

## FAQs RELATED TO COVERAGE OF AT-HOME COVID-19 TESTS for VIVA HEALTH Employer Group Members

### 1. Who is eligible for coverage of at-home COVID-19 tests?

**Answer:** VIVA HEALTH members who get their insurance coverage through their employer now have coverage of at-home COVID-19 diagnostic tests. This benefit does not apply to Medicare members. To be eligible for coverage, the test must be purchased by or on behalf of the member for the member's personal use. The test must not be for employment purposes, must not be paid by another source, and must not be for resale. Dollar and quantity limits apply. (See questions 7 and 8 below.)

### 2. When does coverage of at-home COVID-19 tests begin?

**Answer:** Qualified tests purchased January 15, 2022 through the end of the declared public health emergency are covered when coverage requirements are met. Tests purchased before January 15, 2022 are not covered. Members can ask for reimbursement up to 180 days from the date of purchase.

### 3. How will the at-home COVID-19 tests be covered?

**Answer:** At first, members will need to pay for the test themselves and submit a request for reimbursement to VIVA HEALTH's commercial claims department. Members must submit a request for reimbursement by completing the form at the end of this FAQ (also located [here](#)) and include the original receipt and the original UPC barcode cut from the test's box. If you normally get an emailed receipt, please ask for a paper receipt when buying test kits. For members with prescription drug coverage through VIVA HEALTH, coverage will be available soon at pharmacies in the VIVA HEALTH network. When available, members can get eligible at-home COVID-19 diagnostic tests covered at 100%, with no out-of-pocket costs, by showing their VIVA HEALTH member ID card at the pharmacy counter. VIVA HEALTH will update this FAQ as soon as that process is available. Members should check the website often for updates.

### 4. Where can I purchase an at-home, over-the-counter COVID-19 test?

**Answer:** Tests are available from a pharmacy, retail store, or online store. Availability depends on national supply. The benefit only covers tests with U.S. Food and Drug Administration (FDA) approval, emergency use authorization, or other applicable federal clearance. Other tests will not be covered. Tests purchased from individuals will not be covered.

### 5. How can I order an at-home COVID-19 test now that will be shipped to my home for free without having to pay anything up front?

**Answer:** Starting January 18, Americans with or without insurance can order free, at-home tests online from [www.covidtests.gov](http://www.covidtests.gov). The federal government will send each household up to four tests for free.

## 6. Do I need a prescription to get an at-home COVID-19 test?

**Answer:** No. The at-home tests covered by this benefit are sold over the counter. As long as the test is to diagnose an illness or due to potential exposure, members may purchase and be reimbursed for at-home COVID-19 tests without a doctor's order or prescription and without prior authorization. Tests bought for employment-required testing are not covered.

## 7. Is there a limit on the number of tests that are covered?

**Answer:** Yes. Members have coverage for up to eight tests per month. Quantity limits apply based on the month the test was purchased. For example, a test bought in January applies toward January's limit and will not be reimbursed for use in a later month.

## 8. How much will I be reimbursed per test?

**Answer:** For now, members will be reimbursed the full purchase price of the test, if the test is an approved test (see question 9 below) and members have not exceeded their limit of eight tests per month.

When members can purchase tests with no out-of-pocket costs at a pharmacy in the VIVA HEALTH network and through the pharmacy mail-order program, tests purchased outside VIVA HEALTH's pharmacy network will only be reimbursed up to \$12 per test. Members who do not have pharmacy benefits through VIVA HEALTH should check with their employer about their coverage.

## 9. Which at-home tests qualify for reimbursement?

**Answer:** Only tests with FDA approval, emergency use authorization (EUA), or other applicable federal clearance are eligible for reimbursement. The FDA list of tests with EUA can be found [here](#). Only tests listed as over-the-counter or OTC are at-home tests covered by this benefit.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-294-7780。



### Commercial Member Reimbursement Form

#### At-Home COVID-19 Diagnostic Tests

Applicable for purchase dates from January 15, 2022 until the end of the declared Public Health Emergency. Reimbursement limit of up to eight tests per covered member per month applies. Only at-home tests with FDA approval, emergency use authorization (EUA), or other applicable clearance under Section 6001(a)(1) of the FFCRA are eligible for reimbursement. The FDA directory of tests with EUA can be found [here](#).

1. Fully complete sections 1-4 of this form. Please use dark ink and print clearly or fill electronically.
2. Enclose your original receipts **and UPC barcodes cut from the box**. Do not attach receipts to this form.
3. Keep copies for your records. Receipts will not be returned.
4. Mail the completed form to VIVA HEALTH within 180 days from the date of service.
5. A separate form must be completed for each member for whom reimbursement is sought.
6. Quantity limits apply based on the month of purchase.

<b>Section 1 - Member Information</b> (for whom the test is for)	
Member Name	Member Number (on your member ID card)
Member Date of Birth	Member Mailing Address
<b>Section 2 – Reimbursement Details</b>	
Testing Kit Name (brand, manufacturer, description, etc.)	Number of Tests in the Kit
Testing Kit REF, Lot Number, and/or UPC (if applicable please include)	
<b>Section 3 – Enclose Receipt(s) and UPC barcode(s) from Testing Kit Box</b>	
Receipts must contain purchase date, purchase amount, and proof of payment. Cut out and attach barcode from box.	
<b>Section 4 - Attestation</b>	
I attest that the at-home COVID-19 test for which I am seeking reimbursement was purchased by or for the participant, beneficiary, or enrollee for personal use, not for employment purposes, has not been (and will not be) reimbursed by another source, and is not for resale.	
X _____ Signature	_____ Date
<b>Section 5 – Mailing Instructions</b>	
VIVA HEALTH, INC. ATTN: Commercial Claims Department 417 20 <sup>th</sup> Street North, Suite 1100 Birmingham, AL 35203	

**Questions?** Contact VIVA HEALTH Customer Service: (205) 558-7474 or 1-800-294-7780

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