

Over-the-Counter (OTC) At-Home COVID-19 Test Kits FAQs

Effective January 15, 2022, and through the duration of the COVID-19 public health emergency, group health plans are required to cover the cost of OTC At-Home COVID-19 tests for personal use without requiring an order or individualized clinical assessment by a health care provider. Coverage of these tests will be provided through either the prescription benefit of your group health plan through Elixir, the pharmacy benefit manager, or through the medical benefit administered by Med-Pay.

Here are answers to some questions you may have about the coverage mandate.

How do I get OTC At-Home COVID-19 tests for no cost?

For tests purchased on or after January 15, 2022, and through the duration of the COVID-19 public health emergency, one of two options are available. **Only the Point of Sale (POS) option guarantees no upfront cost to the member.**

Point of Sale (POS)

Elixir will allow POS submission at the **pharmacy counter** of test kits from participating pharmacies in the plan's network at no upfront cost to members. For this option to be available, the tests **MUST** be purchased at the **pharmacy counter and the member MUST utilize their ID card at time of purchase**. This option may be available at certain network pharmacies for patient home delivery when tests are purchased online or by telephone through the **pharmacy counter and the ID card is utilized at time of purchase**. Members are encouraged to check their pharmacy for availability. For all other situations, the Direct Member Reimbursement process described next would be followed.

Note: if a network retail pharmacy is not able to process a POS claim at their pharmacy counter without a prescription, you can either ask your health care provider to call one in, or you can purchase the tests and file a reimbursement form with Med-Pay for reimbursement (as described below).

Direct Member Reimbursement (DMR)

For tests purchased through non-participating pharmacies, retailers, online, or participating pharmacies outside the POS option, members will have to pay for the upfront cost of the tests, but they will have the ability to submit a reimbursement form to Med-Pay to receive reimbursement for the tests purchased.

Reimbursement of tests purchased through the DMR option will be limited to \$12 per test (or the actual cost of the test, if less than \$12).

This reimbursement should be filed directly with Med-Pay by submitting the Claim Reimbursement Form- COVID-19 Over-the-Counter (OTC) Tests, with accompanying receipt and UPC Code information. This form is available on Med-Pay's website on the "Resources" tab, "For Employees" drop down option under "PDF Forms" or can be obtained by contacting Med-Pay Customer Service. If a member needs assistance completing the form, they may contact Med-Pay Customer Service directly at 417-886-6886 or toll free at 800-777-9087.

What tests are covered under this requirement?

Only FDA-authorized OTC COVID-19 at-home tests will be eligible.

A full list of eligible tests can be found at <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>.

Is there a limit to the number of tests available without cost sharing?

Yes. For each covered individual, a limit of 8 tests per calendar month without a prescription will apply. In applying the quantity limit of 8, the plan will count each test separately, even if multiple tests are sold in one package.

The 8 per month limit applies only to tests that are administered **without** a health care provider's involvement or prescription. The limit **does not** apply to coverage of COVID-19 tests that are administered **with** a health care provider's involvement or prescription.