

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

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800-523-4702 • www.neibenefits.org

Summary of Material Modifications

February 2022

To: All Participants in the National Elevator Industry Health Benefit Plan, I.U.E.C. Locals and Regional Directors

From: Robert O. Betts, Jr., Executive Director for the Board of Trustees

Re: **UPDATE:** Plan Coverage of OTC COVID-19 Tests and COVID-19 Test Kit Network Solution

Dear Participant:

This Announcement updates the Announcement issued late January notifying you of the Plan's coverage of FDA approved over-the-counter COVID-19 at-home diagnostic tests (**OTC COVID-19 Tests** or **Test Kits**) you obtain without an order or individualized clinical assessment by a health care provider. Specifically, we announced that with respect to OTC COVID-19 Tests obtained on and after January 15, 2022, the Plan would cover the full cost of as many as eight (8) OTC COVID-19 Tests, per Covered Individual, per 30-day period that are *not* ordered by an attending health care provider. (An OTC COVID-19 Test that is ordered by an attending health care provider does not count against this limit.)

The prior Announcement also noted that the Plan was working with Express Scripts (the Plan's network provider of prescription drugs) on an in-network/mail order solution that would make it easier for you to obtain OTC COVID-19 Tests at no cost at participating pharmacies and through mail order.

We are pleased to announce that the Plan is now enrolled in Express Scripts' COVID-19 Over-the-Counter Test Kit Network Solution ("COVID-19 Test Kit Solution").

OTC COVID-19 TEST BENEFIT

The Plan provides 100% coverage (subject to the out-of-network reimbursement and number of tests limits described below) for FDA approved OTC COVID-19 Tests that are not purchased with a prescription or order from your health care provider. OTC COVID-19 Tests must be purchased for personal use and not solely for employment purposes or resale. Test Kits purchased before January 15, 2022, are not covered.

Obtaining OTC COVID-19 Tests.

To help make it easier for you to obtain Test Kits, the Plan has enrolled in Express Scripts' COVID-19 Test Kit Solution. Through this program, you now have three ways to obtain Test Kits:

- **At the Pharmacy Counter of In-Network Retail Pharmacies.**
 - Call your in-network retail pharmacy to see if they have Test Kits available.
 - Take your Express Scripts ID card to the network retail pharmacy.
 - **Bring your Test Kits to the pharmacy counter, not the regular checkout lane.**
 - Check out at the pharmacy counter and show your ID card. Your Test Kits should automatically ring up at no cost to you.
- **Home Delivery through Express Scripts Pharmacy.**
 - Log in at www.express-scripts.com.
 - Click "Order At-Home COVID-19 Tests" on the home page.
 - Submit your order.
 - Get tests shipped directly to you from Express Scripts Pharmacy.

! To find a network retail pharmacy, log in at www.express-scripts.com and click "Find a Pharmacy." You can also use Express Script's mobile app.

- **Reimbursement for the OTC COVID-19 Test Kits you purchase on or after January 15, 2022.**

If you don't obtain your OTC COVID-19 Tests at an in-network pharmacy or are otherwise charged for your Test Kits, you can submit a claim on the attached form for your receipt for reimbursement of up to \$12 per OTC COVID-19 Test online, or if you do not have a claim form:

- Log in at www.express-scripts.com.
- Click "Start a Claim" to upload a Prescription Drug Reimbursement / Coordination of Benefits Claim Form, complete the form in accordance with its instructions (making sure you check the box "Covid Test Kit"), sign and date the form, and mail or fax your completed claim form and copies of your receipts to Express Scripts at:

Via Mail:
Express Scripts
Attn: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

Via Fax: 608-741-5475

Limitations.

- **Quantity Limit**

You and your eligible dependents are limited to eight (8) OTC COVID-19 Tests (that are **not** purchased with a physician's order or prescription) per Covered Individual per 30-day period. In applying this limit, the Plan will count each test separately, even if multiple tests are sold in one package. For example, if you are married with one eligible dependent Child, the Plan will cover no more than 24 tests per 30-day period (that is, 8 for each Covered Individual).

- **Reimbursement Limit**

OTC COVID-19 Tests mailed directly to you through Express Scripts Pharmacy and OTC COVID-19 Tests you obtain at the pharmacy counter of any in-network retail pharmacy should be **free with no upfront payment**. However, if you purchase a Test Kit from an out-of-network retail pharmacy, other merchant or online retailer, or have to pay out-of-pocket for the Test Kit for any reason (e.g., you forgot your Express Scripts ID card or purchased your Test Kit at a regular checkout lane rather than the pharmacy counter of an in-network pharmacy), your reimbursement will be limited to the lower of **\$12.00 per OTC COVID-19 Test** (\$24.00 per two-pack Test Kit) or the actual price you paid for the OTC COVID-19 Test.

