



Health Plan Coverage for Over-the-Counter COVID-19 Tests Frequently Asked Questions

Under new guidance issued by the federal government, your health benefit plan will now cover over-the-counter (OTC) tests for COVID-19 (coronavirus). ASR has prepared the following frequently asked questions to help you understand this new benefit.

1. What has changed?

Group health plans must now cover FDA-approved OTC COVID-19 tests without requiring out-of-pocket costs (deductibles or co-payments) from covered members. This guidance expands prior coverage mandates to include tests that do not require a provider's clinical assessment and prescription. The new rule applies to tests purchased on or after January 15, 2022. Coverage is limited to tests authorized by the FDA (see FDA.gov).

2. Does the U.S. government offer free tests?

Yes. Every home in the U.S. is eligible to order four free OTC COVID-19 tests at <https://www.covidtests.gov/>.

3. How do I access coverage for OTC COVID-19 tests through the plan?

Your plan allows you to obtain the tests at a network pharmacy counter using your prescription card with no up-front costs or claim forms. Alternatively, you may pay for the tests out of pocket and file a claim for reimbursement. Reimbursement is limited to \$12 per test, or the price of the test if cheaper (but you may be responsible for sales tax and shipping charges). Your plan will cover up to eight tests purchased per member per 30-day period.

4. How do I file a claim for reimbursement?

If you pay for a test out of pocket, you may file a claim for reimbursement by submitting a claim form to the pharmacy benefit manager (PBM) named on your insurance card. PBM claim forms are available at asrhealthbenefits.com (under RESOURCES/Forms) or on the PBM's Website. Filing instructions are stated on the forms. Also available on the HR website.

5. If I am reimbursed for only four tests in a 30-day period, may I be reimbursed for up to 12 tests during the following 30-day period?

No carryover of the 30-day test allowance is permitted.

6. May I submit a claim for a test for reimbursement from my FSA or HSA?

Yes, but only if you did not submit a claim for reimbursement from another source, such as your health plan.

Plan Member Attestation:

When you obtain OTC COVID-19 tests through your health benefit plan, you attest to the following:

- You are a covered member under your employer's health plan.
- The OTC COVID test for which you are requesting reimbursement is for your personal use or for the use of your covered family member, and you will not resell the OTC COVID test.
- Neither you nor your family members will be reimbursed for the OTC COVID test by any other source.
- The OTC COVID test is intended for the individualized diagnosis or treatment of COVID-19 and is not purchased or used for any other purpose, including to comply with employment or return-to-school requirements, public health screening requirements, etc.