



Notice of Changes to the Rockwell Automation Employee Health Plan, the Rockwell Automation Retirement Savings Plan, and the Rockwell Automation Pension Plan effective March 1, 2020

The DOL and IRS have extended various benefit plan deadlines in connection with the COVID-19 pandemic Outbreak Period. Many Plan deadlines are extended to end after the Outbreak Period ends. The Outbreak Period applies from March 1, 2020 until the announced end of the COVID-19 National Emergency. The end date is subject to change and may vary by geographical location based on the extent of the outbreak in certain areas of the country.

The following changes apply to the **Rockwell Automation Employee Health Plan**. Contact the Rockwell Automation Service Center at 877.687.7272 if you have questions.

2020 Flexible Spending Accounts Elections

Rockwell will allow prospective changes to Health Care Flexible Spending Account and Dependent Care Flexible Spending Account contribution elections. You may add, increase, decrease, or drop of coverage. Any decrease will be limited to the amount you have already spent in your account. For example, if you elected a \$2,000 Health Care Flexible Spending Account contribution and already spend \$1,500, you may not decrease your Health Care Flexible Spending Account election below \$1,500. Any change will be effective on the date you contact the Rockwell Automation Service Center.

2019 Health Care Flexible Spending Account Claims Submissions

The deadline for submitting any Health Care Flexible Spending Account claims that you incurred in 2019 is extended to 30 days following the end of the Outbreak Period.

Health Care Flexible Spending Account Carry Over

Rockwell will increase the 2020 maximum Health Care Flexible Spending Account carry over to \$550.

2020 Health Care Plan Elections

Rockwell will allow employees or dependents to elect, add, or change (but not drop) Medical, Dental, and Vision coverage. Any change will be effective on the date you contact the Rockwell Automation Service Center to make a change.

Qualified Status Change Enrollment

If you have a change in status, you may make mid-year changes to your coverage that are consistent with your status change. Changes must be reported to the Rockwell Automation Service Center within 31 days following the end of the Outbreak Period, if the change in status occurred during the Outbreak Period.

HIPAA Special Enrollment

A special enrollment period also is available when you have a “Significant Change in Cost or Coverage” including:

- **A significant mid-year increase or decrease in employee contributions.** You may choose to increase or decrease (as applicable) your contribution or enroll in another Medical Plan option that offers similar coverage.
- **A significant mid-year curtailment of coverage or elimination of a Medical Plan option.** You may elect coverage under an option offering similar coverage.
- **A new option is offered mid-year or coverage under a current option is significantly improved mid-year.** You may elect coverage under the new or improved option and make corresponding changes to other options you have elected.

- **A significant change in coverage of your spouse or domestic partner or your dependent under another employer's plan.** You may change your election if your spouse or domestic partner or your dependent makes a change in election under the plan of the spouse's, domestic partner's, or dependent's employer and you provide adequate evidence of such change in the judgment of the Plan Administrator.
- **Another employer's plan increases coverage.** You may decrease or revoke your Medical Plan option election if you, your spouse or domestic partner, or your dependents have elected or received corresponding increased coverage under the other employer's plan.
- **Another employer's plan decreases or ceases coverage.** You may enroll or increase your elections if you, your spouse or domestic partner, or your dependents have received corresponding decreased coverage or lost coverage under the other employer's plan.
- **Open enrollment under your spouse's, domestic partner's, or dependent's employer plan (when the plan year for the other employer's plan is not the calendar year).** You may make changes in your elections corresponding to those made in open enrollment under the other employer's plan.

Election changes must be consistent with the Significant Change in Cost or Coverage and must be requested by contacting the Rockwell Automation Service Center within 60 days following the end of the Outbreak Period, if the applicable event occurred during the Outbreak Period.

COBRA

Giving Notice That a COBRA Event Has Occurred

To qualify for COBRA continuation upon divorce or loss of a child's dependent status under the Plan, you are required to notify the Rockwell Automation Service Center within 60 days following the end of the Outbreak Period, if the applicable event occurred during the Outbreak Period.