- **These Limitations Do Not Apply to Test Kits Ordered by Your Physician**

The Quantity and Reimbursement Limits listed above do not apply to COVID-19 testing ordered by your health care provider.¹

- **Other Limitations.**

- OTC COVID-19 Tests purchased prior to January 15, 2022 are not covered.
- OTC COVID-19 Tests not purchased for your personal use nor the use of your eligible dependents are not covered.
- OTC COVID-19 Tests purchased solely for employment purposes are not covered.

- **Free Test Kits through the Federal Government.**

The federal government is making available a half-billion OTC COVID-19 Tests to the American public beginning on January 19, 2022. These free tests are available to all households. Tests can be ordered online at www.covidtests.gov and will initially be limited to four (4) tests per residential address.

¹ For more information on the Plan's coverage for COVID-19 Diagnostic Testing ordered by a health care provider see the Plan's May 2020 Summary of Material Modifications available online at: neibenefits.org/important-information-about-coronavirus-related-benefits/.

Notices

Disclosure of Grandfather Status

The Board of Trustees of the National Elevator Industry Health Benefit Plan believes the Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (ACA). As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at National Elevator Industry Health Benefit Plan Board of Trustees, c/o Robert O. Betts, Jr., 19 Campus Blvd, Suite 200, Newtown Square, PA 19073-3288, (800) 523-4702, Options 3, 5 then 2. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Regarding the Plan's Notice of Privacy Practices

The privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require health plans, such as the NEI Health Benefit Plan, to protect the confidentiality of your protected health information (PHI). PHI is defined under HIPAA and generally includes individually identifiable health information created or received by the Plan.

The NEI Health Benefit Plan will not use or disclose your PHI except as is necessary for treatment, payment, health plan operations and plan administration, or as permitted or required by law, or as otherwise authorized by you. In addition, the Plan requires business associates that create or receive PHI on behalf of the Plan to observe the privacy rules with respect to such PHI.

You have certain rights under the privacy rules with respect to your PHI, including the right to see and copy the information, to receive an accounting of certain disclosures of the information and to amend the information in certain circumstances. You also have the right to file a complaint with the Plan or with the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Your rights with respect to your PHI are explained in greater detail in the NEI Health Benefit Plan's Notice of Privacy Practices. The Notice also describes how the Plan uses and discloses PHI.

If you would like to see (or obtain a copy of) the Plan's Notice of Privacy Practices, please contact Member Services at the Benefits Office or visit our website www.neibenefits.org.

Women's Health and Cancer Rights Act of 1998

If a participant receiving benefits under the NEI Health Benefit Plan elects breast reconstruction, in connection with a mastectomy, coverage will be provided under the Plan in a manner determined in consultation with the attending physician and the patient for:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, the plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you have any questions regarding this Notice of Rights, please contact Member Services at the Benefits Office or the Plan Administrator.

ACA Nondiscrimination Notice

The National Elevator Industry Health Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The National Elevator Industry Health Benefit Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Medical Benefits provided under this Plan are afforded without regard to an individual's sex assigned at birth, gender identity, or gender.

When necessary, the National Elevator Industry Health Benefit Plan will provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). The National Elevator Industry Health Benefit Plan also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages upon request. If you need these services, contact Robert Betts.

If you believe that the National Elevator Industry Health Benefit Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Robert Betts, Executive Director, National Elevator Industry Health Benefit Plan, 19 Campus Blvd., Suite 200, Newtown Square, PA 19073, 610-325-9100 extension 2200, 610-325-9028 (fax) or civilrightscordinator@neibenefits.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Robert Betts, Executive Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-325-9100 ext. 2200.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-325-9100 ext. 2200.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-610-325-9100 ext. 2200.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-325-9100 ext. 2200.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-610-325-9100 ext. 2200.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-610-325-9100 ext. 2200. 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-610-325-9100 ext. 2200.

9100-325-610-1 ext. 2200. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-610-325-9100.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-325-9100 ext. 2200.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-610-325-9100 ext. 2200..

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-610-325-9100 ext. 2200.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-610-325-9100 ext. 2200.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-610-325-9100 ext. 2200 पर कॉल करें।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń

Prescription Drug Reimbursement / Coordination of Benefits Claim Form

Did you know that you can now submit your prescription claims to us electronically?

Log in to express-scripts.com and select Benefits > Forms & Cards



EXPRESS SCRIPTS®

>> Cardholder Information *See your prescription drug ID card.*

Group No.

