

COVID-19 At-Home Test Kits

On January 10, 2022, the Biden administration announced that at-home, self-read COVID-19 tests purchased on or after January 15, 2022, will be covered by health insurers. This means you will have easy access to these tests and your health plan will cover them up front or reimburse you.

What you need to know

You are now eligible to obtain up to eight at-home COVID-19 testing kits every 30 days for each covered person in your household at your local pharmacy or online as needed, as long as the tests are not used for required employment testing or for resale purposes. The University of Alabama with BCBS has a network of pharmacies that will bill these at-home COVID-19 tests and process them at \$0 to you. Additional information is linked below:

- Frequently Asked Questions: [Prime Therapeutics FAQ: COVID-19 At Home Test Kits](#)
- Paper Claim Form: [Prime Therapeutics: COVID Claim Form](#)
- COVID-19 Test Information: [OTC COVID-19 Test Information](#)

There are no up-front costs if you purchase COVID-19 testing kits through a pharmacy that submits your claim online. We encourage participants to submit a claim through this electronic method when possible.

How it works using your benefit plan

1. Go to MyPrime.com to identify a pharmacy that has opted into this program.
2. Purchase the at-home COVID-19 testing kit(s) at your local pharmacy counter and request that they submit the claim through your prescription insurance provided through UA.

If you do not purchase the at-home test kits at the pharmacy counter and instead purchase them at the regular checkout counter or through an approved online retailer, you will have to pay for the test kits. Then, you can submit a paper claim form to request reimbursement.

How to get reimbursed if purchased outside the pharmacy or at a pharmacy retail counter (by submitting a receipt)

If you purchase online, through a local retailer, or you did not have the pharmacy submit a claim on your behalf and paid out of pocket for at-home test kits, you may request reimbursement as follows:

1. Fill out the attached paper claim request form (provided above).
2. Submit the paper claim request form for reimbursement along with the receipt from the retailer where the over-the-counter COVID-19 test kit was purchased (following the submission instructions on the form). You will need to reference the UPC code on the box to complete the form.

Please note that BCBS will reimburse the cost of the COVID-19 at-home test kit on the receipt up to \$12 per individual test. If you purchased a test kit and paid more than \$12 per test, you are responsible for the amount over \$12. There is no reimbursement for COVID-19 test kits that are used for employment purposes or for resale.

Over-the-counter (OTC) at-home COVID-19 testing products available at no cost listed below. The list of approved tests is subject to change. See your health plan's website for the most current list of approved tests.

Brand Name	Tests per pack	Number of tests available per month for \$0
ELLUME COVID-19 HOME TEST	1	You can purchase up to 8 individual tests each month at \$0.
BINAXNOW COVID-19 AG CARD HOME TEST	2	
ELLUME COVID-19 HOME TEST	1	
INTELISWAB COVID-19 RAPID TEST	2	
QUICKVUE AT-HOME COVID-19 TEST	5	
QUICKVUE AT-HOME COVID-19 TEST	2	
ON/GO COVID-19 ANTIGEN SELF-TEST	2	
FLOWFLEX KIT HOM TEST	1	

Q: How do I get a free at-home over-the-counter Covid-19 test?

A: Anywhere tests are available.

Beginning January 15th, 2022, pharmacies will be able to bill at-home, self read COVID-19 tests to your insurance at point of sale and resulting in no cost to you. If you buy a test from a retailer, other than a pharmacy, the test will need to be purchased and then submitted to the insurance for reimbursement of up to \$12 per test. Home test kits for required employment testing or for resale are not eligible to be submitted to your insurance for reimbursement.

Q: What are my other options to obtain COVID-19 testing at no cost?

A: Check your state health department website for other free testing options and locations

Q: What is the best way to obtain coverage for COVID-19 at home test kits?

A: Your health plan has arranged for convenience coverage, with no upfront costs to you, when tests are received and billed to your insurance through a pharmacy.

Q: Which pharmacies can I go to for online coverage of COVID home tests?

A: Prime has established a robust network of pharmacies to support online coverage of COVID home kits. The currently list of preferred pharmacies is located on your health plans' website.

Q: Can I use Amazon Pharmacy to receive COVID home tests through my insurance coverage?

A: Amazon Pharmacy online requires a prescription to submit a claim. Amazon, the online retailer, can process and ship these at home tests. You will be need to submit a paper claim if purchased from Amazon.com.

Q: Do I need a prescription to obtain a free at-home over-the-counter Covid-19 test?

A: No, you do not need a prescription for the over-the-counter Covid-19 test.

Q: Which at-home over-the-counter Covid-19 tests will be covered?

