AMENDMENT NO. 22-4
TO THE
RULES AND REGULATIONS
OF THE
MEBA MEDICAL AND BENEFITS PLAN

At their February 10, 2022 meeting, the Trustees of the MEBA Medical and Benefits Plan (the "Plan") amended the Plan's Rules and Regulations to provide for coverage of over-the-counter COVID-19 test kits, effective January 15, 2022.

1. Effective January 15, 2022, Article VI, Section 3(e) paragraph (38) is struck in its entirety and hereby amended to read as follows

(38) COVID-19 diagnostic testing, items, and services

(a) SARs-CoV-2 and COVID-19 diagnostic testing, (including in vitro diagnostic products that are (i) approved, cleared, or authorized by the U.S. Food and Drug Administration, (ii) developed in and authorized by a State that has notified the Secretary of Health and Human Services of its intention to review tests intended to diagnose COVID-19, or other tests that the Secretary determines appropriate in guidance), as well as items and services furnished to the Eligible Employee or Dependent during healthcare provider visits (which includes in-person visits and telemedicine visits), urgent care center visits, and emergency room visits to obtain such testing. The benefit payable by the Plan shall be 100% of such testing, items and services, regardless of whether such testing is provided by a PPO provider. Coverage, with no cost-sharing (including deductibles, copays, and coinsurance) is limited to the period covered by the public health emergency declaration associated with COVID-19. Notwithstanding the preceding, in no event is the Plan obligated to pay a non-PPO Provider more than the lesser of (i) the cash price of such service as listed by the provider on a public internet website or (ii) the rate negotiated by the Plan with such provider for such service.

(b) Up to 8 at-home, over-the-counter COVID-19 diagnostic tests that are approved, cleared, or authorized by the U.S. Food and Drug Administration per 30-day period per Employee or Dependent. The benefit payable by the Plan shall be 100% of such test kits provided through direct coverage by the Plan's pharmacy benefit manager. Reimbursement of test kits obtained through non-network sources shall be limited to the lesser of $12.00 per test or the actual cost of the test in accordance with the "safe harbor" provisions of the Families First Coronavirus Response Act and the Coronavirus Aid, Relief and Economic Security Act, as such acts may be further amended or interpreted (collectively, the "Federal COVID-19 Legislation"). In accordance with the Federal COVID-19 Legislation, claims for test kits shall be approved for medical purposes only and only if obtained by an Employee or Dependent for use by that Employee or Dependent. Submission of claims for test kits shall be deemed to be express or implied certification that the purchase of the test kit complies with these limitations. Claims for test kits obtained by or for use by individuals other than Employees or Dependents or for non-permitted purposes such as employment, travel or public health surveillance, shall be denied; if such claims are paid, they will be subject to Plan terms for fraudulent claims for benefits. Coverage, with no cost-sharing (including deductibles, copays, and coinsurance) is limited to the period covered by the public health emergency declaration associated with COVID-19.

Adam Vokac, Chairman

Edward Hanley, Secretary

Adopted in Principle: February 10, 2022
Effective Date: January 15, 2022
Language Approved: June 16, 2022