

**SUMMARY OF MATERIAL MODIFICATIONS TO  
THE HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS  
LOCAL UNION NO. 94-94A-94B, AFL-CIO**

**Commercial Division**

**To: All Participants and Beneficiaries in the Commercial Active Plan, Commercial Retiree PPO Plan and Commercial Retiree Basic Plan of the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**From: The Plan Administrator of the Health and Benefit Trust Fund of the International Union Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**Re: Over the Counter (OTC) at home COVID-19 Tests – effective January 15, 2022**

**Date: March 23, 2022**

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*This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes effective January 15, 2022 to the prescription benefit program OptumRx under the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO (“the Plan”). This summary is intended to satisfy the requirements for issuance of an SMM under the Employee Retirement Income Security Act of 1974, as amended. You should take the time to read this SMM carefully and keep it with the Summary Plan Description (“SPD”) that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding this change to the Plan, please contact the Plan Administrator during normal business hours at: 331-337 West 44<sup>th</sup> Street, New York, New York, 10036, telephone number: (212) 331-1800.*

**Below is a list of some Over the Counter (OTC) COVID-19 test kits covered under the Plan, as well as information on how to get these tests at little or no cost to you, effective January 15, 2022.**

**Which COVID-19 tests are covered?**

Covered OTC at-home COVID-19 test kits are those authorized by the Food and Drug Administration (FDA). The most common tests brands are BinaxNOW™, CLINITEST®, Flowflex™, i-Health®, InteliSwab™, On/Go™, QuickVue® and At-home test kits (Roche).

**You and your Eligible Dependents have four options to obtain covered OTC at-home COVID-19 test kits:**

1. **Pay \$0 at a preferred network pharmacy:** Visit the pharmacy counter at a **Rite Aid (including Bartell Drugs), Walgreens, Kinney Drugs, Sam’s Club, Walmart Pharmacy, and K-Mart (in the territory of Guam)** and present your member ID card and ask to have your OTC at-home COVID-19 test kits submitted to your Plan for coverage.
2. **Order at-home COVID-19 tests online with \$0 copay through the Optum Store**  
Sign in to **optumrx.com** and go to **<Get at-home COVID-19 tests with \$0 copay>**. Click the order now link. Smartphone users will need to scroll down to find the link.
3. **Purchase an OTC at-home COVID-19 test kit from other stores or online retailers and then submit an online form for reimbursement:** You and your Eligible Dependents can purchase an OTC at-home COVID-19 test kit at other stores or online retailers. Keep your purchase receipt(s) dated on or after January 15, 2022 to submit for reimbursement. The Plan will reimburse you up to \$12 per individual test. You can start your online request form by signing on to **optumrx.com/testinfo**. However, note that you will not be reimbursed for tests that will be reimbursed from another

source other than the Plan. Be sure not to request reimbursement from a health reimbursement account, health savings account or flexible spending accounts for tests covered by the Plan.

- 4. Purchase an OTC at-home COVID-19 test kit from other stores or online retailers and then print and mail in a paper reimbursement form.** You and your Eligible Dependents can purchase an OTC at-home COVID-19 test kit at other stores or online retailers. Keep your purchase receipt(s) dated on or after January 15, 2022 to submit for reimbursement. The Plan will reimburse you up to \$12 per individual test. You can print a claim form by signing on to [optumrx.com/testinfo](http://optumrx.com/testinfo). A separate claim form must be submitted for each covered individual. Please note you may receive reimbursement more quickly if you submit an online claim form. As stated in #3, you will not be reimbursed for tests that will be reimbursed from another source other than the Plan. Be sure not to request reimbursement from a health reimbursement account, health savings account or flexible spending accounts for tests covered by the Plan.

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

Yes. You and your Eligible Dependents can get up to 8 individual tests per month per covered person (e.g., a family of 4 would be eligible for 32 tests a month). Tests performed at a health care provider's office or hospital do not count toward this 8-test limit per covered person.

Participants are limited to 8 tests (4 kits) per household per calendar month at the Optum Store. Any additional tests to which a household is entitled that are above the Optum Store limit can be purchased at a preferred network pharmacy, other stores or online retailers as described above.

Visit [optumrx.com/testinfo](http://optumrx.com/testinfo) for the latest updates and information.

Please contact the Fund office at 212- 331-1800 if you have any questions concerning the above information. You can also log onto [www.local94.com](http://www.local94.com) to view the most current information regarding your prescription benefits.

Sincerely,

Board of Trustees, Health and Benefit Trust Fund of the International Union of Operating Engineers of Local Union No. 94-94A-94B, AFL-CIO

*This SMM is intended to provide you with an easy-to-understand description of material issues concerning the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement is available at the Fund Office and may be inspected by you free of charge during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.*

**IMPORTANT NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS**

Trustees believe that the Plan is a "grandfathered plan" as such term is defined under PPACA (more commonly known as Health Care Reform). As permitted by Health Care Reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when Health Care Reform was enacted. Being a grandfathered health plan means that the medical coverage that you have elected under the plan may not include certain consumer protections of Health Care Reform that apply to other group health plans, for example, the requirement for the provision of preventive health services without any cost sharing (i.e., copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in Health Care Reform, for example, the elimination of lifetime limits on benefits and extension of coverage to dependents until age 26. 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 Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880. You may also contact the Department of Labor at (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 plans.