

**PLAN AMENDMENT  
FOR  
THE CITY OF LAKE FOREST  
DENTAL PLAN**

**Amendment No.:** 1  
**Effective Date:** March 1, 2020

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The **Plan** is **AMENDED** as follows:

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**I. Section: Eligibility for Coverage – General Eligibility Provisions**  
**Add the following to “Eligible Employees”:**

If you are an Eligible Employee covered by this Plan, you will retain eligibility for coverage if you are temporarily unable to attend the workplace, or other location to which you are required to travel, to perform the duties of your job due to:

1. A leave taken under the Families First Coronavirus Response Act, which includes the Emergency Paid Sick Leave Act and the Emergency Family Medical Leave Expansion Act (if applicable); or,
2. A pandemic-related illness, including a quarantine, self-quarantine or isolation order by a healthcare provider or other federal or state governing authority, or other absences required directly by the event; or,
3. The temporary closure of business operations as a direct result of an Executive Order or similar emergency order issued by a federal, state or local governing authority for the duration of such order; or,
4. If specified by Company policy, a short-term reduction in work hours for otherwise Eligible Employees, including a temporary layoff/furlough, as a direct result of a disruption in normal operations (such as interruptions in supply chain) due to a pandemic or National Emergency declaration; or,
5. Any other such event of similar nature that may arise in the future if approved by the Plan Administrator or required by law.

This provision runs concurrent with FMLA when permitted, and any applicable federal law or regulation governing the Employer. COBRA continuation coverage will be offered at the end of this extension. The maximum COBRA continuation coverage period will be measured beginning on the date this extension ends.

**II. Section: COBRA Continuation Coverage**

**A. Restate the first paragraph under “Introduction” as follows:**

The right to COBRA Continuation Coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (“COBRA”). COBRA Continuation Coverage can become available to you when you otherwise would lose your group health coverage. It also can become available to other members of your family who are covered under the Plan when they otherwise would lose their group health coverage. The entire cost (plus a reasonable administration fee) must be paid by, or on behalf of, the person, or subsidized by the Plan Administrator. Coverage will end in certain instances, including if timely payment of premiums is not made. You should check with your employer to see if COBRA applies to you and your Dependents.

**B. Restate “Does COBRA Continuation Coverage ever end earlier than the maximum periods above?” as follows:**

COBRA Continuation Coverage also may end before the end of the maximum period on the earliest of the following dates:

1. The date your employer ceases to provide a group health plan to any employee;
2. The date on which coverage ceases by reason of the failure to make timely payment of any required premium by, or on behalf of, the Qualified Beneficiary;
3. The date that the Qualified Beneficiary first becomes, after the date of election, covered under any other group health plan (as an employee or otherwise), or entitled to either Medicare Part A or Part B (whichever comes first) (except as stated under COBRA’s special bankruptcy rules); or
4. The first day of the month that begins more than 30 days after the date of the SSA’s determination that the Qualified Beneficiary is no longer disabled, but in no event before the end of the maximum coverage period that applied without taking into consideration the disability extension.

**C. Restate “Payment for COBRA Continuation Coverage” as follows:**

Once COBRA Continuation Coverage is elected, payment for the cost of the initial period of coverage must be made by, or on behalf of, the Qualified Beneficiary within 45 days. Payments then are due on the first day of each month to continue coverage for that month. If a payment is not received within 30 days of the due date, COBRA Continuation Coverage will be canceled and will not be reinstated.

Accepted for Plan Administrator:

By: 

Title: Director of Human Resources

Date: March 30, 2020