



January 2022

MEMORANDUM

TO: Plan Participants

FROM: Trust Administrative Office

RE: Over-the-Counter COVID Tests

As you have heard in recent news, you may now receive a personal supply of Over-the-Counter (OTC) COVID tests for free from the Federal and State governments. As a Plan participant, you may also be reimbursed by the Washington Teamsters Welfare Trust if additional tests are needed. Below is a list of the free resources available to you and your family for OTC COVID tests.

At-Home OTC Tests Available from the Federal Government – All Americans are now able to request free at-home COVID-19 tests from the Federal government. Currently the limit is four OTC tests *per household*. To request your free OTC Tests from the Federal Government, visit [COVIDTests.gov](https://www.covidtests.gov). These tests are completely free to order, however, availability and shipping times will vary.

At-Home OTC Tests Available from Washington State – Washington state announced that it too, will offer residents of eligible communities free tests. To find out more about free OTC tests from Washington state, visit sayyescovidhometest.org.

Please first take advantage of the free tests available to you from both the Federal and State governments. The availability of free tests is intended to help reduce the spread of COVID by encouraging testing at home and getting rapid results. If necessary to purchase an over-the-counter COVID test, you can obtain full reimbursement for up to eight tests per calendar month per eligible person by following the claim submission process noted below.

At-Home OTC Tests Covered by the Plan – In compliance with the recently released Federal government guidance, the Washington Teamsters Welfare Trust will reimburse 100% of the cost of at-home OTC COVID-19 tests purchased by a Trust participant. This coverage is effective with tests purchased on or after January 15, 2022 until the end of the National Emergency Period, which has currently been extended to April 16, 2022. The tests must have been authorized, cleared, or approved by the FDA but do not require a prescription or doctor's order.

Examples of FDA authorized, cleared, or approved OTC COVID-19 Antigen tests include, but are not limited to:

- BINAXNOW COVID-19 AG SELF TEST
- CARESTART COVID-19 AG HOME TEST
- ELLUME COVID-19 HOME TEST
- FLOWFLEX COVID-19 AG HOME TEST
- IHEALTH COVID-19 AG RAPID TEST
- QUICKVUE AT-HOME COVID-19 TEST

The Plan will reimburse the cost of up to eight tests per calendar month per eligible individual in your household. Although tests may be sold in packages of two or more, *each test in the package is counted individually*. Meaning a box of two tests counts as two of the allowed monthly amount.

The Plan will reimburse you for OTC COVID tests purchased for personal use only. **Tests purchased for employment purposes are not covered.** You will be asked to provide a verification of the intended use for the tests for which reimbursement is requested.

How to Receive Reimbursement – To expedite your claim for reimbursement of tests purchased January 15, 2022 and later, we ask you to follow these steps:

1. Purchase the tests from any available retailer. OTC at-home tests are being sold at pharmacies, other retail outlets, as well as online. When possible, purchase tests separately from other items you may purchase so you have a clear receipt for the tests.
2. Take a photo or make a copy of the box the test is in, being sure to capture the UPC # and barcode.
3. Complete the **OTC COVID Test Claim Form** (copy enclosed). For additional copies, either download from www.wateamsters.com (see Resources/COVID-19), login to your online account at www.nwadmin.com (see Forms and Documents) or request the claim form from the Administrative Office
4. Submit your completed Claim Form with receipt and documentation securely via your online account at www.nwadmin.com then select Upload Documents or send your paper claim via mail to:

WaTWT
Attn: Claims
2323 Eastlake Ave E
Seattle WA 98102-3393

Finally, remember since early 2020, if your doctor orders a COVID test at a lab, the Trust will waive any out-of-pocket costs associated with testing for COVID-19 for both PPO and non-PPO providers. This would include both the cost of the test as well as office visit or other provider charges related to the testing.

If you have any questions about your benefits, please feel free to reach out to the Administrative Office at (800) 458-3053 or your personal Accolade Health Assistant at (866) 206-0977. You may also find more information about your benefits online at wateamsters.com.

