

Local 434 Fringe Benefit Funds

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Re: Coverage of Over-the-counter (OTC) COVID-19 Tests

As you may have heard, group health plans, such as the Plan, will now cover at-home COVID-19 tests. This letter is to inform you of this new COVID-19 testing benefit offered through the Plan. You should check the Plan's website www.ualocal434-mca-healthfund.com for the most up-to-date information on this benefit. You will also receive a summary of material modifications to update the rules in your summary plan description in the near future.

Note that you can also order up to 4 at-home COVID-19 tests for no cost from the Federal government at COVIDTests.gov. Additionally, some local governments are distributing OTC COVID-19 tests free of charge at public locations such as libraries and fire stations. We encourage you to contact your local government to find out if this option is available in your area.

The Plan will cover FDA-approved, cleared or authorized OTC COVID-19 tests, also known as COVID-19 rapid tests, purchased by you or your covered Dependents on and after January 15, 2022 through the end of the COVID-19 public health emergency, consistent with the Families First Coronavirus Response Act or other applicable Federal law. The public health emergency is currently set to expire April 15, 2022, but may be extended.

You and each of your covered Dependents can purchase up to 8 tests for personal use per calendar month. Testing kits with 2 tests in the box count as 2 tests toward this limit. For example, the Plan will cover up to 32 tests (or 16 boxes, for testing kits purchased with 2 tests in the box) per calendar month for a family of 4. Tests used for employment purposes or for purposes of resale are not covered or reimbursable under this benefit.

As of January 15, 2022, the following tests are FDA-approved, cleared or authorized:

- CareStart COVID-19 Antigen Home Test
- iHealth COVID-19 Antigen Rapid Test
- BD Veritor At-Home COVID-19 Test
- Ellume COVID-19 Home Test
- Celltrion DiaTrust COVID-19 Ag Home Test
- Flowflex COVID-19 Antigen Home Test
- SCoV-2Ag Detect Rapid Self-Test
- BinaxNOW COVID-19 Antigen Self-Test
- InteliSwab COVID-19 Rapid Test
- QuickVue At-Home OTC COVID-19 Test
- BinaxNOW COVID-19 Ag Card 2 Home Test

For the most up-to date list of FDA-authorized tests, see <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>.

To be reimbursed for OTC COVID-19 tests purchased on and after January 15, 2022, you or your covered Dependent must:

1. Complete and sign a reimbursement and attestation form affirming that the test was used for personal reasons and not for employment or resale purposes. The reimbursement and attestation form can be found at <https://www.ualocal434-mca-healthfund.com/> or by contacting the Plan Office.

2. Submit the completed reimbursement and attestation form along with all documentation specified on the form.

You **CANNOT** use your Dollar Bank Reimbursement Program account to purchase tests for which you will seek reimbursement under this benefit. However, you can use your Dollar Bank Reimbursement Program account to purchase tests that you or your covered family members need beyond the 8 monthly reimbursable tests.

Finally, as a reminder, the Plan is a self-funded health plan, and as such, the Plan directly funds the costs for covered claims, including this OTC COVID-19 test benefit. The Trustees encourage you to be a wise consumer of health benefits and a good steward for the Plan. You can reduce the cost to the Plan, which as you know is funded by your hourly contributions, by first ordering test kits from the Federal government as discussed above at [COVIDTests.gov](https://www.covidtests.gov) before purchasing any additional needed kits at the pharmacy.

If you have any questions, please contact the Plan Office at the number shown above.

LOCAL 434 HEALTH AND WELFARE FUND

3001 METRO DRIVE, SUITE 500, BLOOMINGTON, MN 55425

Over-the-Counter (OTC) COVID-19 Test Kit Reimbursement Form

For FDA-authorized OTC COVID-19 tests purchased on/after January 15, 2022 during the U.S. COVID-19 public health emergency

Participant Information

Participant's Name - Please Print

ID Number

Address

City

State

Zip Code

Attach receipts and UPC labels (barcodes) for each FDA-authorized or approved OTC COVID-19 test kit expense listed below when submitting this form. Credit card statements, canceled checks, estimated expenses, etc. are not valid documentation. Please see your Summary Plan Description for more details on the claims process. This reimbursement benefit is limited to 8 individual FDA-authorized or approved OTC COVID-19 tests per covered person per month (a test kit box with 2 tests = 2 individual tests).

You must complete all fields below and submit receipts and UPC labels from test kits for reimbursement.

	Purchase Date	Retailer (you must submit receipt)	UPC Code on Box (you must submit package's UPC label)	Number of Tests in Box	Covered Person to be Tested (full name and relationship)	Amount: actual cost
Test Kit #1						\$
Test Kit #2						\$
Test Kit #3						\$
Test Kit #4						\$
Test Kit #5						\$
Test Kit #6						\$
Test Kit #7						\$
Test Kit #8						\$
<i>Attach additional pages if necessary.</i>					Total Reimbursement Claim	\$

Participant Attestation By signing below, I attest that all OTC COVID-19 test kits for which reimbursement is requested on this form:

1. Were purchased while I was eligible for Plan coverage, on or after January 15, 2022, and during the COVID-19 public health emergency declared by the Secretary of the U.S. Department of Health and Human Services (HHS);
2. Are for personal use by me or my dependents who were covered by the Plan at the time of purchase;
3. Were not purchased as a condition of employment or for employment purposes;
4. Have not been otherwise reimbursed, nor will they otherwise be reimbursed, through any other source;
5. Will not be re-sold.

I understand that I alone am fully responsible for the sufficiency, accuracy, and truthfulness of all information relating to the claims on this form and any falsification of material fact or breach of the above attestations may subject me to full repayment of such reimbursed testing kit(s) to the Plan and may result in my loss of coverage under the Plan.

Participant's Signature

Date