



MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



Summary of Material Modifications

January 26, 2022

Dear Participant:

The Board of Trustees of the Michigan Electrical Employees' Health Plan ("Plan") would like to inform you of important changes made to your Plan benefits. This notice, which is called a summary of material modifications ("SMM"), is intended to update the May 1, 2020 Summary Plan Description/ Plan Document ("SPD"). Please read this notice carefully and share it with your spouse if you are married.

The Plan will cover FDA-approved, cleared or authorized over-the-counter ("OTC") COVID-19 tests purchased on and after January 15, 2022, consistent with federal guidance.

Covered Individuals who purchase OTC COVID-19 tests, also known as COVID-19 rapid tests, can seek reimbursement from BCBSM for the cost of the test, even if a health care provider did not order the test or assess the Covered Individual in connection with the test, consistent with the Families First Coronavirus Response Act or other applicable Federal law.

Up to eight tests are reimbursable by BCBSM per month for personal use by Covered Individuals. Tests used for employment purposes or for purposes of resale are not covered or reimbursable under this benefit. The following SMM includes a list of the tests that are currently eligible for reimbursement by BCBSM, but for the most up-to date list of FDA-authorized tests, see <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2>.

To be reimbursed for OTC COVID-19 tests purchased on and after January 15, 2022, you or your covered dependent must:

1. Complete and sign a reimbursement and attestation form affirming that the test will be used for personal reasons and not for employment or resale purposes. The reimbursement and attestation form can be found at bcbsm.com/coronavirus, under the testing question, or through your member account.
2. Submit the completed reimbursement and attestation form; the receipt for the OTC COVID-19 test that includes the price, date and retailer; and the physical UPC label from the test kit box for verification that the test is FDA-approved, cleared or authorized.

You **CANNOT** use your Special Fund or your Special Fund debit card to purchase tests for which you will seek reimbursement under this benefit. However, you can use the Special Fund and Special Fund debit card to purchase tests that you or your covered family members need beyond the eight monthly reimbursable tests.

Note that you can also order up to four OTC COVID-19 tests for no cost from the Federal government at [COVIDTests.gov](https://www.covidtests.gov). Additionally, some local governments are currently distributing OTC COVID-19 tests free of charge at public locations such as libraries and fire stations. We encourage you to contact your local government to find out if this option is available in your area.

If you have any questions, please contact the Plan Office at the number shown above.

Sincerely,

BOARD OF TRUSTEES
MICHIGAN ELECTRICAL EMPLOYEES'
HEALTH PLAN

Please note that receipt of this description of benefit modifications is not a guarantee of coverage. You will only be eligible for benefits described herein if contributions are required to be made to the Fund on your behalf. The Board of Trustees reserves the right to amend, modify or terminate the Plan at any time.

Managed for the Trustees by: TIC INTERNATIONAL CORPORATION
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Summary Plan Description Updates

The **Diagnostic Services** section beginning on page 51 of the SPD is amended to revise the COVID-19 Testing paragraph to read as follows:

COVID-19 Testing

The Plan covers the following COVID-19 testing:

1. COVID-19 virus testing, if for in-vitro diagnostic testing that is authorized by the FDA or otherwise required by Federal law, and the related costs incurred during an office visit (including a telehealth visit), urgent care visit or emergency room visit which results in a COVID-19 test.
2. FDA approved, cleared or authorized over-the-counter (OTC) COVID-19 tests, also known as COVID-19 rapid tests, purchased by a Covered Individual on and after January 15, 2022. BCBSM will reimburse each Covered Individual for up to 8 test for personal use per calendar month. Testing kits with 2 tests in the box count as 2 tests toward this limit. For example, BCBSM will reimburse a family of 4 Covered Individuals for up to 32 tests (or 16 boxes, for testing kits purchased with 2 tests in the box) per calendar month.
3. As of January 15, 2022, the following tests are eligible for reimbursement:

- CareStart COVID-19 Antigen Home Test
- iHealth COVID-19 Antigen Rapid Test
- BD Veritor At-Home COVID-19 Test
- Ellume COVID-19 Home Test
- Celltrion DiaTrust COVID-19 Ag Home Test
- Flowflex COVID-19 Antigen Home Test
- SCoV-2Ag Detect Rapid Self-Test
- BinaxNOW COVID-19 Antigen Self-Test
- IntelliSwab COVID-19 Rapid Test
- QuickVue At-Home OTC COVID-19 Test
- BinaxNOW COVID-19 Ag Card 2 Home Test

To be reimbursed, you or your covered Dependent must purchase the test with out-of-pocket money, then submit the following to BCBSM:

- Receipt for the OTC COVID-19 test that includes the price, date and retailer
- Physical UPC label from the test kit box for verification that the test is FDA-approved, cleared or authorized
- Completed reimbursement and attestation form (available at: bcbsm.com/coronavirus).

Coverage for COVID-19 testing applies without regard to whether the test is provided or purchased in-network or out-of-network and no prior authorization or medical management requirements (except as otherwise noted above) will apply to the qualifying COVID-19 testing. Coverage will be provided consistent with the Families First Coronavirus Response Act or other applicable Federal law.

The Plan does not pay for:

1. Tests used for employment purposes
2. OTC COVID-19 tests purchased for purposes of resale
3. OTC COVID-19 tests purchased prior to January 15, 2022
4. OTC COVID-19 tests purchased using a flexible spending account, health reimbursement arrangement (including the Special Fund) or health spending account.