



Frequently Asked Questions Regarding COVID-19 for Policyholder Administrators

Updated June 4, 2020

As we continue to face business disruptions due to COVID19, The Standard will remain flexible and work with affected customers and employers.

Coverage and Eligibility

Will The Standard provide continuity of coverage for new lines of coverage?

The Standard will provide continuity of coverage for all Life, Short Term Disability, Long Term Disability, Dental, Hospital Indemnity, Critical Illness, and Accident insurance policies for all effective dates through January 1, 2021.

The Standard will allow an individual who experienced a furlough, temporary layoff, reduction in hours or salary to become insured under The Standard's group insurance policy with the following conditions:

- The employee was insured on the date before the effective date of The Standard's group policy.
- Coverage was continued with premium payment under the prior carrier's accommodation.

The Standard will extend coverage until the earlier of the date on which the prior carrier's accommodation would have expired or January 1, 2021.

Will employees' Group Life, Disability, Supplemental, Dental and Vision coverage continue if their work hours are reduced, they are on an unpaid leave of absence, or they are subject to a furlough or a temporary layoff?

Group Life, Disability, Supplemental (including Accident, Critical Illness and Hospital Indemnity), Dental and Vision coverage normally ends when an employee loses eligibility because the employee is no longer working the required minimum number of hours or they are on an unpaid leave of absence.

However, as an accommodation to our policyholders during this time of uncertainty, subject to continued payment of premium, while employees are not working due to a partial or full furlough or temporary layoff occurring between March 1, 2020 and September 30, 2020, these coverages can be continued for 90 days or through June 30, 2020 whichever is longer.

Will The Standard allow Life, Dental, Critical Illness, Hospital Indemnity and Accident coverage for dependents of insured employees to continue as well?

Subject to continued payment of premium, while employees are not working due to a partial or full furlough or temporary layoff occurring between March 1, 2020 and September 30, 2020, dependent coverage can be continued for 90 days or through June 30, 2020 whichever is longer.

For employees whose coverage ended following the accommodation described above, will The Standard reinstate coverage when employees regain eligibility and return to work?

If insurance ends for an employee as of June 30, 2020 or earlier, an employee may regain coverage if they return to work before March 1, 2021 and otherwise satisfy all eligibility requirements under the applicable group policy.

If an employee cancels their contributory coverage and then returns to work and enrolls for coverage again within 30 days of returning, any coverage that was in effect when the employee ceased to be insured can be reinstated subject to the group policy's reinstatement provisions. Any coverage requirements (e.g., preexisting condition for Long Term Disability, two-year suicide exclusion for Life, etc.) that were not fully met when the employee's work hours were reduced will continue to apply until the balance of the requirement period is served.

Employees who return to work after March 1, 2021, and employees who were not insured prior to the reduction in the employee's work hours, may become insured as a new employee. All coverage requirements apply. Evidence of Insurability requirements for late enrollments will also apply.

If insurance ends for an employee after June 30, 2020, the reinstatement provision of the policy will apply.

What options does an employee have when insurance ends?

When coverage terminates, the continuation, conversion and portability provisions contained in the applicable Group Insurance policy will be available according to the terms of the policy.

When Dental or Vision coverage stops, members may have the option to elect COBRA. Upon notification within 30 days of their return to work, coverage will resume as normal.

For employees who are not yet insured, will they meet the active work requirement if their work hours are reduced or they are subject to a furlough or a temporary layoff?

Our group insurance policies require the employee to be Actively At Work at least a specified number of hours each week. Our language specifies Actively At Work includes regularly scheduled days off, holidays, or vacation days, so long as the employee is capable of Active Work on those days. An employee who is on furlough does not meet the Active Work requirement of the group policy. However, as an accommodation to our policyholders during this time of uncertainty:

- For employees who experience a furlough, temporary layoff, reduction in hours or salary prior to June 30, 2020, if they return to work and satisfy Actively At Work requirements prior to March 1, 2021, credit towards the eligibility waiting period will be given for Actively at Work time prior to June 30, 2020.
- For employees who experience a furlough, temporary layoff, reduction in hours or salary between July 1, 2020 and September 30, 2020, if they return to work and satisfy Actively At Work requirements within 90 days, credit towards the eligibility waiting period will be given for Actively at Work time prior to furlough, temporary layoff, reduction in hours or salary.

Do any of your Voluntary benefits – Accident, Critical Illness, Hospital Indemnity – contain specific provisions relating to coverage of COVID-19?

Yes. The Standard's Hospital Indemnity product provides daily benefits for hospitalization due to an illness. Members are eligible for a benefit if they spend at least 20 consecutive hours for examination by a physician for diagnosis or treatment of an illness in a hospital setting. In addition, The Standard's Hospital Indemnity product includes a waiver of premium provision which waives the premium after a member has been hospitalized for 30 days or more.

