At-Home COVID-19 Tests
Frequently Asked Questions

HMSA/CVS/SilverScript Members:

1. **What is covered?**
   Up to eight over-the-counter (OTC) rapid antigen at-home COVID-19 tests (authorized for Emergency Use Authorization by the FDA) per member per month effective January 15, 2022 through the end of the national public health emergency.

2. **How do I get an at-home COVID test at no cost?**
   Call the dedicated HMSA OTC At-Home COVID-19 Tests Phone Line at 808-951-1956 or 1-800-796-2925 toll-free, Monday through Friday, 8am to 4pm, to request a test. Members can expect to receive their tests within 3-4 weeks via the United States Postal Service (USPS). To ensure adequate inventory to fulfill all member requests, HMSA will start by only shipping two tests per member per month. HMSA will adjust this limit based on member demand and available inventory.

3. **How do I submit a claim?**
   If you paid out-of-pocket for an at-home COVID-19 test on or after January 15, 2022 through February 28, 2022, please submit your claim for full reimbursement (including shipping cost and sales tax) to CVS within a year from the date of purchase. You can either submit an online or paper claim. To submit an online claim, go to Caremark.com/covid19-otc and follow the steps to request your reimbursement. If you prefer to mail in your claim, download the claim form at caremark.com/portal/asset/COVID-19_Test_Reimbursement_Claim_Form.pdf.

   For at-home COVID-19 tests purchased on or after March 1, 2022 through the end of the PHE, please submit your claim for reimbursement to HMSA through HMSA My Account which can be found at hmsa.com/eutf. Click on the “Member Login” in the top right corner. Once logged in, at the top navigation bar, under “Claims,” select “Submit COVID-19 Tests Reimbursement Form.”

4. **Are tests covered for Medicare members?**
   Yes, coverage is provided through Medicare Part B for Medicare members enrolled in the HMSA PPO retiree and Humana Medicare Advantage plans effective April 4, 2022 through the end of the national public health emergency. Coverage includes up to eight OTC rapid antigen at-home COVID-19 tests (FDA-approved, authorized or cleared) per member per month. For more information and a list of participating pharmacies, visit medicare.gov/medicare-coronavirus.

5. **Where can I find the most up to date information?**
Kaiser Permanente Members:

1. What is covered?
   Up to eight over-the-counter (OTC) rapid antigen at-home COVID-19 tests (authorized for Emergency Use Authorization by the FDA) per member per month effective January 15, 2022 through the end of the month in which the national public health emergency ends.

2. Where can I pick up an at-home COVID test at no cost?
   Visit kp.org/covidtests or use the Kaiser Permanente mobile app to order a self-test and have it shipped to your home. If you are planning to visit a Kaiser Permanente pharmacy, you may be able to pick up a self-test while there, as supply allows. You can also pick up a self-test at participating retail pharmacies, such as Walmart or Costco. Simply show your photo ID and Kaiser Permanente ID card at the pharmacy counter. Visit kp.org to see a list of participating retail pharmacies. Availability of tests may vary.

3. How do I submit a claim?
   If you paid for an FDA-authorized test, submit a claim for reimbursement through your kp.org account. Go to “Coverage & Costs” and select “Submit a medical claim.” As of May 5, reimbursement will be limited to $12 per test, including shipping and sales tax. To be reimbursed, the claim submitted must include:
   - The itemized purchase receipt documenting the name of the test, the date of purchase, the price, the quantity of tests and some evidence of your payment.
   - The QR or UPC code, cut out of the packaging, for the at-home COVID-19 test. If you are submitting online, cut out the code and submit a picture of it. If you are submitting a paper claim by mail, only mail in the QR or UPC code and not the entire package.

4. Are tests covered for Medicare members?
   Yes, coverage is provided through Medicare Part B. Simply show your Medicare card at the pharmacy counter. For more information and a list of participating pharmacies, visit medicare.gov/medicare-coronavirus. Coverage is also available through the Kaiser Permanente Senior Advantage plan.

5. What should I do if I receive a positive result?
   If you receive a positive result from a COVID-19 self-test, you should complete an e-visit right away to report it. It will be added to your medical record and you’ll receive guidance on treatment, isolation, and quarantine. If you have questions or concerns about your positive result or symptoms, you should visit kp.org/getcare or use the Kaiser Permanente app to access care.

6. Where can I find the most up to date information?
   Visit kp.org or healthy.kaiserpermanente.org/hawaii/health-wellness/coronavirus-information/testing#faqs.
Additional Questions:

1. **When should I use an at-home COVID test?**
   COVID-19 self-tests should be used if you have symptoms, think you’ve been exposed to COVID-19, are returning from travel, or plan to gather indoors with those who may be at risk, including unvaccinated children, seniors, and those who are immunocompromised.

2. **What if I need a PCR test?**
   If you need a PCR test you should check the free sites offered in your state (for Hawaii residents, go to alohaclear.com or health.hawaii.gov/coronavirusdisease2019/testing-locations). If the PCR test is medically necessary or required pre-surgery, it is covered under your EUTF medical plan.

3. **Can you purchase tests and submit one claim for the entire family?**
   You can purchase tests for your entire family, but an individual claim must be submitted for each eligible member. If the purchased tests are listed on one receipt, you’ll need to attach the receipt to each claim.

4. **Is the federal government paying for this?**
   The federal government is not subsidizing the health plan for the cost of these tests. The cost of these tests will be paid for by the EUTF plans and will increase future premiums.

5. **What reimbursement restrictions are there?**
   OTC COVID-19 tests are not covered if:
   (1) Purchased as a condition of employment or for employment purposes
   (2) Financially reimbursed by another source
   (3) Purchased for use by an individual who is not a family member enrolled in the Plan; and
   (4) Re-sold to a third party.

6. **If a doctor prescribes a rapid antigen home test or I received tests through COVIDtests.gov, does that count toward the monthly coverage limit?**
   No, rapid antigen home tests prescribed by a doctor or received through COVIDtests.gov do not count toward the monthly coverage limit of eight tests.

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