

## THE BENEFIT

**Housing Benefits Plan (HBP) is the medical plan provided to you by your housing authority. It is directed by housing authority Executive Directors from across Southeast and Southwest NAHRO for the benefit of housing authorities.**



**January 2022**

*Please share this with all of your HBP employees, retirees, and COBRA members. Also share with the ED, HR, and Finance.*



### Over The Counter Covid Test Reimbursements

- Beginning January 15, 2022, UHC will cover FDA authorized or approved over-the-counter (OTC) at-home COVID-19 diagnostic tests of up to 8 tests per member per month (every 30 days). UHC's initial preferred OTC retailers for at-home COVID-19 tests are Walmart Pharmacy and Rite Aid Pharmacy (including Bartell Drug locations), where members will have no up-front cost and will not have to submit a form for reimbursement. You must purchase your COVID-19 test/s at the pharmacy counter. Be sure to have your UnitedHealthcare member ID card with you. UnitedHealthcare is working to add additional preferred retailers.
- If the member purchases OTC at-home COVID-19 tests at a Walmart or Rite Aid front-of-store checkout, or at any in-store or online retailer, they may submit purchase receipt(s) for reimbursement at the UHC member portal for a maximum reimbursement of \$12 per test. Many COVID-19 tests are sold as a two-pack so that means the test pack would be reimbursed at \$24 (\$12 for each test). Authorized or approved OTC at-home tests are listed on the FDA website. For reimbursement the member must provide a receipt showing the OTC at-home COVID-19 test purchase date and cost on the member portal. Paper reimbursement forms, see attached form, are also available. Call the number on the back of your member ID card with any questions. Members will be reimbursed either by direct deposit or by check. Typically, reimbursement is mailed within 10-20 days assuming all requested information is complete. Also attached is more information.

Visit [UHC.com](http://UHC.com) for more information on COVID-19 vaccines and tests.

### Please Review Your Bill

Please review your bill to verify that employee coverage is correct. For those with automatic bank draft payments, please go to [Mercer's online billing website](#), and review your bill regularly. You should be receiving an email notification when the bills are posted to the website. If you are not, and you have checked all folders including spam, please notify Mercer at [ClientServices\\_Billing3@mercer.com](mailto:ClientServices_Billing3@mercer.com).



### Forms 1095-B & 1095-C

The IRS requires the 1095 reporting be done at the actual Employer level. The obligation to report, if any, would fall on the housing authorities, which are the actual employers. However, UHC will take care of the 1095-B reporting. If the authority is under 50 Full-Time Employees, no other reporting is required. However, with 50 or more Full-Time Employees, the authority would have to issue the 1095-C regarding its offer of coverage. The deadline for electronic filing of 1095s is March 31.

#### 1095-Bs needed for personal income tax purposes

All Form 1095-Bs will be available on myuhc.com by January 31. If members prefer a printed copy mailed to them, they can call the number on the back of their cards to request the form via regular mail.

**NOTE:** The responsible individual (employee, retiree, etc.) is the only one who has the functionality to retrieve Form 1095-B upon login. Members covered under the responsible individuals plan who are registered on myuhc.com do not have the ability to retrieve Form 1095-B.

[Myuhc.com works with Windows OS version 6.1 and Internet Explorer.](#)

#### Instructions:

1. Log in to myuhc.com.
2. Click Look up My Benefits located at the right side of the page.
3. From Benefits & Coverage, click Coverage Documents located on the left side of the page.
4. Click 1095 Form. The form displays. Follow the instructions to print. Members do not have to wait for either Form 1095-B or 1095-C to file their individual tax return.

### Prescription Drug List (PDL)

The new [PDL](#), effective 1/1/2022, is on the HBP website. If coverage for your drugs has changed, you may visit [myUHC.com](http://myUHC.com) to find alternatives.

### Vote for Webinar Topics

Each HA will get to cast 1 vote for up to 5 webinar topics for 2022. The email to vote will go out soon.



### Rally Gift Cards are Taxable

The gift cards earned by members as healthy rewards are considered taxable for income tax purposes. Members will not be receiving a 1099 Miscellaneous Income form. Contact your tax advisor with any questions.

The HBP website at

[www.housingbp.com](http://www.housingbp.com) provides more information and helpful links.

Questions or comments? Email us at [hbp@callhsa.com](mailto:hbp@callhsa.com) or call 1-800-288-7623, option 5.

On Jan. 10, 2022, the Departments of Labor, Treasury and Health and Human Services released guidance to support the Administration's directive that health insurers and group health plans cover the cost of FDA-authorized or approved over-the-counter (OTC) at-home COVID-19 tests purchased on or after Jan. 15, 2022.

