**Hagerstown Teamsters and Motor Carriers Health and Welfare Fund**
**10312 Remington Drive**
**Hagerstown, Maryland 21740**
**(301) 733-2602**
**(800) 962-3972**

**January 2022**

**2019 SPD SMM 4**
**TO**
**ALL ELIGIBLE ACTIVE EMPLOYEES**

The Board of Trustees of the Hagerstown Teamsters and Motor Carriers Health and Welfare Fund ('Fund") have made the following changes to the Fund's Summary Plan Description ("SPD"). Please keep this Summary of Material Modification ("SMM") with your SPD for reference.

## ITEM 1. COVERAGE OF COVID-19 TESTS NOT MEDICALLY PRESCRIBED

Effective January 15, 2022, the Fund will cover the cost of over-the-counter (OTC) COVID-19 tests, even if not prescribed by a medical provider or pharmacist. This change is being made to comply with regulatory guidance issued by the Department of Health and Human Services and is subject to the following rules and limitations.

- The Fund will only cover the costs of OTC COVID-19 tests that are approved by the Food and Drug Administration (FDA);
- The Fund will cover the cost of such tests purchased on or after January 15, 2022;
- In order to ensure coverage of the full cost of the test, members must purchase the test at a CVS/Caremark location;
- The cost of COVID-19 tests purchased at out-of-network (ie, retail stores or pharmacies that are not part of the CVS/Caremark network) will be covered by the Fund, but only up to $12 per test;
- To automatically obtain coverage under the Fund, please present your CVS/Caremark prescription ID card at the time of your purchase from a CVS/Caremark location.
- You can also obtain coverage by manually completing and submitting a request for reimbursement to CVS/Caremark:
    - Requests can be manually submitted either online at www.caremark.com or via the CVS/Caremark mobile app; requests can also be completed by using the attached form and mailing to: CVS/Caremark, PO Box 53992, Phoenix, AZ 85072-3992; Do not send the Reimbursement Forms to the Fund Office. Send only to CVS/Caremark.
    - You will be required to provide a receipt; you will also be required to confirm that the test was purchased for personal use;
    - To help the Fund avoid the costs of manual processing of requests, we encourage you to utilize automatic coverage by using your prescription ID card at a CVS/Caremark location;
- Each individual on your Fund coverage can obtain up to 8 COVID-19 tests per month under these rules.

The restrictions above do not apply to COVID-19 tests that are medically prescribed by a medical provider or pharmacist; coverage of COVID-19 tests, for example, that are prescribed by your doctor are not subject to a limitation of 8 per individual per month. Many local or state governments are also providing free OTC tests distributed, ie, through libraries, schools or other

community sites. Check with your local health department to find out times and locations for free test distribution.

This SMM is effective through the end of the National Emergency related to COVID-19 (currently extended through April 17, 2022. If the National Emergency related to COVID-19 is extended, then the provisions in this SMM is extended.

## ITEM 2. BOARD OF TRUSTEES

The current Board of Trustees is as follows:

| | |
|---|---|
| Tom W. Krause, Chairman<br>Teamsters Local Union No. 992<br>10312 Remington Drive<br>Hagerstown, MD 21740 | Michael Underkoffler, Secretary<br>c/o Fund Office<br>10312 Remington Drive<br>Hagerstown, MD 21740 |
| Daniel Craytor<br>Teamsters Local Union No. 992<br>10312 Remington Drive<br>Hagerstown, MD 21740 | Matt Hoffman<br>c/o Fund Office<br>10312 Remington Drive<br>Hagerstown, MD 21740 |
| Daryl Jamison, Alternate<br>Teamsters Local Union No. 992<br>10312 Remington Drive<br>Hagerstown, MD 21740 | Robert Cowie, Alternate<br>c/o Fund Office<br>10312 Remington Drive<br>Hagerstown, MD 21740 |

**Sincerely,**

**THE BOARD OF TRUSTEES**

**Please place this in your Summary Plan Description for handy reference. If you do not have a Summary Plan Description or are missing any of the subsequent Summary of Material Modifications, you may write to the Fund Office and request copies.**

CVS caremark®

# Over-the-counter, at-home COVID-19 Test Reimbursement Claim Form

**Important!**

- If you are submitting for over-the-counter, at-home COVID-19 test reimbursement, you need to complete and sign the claim form. Do not submit for at-home COVID-19 test reimbursement without signing the claim form or your submission will be rejected.
- Keep a copy of all documents submitted for your records.
- Do not staple receipts or attachments to this form.
- Reimbursement is not guaranteed. Claims are subject to limitations, exclusions and provisons of the plan.
- Do not use this claim form to request reimbursement for other prescription drug claims.

## STEP 1 Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

### Card Holder Information

Identification Number (refer to your ID card)

Group Number/Group Name

Last Name

First Name

MI

Address

Address 2

City

State

ZIP/Postal Code

Country

### Patient Information–Use a separate claim form for each patient

Last Name

First Name

MI

Date of Birth

Phone Number

Relationship to Primary Member

Member ○ Spouse ○ Child ○ Other ☐

### Retailer Information

Retailer Name

*continued*

## Important! A signature is REQUIRED

**NOTICE**

I certify that the over-the counter, at-home COVID-19 tests were purchased for personal diagnostic use, not employment, have not been and will not be reimbursed by another source, and are not for resale.

I have read and understood this form and certify that all information entered on this form is true and correct.

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, denial of benefits and/or imprisonment.

(New York Members Only) Any person who knowingly and with intent to defraud, injure, or deceive 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**x** _____

**Signature of Patient (REQUIRED)** **Date**

## STEP 2 Submission Requirements

**You MUST include all original pharmacy or cash register receipts or on-line proof of purchase in order for your claim to process. The minimum information that must be included on your pharmacy or cash register receipts or on-line proof of purchase is listed below:**

- Date of Purchase
- Price of Purchase
- Name of over-the-counter, at-home COVID-19 Test

**Name of over-the-counter, at-home COVID-19 Test:** _____

**Number of over-the-counter, at-home COVID-19 Tests you are submitting for reimbursement (For example: If you buy a multi-pack of tests, each test in the package counts as a single test. So a four-pack counts against the limit as four tests.):** _____

**Additional comments:**

## STEP 3 Mail completed forms with receipts to:

**CVS Caremark**
**P.O. Box 53992**
**Phoenix, AZ 85072-3992**

**For faster service you can request reimbursement for at-home COVID-19 tests online through your Caremark.com account.**

CLEAR FORM


Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.