

# SEIU Local 1 & Participating Employers *Health Trust*

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111 E. Wacker Drive . 17<sup>th</sup> Floor . Chicago, IL 60601 . Telephone (312) 233-8888 . Facsimile (312) 233-8839 . Web site [www.seiu1benfunds.org](http://www.seiu1benfunds.org)

**January 2022**

## **IMPORTANT PLAN CHANGES**

**To All Plan Participants in the SEIU Local 1 & Participating Employers Health Trust**

**Regarding**

### **OVER THE COUNTER AT HOME COVID-19 TEST KIT COVERAGE**

Dear Participant,

This notice is to inform you of additional ways you can get free over the counter test kits, either from the federal government or through your health benefits with the SEIU Local 1 & Participating Employers Health Trust.

#### ***Test Kits from the Federal Government***

Effective January 15<sup>th</sup>, 2022 the Biden Administration has provided for free at-home over the counter COVID-19 test kits. You may order them through the federal government by calling 1-800-232-0233 or visiting their website at [www.covidtests.gov](http://www.covidtests.gov) and order 4 free test kits delivered to your home.

#### ***Test Kits through your Health Plan***

In addition, you are entitled to at-home test kits through the Health Trust, with no co-pay or cost sharing, subject to certain restrictions. These at-home test kits are provided in three ways.

1. You may purchase them through your Pharmacy Benefit Program provided by SEIU Local 1 & Participating Employers Health Trust using your OptumRx prescription card at an OptumRx participating pharmacy
2. You may contact OptumRx to have the test kits shipped directly to your home. You will pay the cost of shipping
3. You may purchase an at-home test kit and submit the receipt for reimbursement through OptumRx. Please note that if you submit a receipt in this way the maximum amount of reimbursement may be \$12 per test.

*Who is covered for at-home Over the Counter COVID-19 test kits?*

All members and their dependents will be eligible to get up to 8 individual tests per covered person in a calendar month provided the member is actively working and eligible for benefits.

*Which tests are covered?*

Coverage includes at-home COVID-19 test kits authorized by the Food and Drug Administration (FDA). The most common tests are BinaxNOW™, Flowflex™, IntelliSwab™, On/Go™ and QuickVue®.

*Where can I get a test kit?*

To purchase a kit without submitting a reimbursement form, you can purchase FDA-authorized COVID-19 test kits at a Rite Aid Pharmacy (including Bartell Drugs), Sam's Club Pharmacy or Walmart Pharmacy. Simply go to the pharmacy counter, present your OptumRx Prescription ID card, and ask to have your OTC at-home COVID-19 test kits submitted to your plan for coverage.

You can also purchase an FDA-authorized over the counter COVID-19 test kit at other stores or online retailers. Keep your purchase receipt(s) to submit for reimbursement. The Plan will reimburse you for up to 8 tests per covered participant, per month without a prescription. The Plan will reimburse you up to \$12 per test by submitting a claim.

In addition, you can get test kits mailed directly to you from OptumRx. Contact OptumRx for more details.

Please note: Some pharmacies and other stores are experiencing supply shortages for these tests.

*Is there a limit to how many tests will be covered?*

Yes. Eligible participants can get up to 8 individual tests per month. (e.g., a family of 4 would be eligible for 32 tests a month.) Please note that since most tests are sold two-to-a-box, this means you are eligible for four boxes.

*How do I submit a claim?*

If you paid out-of-pocket for a test you purchased on or after January 15, 2022, you may visit the OptumRx website at <https://covidtest.optumrx.com/covid-test-reimbursement> to begin the online reimbursement submission process. A separate claim must be submitted for each eligible participant.

If you prefer, you can also print a mail-in form. The form is available on the OptumRx website at [www.optumrx.com/content/dam/rxmember/landing-page/pdfs/covid-19-test-kit-reimbursement-form.pdf](http://www.optumrx.com/content/dam/rxmember/landing-page/pdfs/covid-19-test-kit-reimbursement-form.pdf).

*When can I submit my claim?*

You can submit your claim now for covered tests purchased on or after January 15, 2022. Please submit your claim within one year of your purchase date. Reimbursement will be available through the end of the emergency health period.

*Where can I get a test kit at no cost without submitting a reimbursement form?*

You can purchase FDA-authorized COVID-19 test kits at a Rite Aid Pharmacy (including Bartell Drugs), Sam's Club Pharmacy, or Walmart Pharmacy. There will be no upfront cost and no requirement to submit for reimbursement. Simply go to the pharmacy counter, present your OptumRx prescription ID card, and ask to have your OTC at-home COVID-19 test kits submitted to the Plan for coverage.

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## **NOTICE REGARDING GRANDFATHERED STATUS**

The Trustees of the SEIU Local 1 & Participating Employers Health Trust believe this is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer Protections of the Affordable Care Act that apply to other plans, for example, the requirement

for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at 111 East Wacker Drive, Suite 1700, Chicago, IL 60601-4200, telephone (312) 233-8888. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1 (866) 444-3272 or [Www.dol.gov/ebsa/healthreform](http://Www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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Please keep this notice with your Summary Plan Description booklet for future reference.

