

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

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NOTICE OF MATERIAL MODIFICATIONS to the **U.A. LOCAL 393 HEALTH AND WELFARE PLAN** (As revised November 1, 2019)

TO: All Participants of the U.A. Local 393 Health and Welfare Plan

FROM: The Board of Trustees

DATE: February 2022

RE: Over-the-Counter COVID-19 Tests

This document is a Summary of Material Modifications ("Summary") intended to notify you of the important changes made to the U.A. Local No. 393 Health and Welfare Plan ("the Plan") since the Summary Plan Description was last distributed to you.

In response to the recent federal mandate, requiring group health plans and insurers to provide coverage for and/or reimbursement of Over-the-Counter (OTC) COVID-19 tests, the Board of Trustees is pleased to provide you with the following summary of changes to

- the self-funded PPO (with pharmacy benefits provided to you through Navitus) and
- the HMO plan through Kaiser.

Coverage of Over-the-Counter (OTC) COVID-19 Tests

Effective January 15, 2022 and during the federal public health emergency period the PPO plan through Navitus and Kaiser HMO plan will provide coverage for, including reimbursement of all OTC tests (also known as at-home tests or self-tests), purchased through pharmacies, retail stores and online retailers, without any cost-sharing, prior authorization or medical management requirements and without prescription or involvement of a health care provider.

The tests must meet the following requirements: (a) approved, cleared or authorized by the FDA, (b) test that received FDA authorization for emergency use, (c) state authorized test and state has notified the Dept. of HHS, and (d) other tests that the Secretary of HHS determined appropriate in guidance during the public health emergency period, to detect SARS-COV-2.

Quantity Limit

As required by law, the self-funded PPO plan and Kaiser will provide OTC COVID-19 tests without a prescription or provider involvement, up to 8 tests per covered individual (ex. Participant, Dependent Spouse, Dependent Child) per 30-day period or calendar month. Kaiser members can receive 8 tests per calendar month. Navitus members can receive 8 tests every 30 days. In applying the quantity limit of 8, the Plan or Insurer may count each test separately, even if multiple tests are sold in one package.

How To Get OTC COVID-19 Tests

Navitus (PPO Pharmacy Benefit Network): For all PPO enrollees, **use your Navitus ID card**, and Navitus will process these claims at the point of sale at one of their network pharmacies. Navitus recommends members to get their at-home COVID-19 test kits at the pharmacy counter to ensure that the kits are processed properly and that members have no out-of-pocket costs at the point of sale. If a member does pay out of pocket, the Direct Member Reimbursement (DMR) form will be available for download at **www.navitus.com/members** or at **www.ualocal393benefits.org**

You can also purchase an OTC Covid test kit at a non-network pharmacy, but you will be required to pay out of pocket and submit a claim for reimbursement. You will need to keep your receipt to submit a claim for reimbursement. This won't be as convenient as obtaining a test from a Navitus network pharmacy.

Kaiser HMO: For Kaiser HMO enrollees (including Medicare Retirees), you can submit a claim for reimbursement of FDA-approved rapid antigen home tests purchased through local drug stores or online, by signing onto **<http://healthy.kaiserpermanente.org>**. Kaiser will also be mailing you directly with further information. The paper Member Reimbursement Form is also available for download at **www.ualocal393benefits.org**.

Separate Federal Government Provided COVID-19 Tests – Shipped To Your Home

Effective immediately, every family in the U.S. is also eligible to order 4 free at-home COVID-19 tests. To order the free tests please visit **<https://www.covidtests.gov/>**. Please note, at this time each residential home can only order one set of 4 free at-home tests. **This is a separate program available through the government and not through your medical plan.**

Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern.

If you have any questions about these changes or your coverage you should call the Plan Administrator at the number below or contact the member advocate at **393@memberadvocate.org** or (408) 464-3738.