Remember, getting vaccinated is the most effective way to prevent infectious disease including COVID-19. The Centers for Disease Control and Prevention (CDC) urges everyone that can get vaccinated against COVID-19 to do so. In addition to at-home testing, the vaccine can lower your chance of getting and spreading COVID-19. It is one of the best ways to protect yourself, those you love and your community!

For information regarding COVID-19 or OTC COVID tests, visit the [Food and Drug Administration \(FDA\)](http://www.fda.gov) website or the [Centers for Disease Control and Prevention \(CDC\)](http://www.cdc.gov) website.



Over-The-Counter COVID Test Claim Form

Please use this form to request reimbursement for COVID-19 tests you have paid for out of your own pocket. To be eligible for reimbursement review the below checklist:

- The purchase date was January 15, 2022 or later.
- The test was purchased for your personal use (e.g., not for resale).
- A separate claim reimbursement form is required if reimbursement is needed for more than one covered family member.
- The test you purchased must have been approved or granted Emergency Use Authorization (EUA) by the Food & Drug Administration (FDA) and labeled for home use. Check the EUA lists for approved Molecular and Antigen home test kits (search “OTC” to limit results to eligible tests).
- You must provide documentation that includes the amount you paid, the specific test purchased, and the total number of tests purchased, which is limited to 8 individual tests per covered person per calendar month (please note many packages contain two or more tests).
- You must provide a copy or photo of the barcode from the test package, if available. Take a photo or make a copy of the box the test is in, being sure to capture the UPC # and barcode.
- By submitting a claim form for COVID home tests, you are agreeing that the conditions above are met.

General Information (See ID card)

Patient's name (First, MI, Last)

Member Name (Employee that coverage is under)

Prefix ID #

Group number

Relationship to patient

TMP _____

000TMP936

Patient's phone number

Patient's birthday (mm/dd/yyyy)

I consent to receive voicemails at this number from the Trust Administrative Office/Northwest Administrators, Inc. containing my personal health information related to this claim.

Section A – Other Health Plan Information

Does the patient have any other health insurance coverage?

Name of other health plan

Phone number

Yes*

No (skip to section B)

ID number

**If the patient's other insurance pays for care first, you must submit the claim to them before we can process your request.*

Please attach the Explanation of Benefits (EOB) from the other health plan. Benefits will only be payable if you had a patient responsibility.

Section B – Claim Details

Has the patient paid the total amount due for this claim?

Yes* No

**Attach an
itemized receipt/bill*

Required Test Information:

Manufacturer Name

Where was the test purchased?

Date of purchase (mm/dd/yyyy)

Total Cost of the Test(s)

of Tests (if in a package, #
of Individual tests included)

\$ _____

Reason for the test:

Personal Use: I was exposed to someone with COVID-19, I had COVID-19 symptoms or required the test for reasons not related to employment.

Other _____ (Note: If other reason, your claim is likely not reimbursable.)

NWA Use Only / OTC HomeTest / TIN-909000000 / Procedure- OTC19 / POS- 12 / Diagnosis – Z11.52

Section C – Signature and Attestation

To help process your reimbursement claim, this form must be completed in full, signed and returned. Please refer to the checklist on page 1 to ensure you’ve met all requirements.

By signing below, I certify that this OTC COVID-19 test(s) was purchased by the participant or eligible dependent for personal use by the individual listed as patient on this form who had signs or symptoms consistent with COVID-19, or was asymptomatic, but had recent known or suspected exposure. The test is not for employment purposes and is not for resale.

Patient signature (or legal guardian)

Printed name (First, MI, Last)

Date (mm/dd/yyyy)

X _____

Send Completed form to:

WaTWT
Attn: Claims
2323 Eastlake Ave E
Seattle, WA 98102-3393

Or via your online account at
www.nwadmin.com, select Upload Docs