Member ID

Member Name First Last

Street Address

City State ZIP

>> Patient Information

Patient Name First Last

Patient Date of Birth (Month/Day/Year)

Sex Relationship to Plan Member

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> 1 Self | <input type="checkbox"/> 5 Disabled Dependent |
| <input type="checkbox"/> Male | <input type="checkbox"/> 2 Spouse | <input type="checkbox"/> 6 Dependent Parent |
| | <input type="checkbox"/> 3 Eligible Child | <input type="checkbox"/> 7 Non-spouse Partner |
| | <input type="checkbox"/> 4 Dependent Student | <input type="checkbox"/> 8 Other |

>> Pharmacy Information

Name of Pharmacy

Street Address

City State ZIP

Telephone (include area code)

Is this an on-site nursing home pharmacy? ☐ Yes ☐ No

I hereby certify that the charge(s) shown for the medication(s) prescribed is correct and agree to provide Express Scripts or its agents reasonable access to records related to medication dispensed to this patient in accordance with applicable law. I further recognize that reimbursement will be paid directly to the plan member and assignment of these benefits to a pharmacy or any other party is void.

☒ Signature of Pharmacist or Representative

NCPDP/NPI Required

>> Acknowledgment

I certify that the medication(s) described was received for use by the patient listed above, and that I (or the patient, if not myself) am eligible for prescription drug benefits. I certify that the medication(s) described were not for an on-the-job injury. By completing this form, I recognize that reimbursement will be paid directly to me and that assignment of these benefits to a pharmacy or any other party is void.*

☒ Signature of Member

Date

*If allowed by law, you may assign the payment of this claim to your pharmacy. If your pharmacy is willing to accept assignment, do not complete this form. Please request that your pharmacy contact Pharmacy Services at 800.922.1557 for assistance.

>> Claim Receipts

Tape receipts or itemized bills on the back.

Check the appropriate box:

☐ **Compound Prescription**

Make sure your pharmacist lists ALL the VALID NDC numbers, cost and quantities for each ingredient on the back of this form and attach receipts.

☐ **Medication Purchased Outside of the United States**

Country

Currency used

☐ **Allergy Medication**

☐ **Covid Test Kit**

Kit Name

Kit Code (NDC/UPC)

Number of Kits

Tests per Kit

Purchase Date

This test was purchased by the customer for personal use or the use of a covered plan member and was not purchased for employment purposes. This test will not be reimbursed by another source nor placed for resale.

Coordination of Benefits

Mark the appropriate box for your primary coverage method.

Did another insurance pay for all/part of this claim?

☐ Yes ☐ No

Is an Explanation of Benefits included?

☐ Yes ☐ No

Is this a discount card claim?

☐ Yes ☐ No

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any materially false, deceptive, incomplete, or misleading information pertaining to such claim may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal or civil penalties, including fines and/or imprisonment or denial of benefits.†

Please tape your receipts here. **Do not staple!** If you have additional receipts, tape them on a separate piece of paper

Receipts must contain the following information:

- Receipts must contain the following information:**

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and day supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

- List the VALID 11-digit NDC number for EACH ingredient used for the compound prescription.
- For each NDC number, indicate the “metric quantity” expressed in the number of tablets, grams, milliliters, creams, ointments, injectables, etc.
- For each NDC number, indicate cost per ingredient.
- Indicate the TOTAL charge (dollar amount) paid by the patient.
- Receipt(s) must be attached to claim form.

[illegible]

Date Filled / / Day Supply Quantity

Valid 11-digit Ingredient NDC

Metric Quantity

Ingredient Cost

[illegible]**Total charge**

□ □ □ □ □ □ □

1. Always present your prescription drug ID card at the participating retail pharmacy.
2. Use this form when you have paid full price for a prescription drug at a retail pharmacy or need to submit claims under Coordination of Benefits rules.
3. **You must complete a separate claim form for each pharmacy used and for each patient.**
4. You must submit claims within 1 year of date of purchase or as required by your plan.
5. **Be sure your receipts are complete.**
In order for your request to be processed, all receipts must contain the information listed at the top of this page. Your pharmacist can provide the necessary information if your claim or bill is not itemized.
6. The plan member should read the acknowledgment carefully, and then sign and date this form.

7. Return the completed form and receipt(s) to:

Express Scripts
ATTN: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

8. You may also **fax your claim form to: 608.741.5475.**

Please use one claim form per fax.
Do not combine claims for different
members in the same fax submission.

Additional Coordination of Benefits Instructions

Another Health Plan Paid

You must first submit the claim to the primary insurance carrier. Once the statement from the primary plan is received from the primary carrier, complete this form, tape the original prescription receipts in the spaces provided at the top of this page, and attach the statement from the primary plan, which clearly indicates the cost of the prescription and what was paid by the primary plan.

Prescription Drug Programs or HMO Plans
Retail pharmacies

If the primary plan is one in which a copayment or coinsurance is paid at a retail pharmacy, then no EOB is needed. Just complete this form and attach the prescription receipt(s) that shows the copayment or coinsurance amount paid at the pharmacy. The receipt(s) will serve as the EOB.

Express Scripts® Pharmacy

If the primary plan is mail order, complete this form and attach either the prescription receipt(s) that shows the copayment or coinsurance amount paid to the mail-order pharmacy or the statement of benefits you receive from the mail-order pharmacy.

[†] **California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