• [Summary of Material Modifications](#) • EIN: 36-2857218 PN: 501 •

# LOCAL 25 S.E.I.U. WELFARE FUND

## SUMMARY OF MATERIAL MODIFICATIONS

Supplement to Summary Plan Description dated January 2017

A Summary of Material Modification ("SMM") is a document that describes a plan amendment or change to the Summary Plan Description (SPD).

The following SMM became effective since the printing of the Summary Plan Description booklet in January 2017 and should be kept with your SPD booklet for future reference.

The Trustees of the Local 25 S.E.I.U. Welfare Fund are pleased to announce the following significant eligibility changes that are effective January 1, 2018. These pages replace relevant sections of pages 42 through 45 of the current SPD booklet.

### ELIGIBILITY

#### EMPLOYEE COVERAGE

If you are an "employee," and if you meet the "Initial Eligibility" requirements, you will be eligible for Plan benefits.

**DEFINITION OF "EMPLOYEE"** - You meet this Plan's definition of an employee:

- If you are an employee of an employer who is obligated to make contributions to the Fund for you under a collective bargaining agreement; or
- If you are an employee or former employee of the Welfare Fund. (Your eligibility begins immediately).
- If you are an employee of the Union, and the Union makes contributions to the Plan on your behalf.
- If you are an employee of Union Health Service, Inc., and Union Health Service, Inc. makes contributions to the Plan on your behalf.

#### INITIAL ELIGIBILITY REQUIREMENTS

**Benefit Month** - A period of one calendar month during which a participant and his or her dependents are covered under the Plan because the participant has met the applicable eligibility requirements during the corresponding Work Month.

**Credited Hour** - A Credited Hour is any hour worked by an employee for which an employer contribution is required under the terms of a collective bargaining agreement.

**Work Month** - A period of one calendar month during which a person meets the applicable eligibility requirements necessary to provide benefit coverage during the corresponding Benefit Month.

You will become initially eligible on the first day of the Benefit Month corresponding to the Work Month in which you first accumulate at least 173.32 Credited Hours of employment for which an employer or employers are required to make a contribution to the Fund on your behalf. For example, if your employer makes contributions for you of at least 173.32 Credited Hours for work performed in January, your coverage will start on April 1.

## **CONTINUING ELIGIBILITY**

Once you become eligible, you will remain eligible if you meet the requirements described below. The minimum Credited Hour requirement for continuing eligibility during a Work Month is 173.32 hours per month. The following table shows how Work Months correspond to Benefit Months.

Credited Hours	Worked During (Work Month)	Provides Eligibility (Benefit Month)
173.32	October 2017	January 2018
173.32	November 2017	February 2018
173.32	December 2017	March 2018
173.32	January 2018	April 2018
173.32	February 2018	May 2018
173.32	March 2018	June 2018
173.32	April 2018	July 2018
173.32	May 2018	August 2018
173.32	June 2018	September 2018
173.32	July 2018	October 2018
173.32	August 2018	November 2018
173.32	September 2018	December 2018

**TERMINATION OF COVERAGE** - Your coverage will terminate at the end of the last day of the Work Month for which you did not meet the continuing eligibility requirements.

## **REINSTATEMENT OF COVERAGE**

1. If your coverage terminates because you fail to meet the "Continuing Coverage" requirements, and if you do not elect to continue coverage by making correct and on-time self-payments for COBRA Coverage, you must satisfy the "Continuing Coverage" requirements of 173.32 Credited Hours or more in a Work Month before you will again be covered under the Plan.
2. If your coverage terminates because you fail to meet the "Continuing Coverage" requirements, and if you maintain coverage by making correct and on-time self-payments for COBRA Coverage, your regular coverage under the Plan will be reinstated on the first day of the Benefit Month following any month during which you work a minimum of 173.32 Credited Hours for a contributing employer.  
*Example:* If you make a COBRA payment for March and then also work 173.32 hours in March, you will again become eligible for June 2018. To have continuous eligibility you would need to make COBRA payments for any months in between.

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# SEIU Local 1 & Participating Employers *Health Trust*

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## SEIU Local 1 & Participating Employers *Pension Trust*

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Web site: [www.seiu1benfunds.org](http://www.seiu1benfunds.org)

### IMPORTANT PLAN CHANGE

The Board of Trustees of your health fund has adopted the following Plan change described below.

This change is effective January 1, 2023.

The chiropractic treatment benefit is increasing from \$1,000 per year to \$2,000 per year for “In-Plan” only, out-of-plan visits and services are NOT covered by the Plan. As a reminder care is considered “In-Plan” if the care is provided at a UHS Center, or if the care is performed or arranged by a UHS doctor.

An updated list of Welfare Fund Trustees is as follows:

#### Union Trustees

Genie Kastrup  
Kenneth Munz  
Robert Pawlaszek

#### Management Trustees

Dean Johnson  
Krystal Kurinsky  
Tim Conway

### IMPORTANT INFORMATION

It is important that you contact Union Health Service when you and your dependents need medical services.

**UHS CONTACT NUMBER (312) 423-4200**

If you need additional information regarding your eligibility and benefits, please contact the Fund Office at **(312) 233-8888**

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