

February 2022

TO: Minneapolis Retail Meat Cutters and Food Handlers Health and Welfare Fund
Ancillary Benefits Package Participants

COVID-19 Tests Available Directly from the Government

The United States government is also providing free at home COVID test kits. Please visit www.covidtests.gov to order up to 4 free tests per household. The test kits will ship through the USPS and are expected to ship out 7 to 12 days to most residential addresses.

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

The Minneapolis Retail Meat Cutters and Food Handlers Health and Welfare Fund (“Plan”) will provide Eligible Persons covered under the Plan’s Ancillary Benefits package coverage for at-home over-the-counter (“OTC”) COVID-19 test kits. At-home OTC COVID-19 test kits are covered if purchased on and after January 15, 2022 through the end of the COVID-19 Public Health Emergency declared by the Department of Health and Human Services, subject to the following provisions, **which apply only to Eligible Persons covered under the Plan’s Ancillary Benefits package.**

- ***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.*** 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 covered Eligible Person under the Plan per 30-day period.
 - You must pay 100% of the cost for at-home OTC COVID-19 test kits. 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 the “*Over-The-Counter (OTC) COVID-19 Test Kit Claim Reimbursement Request*” form to the Fund Office at its address noted on the reimbursement request form. A sample claim form is also attached to this Notice.
 - The Plan will cover only OTC COVID-19 test kits for at-home medical use by you. Tests for employment purposes or resale will not be covered or reimbursed under this program.

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, please call the Fund Office at (952) 851-5797 or (844) 468-5917.

**MINNEAPOLIS RETAIL MEAT CUTTERS & FOOD HANDLERS
HEALTH & WELFARE FUND**

**ANCILLARY BENEFITS PACKAGE
COVID-19 OVER THE COUNTER AT-HOME TESTING REIMBURSEMENT FORM**

Please use this form to request reimbursement of your COVID-19 Over the Counter (OTC) At-Home Test.

To be eligible, the following criteria must apply:

- The at-home test must be approved for use under the Emergency Use Authority (EUA) of the FDA.
- Only for COVID-19 OTC tests purchased on or after 1/15/2022 and through the end of the COVID-19 Federal Public Health Emergency (PHE), as determined by the Secretary of Health and Human Services.
- Reimbursement is limited to eight (8) tests per participant under the Plan in a thirty-day period.
- Reimbursement is limited to the lesser of the actual cost of the test or \$12.00 for tests purchased out-of-network.

Participant information:		
Last Name:	First Name:	Birthdate:
Social Security Number:		Phone Number:
Is testing for employment purposes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street address:		
City:	State	Zip Code:

How to submit your claim:

1. Complete all applicable blanks on the form.
2. Attach a copy of the itemized receipt. The itemized receipt must include:
 - Name of vendor the test was purchased from,
 - UPC – the Universal Product Code or UPC is usually found on the back of the product,
 - Date(s) of purchase,
 - Number of tests purchased, and
 - Individual charge for each COVID-19 OTC test purchased.
3. If you have other health care coverage primary to your Minneapolis Retail Meat Cutters and Food Handlers Health & Welfare Fund Ancillary Benefits coverage, submit a claim to your primary plan first. Then, when you submit this claim, include a copy of the Explanation of Health Care Benefits you received from your primary coverage.

Mail this form to: Minneapolis Retail Meat Cutters & Food Handlers Health & Welfare Fund
3001 Metro Drive, Suite 500
Bloomington, MN 55425

Fax: (952) 854-1632

I certify that the COVID-19 OTC test(s) I am requesting reimbursement for are for personal use, are not for employment purposes, have not been (and will not be) reimbursed by another source, and are not for resale. I attest that the statements provided by me are correct and acknowledge that I will refund the Minneapolis Retail Meat Cutters and Food Handlers Health & Welfare Fund duplicate payments to myself (if any) because of coordination of benefits.

Signature: _____

Date signed _____