendment to implement provisions of the Act and other regulations and Notices issued by the IRS or DOL which affect the Plan.
- 1.2 **Superseding of inconsistent provisions.** This Amendment supersedes the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.
- 1.3 **Construction.** Except as otherwise provided in this Amendment, any "Section" reference in this Amendment refers only to this Amendment and is not a reference to the Plan. The Article and Section numbering in this Amendment is solely for purposes of this Amendment and does not relate to the Plan article, section, or other numbering designations.
- 1.4 **Effect of restatement of Plan.** If the Employer restates the Plan then this Amendment shall remain in effect after such restatement unless the provisions in this Amendment are restated or otherwise become obsolete (e.g., if the Plan is restated onto a plan document which incorporates these provisions).
- 1.5 **Definitions.** Except as otherwise provided in this Amendment, terms defined in the Plan will have the same meaning in this Amendment. The following definition applies specifically to this Amendment:

The "Act" is the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act. This Amendment shall be interpreted and applied to comply with the Act.

ARTICLE 2 IDENTIFYING INFORMATION; EMPLOYER ELECTIONS

- 2.1 **Identifying information.**
- A. Name of Employer: Champlain College, Inc.
- B. Name of Plan Champlain College, Inc. Cafeteria Plan
- 2.2 **Medical Expenses.** Will the Plan reimburse any or all of the following amounts, as described in Article 3, for Participants?
- (a) **Over the Counter Medications.**
- (b) **Menstrual products.**
- (c) **Telehealth (to the extent not otherwise provided).**
- 2.3 **Change in Status for health coverage.** Will the Plan adopt the new change in status events for Participants related to medical health coverage, as described in Section 4.2?
- (a) **Yes.**
- (b) **No.**
- (c) **Limitation:** The Employer elects to limit the change in status as follows: (*e.g. can only increase coverage, number of changes allowed (one time, before 7/31/2020, etc.)*):
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- 2.4 **Change in Status for Health Flexible Spending Account.** Will the Plan adopt the new change in status events for Participants related to Health Flexible Spending Accounts, as described in Section 4.3?
- (a) **Yes.**
- (b) **No.**
- (c) **Limitation:** The Employer elects to limit the change in status to the following: (*e.g. only revoke for amounts over the amount already reimbursed, can only increase, number of changes allowed (one time, before 7/31/2020, etc.)*):

2.5 **Change in Status for Dependent Care Flexible Spending Account.** Will the Plan adopt the new change in status events for Participants related to Dependent Care Flexible Spending Accounts, as described in Section 4.3?

(a) Yes

(b) No.

(c) **Limitation:** The Employer elects to limit the change in status to the following: (*e.g. only revoke for amounts over the amount already reimbursed, only increase, number of changes allowed (one time, before 7/31/2020, etc.)*):

2.6 **Carryover.** Will the Plan adopt the carryover provisions and/or the new adjustment for the carryover of amounts to be used in the health flexible spending account - \$550 for Plan Years beginning on or after January 1, 2020, and adjusted in future years, as described in Article 5.

(a) Yes.

(b) No.

2.8 **Effective Date.** This Amendment is effective as of January 1, 2020, or, if later, the following date:

_____.

ARTICLE 3 MEDICAL EXPENSES REIMBURSED

3.1 **Application.** The Plan's definition of "Medical Expenses" under the Plan is amended by the addition of the following provisions as selected at Section 2.2.

3.2 **Over the Counter Medications.** This Section 3.2 applies if the Employer has made Election 2.2(a). Notwithstanding anything in the Plan to the contrary, a Participant may be reimbursed for the cost of any medicine or drug for medical care, within the meaning of the term "medical care" as defined in Code Section 213(d) and the rulings and Treasury regulations thereunder, determined without regard to whether medicines or drugs have been prescribed. Insulin remains a covered expense. The intention of this provision is to permit coverage for over the counter medications.

3.3 **Menstrual Products.** If the Employer has made Election 2.2(b), a Participant may be reimbursed for the purchase of menstrual care products as defined in Code Section 223(d)(2)(D) and as authorized in Code Section 106(f).

3.4 **Telehealth.** If the Employer has made Election 2.2(c), a Participant may be reimbursed for expenses related to telehealth and other remote care as defined in the CARES Act and further guidance. Such coverage will not disqualify an HSA-eligible High Deductible Health Plan if made for services provided on or after January 1, 2020, with respect to Plan Years beginning on or before December 31, 2021 or, and with respect to such additional Plan Years as may become permissible under applicable law and/or IRS guidance.

ARTICLE 4 CHANGE IN STATUS EVENTS

4.1 **Application.** For calendar year 2020 only, the Plan's provisions concerning "Change in Status" under the Plan are amended by the addition of the following provisions. Such provisions can apply to medical health coverage, the Health Flexible Spending Account and Dependent Care Flexible Spending Account, as elected at 2.3 to 2.5 above for mid-year elections made during calendar year 2020. All changes in health insurance coverage must be allowed by the Plan's insurance carrier and can be limited by that carrier.

