

**AMENDMENT #42
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
Together with its Respective Exhibits, Attachments and
Amendments thereto, (if any)
FOR
BILLINGS PUBLIC SCHOOLS EMPLOYEE HEALTH PLAN
(Hereafter the "Plan")**

Effective: March 18, 2020

Notwithstanding anything to the contrary contained herein, the Plan is modified in order to add the following:

1. **COVID-19 TESTING & VISITS.** This Plan will provide coverage for the following *Physician ordered* services and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance) whether provided by a network or non-network provider (if applicable), and without requiring medical management or prior authorization:
 - a) Diagnostic testing (including the administration), provided to a Plan Participant for the detection of COVID-19, or the diagnosis of the SARS-CoV-2 virus that causes COVID-19, that are approved, cleared or authorized under the Federal Food, Drug and Cosmetic Act (FD&C Act). In addition, the tests are to be:
 - i. subject to an emergency use authorization; or
 - ii. those for which the developer of such test has requested or intends to request emergency use authorization, unless the emergency use authorization has been denied or the developer fails to submit a request within a reasonable timeframe; or
 - iii. those developed in and authorized by a State that has notified the Secretary of HHS of its intention to review tests intended to diagnose COVID-19; or
 - iv. any other test that the Secretary of HHS determines appropriate in guidance.
 - b) Items and services furnished to a Plan Participant during a Physician visit (including office visits, urgent care visits and/or emergency room visits), that result in an order for or administration of diagnostic test, but only to the extent such items and services relate to the furnishing or administration of the diagnostic test or the evaluation of a Plan Participant to determine whether a test is necessary. Unrelated services performed during the diagnostic testing for COVID-19 will be payable per normal Plan provisions.
 - c) Telehealth consultations resulting in an order for or administration of a diagnostic test will be a covered charge under this Plan and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance).
 - d) Providers will be reimbursed for the diagnostic testing for COVID-19 at either the negotiated rate in effect before the public health emergency period or, if there is not a negotiated rate, at the cash price as listed by the provider on a public internet website or at an amount as required by applicable law.
2. **VACCINES AND IMMUNIZATIONS.** This Plan covers any qualifying coronavirus preventive service and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance) whether provided by a network or non-network provider (if applicable). A qualifying coronavirus preventive service is an item, service, or immunization intended to prevent or mitigate COVID-19 that is either (1) an evidence-based item or service with an "A" or "B" rating by the United States Preventive Services Task Force, or (2) an immunization recommended by the CDC Advisory Committee on Immunization Practices.

THIS AMENDMENT WILL TERMINATE WHEN THE PERIOD OF AN EMERGENCY OR DISASTER RELATED TO CORONAVIRUS (COVID-19) AS DECLARED BY THE PRESIDENT OF THE UNITED STATES HAS BEEN LIFTED, OR A PUBLIC HEALTH EMERGENCY RELATED TO CORONAVIRUS (COVID-19) AS DECLARED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES HAS BEEN LIFTED, AND/OR AS DETERMINED BY THE PLAN ADMINISTRATOR, WHICHEVER IS LAST.