



# **BRICK MASONS TRUST FUNDS**

## **Bricklayers Local No. 4 Southern California**

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### SUMMARY OF MATERIAL MODIFICATIONS

TO: Brick Masons' Health and Welfare Fund All Participants  
FROM: Board of Trustees  
RE: At home Over-the-Counter (OTC) COVID-19 Tests  
DATE: February 2022

Effective January 15, 2022, the Brick Masons' Health and Welfare Trust (Plan) shall provide coverage for Over-the-Counter (OTC) COVID-19 tests that are authorized, cleared or approved by the Food and Drug Administration ("FDA"). Only OTC COVID-19 tests that you and your dependents can self-administer and self-read are eligible for reimbursement. (Tests that require the assistance of a lab or other third-party provider are not covered unless ordered by a physician.)

The Plan shall reimburse you and your dependents for up to eight (8) individual tests per calendar month in full without any cost sharing from you or your dependents. That means that if you have a family of four, including your spouse and dependents, each of you are eligible for reimbursement for up to 8 tests per month. If each of you obtained 8 tests, that would be 32 tests per calendar month. No medical management such as an order from a physician or health care provider shall be required.

You may purchase these FDA-approved tests at pharmacies, in-person retail businesses, or on-line retail businesses and submit a claim form to be reimbursed. Attached is a claim form, which can also be downloaded from the website at [www.socalbrickmasonsbenefits.org](http://www.socalbrickmasonsbenefits.org).

The Plan shall require you and your dependents to attest that the test was purchased for personal use, not for employment purposes, has not been (and will not be) reimbursed by another source, and is not for resale. The Plan shall also require reasonable documentation of proof of purchase with a claim for reimbursement for the cost of a test, such as but not limited to the UPC code for the test.

As set out above, the Plan shall provide coverage for OTC COVID-19 tests until the announced end of the public health emergency or until such coverage is no longer mandated. While this mandate is in effect, the Board of Trustees have adopted Amendment No. 18, effective January 15, 2022, by inserting a new section 6.A, entitled, "COVID-19 Over the Counter (OTC) Tests" under Article III in the Rules and Regulations providing Health and Welfare Benefits of the Brick Masons' Health and Welfare Trust (Trust) (Restated June 12, 2007). This interim mandate is also set out in a new section called, COVID-19 Over

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Mailing Address: P.O. Box 430 • West Covina, CA 91793  
1050 Lakes Drive, Suite 120 • West Covina, CA 91790  
Phone: (626) 646-1080 • Toll-Free (877) 516-0586 • Fax (626) 931-1368  
[www.socalbrickmasonsbenefits.org](http://www.socalbrickmasonsbenefits.org) • [staff@socalbrickmasonsbenefits.org](mailto:staff@socalbrickmasonsbenefits.org)

the Counter (OTC) Tests” on page 27 of your Summary Plan Description (SPD) dated September 1, 2015. In addition, the federal government is offering free at-home COVID-19 tests with no upfront costs by visiting [www.covidtests.gov](http://www.covidtests.gov). You may also find local resources with free tests at your local public library, fire station, or public testing sites.

Please include this Summary of Material Modification with your current SPD. If you have any questions about your current benefits and eligibility, please contact the Trust Administrative Office at (877) 516-0586.

# Client Name

Client Address where to submit claims

## \*\*\* Over The Counter (OTC) COVID-19 Test - Claim Form \*\*\*

Participant Information					
Print Participant's Last Name		First Name		OEF Number or SSN	
Address Street Number		City		State	Zip
Primary Telephone Number		Email Address			

- ✓ Enter the total reimbursement amount for each family member on the lines below.
- ✓ Include **detailed** receipt showing the brand name of the COVID-19 test kit, the number of tests included in each kit, and the amount paid.
- ✓ If a detailed receipt is not available, please send the cash register receipt with the original UPC code from each box purchased from a retailer or on-line retailer.
- ✓ Only FDA approved tests will be reimbursed. See list on the back side of this form.
- ✓ No more than 8 tests per calendar month per eligible family member will be reimbursed when the over the counter tests are purchased from pharmacies, in-person retail businesses, or on-line retail businesses.

Over The Counter (OTC) COVID-19 Test Expense Total Per Person			
Relationship	Print Name (First and Last)	Number of COVID-19 Tests (not kits)	Total Amount Per Person
Participant			\$
Spouse			\$
Child (1)			\$
Child (2)			\$
TOTAL CLAIM AMOUNT			\$

### Participant Authorization (this form must be signed or it will be returned)

By signing below, I certify that the COVID-19 tests for which reimbursement is requested on this form were purchased by a covered participant or beneficiary for personal use, not for employment purposes, and will not be reimbursed by another source or resold. I understand that I alone am fully responsible for the sufficiency, accuracy, and truthfulness of all information relating to the claims on this form.

Participant's Signature

Date

\*\* this form must be signed or it will be returned \*\*

## Over The Counter (OTC) COVID-19 Test Reimbursement

Reimbursement of the cost of Over The Counter (OTC) COVID-19 tests is effective for FDA approved tests purchased on or after January 15, 2022 and until the mandate for coverage from the Biden Administration ends.

To receive reimbursement for eligible expenses, you must submit this written claim form, with the required supporting documentation, to the Fund Office in accordance with the Plan's claim procedures as briefly described here and in more detail in your Summary Plan Description.

Below is a sample list of the FDA approved tests that are eligible for reimbursement from the Fund as of January 2022.

- ❖ Abbott Diagnostics Scarborough, Inc. BinaxNOW tests
  - BinaxNOW COVID-19 Antigen Self Test
  - BinaxNOW COVID-19 Ag Card Home Test
  - BinaxNOW COVID-19 Ag Card 2 Home Test
- ❖ Access Bio, Inc. - CareStart COVID-19 Antigen Home Test
- ❖ ACON Laboratories, Inc - Flowflex COVID-19 Antigen Home Test
- ❖ Becton, Dickinson and Company (BD) - BD Veritor At-Home COVID-19 Test
- ❖ Celltrion USA, Inc. - Celltrion DiaTrust COVID-19 Ag Home Test
- ❖ Cue Health Inc. - Cue COVID-19 Test for Home and Over The Counter (OTC) Use
- ❖ Detect, Inc. - Detect Covid-19 Test
- ❖ Ellume Limited – Ellume COVID-19 Home Test
- ❖ iHealth Labs, Inc. - iHealth COVID-19 Antigen Rapid
- ❖ InBios International Inc.
- ❖ Lucira Health, Inc.
  - Lucira CHECK-IT COVID-19 Test Kit
  - Lucira COVID-19 All-In-One Test Kit (Prescription)
- ❖ OraSure Technologies, Inc.
  - InteliSwab COVID-19 Rapid Test
  - InteliSwab COVID-19 Rapid Test Rx
- ❖ Quidel Corporation
  - QuickVue At-Home OTC COVID-19 Test
  - QuickVue At-Home COVID-19 Test

Send claims to: Health Fund Name  
PO Box 3459  
Farmington Hills, MI 48333