

COVID-19 UPDATE

Helping customers keep their families and communities safe with over-the-counter COVID-19 testing coverage



The federal government issued a [public notice](#) requiring commercial health plans to cover up to 8 (eight) over-the-counter (OTC) COVID-19 tests per month per covered individual for diagnostic purposes starting January 15. This requirement will continue through the [Coronavirus public health emergency period](#), which we anticipate will be extended to April 15, 2022.

Per the federal mandate that is effective Jan. 15, 2022, Cigna will cover OTC COVID-19 antigen tests as a medical benefit for all US commercial customers. We'll make the reimbursement process easy for customers by providing instructions on [Cigna.com](#), [myCigna.com](#) and [Cignaenvoy.com](#).

Summary of the Requirement

- Customers may receive reimbursement for up to 8 (eight) OTC COVID-19 at-home tests per covered individual per 30-days without a health care provider prescription or individualized clinical assessment.
 - Each individual test is counted separately – so, if a package includes 8 tests, it counts as 8 tests and not 1 (one) toward the quantity limit.
- Health plans must reimburse the costs of OTC tests, regardless of where it was obtained (in- or out-of-network – including online).
- COVID-19 testing performed by health care providers is not subject to a quantity limit.*
- OTC testing used for employment purposes is not covered under this mandate. If a client would like to cover testing for employment purposes, please notify your client or account manager who can discuss options with you. Also, Cigna offers **Evernorth Rapid Antigen Self-Testing Solutions** to help control and manage the cost of workplace testing. Your client or account manager can provide more information on these programs.

What is the safe harbor rule?

- The safe harbor rule applies if plans chose to provide access to OTC tests through a pharmacy network and a direct-to-consumer shipping program, under which there is no upfront out-of-pocket expenditure by the participant.
- The federal government is not expecting the preferred pharmacies in a plan's "direct coverage" solution to include the plan's pharmacy network, but has stressed that the plan must nevertheless ensure adequate access to OTC tests, including at retail pharmacies.
- Cigna is evaluating whether it may adopt a direct coverage model under the safe harbor rule and will communicate further guidance.

To make this as easy as possible we've designed a reimbursement solution for customers.

In order to be reimbursed, customers can easily access the reimbursement forms from [Cigna.com](https://www.cigna.com), [myCigna.com](https://mycigna.com) or [Cignaenvoy.com](https://cignaenvoy.com). Requests can be submitted by following the directions on reimbursement form or on the back of the customer's Cigna ID card. The submission needs to include:

- Completed reimbursement form
- The purchase receipt documenting the date of purchase, name of the test, and the price
- Signed, completed attestation stating the test:
 - is not for employment purposes,
 - has not and will not be reimbursed by another source, and
 - is not to be used for resale.

Resources for you

Customer communication material is available [here](#) for your use and includes a link to the reimbursement forms on Cigna.com.

Our focus is on making health care more affordable, accessible and simpler for clients, providers and, above all, our customers. We look forward to implementing this coverage for you and helping our country curtail the pandemic, decrease hospitalizations, and most importantly, save lives.



*[*The Families First Coronavirus Response Act](#)* only requires coverage for diagnostic COVID-19 testing through the public health emergency period; employment-required testing is not covered.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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