A: The current list of covered over-the-counter (OTC) at-home COVID-19 tests available for no cost is below. The list of approved tests is subject to change. See your health plans website for the most current list of approved tests.

NDC	Brand Name	Tests/Pk	GPI Name
56964000000	ELLUME COVID-19 HOME TEST	1	COVID-19 AT HOME ANTIGEN TEST KIT
11877001140	BINAXNOW COVID-19 AG CARD HOME TEST	2	COVID-19 AT HOME ANTIGEN TEST KIT
50021086001	ELLUME COVID-19 HOME TEST	1	COVID-19 AT HOME ANTIGEN TEST KIT
08337000158	INTELISWAB COVID-19 RAPID TEST	2	COVID-19 AT HOME ANTIGEN TEST KIT
14613033968	QUICKVUE AT-HOME COVID-19 TEST	5	COVID-19 AT HOME ANTIGEN TEST KIT

NDC	Brand Name	Tests/Pk	GPI Name
14613033972	QUICKVUE AT-HOME COVID-19 TEST	2	COVID-19 AT HOME ANTIGEN TEST KIT
11877001133	BINAXNOW COVID-19 AG CARD HOME TEST	6	COVID-19 AT HOME ANTIGEN TEST KIT
60006019166	ON/GO COVID-19 ANTIGEN SELF-TEST	2	COVID-19 AT HOME ANTIGEN TEST KIT
82607066026	FLOWFLEX KIT HOM TEST	1	COVID-19 AT HOME ANTIGEN TEST KIT

Q: What are my other options to obtain COVID-19 testing at no cost?

A: Check your state health department website for other free testing options and locations. More information on free test kits can be found using this link <https://www.cms.gov/how-to-get-your-at-home-OTC-COVID-19-test-for-free>

Q: Why are some tests that are at-home and self read not on the list?

A: Tests are included if they are used at home, with results read at home and do not require a prescription order or to be read by a medical lab.

Q: What if I have a prescription for a COVID test that I take at home but send to a lab, or that requires a prescription?

A: Tests for prescribed tests and those that must be read by a lab are not processed through your pharmacy benefit. Please contact your health plan for questions on coverage for these tests.

Q: Will I have coverage or be reimbursed if I bought a test that is not on the covered list?

A: No, only over-the-counter COVID-19 at-home test kits on the coverage are eligible for reimbursement through your pharmacy coverage.

Q: How much will I be reimbursed for an at-home over-the-counter Covid-19 test if I purchase the test upfront and then submit a claim for reimbursement?

A: For non-contracted pharmacies and local and online retailers, you will be reimbursed at 100% of your costs up to a maximum of \$12 per individual test for up to 8 over-the-counter Covid-19 test kits per 30 days. Depending on the product, there may be more than one test kit in a box. For example, if there are two test kits in one box, the reimbursement would be up to \$24. When using a contracted pharmacy, please go to the pharmacy counter to have a claim submitted for no cost. When using a contracted pharmacy, you will be reimbursed the pharmacies contracted rate or the maximum of \$12 per individual test. Home test kits for required employment testing or for resale are not eligible to be submitted to your insurance for reimbursement.

Q: How do I submit for reimbursement?

A: A drug claim form would need to be filled out along with the receipt from the retailer where the over-the-counter Covid-19 test kit was purchased and sent back to the address located on the form.

Q: How many tests can I get reimbursed for?

A: Through the insurance you can receive reimbursement for up to 8 over-the-counter Covid-19 test kits per 30

days per member. Home test kits for required employment testing or for resale are not eligible to be submitted to your insurance for reimbursement.

Q: How long does it take to receive my reimbursement?

A: The standard turnaround time for reimbursement is 21 days. Depending on volume, additional time may be needed to process your reimbursement request. Purchasing the tests through your pharmacy will eliminate the need for reimbursement.

Q: What if I already bought and paid for an at-home over-the-counter Covid-19 test kit on the list, can I request reimbursement?

A: No, anything purchased prior to January 15th, 2022 would not be covered for reimbursement.

Q: My employer requires daily/weekly testing. Can I get these tests reimbursed?

A: No, if testing is required by your employer it is not covered for reimbursement.

Q: I have Medicare, am I eligible for the free at-home over-the-counter Covid-19 test kit?

A: At this time, Medicare pays for Covid-19 diagnostic tests performed by a laboratory.

Q: I have Medicaid, am I eligible for the free at-home over-the-counter Covid-19 test kit?

A: Medicaid plans would follow their state guidelines due to federal direction in August 2021.