- 4.2 **Change in Status – health insurance.** This Section 4.2 applies if the Employer has made Election 2.3 and is subject to any limitations in Election 2.3(c).
- A. **Revocation.** Participant may elect to revoke existing coverage under the Plan and select new coverage not sponsored by the Employer prospectively. Such Participant must complete an attestation that the new coverage will be effective immediately or has been obtained. The Employer may rely on such attestation unless there is actual knowledge to the contrary.
- B. **Prospective Coverage.** A Participant who has previously rejected coverage under the Plan may now elect to be covered prospectively under the Employer’s health insurance coverage and pay for such coverage through the Plan. A Participant who has previously elected one type of coverage under the Plan shall be able to elect another type of coverage prospectively under the Plan (e.g. change from individual to family coverage).
- 4.3 **Change in Status – Health or Dependent Care Flexible Spending Account.** Election 2.4 applies this Section to the Plan’s Health Flexible Spending Account. Election 2.5 applies this Section to the Plan’s Dependent Care Flexible Spending Account. A Participant who has previously rejected coverage under the flexible spending account may now elect to contribute prospectively to such account. A Participant who has previously elected an amount to be reimbursed under the flexible spending account may now adjust or revoke that amount, subject to the statutory and plan limitations on the maximum allowable contribution and the limitations elected above in Election 2.4 (c) and/or 2.5(c).

**ARTICLE 5
HEALTH FLEXIBLE SPENDING ACCOUNT CARRYOVER**

- 5.1 **Application.** This Section 5.1 will apply if the Employer has made Election 2.6. A Participant in the Health Flexible Spending Account may carry over up to \$550 for a Plan Year beginning on or after January 1, 2020 of unused amounts in the Health Flexible Spending Account remaining at the end of one Plan Year to the immediately following Plan Year, subject to any further provisions or restrictions of the Plan. Such limit shall be adjusted in future years, as indexed to 20% of the statutory limit under Code Section 125(i) for health flexible spending accounts.

* * * * *

This Amendment has been executed this _____ day of _____, 20_____.

Name of Plan: Champlain College, Inc. Cafeteria Plan

Name of Employer: Champlain College, Inc.

By: _____
EMPLOYER

CERTIFICATE OF ADOPTING RESOLUTION

The undersigned authorized representative of Champlain College, Inc. (the Employer) hereby certifies that the following resolution was duly adopted by Employer on _____, and that such resolution has not been modified or rescinded as of the date hereof;

RESOLVED, this Amendment to the Champlain College, Inc. Cafeteria Plan is hereby approved and adopted and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Plan Administrator the Amendment and to take any and all actions as it may deem necessary to effectuate this resolution.

The undersigned further certifies that attached hereto is a copy of the Amendment approved and adopted in the foregoing resolution.

Date: _____

Signed: _____

[print name/title]

SUMMARY OF MATERIAL MODIFICATIONS
for the

Champlain College, Inc. Cafeteria Plan
(Name of Plan)

I
INTRODUCTION

This is a Summary of Material Modifications regarding the Champlain College, Inc. Cafeteria Plan ("Plan"). This is merely a summary of the most important changes to the Plan and information contained in the Summary Plan Description ("SPD") previously provided to you. It supplements and amends that SPD so you should retain a copy of this document with your copy of the SPD. If you have any questions, contact the Administrator. If there is any discrepancy between the terms of the Plan, as modified, and this Summary of Material Modifications, the provisions of the Plan will control.

II
SUMMARY OF CHANGES

This amendment is effective January 1, 2020.

You may now request reimbursement for the purchase of "over the counter" drugs without a prescription.

You may now request reimbursement of the purchase of menstrual care products, including tampons, pads, and other products.

You may now request reimbursement of telehealth services.

For calendar year 2020, you may have a change in status for medical health insurance coverage:

- You may elect to enroll in medical health coverage on a prospective basis if you declined it during our enrollment period.
- You may elect to revoke your existing coverage and change it to another coverage option we offer (individual to family coverage, for example).
- You may elect to revoke your coverage with our insurance and enroll in coverage provided by another provider, including on the Health Exchange. However, you must sign a form stating that you will be obtaining coverage through other means.

For calendar year 2020, you may have a change in status for your Health Flexible Spending Account as described below.

- You may elect to contribute to your Health Flexible Spending Account if you declined to do so during the enrollment period.
- You may elect to increase your Health Flexible Spending Account, up to the maximum that we allow (*fill in amount*).
- You may elect to decrease the amount you contribute to your Health Flexible Spending Account on a prospective basis (*however, it may not be less than the amount you have already contributed to the plan or have already been reimbursed, if greater*).

For calendar year 2020, you may have a change in status for Dependent Care Flexible Spending Account:

- You may elect to contribute to your Dependent Care Flexible Spending Account if you declined to do so during the enrollment period.
- You may elect to increase your Dependent Care Flexible Spending Account, up to the maximum that we allow (*fill in amount*).
- You may elect to decrease the amount you contribute to your Dependent Care Flexible Spending

Account on a prospective basis (*however, it may not be less than the amount you have already contributed to the plan or have already been reimbursed, if greater*).

For the 2020 plan year, you may carryover amounts up to \$550 that are left in your Health Flexible Spending Account. This means that amounts you did not use during the 2020 Plan Year can be carried over to the 2021 Plan Year and used for expenses incurred in the 2021 Plan Year. This amount will be adjusted in future plan years.

PLAN NAME

ATTESTATION OF OUTSIDE COVERAGE

Participant Information

Name _____

Address _____

Last 4 digits of Social Security Number _____

I attest that I am enrolled in, or immediately will enroll in, one of the following types of coverage: (1) employer-sponsored medical health coverage through the employer of my spouse or parent; (2) individual health insurance coverage enrolled in through the Health Insurance Marketplace (also known as the Health Insurance Exchange); (3) Medicaid; (4) Medicare; (5) TRICARE; (6) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); or (7) other coverage that provides comprehensive health benefits (for example, health insurance purchased directly from an insurance company or health insurance provided through a student health plan).

Signed:

Date: _____

Return your completed election to: [insert name and address]