

United Food & Commercial Workers Local Union #1189 and St. Paul Food Employers Health Care Plan

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TO: United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan Participants

COVID-19 Tests Available Directly from the Government

The United States government is providing up to 4 free at home COVID test kits per household. You can place your order for these at home COVID tests at www.covidtests.gov. The test kits are expected to be shipped out 7 to 12 days after the order date to most residential addresses through the USPS.

Coverage of At-Home COVID-19 Tests as of January 15, 2022

The United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan (“Plan”) will provide coverage for at-home over-the-counter (“OTC”) COVID-19 test kits purchased on and after January 15, 2022 subject to the following provisions:

- ***The Plan will only cover COVID-19 test kits available “over the counter” that have been approved by the FDA for use at home or elsewhere without involvement of a health care provider*** and purchased from January 15, 2022 through the end of the COVID-19 Public Health Emergency that was declared by the Department of Health and Human Services. Please go to www.fda.gov to learn which tests are currently FDA approved or check the packaging on the test kit before purchasing.
- The Plan will cover 100% of the cost (no Deductible or Copay) for up to eight (8) at-home OTC COVID-19 test kits per Participant and Dependent covered under the Plan each calendar month.
 - You must purchase the OTC COVID-19 test at the pharmacy counter of a pharmacy in the Sav-Rx network and present your Plan Prescription card at the time of purchase. If the in-network pharmacy is set up to process test kits in the same manner as a prescription, you will not pay any amount for the OTC COVID-19 test kits at the time of purchase. If you already purchased an at-home OTC COVID-19 test kit at a Sav-Rx network pharmacy on or after January 15, 2022 but paid for it out-of-pocket, please submit your receipt and a separate claim form for each covered person to Sav-Rx as described below.
 - Some pharmacies in the Sav-Rx network are not set up to process at-home OTC COVID-19 test kits in the same manner as a prescription. You must pay 100% of the cost for at-home OTC COVID-19 test kits you purchase at one of these pharmacies. The Plan will reimburse you for the entire cost of these at-home OTC COVID-19 test kits if you save your receipt of purchase and submit the receipt along with a completed “Over-The-Counter (OTC) COVID-19 Test Kit Claim Reimbursement Request” form to Sav-Rx at its address noted on the reimbursement request form. Remember you must submit a separate completed OTC COVID-19 test kit claim reimbursement for each purchase for each covered individual. Reimbursement request forms are available at www.savrx.com. A sample claim form is also attached to this Notice.

- Plan reimbursement for at-home OTC COVID-19 test kits that you **do not purchase** at a Sav-Rx in-network pharmacy will be limited to the cost of the test or \$12, whichever is less. You are responsible for any amount that you pay in excess of \$12 for an at-home OTC COVID-19 test kit purchased at a pharmacy that is not in the Sav-Rx network, or from any other retailer or supplier. The Plan will not count these costs towards your Prescription Drug Benefit Annual Out-of-Pocket Maximum.
 - Save your receipt of purchase and submit the receipt along with a completed “*Over-The-Counter (OTC) COVID-19 Test Kit Claim Reimbursement Request*” form to Sav-Rx at its address noted on the reimbursement request form. Reimbursement request forms are available www.savrx.com. A separate reimbursement claim form must be completed for each covered individual.
- The Plan will cover only OTC COVID-19 test kits for at-home medical use by you or your covered household family members. The Plan will not cover or reimburse any portion of the cost of OTC COVID-19 test kits purchased for employment purposes or resale.

The above provisions only apply to at-home OTC COVID-19 test kits and do not affect previous Plan provisions regarding coverage of non-at-home OTC COVID-19 test kits.

Questions

Federal and state agencies are frequently releasing new information and guidance about COVID-19. This means the information above is subject to change. If you have any questions about the Plan’s coverage of at-home COVID-19 test kits or your pharmacy benefits in general, please call the Fund Office at (952) 854-0795 or toll-free at (800) 535-6373 or email ufcw1189benefits@wilson-mcshane.com.



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OVER-THE-COUNTER (OTC) COVID-19 TEST KIT CLAIM REIMBURSEMENT REQUEST

These items will be required for reimbursement:

1. Proof of purchase (e.g. an original receipt from the pharmacy or a photo of the receipt), including the purchase price and date of purchase
2. This form filled out and signed

To submit, please send this form to one of the two options:

1. **Email:** covidtest@savrx.com
2. **Mail:**
ATTN: COVID-19 Test
Sav-Rx
224 N. Park Ave
Fremont, NE 68025

PATIENT INFORMATION

Cardholder Name: _____

Card ID: _____

Group: _____

Patient Name: _____

Patient Date of Birth: _____

Telephone: _____

Address: _____

City, State, Zip: _____

Number of OTC COVID-19 Tests: _____

Name of OTC COVID-19 Test(s): _____

UPC or NDC (typically by the barcode on tests): _____

Date of Purchase: _____

ATTESTATION

I, the undersigned, _____ certify under penalty of law 1) that all information provided on this form is truthful and accurate, 2) that I purchased the OTC COVID-19 test(s) included in this reimbursement request for my own personal use (or for the use of my eligible dependent under my health plan) and *not* for employment purposes, 3) that the OTC COVID-19 test(s) have not been (and will not be) reimbursed by another source; and 4) that the OTC COVID-19 test(s) will not be resold. I understand that, if any material fact herein is false, I will be required to repay in full any amounts reimbursed to me by the Plan.

Signature _____ Date _____