



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

****Americans with or without insurance can order free, at-home tests online from www.covidtests.gov. ****

To receive your at-home COVID-19 test covered at 100% with no out-of-pocket cost, please purchase a test kit at a participating pharmacy at the pharmacy counter, showing your VIVA HEALTH ID card. See details below.

Members without prescription drug coverage through VIVA HEALTH should consult their employers for their coverage.

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

Answer: VIVA HEALTH members who get their insurance coverage through their employer 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: Members with prescription drug coverage through VIVA HEALTH may now purchase eligible at-home COVID-19 diagnostic tests from the pharmacy counter at a participating pharmacy and receive the tests at no charge if they haven't reached their 30-day limit and they present their VIVA HEALTH member ID. Members should ask the pharmacy if its system is set up to allow the purchase through their pharmacy benefit. Because this benefit is new, some pharmacies may still be working on their processes.

Members who buy tests at a participating pharmacy but do not buy them at the pharmacy counter using their VIVA HEALTH member ID card or who buy tests outside the participating pharmacy network will have to pay out of pocket, and reimbursement will be limited to \$12 per



test. (See question 8 below.) Many stores sell tests for \$12 or less, but please be aware that prices vary widely.

Members with prescription drug coverage through VIVA HEALTH must file for reimbursement for tests purchased out of pocket through our pharmacy benefit manager, Express Scripts. More information can be found at <https://www.express-scripts.com/covid-19/resource-center>.

For tests bought before February 1, members should 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.

4. Where can I buy 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: Americans with or without insurance can order free, at-home tests online from www.covidtests.gov.

Members with prescription drug coverage through VIVA HEALTH may also order at-home COVID-19 diagnostic tests online at no charge from our pharmacy benefit manager, Express Scripts. To order or find more information, go to <https://www.express-scripts.com/covid-19/resource-center>. You may also order the tests to be shipped to your home by calling 1-855-778-1485. Tests ordered directly through Express Scripts will count toward the eight tests per member per 30 days limit.

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 COVID-19 exposure, members may buy and be reimbursed up to \$12 per test 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 every 30 days. Members will not be reimbursed for more than eight tests purchased during the 30-day period. Members may not ask to be reimbursed for tests purchased for reasons other than personal use to diagnose COVID-19 due to symptoms or a known exposure.



8. How much will I be reimbursed per test?

Answer: As of February 1, reimbursement is limited to up to \$12 per test. This limit applies to tests purchased at a participating pharmacy but at the retail counter instead of at the pharmacy counter through the VIVA HEALTH benefit and tests purchased outside a participating pharmacy. Members who buy tests at the pharmacy counter of a VIVA HEALTH participating pharmacy using their VIVA HEALTH pharmacy coverage by showing their member ID card will not pay anything out of pocket. Tests purchased January 15 through January 31 will be reimbursed the full purchase price of the test.

To be eligible for reimbursement, tests must be an approved test (see question 9 below) for an approved use, with a limit of eight tests every 30 days.

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

****This form is applicable for purchase dates January 15, 2022 through January 31, 2022.****

Tests purchased February 1, 2022 until the end of the declared public health emergency must be reimbursed through VIVA HEALTH's pharmacy benefits manager, Express Scripts. If your plan has pharmacy benefits through another provider, you must seek reimbursement through that pharmacy benefits manager. Contact your employer for more details.**

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.

Section 1 - Member Information (for whom the test is for)	
Member Name	Member Number (on your member ID card)
Member Date of Birth	Member Mailing Address
Section 2 - Reimbursement Details	
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)	
Section 3 - Enclose Receipt(s) and UPC barcode(s) from Testing Kit Box	
Receipts must contain purchase date, purchase amount, and proof of payment. Cut out and attach barcode from box.	
Section 4 - Attestation	
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
Section 5 - Mailing Instructions	
VIVA HEALTH, Inc. ATTN: Commercial Claims Department 417 20 th 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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