Electing and Paying for COBRA Continuation Coverage

You and/or your covered dependents may have additional time to continue and pay for coverage if the applicable event (qualifying event or notice) occurred during the Outbreak Period. If this extension applies to you, you will receive additional information from the Rockwell Automation Service Center.

The Below Change Applies to the Rockwell Automation Employee Health Plan, the Rockwell Automation Retirement Savings Plan, and the Rockwell Automation Pension Plan

Claims and Appeals

Any appeal of a denial must be presented in writing to the Rockwell Automation Appeals Committee within 180 days following the end of the Outbreak Period, if the applicable notice of denial or the original deadline for appeal occurred during the Outbreak Period.

We provide this brief overview for employees and other plan participants. However, this overview is not intended to be a complete explanation of the various plans. Detailed descriptions of individual plans and policies are found in the respective Summary Plan Descriptions (SPDs). The Company hopes to continue these plans indefinitely but reserves the right to amend, suspend or terminate plans in whole or in part at any time. Further, this overview does not create nor imply a contract of employment.



COVID-19 NOTICE OF TEMPORARY SUMMARY OF BENEFIT CHANGES FOR SELF-FUNDED PLANS

Rockwell Automation Employee Health Plan

When you enrolled in your health benefit plan (Plan) you received a *Summary of Benefits and Coverage* document (SBC) to help you understand your benefits. The following temporary changes have been made to your Plan.

For the purpose of this notice, **cost share** means the amount of co-payment, co-insurance and/or deductible which you would otherwise be responsible for when you receive certain health care services.

COVID-19 Testing and Testing-Related Visits

Effective February 4, 2020, through July 24, 2020 or the end of the *Public Health Emergency* period, as declared by the Secretary of the *Department of Health and Human Services (HHS)*, you will not be responsible for any cost share for the following services: approved and authorized COVID-19 diagnostic testing, and testing-related visits at a physician's office, urgent care center, or emergency department of a hospital or alternate facility. Testing must be provided at approved locations in accordance with *U.S. Centers for Disease Control and Prevention (CDC)* guidelines. This cost share waiver applies to services received from both in-network and out-of-network providers.

Virtual Visits through a Designated In-Network Provider

Effective March 18, 2020 through December 31, 2021, you will not be responsible for any cost share for virtual visits received from a designated virtual network provider (*AmWell, Doctor on Demand or Teladoc*).

Other Virtual or Telehealth Services

COVID-19 Testing Related Telehealth Visits

Effective February 4, 2020 through December 31, 2020, unless otherwise extended, you will not be responsible for cost share for visits with your medical provider through live audio with video-conferencing or audio-only (telephonic) technology when the visit is related to COVID-19 testing. This cost share waiver applies to services received from both in-network and out-of-network providers. Effective July 25, 2020 through December 31, 2020, services will be provided with no cost share for telehealth visits with in-network providers.

Non-COVID-19 Related Telehealth Visits

Effective March 31, 2020 through December 31, 2020, unless otherwise extended, you will not be responsible for any cost share for visits with your in-network medical provider through live audio/video-conferencing or audio-only (telephonic) technology for visits that are not related to COVID-19. Physical, occupational and/or speech therapy visits must be provided live audio/video-conferencing. Out-of-network claim payment will be based on Plan benefits.

Behavioral Health and Substance Use Disorder

All eligible in-network and out-of-network behavioral health care providers who have the ability and want to connect through live audio with video-conferencing or audio-only (telephonic), may do so to support your behavioral health (mental health and substance use disorder) needs.

Effective March 31, 2020 until December 31, 2020, you will not be responsible for any cost share for in-network virtual visits and telehealth outpatient behavioral health visits, including Applied Behavioral Analysis, (ABA) services.

Physical office visits (not telehealth or telephonic) will pay according to normal Plan benefits.

Cryopreservation and Storage of Embryos for Plans with Fertility Benefits

Coverage will be provided at Plan benefits for cryopreservation services delivered March 17, 2020 through April 30, 2020, for dates of service within this range. You will be responsible for the applicable cost share. These charges will not apply to the fertility lifetime maximum.

If you have questions about this notice, please call the toll free number on the back of your UnitedHealthcare ID Card.

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