



AT-HOME COVID-19 TESTS AT NO COST TO YOU.

Navigating COVID-19 can be hard, but we're making it easy for you to afford an at-home COVID-19 test when you need one. If you have Express Scripts pharmacy coverage through our company, you can visit your local retail pharmacy for at-home COVID-19 tests at no cost to you.^{1,2,3}

Here's how it works:

- Call your local retail pharmacy to see if they have at-home COVID-19 tests available.
- Take your Express Scripts ID card to a retail pharmacy in your network.
- Bring the COVID-19 test to the pharmacy counter, not the regular checkout lane.⁴
- Check out at the pharmacy counter and show your ID card. Your at-home COVID-19 test should automatically ring up at no cost to you.

Here are a few helpful places to find information:

- **To find a retail pharmacy in your network:**
Visit express-scripts.com and click "Find a Pharmacy."
You can also use our mobile app.
- **If you weren't able to purchase your at-home COVID-19 test(s) at the pharmacy counter, or happened to be charged:**
You can submit your receipt for reimbursement of up to \$12 per test online at our COVID-19 resource center.



For more information about COVID-19, or to submit a receipt for reimbursement, visit the Express Scripts resource center at express-scripts.com/covid-19/resource-center.



At-home COVID-19 tests through this program are for personal use only. They cannot be used for employment purposes, resale, or be reimbursed by another source.

1. Only applies to members covered by Express Scripts.
2. You can receive up to eight at-home COVID-19 tests from any retail pharmacy in your network every 30 days at no cost to you.
3. Your plan covers the cost of at-home COVID-19 tests up to \$12 each.
4. Pharmacy purchase limits on at-home COVID-19 tests may apply.

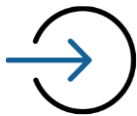
The Express Scripts COVID-19 Over-the-Counter Test Kit Network Solution

We created the COVID-19 Over-the-Counter Test Kit Network Solution to help you meet the Biden Administration's requirement that plan sponsors cover the cost of at-home over-the-counter COVID-19 tests at \$0 copay for members.¹ This solution will make it easy for you to provide your members with:



Full home delivery + retail network coverage

The COVID-19 Over-the-Counter Test Kit Network Solution adds at-home COVID-19 tests to participating plans' covered drug lists. Their members can go to any in-network retail pharmacy and will soon be able to order at-home COVID-19 tests from the Express Scripts Pharmacy for \$0 copay.



A seamless member experience at the point of sale

Claims for at-home OTC COVID-19 tests will automatically process at \$0 copay when members order through the Express Scripts Pharmacy or check out at in-network retail pharmacy counters. Express Scripts can also process manual claims for at-home COVID-19 tests using their UPC codes.



\$0 copay for at-home COVID-19 tests

Members are eligible for up to 8 at-home over-the-counter COVID-19 tests every 30 days. Reimbursements for at-home tests will be capped at \$12 per test (or \$24 per 2-pack).

The COVID-19 landscape is dynamic, and we understand how confusing it can be for plan sponsors and members alike. If you have any questions about this solution or any of our other COVID-19 resources, please contact your Express Scripts Account Executive.

COVID-19 Over-the-Counter Test Kit Network Solution

Frequently Asked Questions

Why is Express Scripts PBM offering this solution?

As of January 15, 2022, the Biden Administration now requires plan sponsors to cover the cost of at-home OTC COVID-19 tests.¹ The Express Scripts COVID-19 Over-the-Counter Test Kit Network Solution makes it simple for our plan sponsors to meet this requirement and qualify for safe harbor rules capping costs at \$12 per claim.

What are the benefits to my plan?

Reduced administrative burden: This solution ensures full coverage for at-home OTC tests within your existing retail pharmacy network. Claims for at-home OTC tests will process automatically through the pharmacy benefit when members order them from the Express Scripts Pharmacy or check out at an in-network retail pharmacy counter.

Lower costs: You may see lower overall COVID-19 testing costs through this solution. With our robust network partnerships, we will work to manage in-network claims to \$12 or less per test for tests currently in the market. Eight OTC tests cost approximately \$96, which is still less than a single PCR lab test, which typically requires an office visit, incurring an additional medical cost. With this solution, we anticipate more people will do OTC tests and fewer PCR lab tests, relieving those costs from plan sponsors.

What are the benefits to my members?

Seamless experience at the point of sale: Claims for at-home OTC COVID-19 tests will automatically process at \$0 copay when members order through the Express Scripts Pharmacy or check out at in-network pharmacy counters.

Predictable \$0 copay: Members are eligible for up to 8 at-home COVID-19 tests at the pharmacy counter every 30 days for a \$0 copay.

What do my members need to do?

To ensure they pay \$0 copay for at-home OTC COVID-19 tests, your members simply need to:

1. Take their Express Scripts ID card to a retail pharmacy in your network.
2. Bring an at-home COVID-19 test to the pharmacy counter, not the regular checkout lane.
3. Check out at the pharmacy counter and show their Express Scripts ID card. Their at-home COVID-19 tests should automatically ring up at no cost to the member.

What if the pharmacy rejects the claim at the point of sale or a member checks out at a front-end register?

We anticipate seamless integration at in-network retail pharmacies. However, we can process manual claims for at-home COVID-19 tests using UPC codes from any retail or online provider. Members should be directed [here](#) to submit manual claims for reimbursement for at-home tests purchased on or after Jan. 15, 2022. Claims will be capped at \$12 per test.

Please note that pharmacy purchase limits on at-home COVID-19 test kits may apply.

Does this solution cost me anything?

There will be a one-time implementation fee based on your plan's number of lives. See program [Terms and Conditions](#) for details.