Prescription Drug Claim Form



Member information (See other side for instructions)

ID number

Group number

Date of birth / / Male Female

Name (First, Last)

Street address

City State Zip

Member's relationship to primary cardholder:

Self Spouse/Domestic partner Dependent/Child

I certify that:

- The information on this form is correct
- The member named above is eligible for pharmacy benefits
- The member named above received the medicine(s) listed
- These benefits have not been assigned; any further assignment is void
- I give my permission to share the information on this form with Prime Therapeutics LLC

X

Member or legal representative signature

Is this medicine for an on-the-job-injury? Yes No

Do you have other insurance for this prescription medicine? Yes No

If yes, what is the other insurance company's name?

Cardholder information (primary cardholder)

Name (First, Last)

Why are you submitting this Prescription Drug Claim Form?
(check one)

- Did not have my pharmacy card with me when I bought this prescription
- Have not received my pharmacy card
- Picked up my medicine from a non-network pharmacy
- My other insurance is paying for part of this medicine (attach that company's Explanation of Benefits and an itemized receipt)
- Other (please explain) _____

Pharmacy information

Pharmacy name

Pharmacy address

City State Zip

X

Pharmacist signature

Pharmacy NPI number

Prescription (Rx) claim information

Was this prescription medicine purchased outside the U.S.? Yes No

All fields below must be completed. (See example on the back of this form.) Talk to your pharmacist if you need help.

Please attach itemized pharmacy receipts to the back of this form.

Claims are subject to your plan's limits, exclusions and provisions.

If you are requesting reimbursement for a COVID home test kit, a cash register receipt is valid. For these test kits there may not be an Rx#, leave blank, the rest of the information is required. An NDC or UPC code can be used.

IMPORTANT: Your signature is required that you attest that these test kits are not being used for testing required by your employer, return to work, travel, attending recreational event requirements and will not be resold.

Signature _____

1 Rx number

Date filled / /

Quantity _____ Days' supply

Name of medicine _____

NDC number

(Your pharmacist can provide the national drug code (NDC) and national provider identifier (NPI) numbers.)

Physician NPI number

(Does not apply for COVID home tests)

Prescription cost \$.

Balance due \$.

Instructions

1. Use a separate claim form for each member and prescription. All information provided on or attached to this claim form must be for the same person/prescription.
2. Attach original itemized pharmacy receipts provided with your prescription. Be sure that all the required information is visible (staple to the top of the form, if necessary). Note: your claim will be sent back if required information is missing.

Required information

- Member name
- ID number
- Group number
- Date of birth
- Pharmacy name and address
- Total charge
- Drug name and NDC number
- Physician NPI number
- Quantity
- Date filled
- Rx number
- Days' supply
- All compound drug information (if applicable)
- Pharmacy NPI number

Questions?

- You can call the number on the back of your member ID card
 - Your pharmacist may call 800.821.4795
3. Send this completed form with itemized receipts to:

Prime Therapeutics
 Mail route Commercial
 PO 25136
 Lehigh Valley, PA 18002-5136

EXAMPLE

Rx number

Date filled / /

Quantity Days' supply

Name of medicine Drug Name

NDC number
(Your pharmacist can provide the national drug code (NDC).)

Total prescription charge \$.

Is this prescription claim for a compound medicine?
 Yes No

Note: If yes, ask your pharmacist to complete the information below.

Compound Information

Please enter all information for each drug used.

Compound Prescriptions

For pharmacy use only

NDC Number	Drug Ingredient	Quantity	Charge

Rx 1

Attach original itemized pharmacy receipts here

All required information must be visible (see step 2 above).

Keep a copy of this form and your receipt(s) for your records.

Fraud Prevention Regulation: Any person who knowingly and with intent to defraud any health plan or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent health plan act, which is a crime and subjects such person to criminal and civil penalties.

Prime Therapeutics LLC is an independent limited liability company providing pharmacy benefit management services.

Over-the-counter (OTC) COVID-19 Test

The Biden administration announced starting January 15, 2022, health plans will be required to reimburse the cost of OTC COVID-19 test for all covered Members.

What you need to know:

- Eligible to reimburse 8 OTC COVID-19 test per month, per Member. (A covered family of 4 would be eligible for 32 OTC test per month.)
- Must be rapid antigen at-home tests, not PCR tests.

You can also order 4 OTC COVID-19 test from the federal government (one time only). Scan the QR code or visit <https://www.covidtests.gov> to place your order through the USPS. Orders will usually ship within 7-12 days.

To file a claim, visit BCBS Alabama www.bcbsal.com

Claims can be filed electronically by logging in to [your account](#) or by submitting a [Medical Expense Claim Form](#) along with the test kit receipt.

Scan to order from USPS

