

## Frequently Asked Questions

### How to get your At-Home Over-the-Counter Rapid Antigen COVID-19 Test for Free

#### Updated April 12, 2022

#### **1. What is the new regulation regarding health plan coverage of Over-the-Counter (OTC) At-Home COVID testing?**

Beginning January 15, 2022, individuals covered by an employer-sponsored or Individual & Family health insurance plan who purchase an OTC COVID-19 diagnostic test authorized, cleared, or approved by the U.S. Food and Drug Administration (FDA) will be able to have those test costs covered by their health plan or insurance.

Effective April 4, 2022, Medicare will cover up to eight free tests per month. Medicare Part B recipients, including Medicare Advantage plan Members, may visit a participating pharmacy and other locations found [here](#) and access the tests directly. Centers for Medicare & Medicaid Services (CMS) will cover the costs of these tests without your health plan's involvement. For more information, please see the [Medicare Coverage OTC COVID-19 Tests: Fact Sheet](#).

Additionally, every home in the U.S. is eligible to order two sets of four free at-home COVID-19 tests through the United States government. If you already ordered your first set, order a second today at [COVIDtests.gov](#).

#### **2. What is an Over-the-Counter (OTC) At-Home COVID-19 test?**

This means it is an antigen test that you purchase, administer at home, and obtain the results rapidly in your home. You do not need a provider prescription or order to obtain an OTC At-Home COVID-19 test.

#### **3. Requirements for the Over-the-Counter (OTC) Tests:**

- It cannot be for the purpose of employment testing
- It must be for personal use
- Must be an "FDA Authorized, Cleared or Approved" COVID-19 test from the United States
- Excludes combination tests which may have COVID-19 and other virus tests included such as influenza, respiratory syncytial virus, etc. combined with the COVID-19 test
- Excludes COVID-19 tests that require you to send to an outside lab for results
- For IFP and employer-sponsored health plans, purchase of the COVID-19 test must have been on or after January 15, 2022
- For people with Medicare Part B, COVID-19 tests can be obtained through participating pharmacies and providers after April 4, 2022

#### **4. Where can I get the At-Home Over-the Counter (OTC) COVID-19 tests?**

All households can obtain free at-home COVID-19 tests through the U.S. government at [COVIDtests.gov](#).

AvMed Employer-sponsored and Individual & Family plan Members may also obtain up to eight free OTC COVID-19 at-home tests per Member per month by presenting their AvMed ID card at the pharmacy counter of any AvMed in-network pharmacy. In-network pharmacies include but are not limited to CVS, Sam's Club, Walmart and Publix. Refer to your plan directory for additional in-network pharmacies. For State of Florida (SoF) employee plan Members, CVS is the exclusive in-network pharmacy. There are no upfront out of pocket costs if the test is obtained at an in-network pharmacy.

People with Medicare Part B, including AvMed Medicare Advantage Members, will be able to go to eligible pharmacies and health care providers that are participating in this initiative to receive up to eight free over-the-counter COVID-19 tests per calendar month. A list of pharmacies that have committed publicly to participate is available [here](#). Because this initiative is voluntary, more eligible pharmacies and health care providers may also participate. Medicare beneficiaries should check with their pharmacy or health care provider to find out whether they are participating in this initiative. Information about where to find a test is also available by calling 1-800-MEDICARE (1-800-633-4227). For more information, please see the [Medicare Coverage OTC COVID-19 Tests: Fact Sheet](#).

If you need an immediate test or additional quantities, no-cost antigen and PCR COVID-19 tests continue to be available to everyone in the U.S. at more than 20,000 sites nationwide. A list of community based COVID-19 testing sites can be found [here](#).

**5. How do I find a list of FDA-Approved tests that are covered?**

A list of FDA authorized, cleared, or approved COVID-19 tests can be found at: [In Vitro Diagnostics EUAs- Antigen Diagnostic Tests for SARS-CoV-2 | FDA](#)

**6. Where can I find more information?**

For IFP and employer-sponsored health plan Members, visit [How to get your At-Home Over-The-Counter COVID-19 Test for Free | CMS](#)

For Medicare Advantage Members, additional information is available here: <https://www.cms.gov/how-to-get-your-at-home-OTC-COVID-19-test-for-free>.

As the information evolves, updates will be shared. For additional questions, please visit AvMed.org or call the phone number listed on your Member ID.

## **Additional Questions for AvMed IFP and Employer-Sponsored Plan Members**

### **1. Are rapid tests purchased at out-of-network pharmacies eligible for reimbursement?**

Eligible AvMed Members may purchase at-home tests at retail locations outside AvMed's preferred pharmacy network and submit receipt(s) for the reimbursement of the paid retail price (up to \$12 per test). See question 8 for details on the reimbursement process.