### Highlights of the at-home COVID-19 test purchased on or after Jan. 15, 2022

- Beginning January 15, 2022, UnitedHealthcare will cover FDA authorized or approved over-the-counter (OTC) at-home COVID-19 diagnostic tests without a doctor's prescription. This at-home COVID-19 test benefit includes up to 8 tests per member per month (every 30 days).
- UnitedHealthcare's initial preferred OTC retailers for at-home COVID-19 tests are Walmart Pharmacy and Rite Aid Pharmacy (including Bartell Drug locations), where members will have no up-front cost and will not have to submit a form for reimbursement. You must purchase your COVID-19 test/s at the pharmacy counter. Be sure to have your UnitedHealthcare member ID card with you. UnitedHealthcare is working to add additional preferred retailers.
- If the member purchases OTC at-home COVID-19 tests at a Walmart or Rite Aid front-of-store checkout, or at any in-store or online retailer, they may submit purchase receipt(s) for reimbursement at the UnitedHealthcare member portal for a maximum reimbursement of \$12 per test. Many COVID-19 tests are sold as a two-pack so that means the test pack would be reimbursed at \$24 (\$12 for each test).
- These are tests that have been authorized, cleared, or approved for use without a doctor's prescription. The tests may be purchased without the need for a provider or clinical assessment. The list continues to evolve as additional FDA emergency use authorizations occur. Authorized or approved OTC at-home tests are listed on the FDA website. Test kits purchased from a non-authorized seller are not eligible for reimbursement. Many trusted retailers, such as pharmacies, sell OTC COVID-19 tests both online and in stores. It is important for a member to purchase the at-home COVID-19 test from a trusted source and beware of buying fake or high-priced testing kits from un reputable sources and secondary sources.
- For reimbursement the member must provide a receipt showing the over-the-counter at-home COVID-19 test purchase date and cost on the member portal. A photo of a receipt may be submitted. The maximum reimbursement is \$12 per test. Paper reimbursement forms will be available if necessary. Call the number on the back of your member ID card with any questions. The result of the COVID-19 test does not have to be reported in order to receive reimbursement.
- Members will be reimbursed either by direct deposit if they have indicated that is their preference or the member will receive a check in the mail. Typically, reimbursement is mailed within 10-20 days assuming all requested information is complete.
- COBRA members are eligible.
- Can I purchase a test that costs more than \$12? Yes. If you purchase a COVID-19 test at a **Walmart Pharmacy** counter or **Rite Aid Pharmacy** counter, **not the front of store checkout**, you may select an FDA authorized or approved COVID-19 test at no cost to you. At any other location, you may purchase an FDA approved or authorized test, but you will only be reimbursed at a maximum of \$12 per test.
- OTC at-home COVID-19 diagnostic tests costs do not go towards the members deductible.
- Clients who purchase OTC at home COVID-19 kits and distribute to members will not be reimbursed.

Visit [UHC.com](https://www.uhc.com) for more information about COVID-19 vaccines and tests.



## Over-the-Counter (OTC) At-home COVID-19 Test Reimbursement Form

You can use this form to ask us to pay you back for over-the-counter at-home COVID-19 tests that have been authorized by the Federal Drug Administration (FDA).

- This form is for OTC COVID-19 tests purchased by you.
- Print your responses in black or blue ink. You can also complete the form using a computer and print and mail us the completed form.
- Include proof of payment (such as a paid receipt) that includes the name of the test along with this completed form. If we don't receive the required information, your request will not be processed.
- Send the completed form and proof of payment to the address on the back of your health plan ID card or you can fill this form out online by visiting **myuhc.com**.

### Information about the member who used the OTC COVID-19 test

Full name \_\_\_\_\_

What is your relationship to the subscriber/policyholder?

Spouse/partner    Child    I am the \_\_\_\_\_    Other  
subscriber/policyholder \_\_\_\_\_

### Subscriber/policyholder information

Complete this section if it's different than the member information above.

Full name \_\_\_\_\_

Member ID \_\_\_\_\_ Plan/group # \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is this a new address?    Yes    No

Phone number (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

### Information about your OTC COVID-19 test

How many tests are you submitting for reimbursement?

1 test    2 tests    3 or more tests

Name of the FDA authorized test purchased (e.g., BinaxNOW, QuickVue, Intelliswab, etc.)  
\_\_\_\_\_

Purchase date(s) \_\_\_\_\_

## Member signature

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

When I sign above, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

## Ready to send the completed form?

Please send the completed form and proof of payment to the address on the back of your health plan ID card.

### **Before you put it in the mail, make sure you:**

- Completed and signed the form
- Included proof of payment, such as a paid receipt
- Keep a copy of everything you send us

### **Questions? We're here to help.**

If you have any questions, please call the member phone number on your health plan ID card.