

Plan Document Amendment for Covid Testing and Coverage for Preventive services

The following is sample language for a group health plan document to cover the new requirement to cover the purchase of at-home Covid-19 tests subject to certain limitations and coverage of preventive services. Employers and insurers should consult with their attorneys to determine whether an amendment is necessary or appropriate. It is also important to note that the following amendment is only a sample, and any amendment must be customized. Note that the following amendment presumes that the plan has established a direct coverage option and direct to consumer shipping option. **If these have not been put into place, then the \$12 limit will not apply, and the plan is responsible for the full cost of the at-home tests.**

Coverage of Covid-19 At-Home Tests

Effective January 15, 2022, each covered person under the Plan, shall be entitled to purchase up to 8 Covid-19 at-home tests (“at-home tests”) during a 30-day period (or calendar month). There shall be no charge or any type of cost sharing, provided the tests are obtained from _____ (name of preferred pharmacy network). If the tests are purchased outside the _____, then the Plan will reimburse the cost up to the lesser of \$12 or the actual cost of the test. Only FDA approved at-home tests will be covered under this Plan. A covered person must submit receipts or other documentation required by the Plan including an attestation that the at-home Covid-19 tests are only being purchased for personal use and not for resale or employment purposes.

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 is required to 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.