



Dear Participant,

As Trustees of the Wisconsin Laborers' Health Fund (Fund), we regularly review the Plan and make changes when necessary. We value your service and are proud to offer benefits based on that service. We are committed to keeping you informed and want to make you aware of the following changes and how they might affect your benefits.

Please read this SMM in its entirety to make sure you understand your enhanced health care coverage.

Effective January 15, 2022 and during the public health emergency, the Fund will cover over-the-counter ("OTC") COVID-19 tests, also known as COVID-19 rapid tests. Specifically, covered individuals who purchase OTC COVID-19 tests can seek reimbursement from the Plan for the cost of the test, even if a health care provider did not order the test or assess the covered individual in connection with the test.

The following rules currently apply to reimbursement of OTC COVID-19 tests, as of the date of this SMM. We will update you of any changes to the rules for reimbursement of these tests if and when additional ways of obtaining the tests become available.

- The Fund will reimburse each covered individual for up to 8 tests per calendar month. Testing kits purchased with 2 tests in the box count as 2 tests toward this limit. For example, the Fund will reimburse a family of 4 covered individuals for up to 32 tests (or 16 boxes, for testing kits purchased with 2 tests in the box) per calendar month.
- For the initial month of January 2022, the Fund will reimburse up to 8 tests per covered individual, through January 31, 2022. The Fund will administer this benefit on a calendar month basis starting February 1, 2022.
- Tests are reimbursable by the Fund only for personal use by covered individuals. Tests used for employment purposes or for purposes of resale are not covered or reimbursable by the Fund. As discussed below, members need to complete and sign a reimbursement and attestation form affirming that the test was used for personal reasons and not for employment or resale purposes. The reimbursement and attestation form can be found on the Fund website. www.Wilbenefits.com
- Only FDA-approved, cleared or authorized tests are reimbursable. As of the date of this SMM, the tests below are FDA-approved, cleared or authorized.
 - CareStart COVID-19 Antigen Home Test
 - iHealth COVID-19 Antigen Rapid Test
 - BD Veritor At-Home COVID-19 Test
 - SCoV-2Ag Detect Rapid Self-Test
 - BinaxNOW COVID-19 Antigen Self-Test
 - IntelliSwab COVID-19 Rapid Test
 - Celltrion DiaTrust COVID-19 Ag Home Test
 - QuickVue At-Home OTC COVID-19 Test
 - Flowflex COVID-19 Antigen Home Test
 - BinaxNOW COVID-19 Ag Card 2 Home Test

- Ellume COVID-19 Home Test
For the most up-to date list of FDA-approved tests, see <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2>

- To be reimbursed, members must purchase the test with out-of-pocket money, then submit the following to the Fund Office:
 - Receipt for the OTC COVID-19 test that includes the price, date and retailer
 - Physical UPC label from the test kit box for verification that the test is FDA-approved, cleared or authorized
 - Completed reimbursement and attestation form.
- Tests purchased prior to January 15, 2022 are not reimbursable under this benefit.
- Members **CANNOT** use HRA money, including their Wex card, to purchase tests for which they will seek reimbursement under this benefit. However, members can use HRA money to purchase tests that they or their covered family members need for personal use beyond the eight monthly reimbursable tests.

Additionally, please note that some local governments are currently distributing OTC COVID-19 tests free of charge at public locations such as libraries and fire stations. We encourage you to contact your local government to find out if this option is available in your area.

Statement of Grandfathered Status

The Board of Trustees believes that the Plan is a “grandfathered health plan” under the Affordable Care Act, which means that our Plan existed when the health care reform law was signed on March 23, 2010, and that we can preserve certain basic health coverage that was already in effect when the law was passed. However, as with all grandfathered health plans, we must still comply with certain consumer protections in the Affordable Care Act (for example, the elimination of the Plan’s lifetime maximums). Consequently, because this Plan is “grandfathered” and not required to adopt other changes required by the Affordable Care Act, this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans.

Contact the Fund Office if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You may also contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) at 866-444-3272 or <http://www.dol.gov/ebsa/healthreform>. The website includes a chart summarizing the protections that do and do not apply to grandfathered health plans.

For more information

Please keep this announcement with your SPD benefit booklet. If you have any questions about these changes, please contact the Fund Office at the address and telephone number shown at the top of this announcement.

Sincerely,

Board of Trustees
Wisconsin Laborers’ Health Fund

This announcement, which serves as a Summary of Material Modification, contains only highlights of recent changes to the Wisconsin Laborers’ Health Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.