

**AMENDMENT
TO
YMCA OF THE FOX CITIES
EMPLOYEE HEALTH AND WELFARE PLAN**

Effective March 1, 2020, the **YMCA OF THE FOX CITIES EMPLOYEE HEALTH AND WELFARE PLAN** (the “Plan”) is hereby amended in the following manner:

ARTICLE VII – SUMMARY OF BENEFITS

In section 7.06 Summary of Medical Benefits:

Add the following language should be ADDED:

Covered Medical Expenses	Network	Non-Network	Limits
Testing for the 2019 Novel Coronavirus (COVID-19)	100%, Deductible, Coinsurance & Copayments waived	100%, Deductible, Coinsurance & Copayments waived	No Prior Authorization is required. Medically Necessary treatment of COVID-19 shall be covered by the plan in accordance with the Plan’s guidelines.

ARTICLE VIII – MEDICAL BENEFITS

In section 8.01 Medical Benefits:

The following should be ADDED for “2019 Novel Coronavirus (COVID-19)”:

2019 Novel Coronavirus (COVID-19). Covered Expenses associated with testing of COVID-19 include the following:

- *Diagnostic Tests.* The following items are covered at 100%, deductible waived, and do not require Pre-Certification:
 - In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 that are approved, cleared, or authorized by the FDA, including all costs relating to the administration of such in vitro diagnostic products.
 - Items and services furnished during an office visit (including both in-person and telehealth), urgent care visit, or emergency room visit which results in an order for or administration of an in vitro diagnostic product described above. Such items and services must relate to the furnishing of such diagnostic product or evaluation of the individual for purposes of determining the need for such product.

The above benefits are specific to Diagnosis of COVID-19. Participants who have been diagnosed with COVID-19 will continue to receive all other benefits covered by the Plan, in accordance with the Plan’s guidelines.

Telehealth. The services for telemedicine services with PPO In-Network Providers ONLY. Services shall be covered by the plan in accordance with the Plan's guidelines. Cost sharing provisions such as Deductible, Coinsurance and/or Copayments may apply, depending upon the type of services rendered, with the exception of COVID-19 Test and associated costs as stated above.

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By: William R. Brecht, III
Signature

Title: President / CEO

Date: 3/27/2020