

## ELECTRICAL WORKERS HEALTH AND WELFARE FUND

February, 2022

RE: Coverage for FDA Approved At-Home COVID-19 Tests as of January 15, 2022

All Plan Participants:

The U.S. Department of Labor recently issued guidance requiring health plans to cover 100% of the cost of at-home COVID-19 tests purchased through the pharmacy network, effective January 15, 2022, and through the duration of the declared public health emergency related to COVID-19.

The Electrical Workers Health and Welfare Fund will provide coverage for at-home over the counter (OTC) COVID-19 tests subject to the following:

- At-home OTC COVID-19 tests are covered if purchased on or after January 15, 2022, and through the end of the declared public health emergency related to COVID-19.
- Only FDA approved tests will be covered under this program. Please go to [www.fda.gov](http://www.fda.gov) to learn which tests are currently FDA approved. The exact link is here: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2>
- Coverage is provided for up to eight (8) tests per covered individual under the Plan in a 30-day period, with the initial 30-day period beginning on January 15, 2022.
- Covered tests include only those for at-home, medically necessary use by the participant or dependents. Tests for employment purposes or resale will not be covered or reimbursed. Prior authorization by a medical provider or prescription are not required.

There are three ways that you can receive at-home OTC COVID-19 tests:

### **1. Use Prime Therapeutics' pharmacy network.**

The Fund's pharmacy benefit manager Prime Therapeutics is using its largest, broadest network of contracted pharmacies to allow participants and dependents to conveniently obtain at-home OTC tests. Go to [primetherapeutics.com](http://primetherapeutics.com) to find a Prime Therapeutics network pharmacy near you. Present your Health Fund card to a network pharmacy at point of sale to receive your FDA approved test(s) at no cost to you. Prime Therapeutics' network pharmacies have a list of OTC diagnostic COVID-19 antigen test kits that are FDA approved that qualify for \$0 copay. You can also request that your retail pharmacy ship the test kits to your home. Please note that we cannot guarantee that all pharmacies will have FDA approved tests in stock and you may wish to call ahead.

## **2. From an out-of-network pharmacy.**

For at-home OTC COVID-19 tests purchased from an out-of-network vendor, the Fund will reimburse you for the actual cost of the test or \$12 per test, whichever is less. In order to be reimbursed, you must submit a reimbursement claim form and include an itemized receipt that includes the UPC code, the name of the vendor, the date of purchase, and the number of tests purchased. If you are seeking reimbursement for a dependent, you must list the dependent for whom the tests are for. In addition, you must attest that the purchased tests are for personal use, not for employment purposes, will not be reimbursed by another source and are not for resale. If you would like a copy of the reimbursement claim form, please contact Wilson-McShane Corporation at 218-724-8883 or visit the Fund's website at [www.ibew242and294benefits.com](http://www.ibew242and294benefits.com).

Completed forms and receipts should be mailed to the following address for reimbursement:

Electrical Workers Health and Welfare Fund  
Wilson-McShane Corporation  
2002 London Road, Suite 300  
Duluth, MN 55812

Participants can also fax their claim form and receipts to 218-728-4773 or email them to [ibew242.294@wilson-mcshane.com](mailto:ibew242.294@wilson-mcshane.com).

## **3. From the Federal government via USPS.com.**

Residential households in the U.S. can order one set of four free at-home COVID-19 tests from USPS.com. Here is what you need to know about your order:

- Limit of one order per residential address.
- One order includes four individual rapid antigen COVID-19 tests.
- Orders will ship free starting in late January.
- On-line orders can be made through <http://www.usps.com/covidtest>

If you have any questions about purchasing at-home OTC COVID-19 tests or reimbursement, please contact Wilson McShane Corporation at 218-724-8883.

# ELECTRICAL WORKERS HEALTH AND WELFARE FUND

## COVID-19 OVER THE COUNTER AT-HOME TESTING REIMBURSEMENT FORM

A SEPARATE CLAIM FORM MUST BE SUBMITTED FOR EACH PERSON COVERED UNDER THE PLAN

Please use this form to request reimbursement of your COVID-19 Over the Counter (OTC) At-Home Test.

To be eligible, the following criteria must apply:

- The at-home test must be approved for use under the Emergency Use Authority (EUA) of the FDA.
- Only for COVID-19 OTC tests purchased on or after 1/15/2022 and through the end of the COVID-19 Federal Public Health Emergency (PHE), as determined by the Secretary of Health and Human Services.
- Reimbursement is limited to eight (8) tests per participant or dependent under the Plan in a thirty-day period, with the initial thirty-day period beginning on 1/15/22. Each covered participant or dependent must submit a separate claim form to receive reimbursement. If you receive tests with a \$0 copay from a Prime Therapeutics in-network pharmacy it counts against the eight (8) test limit.
- Reimbursement is limited to the lesser of the actual cost of the test or \$12.00 for tests purchased out-of-network (*i.e.*, tests that are not purchased through the Prime Therapeutics pharmacy network).

Participant information:		
Last Name:	First Name:	Birthdate:
Participant: <input type="checkbox"/>	Dependent: <input type="checkbox"/>	
Is testing for employment purposes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street address:	City:	State and Zip Code:
Phone No:	E-Mail:	

How to submit your claim:

1. Complete all applicable blanks on the form.
2. Attach a copy of the itemized receipt. The itemized receipt must include:
  - Name of vendor the test was purchased from,
  - UPC – the Universal Product Code or UPC is usually found on the back of the product,
  - Date(s) of purchase,
  - Number of tests purchased, and
  - Individual charge for each COVID-19 OTC test purchased.
3. If you have other health care coverage primary to your Electrical Workers Health and Welfare Fund coverage, submit a claim to your primary Plan first. Then, when you submit this claim, include a copy of the Explanation of Health Care Benefits you received from your primary coverage.

**Note:** There will be delays of up to 45 days in sending out reimbursement checks due to Wilson-McShane Corporation coordinating with in-network pharmacies to ensure that no more than eight (8) tests per 30 days are covered.

Mail this form to: Wilson-McShane Corporation  
2002 London Road, Suite 300  
Duluth, MN 55812  
Fax: 218-728-4773  
Email: [ibew242.294@wilson-mcshane.com](mailto:ibew242.294@wilson-mcshane.com)

I certify that the COVID-19 OTC test(s) I am requesting reimbursement for are for personal use, are not for employment purposes, have not been (and will not be) reimbursed by another source, and are not for resale. I attest that the statements provided by me are correct and acknowledge that I will refund the Electrical Workers Health and Welfare Fund duplicate payments to myself (if any) because of coordination of benefits.

Signature: \_\_\_\_\_

Date signed \_\_\_\_\_