### **2. Can At-Home COVID-19 tests be ordered online?**

Yes, eligible AvMed Members are able to order tests online one of two ways:

- Order for pickup at a local CVS location with no out-of-pocket costs using your member ID. For more information on this process, visit [CVS.com](https://www.cvs.com) or the CVS pharmacy app.
- Order online through any retailer and request reimbursement (see question 8 for details on the reimbursement process); the reimbursement amount is limited to \$12.00 per test.

Per guidance from the U.S government, Members are responsible for any delivery or shipping costs.

### **3. Where can eligible AvMed Members submit reimbursement claims?**

For faster service, Members may submit prescription claims electronically by logging in to their AvMed Member portal account ([link](#)) and finding the Pharmacy Benefits section of the dashboard. Members must be registered for a Caremark account. Alternately, eligible Members may print and mail the Caremark form ([link](#)). Follow all instructions listed on the form to submit the pharmacy claim.

State of Florida employee plan Members should submit their claims at [Caremark.com/sofrxplan](https://www.caremark.com/sofrxplan) or call 1-888-766-5490 with any questions.

### **4. How many tests can I be reimbursed for?**

The maximum number of COVID-19 tests covered by AvMed is eight (8) total tests per eligible AvMed Member, per month. In the case of kits that include multiple tests, each test will be counted as one (1) test.

### **5. How will I get reimbursed for tests that I purchased?**

Caremark will process post-service claims and mail a check to the Member. The Member must complete and submit the Caremark form (see question 8). Reimbursements for out of network purchases are limited to \$12.00 per test.

### **6. What if I cannot afford to pay for the At-Home Over-the-Counter (OTC) COVID-19 test(s) upfront?**

Free tests are currently available to every U.S. residential address including U.S. territories. The tests sent through the program are all rapid antigen tests authorized by the FDA, and each shipment will include four individual rapid antigen COVID-19 tests. Visit [COVIDtests.gov](https://www.covidtests.gov) for more information and to order.

In addition, AvMed will continue to cover access to free testing within all our communities at pharmacies, health departments and COVID-19 testing sites. COVID-19 tests are also available without cost sharing (free to our AvMed Members) by health care providers like a nurse, doctor, or pharmacist, without limitation.

## **Additional Questions for AvMed Medicare Advantage Plan Members**

### **1. Does this initiative apply to original Medicare Members, Medicare Advantage Members, or both?**

This initiative applies to all individuals with Medicare Part B, including AvMed Medicare Advantage Members.

Please note that Members should present their red, white and blue Medicare card to get their free over-the-counter COVID-19 tests, even if they are enrolled in a Medicare Advantage plan. If a Medicare card is lost or misplaced, call 1-800-MEDICARE. It is possible that a pharmacy might be able to get the information it needs to bill Medicare if individuals do not have their red, white and blue card.

### **2. Will I pay anything for these tests?**

No, people with Medicare will be able to obtain up to eight over-the-counter COVID-19 tests per calendar month without cost-sharing from a participating eligible pharmacy or health care provider. This means there is no copay or coinsurance for tests.

If a person with Medicare wants to obtain more than eight over-the-counter COVID-19 tests per calendar month, they can obtain the additional tests at retail prices or through another available resource. Note there may be more than one over-the-counter test per box, so eight tests may come in fewer than eight boxes.

### **3. Are the free over-the-counter COVID-19 tests available only to existing customers of the participating pharmacy location or chain?**

No, people with Medicare Part B can get up to eight over-the-counter COVID-19 tests per calendar month without cost-sharing from any participating eligible pharmacy, whether or not they are an existing customer of that particular location or chain.

AvMed Medicare Advantage Members should present their red, white and blue Medicare card in order to obtain these tests at no cost from the participating eligible provider.

### **4. Will I need to buy the tests first to be reimbursed?**

No. Medicare will only make payment directly to eligible pharmacies and health care providers that are participating in this initiative, which will allow people with Medicare Part B coverage, including AvMed Medicare Advantage Members, to receive up to eight tests per calendar month at no cost at the point of sale and without needing to be reimbursed.

Participating eligible pharmacies and health care providers under this initiative will then bill Medicare in a manner similar to the way they currently bill for other Medicare covered services. Medicare beneficiaries will not need to submit a bill or receipt to Medicare for payment under this initiative.

### **5. Will there be options to order tests online?**

CMS is encouraging participating eligible pharmacies and health care providers to provide tests under this initiative to people with Medicare through a variety of convenient means, including online ordering.

Participating eligible pharmacies and health care providers can elect to use online ordering mechanisms, such as a direct-to-consumer shipping program, to furnish these tests to people with Medicare so long as the beneficiary or their designee requests the tests. A direct-to-consumer shipping mechanism can include online or telephone ordering and may only be operated by a participating eligible pharmacy or health care provider under the initiative. The availability of tests through these means will help beneficiaries obtain access to these tests in harder to reach communities.

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