

Summary of Material Modifications for _____ (name of Medical Plan) (the “Plan”)

To: Participants of the Plan

From _____

Date: _____

Re: Developments

The following explains changes in coverage for OTC COVID-19 Tests and Preventive Services

Coronavirus Testing:

The Plan will:

- Cover the costs of OTC COVID-19 tests for participants either directly (referred to in the as “direct coverage”) or by requiring participants to pay for the tests upfront and then submit a claim for reimbursement. starting Jan. 15 without the need for a health care provider's order.
- Make tests available for upfront coverage through preferred pharmacies or retailers, and provides direct coverage of OTC COVID-19 tests both through its pharmacy network and a direct-to-consumer shipping program, it may limit reimbursement for OTC COVID-19 tests from nonpreferred pharmacies or other retailers to the lesser of \$12 per test or the actual cost of the test.
- Set limits on the number of OTC COVID-19 tests covered without cost-sharing but must allow up to eight tests per plan enrollee per 30 days (or calendar month). A family of four, all on the same plan, would be able to get up to 32 of these tests covered by their health plan per 30- day period (or calendar month).
- Take reasonable steps—such as requiring a written attestation—to ensure that each OTC COVID-19 test for which you seek coverage under the Plan was purchased for personal use, not for employment purposes; has not been (and will not be) reimbursed by another source; and is not for resale.
- Require reasonable documentation of proof of purchase with a claim for reimbursement for the cost of an OTC COVID-19 test.
- May not set limits on the number of covered tests if these are ordered by a health care provider following a clinical assessment.

Coverage of Preventive Services

Colonoscopy Coverage without Cost Sharing

Effective for plan years on or after May 31, 2022.the Plan must cover, without cost-sharing, a colonoscopy conducted after a positive noninvasive stool-based screening test or direct visualization screening test for colorectal cancer for adults ages 45-75.

Contraceptive Products and Services Without Cost-Sharing

Plan will cover all FDA-approved, cleared, or granted contraceptive products that are determined by an individual's medical provider to be medically appropriate to such individual without cost-sharing, whether or not specifically identified in the current FDA Birth Control Guide. The Plan may need to cover a newer contraceptive product—such as a mobile app for contraception based on fertility awareness—if it is deemed medically appropriate.