



BlueCross BlueShield of Illinois

COVID-19 At-Home Test Coverage



We are covering COVID-19 at-home tests at no cost to you starting January 15, 2022.

If you have employer, individual or family plan health care and prescription drug benefit coverage with Blue Cross and Blue Shield of Illinois (BCBSIL), we will be covering FDA-authorized diagnostic test kits if purchased from an in-network pharmacy.*

Where can I buy a COVID-19 at-home test?

You can purchase tests at over 65,000 pharmacies nationwide or order them online to be shipped directly to your home. Find a list of network pharmacies at bcbsil.com/covid-19. Or, you can call the BCBSIL Customer Service number listed on your member ID card to help find a location near you.

How do I pay for an at-home test?

The easiest way is to buy at-home tests at the pharmacy counter. Ask the pharmacist to submit the claim to Prime Therapeutics under your pharmacy benefit. You may have to show your member ID if you have not used that pharmacy before.

If you don't go to the pharmacy counter and instead use the regular checkout counter, or, if your pharmacy isn't set up to file the claims, you will have to pay for the test kits. You can file a claim to be reimbursed up to \$12 per test, up to 8 tests every 30 days per covered member. This is also true if you buy them from an approved online retailer.



How do I get reimbursed by filing a claim?

If you have BCBSIL pharmacy benefits but paid out of pocket at your pharmacy, online or at a local retailer:

- You can find prescription drug claim forms on our website at bcbsil.com/covid-19. Follow the submission instructions on the form to fill out your request.
- Mail the form with the cash register receipt for your purchase attached.
- Use a separate form for each member.

Here are some other things to keep in mind about coverage for COVID-19 at-home test kits:

- Only FDA-authorized at-home or over-the-counter (OTC) antigen diagnostic tests may be covered under your pharmacy benefit. These tests don't need a prescription and a lab to read the results. If you aren't sure if a test kit is FDA-approved or covered, ask your pharmacist for help.

- We will pay for 8 at-home tests per covered member every 30 days. You may buy more than 8 tests, but only 8 will be covered. Tests kits may be packaged with one test or more than one test per package. Check the number of tests in each test kit at the time of purchase, as each test will count toward the 30 day limit of 8 tests.
- OTC tests used for things like return to work, school, travel or recreational event requirements may not be covered.
- Talk to your health care provider with any questions. Your doctor or pharmacist can answer questions about COVID-19 at-home testing and if you need more urgent medical care.
- Be aware of scammers. Criminals are using COVID-19 as a chance to commit health care fraud. Be wary if you get a call about COVID-19 and guard your private information.

For other resources and information about COVID-19 and you, visit our COVID-19 website at bcbsil.com/covid-19. The Centers for Disease Control and Prevention has more information about COVID-19 At-Home Testing.

* If you are a member whose prescription drug plan is not administered through BCBSIL, please contact your health plan administrator for more information.

BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSIL and contracting pharmacies is that of independent contractors. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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 000006011481

Date filled 01/12/22

Quantity 30 Days' supply 30

Name of medicine "Drug Name"

NDC number 00123456731
(Your pharmacist can provide the national drug code (NDC).)

Total prescription charge \$ 205.14

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.