

**COVID-19 HOME TESTS AMENDMENT
TO THE
SUMMARY PLAN DESCRIPTION
for
NORTHWESTERN MEDICAL CENTER HSA PLAN- Group 2003097**

Effective March 1, 2022, the Northwestern Medical Center HSA Plan is amended as follows (red and *italics* means change/addition; ~~strikeout~~ means deletion):

Within "PHARMACY BENEFIT", "COST SHARING PROVISIONS - HSA (HDHP) PLAN" is replaced as follows:

COST SHARING PROVISIONS - HSA (HDHP) PLAN

The Deductible combined for Medical Benefits and Pharmacy Benefits will apply to all prescription drugs unless specifically indicated as waived. After the Deductible combined with Medical Benefits is satisfied, Prescriptions are subject to the Copayments.

Deductible per Benefit Period (Combined Medical/Pharmacy)
 Per Covered Person \$3,000
 Per Family \$6,000

Out-of-Pocket Maximum per Benefit Period (Combined Medical/Pharmacy)
 Per Covered Person \$5,000*
 Per Family \$10,000*

*Out-of-Pocket Maximum (combined medical and pharmacy) includes the Pharmacy Deductible and any applicable Pharmacy Copayments. Pharmacy Benefits are payable at 100% after satisfaction of the Pharmacy Out-of-Pocket Maximum for the remainder of the Benefit Period.

Copayment per Prescription (after Deductible)				
Drug Type	NMC and affiliated Pharmacies	Retail PBM Network	Mail Order	Specialty Drug (30-day supply)
Generic	\$5 (30-day) \$15 (90-day)	\$10 (30-day)	\$30 (90-day)	30%
Preferred Brand	\$20 (30-day) \$60 (90-day)	\$40 (30-day)	\$120 (90-day)	30%
Non-Preferred Brand	\$20 (30-day) \$60 (90-day)	\$50 (30-day)	\$150 (90-day)	30%

The following are payable at 100% and are not subject to any Deductible or Copayment:

1. Prescribed generic contraceptives or brand if generic is unavailable;
2. Smoking cessation products prescribed by a Physician or Licensed Health Care Provider; and
3. Over-the-counter (OTC) medications only when prescribed by a Physician or Licensed Health Care Provider, and only if listed as an A or B recommendation as a Preventive Service covered under the Affordable Care Act which can be viewed at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>
4. *COVID-19 home tests up to 8 tests per month.*

Within "MEDICAL BENEFIT EXCLUSIONS", as amended, item 50 is added numerically as follows:

50. *Charges for COVID-19 Home Tests. Coverage is provided as outlined in the Pharmacy Benefit.*

Nothing in this amendment is deemed to change any other provision of the Summary Plan Description of which it becomes a part.

NORTHWESTERN MEDICAL CENTER, INC.

BY:

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TITLE:

CEO