Do any of your Voluntary benefits – Life, STD, LTD, Accident, Critical Illness, Hospital Indemnity – include exclusions for pandemics?

No. These benefits do not include pandemic exclusions.

Does a work-from-home arrangement for my employees affect their coverage?

If the employer has approved work-from-home arrangements and the employee continues to meet the requirements to be insured, we will consider the covered employee actively at work.

If employees are traveling and unable to return home due to COVID-19 concerns, can they use the Travel Assistance benefit under our group policy?

Yes. Travel Assistance for employees with that benefit will remain available to your covered employees. If an individual has tested positive for COVID-19, their request would be treated like a standard medical case. If the individual is eligible for transport benefits, those benefits would be arranged in accordance with the departing and receiving country's government clearance on flying.

All individuals should ensure they have the latest travel advisories regarding the coronavirus and their intended destination. This information can be [accessed here](#).

Life and Disability Benefits

Are employees eligible for Short Term Disability benefits if placed under quarantine?

There are a wide variety of scenarios under which an individual may be quarantined, ranging from a voluntary self-quarantine without a COVID-19 diagnosis to a mandated quarantine with a diagnosis.

If an individual is quarantined as directed by a licensed health care professional or government agency, we will assess a claim for benefits as follows:

- If the individual has been diagnosed with COVID-19 and is unable to work from home, they will remain insured and eligible under the group STD policy.
- If the individual has not been diagnosed and is unable to work from home, they will retain coverage and eligibility under the STD policy should they eventually become disabled.

It is important to remember that under most STD policies a covered individual must be unable to work, either at their place of employment or from home, and must experience a loss of income to be eligible for STD benefits in all cases.

Does a diagnosis of COVID-19 qualify an employee for STD benefits?

Such individuals will retain coverage under the STD policy for the duration of the quarantine, and we will evaluate any claim for disability benefits individually.

How will Pre-Disability Earnings be determined if an employee becomes disabled during a furlough, temporary layoff, reduction in hours or salary?

For 90 days, or through June 30, 2020, whichever is longer, Pre-Disability Earnings are based on the employee's last day of active work prior to the furlough, temporary layoff, reduction in hours or salary. Premium remitted to The Standard should be based on the amount of coverage prior to the furlough, temporary layoffs, reduction in hours or salary.

After 90 days of accommodation, or through June 30, 2020 whichever is longer, normal policy provisions apply.

What amount of Group Life insurance will be in effect during a furlough, temporary layoff or reduction in hours or salary?

For 90 days, or through June 30, 2020, whichever is longer, the amount of Life insurance, dependent Life insurance and spousal Life insurance during a furlough, temporary layoff or reduction in hours shall be the amount in force on the employee's last day of active work prior to the furlough, temporary layoff or reduction in hours or salary. Premium remitted to The Standard should be based on the amount of coverage prior to the furlough, temporary layoffs, reduction in hours or salary.

After 90 days of accommodation, or through June 30, 2020 whichever is longer, normal policy provisions apply.

What is The Standard doing to make it easier for individuals to provide medical certification forms and medical records from treatment providers during the COVID-19 pandemic?

The Standard will be flexible and seek alternate methods to obtain the medical details needed to substantiate disability claims. We have adapted our processes to collect information verbally and electronically wherever possible. Alternate sources of medical information, such as telehealth summaries, patient portal records and telephonic confirmation from treatment providers are some of the potential solutions that may be acceptable. Our clinical resources

will also gather medical documentation over the phone to assist with the disability claims management process. To comply with any new state or federal regulations, we will adjust the timeframes or requirements as needed.

Does The Standard have the ability to track the new emergency paid FMLA?

The Standard will administer tracking the FMLA leave under the FFCRA. However, we do not have the capabilities to administer the paid sick leave or the pay aspects of the FMLA.

See the [Families First Coronavirus Response Act Summary and FAQ](#) for details about FFCRA.

Are benefits paid under the Families First Coronavirus Response Act considered deductible income under The Standard's STD/LTD policies?

If employees receive paid sick leave due to their own medical condition, The Standard will determine if that benefit is offset, or in any way reduced, by the facts of their claim and the applicable policy provisions. If sick leave or family leave is paid to employees under FFCRA that is unrelated to their own medical condition, that benefit would not be offset under our group STD and LTD policies.

See the [Families First Coronavirus Response Act Summary and FAQ](#) for details about FFCRA.

How will The Standard approach complying with recent Department of Labor and Internal Revenue Services regulatory directives extending certain ERISA and Internal Revenue Code timelines due to COVID-19?

