



**Southern California IBEW-NECA
Health Trust Fund
No-Cost Over-the-Counter COVID-19
Test Kits
(OTC COVID-19 Tests)**



Effective January 15, 2022

On January 10, 2022, the Departments of Labor, Health and Human Services (HHS) and the Treasury Department issued Frequently Asked Questions Part 51 (full article available online at: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/aca-implementation-faqs>) in response to proposed measures to combat COVID-19. This new guidance requires group health plans and insurers to generally cover Over-The-Counter (OTC) COVID-19 tests at no-cost and without a prescription as part of the Families First Coronavirus Response Act (FFCRA).

Coverage of OTC COVID Tests under FAQ Part 51

Beginning January 15, 2022, group health plans and health insurers (including grandfathered plans) must cover Over-The-Counter (OTC) COVID-19 tests authorized or otherwise approved by the FDA without involvement of a healthcare provider. This means that OTC COVID-19 tests must be covered without a prescription, and in a departure from prior guidance, without any order or individualized clinical assessment, prior authorization, or other medical management criteria. Plans are also prohibited from imposing any cost-sharing, including deductibles, copayments or coinsurance when OTC tests are performed for an individual's diagnostic or treatment purpose. FAQ Part 51 specifically 2 provides that plans will not need to cover OTC COVID-19 testing at no-cost when it is performed for employment purposes; this would include any employer-mandated testing for unvaccinated employees. Coverage for OTC COVID-19 tests will be required beginning January 15, 2022 through the end of the declared public health emergency. However, plans can voluntarily reimburse participants and beneficiaries for any qualifying OTC COVID-19 tests purchased prior to January 15.

Limit of 8 Covered Tests Per Month Per Participant

A plan can limit each participant to a maximum of 8 OTC COVID-19 tests per calendar month (or per 30 days), regardless of how they are packaged and distributed. While a plan could be more generous, the plan is prohibited from limiting participants to a smaller number of tests over a shorter period. For example, a limit of four tests per 15-day period would not be compliant. It is important to note that this guidance does not otherwise impact or limit the coverage of COVID-19 tests administered or prescribed by a health care provider.

Coverage Can be Provided Directly or Through Reimbursement

Plans can cover the cost of the OTC COVID-19 test either by: (1) requiring a participant or beneficiary to submit a claim for reimbursement through normal claims procedures or (2) through providing direct coverage (i.e., by reimbursing sellers of OTC COVID-19 tests directly). That said, the DOL has emphasized that direct coverage is "strongly encouraged" over participant reimbursement. When providing direct coverage, a plan cannot limit the coverage of OTC COVID-19 tests to only those provided through preferred pharmacies or other retailers. However, if a plan can meet the safe harbor (described below), the plan may limit reimbursement for OTC COVID-19 tests obtained from out-of-network pharmacies and non-preferred vendors. The conditions of the safe harbor are as

follows. 1) The plan must provide coverage of OTC COVID-19 tests by arranging for direct coverage of OTC COVID-19 tests through both its pharmacy network and a direct-to-consumer shipping program (through one or more in-network provider(s) or another designated entity). 2) The reimbursement limit from non-preferred pharmacies or other retailers is not less than the lower of the actual price or \$12 per test; however, plans can voluntarily reimburse up to the actual price of the test. 3) The plan needs to take reasonable steps to ensure that participants and beneficiaries have adequate access to OTC COVID-19 tests available through a sufficient number of retail locations (including both online and brick and mortar stores). Whether or not access is adequate is determined based on all the relevant facts and circumstances such as the locality of participants and beneficiaries, current utilization of the plan's pharmacy network, etc. 4) Participants and beneficiaries are aware of key information needed to access OTC COVID-19 testing, such as dates of availability of the direct coverage program and participating retailers. If a plan is unable to meet the safe harbor requirements, then it cannot limit the amount that participants and beneficiaries can be reimbursed for OTC COVID-19 tests. Further, coverage cannot be denied and cost-sharing cannot be imposed upon for any participants and beneficiaries for OTC COVID-19 tests, including those purchased from non-preferred sellers, when the safe harbor conditions are not satisfied.

Government Sponsored FREE COVID-19 At-Home Tests:

You can order free, at-home COVID-19 tests from the US Government at [COVIDTests.gov](https://www.covidtests.gov). Four tests per household will be sent by mail to your address. You can also order by phone at 1-800-232-0233 (TTY 1-888-720-7489), from 8 AM to midnight ET. Multiple languages are accommodated.

Please contact your specific health care provider for additional information:

Anthem Pharmacy Member Services (www.anthem.com/ca)	833 261-2460
Kaiser Permanente (www.kp.org)	833 574-2273
(follow the prompts to reach pharmacy inquiries)	
UnitedHealthcare (www.uhcwest.com)	800 624-8822

Please contact **Coast Benefits** for questions regarding using your HRA card and submitting a claim for reimbursement:

844 739-7956