MERITAIN® HEALTH

An Aetna Company

Reimbursement for Over-the-Counter COVID-19 Tests

Under new federal guidelines, Meritain Health® members with employer-sponsored health insurance now have coverage for over-the-counter (OTC) COVID-19 tests. These tests can be used to help you diagnose a COVID-19 infection and limit its spread to your family and community.

What you need to know

What's covered?

This new benefit covers eight OTC COVID-19 tests per member every 30 days without a physician's order. Eligible tests must be authorized, cleared and approved by the U.S. Food and Drug Administration. You can get reimbursed for OTC COVID-19 tests bought on or after January 15, 2022.

OTC COVID-19 tests are for home use only and cannot be used for employment, school or recreation. Also, lab-based PCR home collection kits are not covered by this mandate.
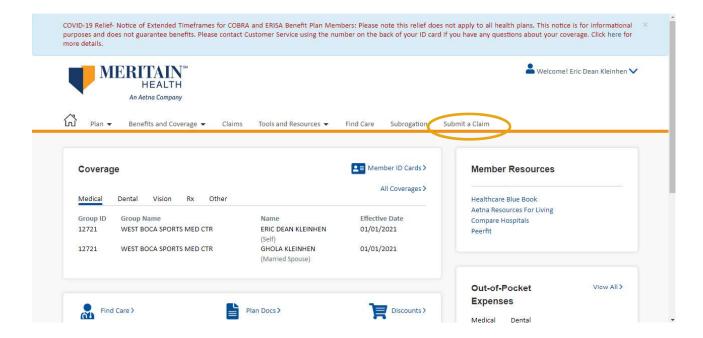
How do I get reimbursed for my OTC COVID-19 tests?

Just log in to your Meritain Health member website and follow the steps below to the online claims submission form. Once your claim is approved, a check will be mailed to you.

At this time, you can expect to be fully reimbursed for the cost of an OTC COVID-19 test. Reimbursement is available during the COVID-19 public health emergency.
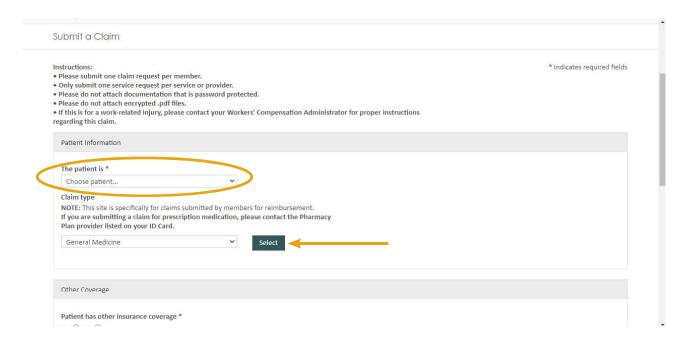
COVID-19 OTC test reimbursement claim submission process for members

Go to **www.meritain.com** and log in to your account. If you have not registered, click on the *Register* button and follow the prompts.
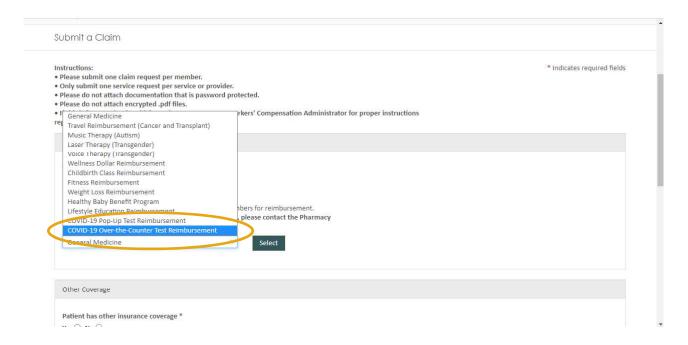
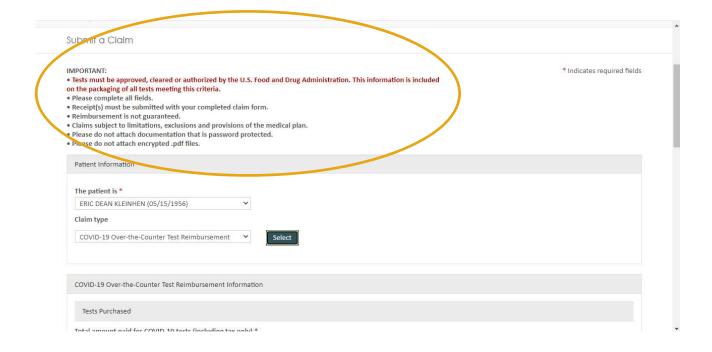You will then be on your website home page. Click on the *Submit a Claim header*.