The Standard is aware of the new regulations and guidance issued jointly by the United States Department of Labor and the Internal Revenue Service that extend certain time frames under ERISA and the Internal Revenue Code due to the COVID-19 pandemic. At present, The Standard does not plan to issue amendments to plans to address these guidelines. However, we are taking steps to ensure that each of our impacted group insurance policies are administered in compliance with the extended time frames. Such steps may include, but are not limited to, updating practices and procedures, staff training and modifications to some claims administration letters.

Dental

If employees are unable to utilize Dental benefits due to stay-at-home orders, will the frequency limit criteria be waived?

We will waive frequency limitations for covered exams and cleanings from July through December 31, 2020. Additionally, we will waive deductibles for members and dependents for any claim incurred from July through December 31, 2020.

Does The Standard cover Teledentistry claims?

It is our practice to adjudicate Teledentistry claims the same as we do for claims from a traditional practice setting. Providers have been advised through ADA guidance on how to submit claims accordingly. Please see the [Guide to Teledentistry](#).

Can Dental premiums be included within the employee benefits cost evaluation when applying for loans through the SBA Payroll Protection Plan?

The Standard is prepared to provide detailed information on 12 months of bills for small groups who request it to apply for Small Business Administration loans. The Coronavirus Aid, Relief and Economic Security (CARES) Act states that funds can be used for “payments required for group health care benefits (including insurance premiums).” There are no parameters listed that are specific to Dental and/or Vision benefits. If you have questions about how to use the funds, please contact your lawyer.

Billing and Payment

What if a policyholder is unable to make premium payments within the applicable grace period?

In order to help those who may need additional time to collect and remit premiums during the COVID-19 crisis The Standard extended the premium payment grace period to 90 days through June 2020 payments for all customers.

Starting with July payments we will honor existing policy grace periods and align the grace period for a longer duration in accordance with any applicable State insurance directive.

Enrollment

Given that we have had to cancel face-to-face and group meetings for open enrollments, what advice is The Standard offering on how to conduct enrollment meetings?

We have a nationwide network of trained and licensed benefits counselors to help with virtual group meetings for our entire product portfolio, including our suite of Supplemental products.

Will The Standard allow extensions for clients currently in open enrollment?

Given the circumstances we understand that enrollments in process will require additional time, and we will re-engage on this activity as business conditions normalize. Since enrollment completion is a dependency to onboard customers, our priority in this period is to work with our customers to get their policies in force on their effective date so that claims can be paid. For all groups effective through January 1, 2021 we will work with in-force customers currently in annual or open enrollment on a case-by-case basis to ensure that all enrollments are completed by June 1, 2021.

If the current enrollment doesn't meet minimum participation requirements due to cancelled enrollment meetings, will The Standard waive minimum participation requirements?

We will temporarily suspend application of the minimum participation requirements for groups with effective dates through January 1, 2021 with the understanding that those groups will complete an additional open enrollment and bring participation up to minimums by June 1, 2021. Once business conditions are deemed to have normalized, all group policy provisions will be applied as written.

Does The Standard accept electronic signatures?

Yes, we accept electronic signatures. For beneficiary designations, The Standard has policy language available that will support employers' use of electronic signatures. Please refer to your contract for more information.

Rates and Renewals

Does The Standard anticipate any change in proposal, proposal rates or time it will take to respond to requests for quotes?

For those employers wishing to move to The Standard who prefer to move later in the year, we can accommodate those requests. The Standard will honor any quoted rates out to January 1, 2021 effective dates. Quoted rate guarantees will be honored unless there is a material change in covered lives. Our Underwriting teams have been working remotely and we have not experienced delays in RFP responses.

Does The Standard anticipate any change in timing of renewals or delivery of renewal rates?

The Standard plans to continue renewing our policies as scheduled and we do not currently foresee any delays.

Will The Standard consider deferring renewal rate increases for small business customers during this time?

As we face the challenges surrounding COVID-19 together, The Standard recognizes that this may be taking a particular toll on our small business customers. To help with that, we are holding rates on all groups up to 500 employees with renewal dates of May, June and July 2020.

We are providing rate holds for ALL Dental and Vision renewals from July through December 31, 2020.

Will The Standard consider extending Dental rate guarantees for new small business customers during this time?

All Dental new customers up to 500 employees will receive a 2-year rate guarantee. This applies to new customers with effective dates of May through September 2020. These customers will also have the ability to defer their effective date to any time within 2020 if they choose with quoted rates being honored.

For in-force groups, will you waive the ability to increase rates if enrollment changes for companies with layoffs due to COVID-19?

The Standard will take into consideration the reasons for enrollment changes. Plans that are being reviewed for renewal pricing during COVID-19 and experience layoffs will be addressed on a case-by-case basis. Our contracts have a 25% enrollment change clause.