



IBEW Local No. 1 Health and Welfare Fund

www.svcctr.org

5735 Elizabeth Avenue St. Louis, MO 63110

314/752-2330 Fax: 314/752-5813

Toll Free 877/281-2430

January 17, 2022

To all Participants of the
IBEW Local No. 1 Health and Welfare Fund

Coverage of Over the Counter (OTC) Covid-19 Test Kits


Effective January 15, 2022 all insurers and group health plans are required to cover OTC Covid-19 test kits not for employment purposes.

Below are the details of the Presidential Order:

- Up to eight (8) tests per month per covered individual are eligible for 100% reimbursement
- Reimbursement is limited to FDA authorized tests (see backside of this letter for approved list)
- Tests may be obtained online or physical store, no network restrictions
- Prescribed tests by a physician do not count towards the 8 tests per month

How do I obtain reimbursement?

Upon purchase, you will be required to submit the following items for reimbursement:

- Receipt from seller documenting purchase date and purchase price
- UPC code from the purchased test kit, sample code here 
- Attestation form documenting the purpose and for whom the test was purchased

Please note – reimbursement only applies to those participants/dependents for whom this plan is primary. Participants/dependents with primary coverage elsewhere are entitled to request reimbursement directly with their primary plan. Retirees - regular Medicare will not reimburse OTC tests however a Medicare Complete plan may.

Required reimbursement items should be addressed to – IBEW Local 1 Health and Welfare Fund
PO Box 6088
St. Louis, MO 63139

You can expect additional communication as other forms of reimbursement may become available. Should you have any questions relative to this letter or the reimbursement process, please call this office.

Sincerely,

Board of Trustees
IBEW Local 1 Health and Welfare Fund

Enclosure
SEIU #1-MISSOURI DIVISION

FDA Approved Covid-19 OTC Test Kits

Abbott Diagnostics Scarborough, Inc. BinaxNOW tests

- BinaxNOW COVID-19 Antigen Self Test
- BinaxNOW COVID-19 Ag Card Home Test
- BinaxNOW COVID-19 Ag Card 2 Home Test

Access Bio, Inc. - CareStart COVID-19 Antigen Home Test

ACON Laboratories, Inc - Flowflex COVID-19 Antigen Home Test

Becton, Dickinson and Company (BD) - BD Veritor At-Home COVID-19 Test

Celltrion USA, Inc. - Celltrion DiaTrust COVID-19 Ag Home Test

Cue Health Inc. - Cue COVID-19 Test for Home and Over The Counter (OTC) Use

Detect, Inc. - Detect Covid-19 Test

Ellume Limited – Ellume COVID-19 Home Test

iHealth Labs, Inc. - iHealth COVID-19 Antigen Rapid

InBios International Inc.

Lucira Health, Inc.

- Lucira CHECK-IT COVID-19 Test Kit
- Lucira COVID-19 All-In-One Test Kit (Prescription)

OraSure Technologies, Inc.

- IntelliSwab COVID-19 Rapid Test
- IntelliSwab COVID-19 Rapid Test Rx

Quidel Corporation

- QuickVue At-Home OTC COVID-19 Test
- QuickVue At-Home COVID-19 Test

list current as of January 17, 2022



IBEW Local No. 1 Health and Welfare Fund

www.svcctr.org
5735 Elizabeth Avenue St. Louis, MO 63110
314/752-2330 Fax: 314/752-5813
Toll Free 877/281-2430

OTC COVID-19 Rapid Home Testing Kit Attestation Statement

For use effective January 15, 2022 through the end of the
COVID-19 Public Health Emergency

I _____ [print full name of participant], hereby attest that the over-the-counter
COVID-19 rapid home testing kit (s) I purchased on _____ [enter date] for either myself and/or my
dependent(s) who are currently enrolled in the IBEW Local No. 1 Health and Welfare Fund were purchased for
personal diagnostic testing use only. In addition, I hereby attest the testing kit(s):

- (1) were not purchased as a condition of employment or for employment purposes;
(2) have not been, and will not be, financially reimbursed by another source;
(3) will not be for use by any individual other than myself or my dependents who are enrolled and have
primary coverage in the Plan; and
(4) will not be re-sold to a third-party.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge, and I
understand that any falsification of material fact may subject me to full repayment of such reimbursed testing
kit(s) to the Plan.

Attached to this document is my receipt showing proof of purchase. Documentation must include the UPC code
for the test and a receipt from the seller of the test documenting the date of purchase and price.

Please complete the below Participant information. Please complete dependent information only if test was
purchased for your dependent(s).

Name of Plan Participant

Name of Dependent

ID# of Plan Participant (from medical card)

ID# of Dependent (from medical card)

Signature of Plan Participant