1. <https://www.hhs.gov/about/news/2022/01/10/biden-harris-administration-requires-insurance-companies-group-health-plans-to-cover-cost-at-home-covid-19-tests-increasing-access-free-tests.html>

Prescription Drug Reimbursement / Coordination of Benefits Claim Form

Did you know that you can now submit your prescription claims to us electronically?

Log in to express-scripts.com and select Benefits > Forms & Cards



EXPRESS SCRIPTS®

» Cardholder Information *See your prescription drug ID card.*

Group No.

Member ID

Member Name First Last

Street Address

City State ZIP

» Patient Information

Patient Name First Last

Patient Date of Birth (Month/Day/Year)

Sex Relationship to Plan Member

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> 1 Self | <input type="checkbox"/> 5 Disabled Dependent |
| <input type="checkbox"/> Male | <input type="checkbox"/> 2 Spouse | <input type="checkbox"/> 6 Dependent Parent |
| | <input type="checkbox"/> 3 Eligible Child | <input type="checkbox"/> 7 Non-spouse Partner |
| | <input type="checkbox"/> 4 Dependent Student | <input type="checkbox"/> 8 Other |

» Pharmacy Information

Name of Pharmacy

Street Address

City State ZIP

Telephone (include area code)

Is this an on-site nursing home pharmacy? Yes No

I hereby certify that the charge(s) shown for the medication(s) prescribed is correct and agree to provide Express Scripts or its agents reasonable access to records related to medication dispensed to this patient in accordance with applicable law. I further recognize that reimbursement will be paid directly to the plan member and assignment of these benefits to a pharmacy or any other party is void.

X _____
Signature of Pharmacist or Representative

NCPDP/NPI Required

» Acknowledgment

I certify that the medication(s) described was received for use by the patient listed above, and that I (or the patient, if not myself) am eligible for prescription drug benefits. I certify that the medication(s) described were not for an on-the-job injury. By completing this form, I recognize that reimbursement will be paid directly to me and that assignment of these benefits to a pharmacy or any other party is void.*

X _____
Signature of Member

Date

*If allowed by law, you may assign the payment of this claim to your pharmacy. If your pharmacy is willing to accept assignment, do not complete this form. Please request that your pharmacy contact Pharmacy Services at 800.922.1557 for assistance.

» Claim Receipts

Tape receipts or itemized bills on the back.

Check the appropriate box:

Compound Prescription
Make sure your pharmacist lists ALL the VALID NDC numbers, cost and quantities for each ingredient on the back of this form and attach receipts.

Medication Purchased Outside of the United States
Country _____

Currency used _____

Allergy Medication
 Covid Test Kit
Kit Name _____

Number of Kits _____

Purchase Date _____

This test was purchased by the customer for personal use or the use of a covered plan member and was not purchased for employment purposes. This test will not be reimbursed if another source nor placed for resale.

Coordination of Benefits

Mark the appropriate box for your primary coverage method.

Did another insurance pay for all/part of this claim?

Yes No

Is an Explanation of Benefits included?

Yes No

Is this a discount card claim?

Yes No

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any materially false, deceptive, incomplete, or misleading information pertaining to such claim may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal or civil penalties, including fines and/or imprisonment or denial of benefits.†

» Claim Receipts

Please tape your receipts here. **Do not staple!** If you have additional receipts, tape them on a separate piece of paper

Tape receipt for prescription 1 here.

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and day supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Tape receipt for prescription 2 here.

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and day supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

COMPOUND PRESCRIPTIONS ONLY

- List the VALID 11-digit NDC number for EACH ingredient used for the compound prescription.
- For each NDC number, indicate the "metric quantity" expressed in the number of tablets, grams, milliliters, creams, ointments, injectables, etc.
- For each NDC number, indicate cost per ingredient.
- Indicate the TOTAL charge (dollar amount) paid by the patient.
- Receipt(s) must be attached to claim form.

Rx #

Date Filled / / Day Supply Quantity

Valid 11-digit Ingredient NDC

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Metric Quantity

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Ingredient Cost

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Total charge

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» Instructions Read carefully before completing this form.

1. Always present your prescription drug ID card at the participating retail pharmacy.
2. Use this form when you have paid full price for a prescription drug at a retail pharmacy or need to submit claims under Coordination of Benefits rules.
3. **You must complete a separate claim form for each pharmacy used and for each patient.**
4. You must submit claims within 1 year of date of purchase or as required by your plan.
5. **Be sure your receipts are complete.**
In order for your request to be processed, all receipts must contain the information listed at the top of this page. Your pharmacist can provide the necessary information if your claim or bill is not itemized.
6. The plan member should read the acknowledgment carefully, and then sign and date this form.

7. Return the completed form and receipt(s) to:

Express Scripts
ATTN: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

8. You may also fax your claim form to: 608.741.5475.

Please use one claim form per fax.
Do not combine claims for different members in the same fax submission.

Additional Coordination of Benefits Instructions

Another Health Plan Paid

You must first submit the claim to the primary insurance carrier. Once the statement from the primary plan is received from the primary carrier, complete this form, tape the original prescription receipts in the spaces provided at the top of this page, and attach the statement from the primary plan, which clearly indicates the cost of the prescription and what was paid by the primary plan.

Prescription Drug Programs or HMO Plans Retail pharmacies

If the primary plan is one in which a copayment or coinsurance is paid at a retail pharmacy, then no EOB is needed. Just complete this form and attach the prescription receipt(s) that shows the copayment or coinsurance amount paid at the pharmacy. The receipt(s) will serve as the EOB.

Express Scripts® Pharmacy

If the primary plan is mail order, complete this form and attach either the prescription receipt(s) that shows the copayment or coinsurance amount paid to the mail-order pharmacy or the statement of benefits you receive from the mail-order pharmacy.

† **California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

