

February 2022

TO: ALL ACTIVE PARTICIPANTS AND RETIREES UNDER 65
AFL HOTEL & RESTAURANT WORKERS HEALTH & WELFARE TRUST FUND

FROM: BOARD OF TRUSTEES

SUBJECT: COVID-19 TESTING OPTIONS

FREE COVID-19 TESTS AVAILABLE TO THE PUBLIC

Effective January 19, 2022, every home in the U.S. is eligible to order (4) free at-home individual rapid antigen COVID -19 tests through the federal government. The tests are completely FREE. Orders usually ship in 7-12 days. To order tests, use the following website: <https://www.covidtests.gov>

Each county in the State of Hawaii also provides in-person COVID-19 testing at no cost. To find a location, you may use the following website: <https://health.hawaii.gov/coronavirusdisease2019/testing-locations>
The Trust Fund Office also has information on COVID-19 testing locations at <http://www.unitehere5trustbenefits.com>

COVID-19 TESTS AVAILABLE THROUGH THE TRUST FUND

The Trust Fund's Self-Funded Comprehensive Medical Plan and Kaiser Plan continue to cover medically necessary diagnostic COVID-19 tests authorized by your doctor with no copayment during the public health emergency period determined by the U.S. Department of Health and Human Services.

For active participants, retirees under 65 and their dependents, the Trust Fund will begin to cover the cost of Over-The-Counter ("OTC") COVID self-tests approved by the Food and Drug Administration ("FDA") for Emergency Use Authorization ("EUA") purchased on or after January 15, 2022 as required by law. Based on recent guidance from the federal government, group health plans must begin to cover the cost of the OTC FDA EUA approved COVID self-tests that are purchased on or after January 15, 2022, without a doctor's note, individualized health assessment or prior authorization.

If you are covered under the Comprehensive Medical Plan, and if you pay for the cost of OTC FDA approved EUA COVID self-tests that you purchased on or after January 15, 2022, you may submit a claim for reimbursement. You must complete the Plan's claim form and include both the original UPC code on the packaging of the test purchased and accompanying purchase original receipt (photocopies will not be accepted). The claim for reimbursement is only for tests purchased for use by the individual identified on the claim form. You must also certify in the claim form submitted to the Plan that the test kits: 1) are not being used for employment-related COVID-19 testing requirements, 2) have not been (and will not be) reimbursed by another source and 3) have not or will not be re-sold to another party. Up to 8 individual tests (4 two-test kits) per participant per month may be reimbursed. Claim forms are available from and

must be submitted to the Claims Administrator, Pacific Southwest Administrators, 560 N. Nimitz Hwy., Suite 217E, Honolulu, Hawaii 96817.

If you are covered under the Kaiser Plan, Kaiser Permanente is working to get tests and make them available to members through a number of outlets, including mail-order. Kaiser Permanente will share details as they become available. If you are covered under the Kaiser Plan and purchased FDA approved COVID-19 rapid antigen home tests outside of Kaiser Permanente, you may submit a claim to get reimbursed for tests purchased on or after January 15, 2022. For more detail information, including how to file a claim for reimbursement of a COVID-19 home test, visit [COVID-19 testing FAQs](https://healthy.kaiserpermanente.org/hawaii/health-wellness/coronavirus-information/testing) at: <https://healthy.kaiserpermanente.org/hawaii/health-wellness/coronavirus-information/testing> For any additional questions please contact Member Services at 1-800-966-5955 or for hearing impaired 711 TTY, Monday - Friday 8 am – 5pm, Saturday 8 am – 12 pm, except major holidays.

Should you have any questions, visit the Trust Fund’s website at www.unitehere5trustbenefits.com or contact the Trust Fund Office (BRMS) at 808-523-0199; neighbor islands 1-866-772-8989; or email: hiaflinfo@brmsonline.com

Disclosure of Grandfathered Status

The Trust Fund believes its group health plans are "grandfathered health plans" 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 plan administrator, Benefit & Risk Management Services, Inc., at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817-5315 or 1-(808) 523-0199. 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. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions