

AMENDMENT AND SUMMARY OF MATERIAL MODIFICATION (SMM)  
No. 2  
EFFECTIVE MAY 12, 2023  
TO THE  
ST. LAWRENCE COUNTY HEALTH PLAN

St. Lawrence County (the "Employer") maintains the St. Lawrence County Health Plan (the "Plan") for the benefit of its eligible employees and their dependents and expressly reserves the right to amend the Plan at any time. As such, the Employer desires to amend the Plan to include the end of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b-5(g)) and end of the National Emergency as a result of the COVID-19 pandemic. Effective as of May 12, 2023, the Plan is amended in the following respects:

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- (1) Any reference in the Plan to the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b-5(g)) or to the National Emergency as a result of the COVID-19 pandemic shall mean the period beginning on March 1, 2020 and ending on May 11, 2023.
- (2) The end of the "Outbreak Period" for purposes of the "**Tolling of Certain Timeframes**" provision means the earlier of (A) one year from the Applicable Event Date (as that term is defined in your Plan) or (B) 60 days after May 11, 2023.
- (3) In vitro diagnostic tests for the detection of SARS-CoV2 or for the diagnosis of the virus that causes COVID-19 will continue to be Covered under the Plan after the end of the emergency period described above. As such, the "**In Vitro Diagnostic Test for the Detection of SARS-CoV-2**" under the "**Additional Benefits**" section of the Plan is amended to read as follows:

**In Vitro Diagnostic Test for the Detection of SARS-CoV-2.** The Plan will provide coverage for an in vitro diagnostic test defined in section 809.3 of title 21, Code of Federal Regulations (or successor regulations) for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such a test for members suspected of a COVID-19 infection, or suspected of having recovered from COVID-19 infection, that—

- (a) is approved, cleared, or authorized under section 510(k), 513, 515, or 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(k), 360c, 360e, 360bbb-3);
- (b) the developer has requested, or intends to request, emergency use authorization under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3), unless and until the emergency use authorization request under such section 564 has

been denied or the developer of such test does not submit a request under such section within a reasonable timeframe;

- (c) is 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
- (d) other tests that the Secretary determines appropriate in guidance.

and which have been determined to be medically appropriate for you by your attending provider.

In addition to the above, the Plan will provide coverage for any items and services provided during an office visit (including telehealth), urgent care center visit, or emergency room visit that relates to the furnishing or administration of the test or to the evaluation of the individual for purposes of determining the need for the test; and results in an order for or administration of such test. Such coverage will be provided when rendered by a Participating Provider or Non-Participating Provider. Such coverage will be subject to the same Cost-Sharing (i.e. Coinsurance, Copayments or Deductibles) that is applicable to any other lab or diagnostic test Covered under the Plan. Telehealth and any emergency room, urgent care center or office visits that are associated with such diagnostic testing will be subject to the same Cost-Sharing that applies to all other telehealth, emergency room, urgent care center or office visits under the Plan. Preauthorization requirements or any other medical management requirements may apply.

- (4) The following exclusion is added to the “**General Exclusion**” section of the Plan to read as follows:

**Over-the-Counter (OTC) Products.** Over-the-Counter products, drugs, medications, tests (including but not limited to COVID-19 OTC at home tests) or devices are not Covered under the Plan, unless otherwise required by law or otherwise specified as Covered in other sections of this Plan.

- (5) **COVID-19 Vaccine.** The Plan will continue to provide coverage for the COVID-19 vaccine in accordance with the recommendation made by the U.S. Preventive Services Task Force or CDC Advisory Committee on Immunization Practices. Such coverage will be provided without Cost-Sharing when rendered by a Participating Provider. When coverage is rendered by a Non-Participating Provider, it will be subject to the same Cost-Sharing that is applicable to adult immunizations or well child immunizations rendered by a Non-Participating Provider.
- (6) The Allowed Amount for any services described in this amendment and SMM that are rendered by a Non-Participating Provider, if a Covered Service under

the Plan, will be the same Allowed Amount that applies to all other Non-Participating Providers for the same or similar services.

If you have questions about these Plan changes, this amendment and SMM, or your SPD, please contact the Plan Administrator.

This amendment and summary of material modification is hereby adopted by St. Lawrence County as of the effective date set forth above.

**ST. LAWRENCE COUNTY**

*Janne Dorothy*  
Signature

Janne Dorothy  
Printed Name

Dir. of HR  
Title

08-29-2023  
Date