Next, select the member or dependent who is submitting the claim.
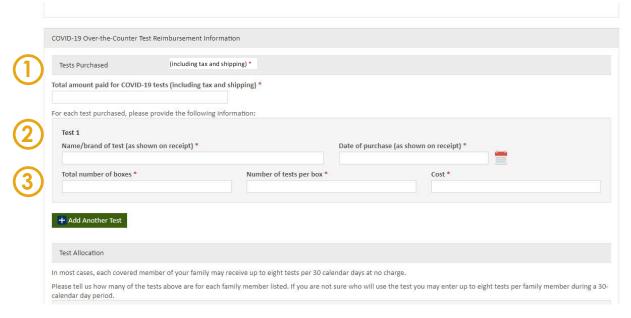
Then, click on the down arrow in the *Claim Type* box and select *COVID-19 Over-the-Counter Test Reimbursement*. Click *Select*.
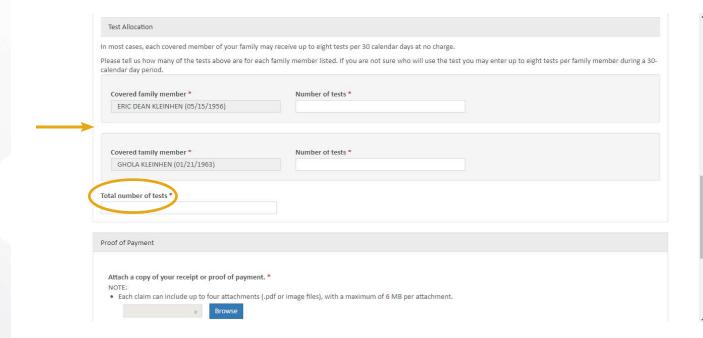

Key instructions will then be displayed. Scroll down to begin filling out your claim.

1. Enter the total dollar amount for all tests.

2. Enter information for each purchase—name/brand of test, purchase date, number of boxes purchased, number of tests per box and total cost.

3. Click on *Add Another Test* if you have purchased more than one brand of test or made multiple purchases on different dates.
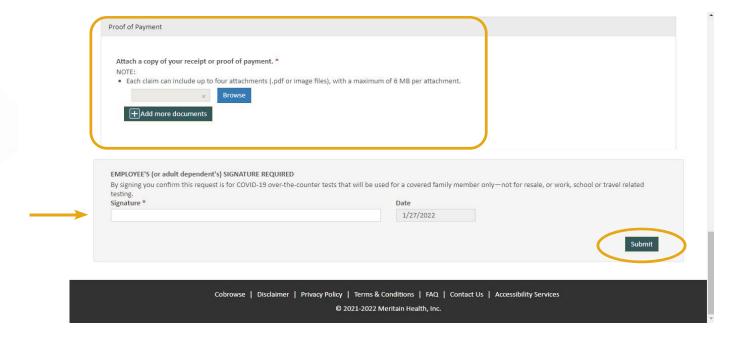
COVID-19 Over-the-Counter Test Reimbursement Information

① Tests Purchased (including tax and shipping) *

Total amount paid for COVID-19 tests (including tax and shipping) *

For each test purchased, please provide the following information:

② **Test 1**

Name/brand of test (as shown on receipt) *   Date of purchase (as shown on receipt) *

③ Total number of boxes *   Number of tests per box *   Cost *

+ Add Another Test

Test Allocation

In most cases, each covered member of your family may receive up to eight tests per 30 calendar days at no charge.

Please tell us how many of the tests above are for each family member listed. If you are not sure who will use the test you may enter up to eight tests per family member during a 30-calendar day period.

Fill in the total number of tests purchased for each family member on this claim. Then, complete the *Total number of tests* box for the claim.

Test Allocation

In most cases, each covered member of your family may receive up to eight tests per 30 calendar days at no charge.

Please tell us how many of the tests above are for each family member listed. If you are not sure who will use the test you may enter up to eight tests per family member during a 30-calendar day period.

Covered family member *   Number of tests *
ERIC DEAN KLEINHEN (05/15/1956)

Covered family member *   Number of tests *
GHOLA KLEINHEN (01/21/1963)

Total number of tests *

Proof of Payment

Attach a copy of your receipt or proof of payment. *
NOTE:
- Each claim can include up to four attachments (.pdf or image files), with a maximum of 6 MB per attachment.

×   Browse

Attach copies of your receipts that show proof of purchase. If using our mobile app, simply take a picture with your phone and upload. You can upload up to four attachments per claim.

Then, type your name and click *Submit*. You will then receive a confirmation page that states your submission was successful!

Proof of Payment

Attach a copy of your receipt or proof of payment. *
NOTE:
- Each claim can include up to four attachments (.pdf or image files), with a maximum of 6 MB per attachment.

[Browse]

[+] Add more documents

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED
By signing you confirm this request is for COVID-19 over-the-counter tests that will be used for a covered family member only—not for resale, or work, school or travel related testing.

Signature *

Date
1/27/2022

[Submit]

Where else can I find at-home COVID-19 tests?

You can also order four free OTC COVID-19 tests from **www.covidtests.gov**. There's no cost for shipping. Plus, you don't need to enter a credit card.

Questions?

Just check out the latest guidelines on OTC COVID-19 tests at **https://www.meritain.com/covid-at-home-test-details/** or reach out to us at the number on your ID card.

This flyer is for information and is not meant as medical advice. Health benefits plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change.

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