

Members will be reimbursed for over-the-counter COVID-19 diagnostic tests

A recent announcement from the federal government intends to increase access to COVID-19 testing. As of January 15, 2022, members can get reimbursed by their health plan without cost share for the costs of over-the-counter diagnostic COVID-19 tests until the end of the Coronavirus Public Health Emergency. Diagnostic tests are performed if members are experiencing COVID-19 symptoms or have been recently exposed.

When should a member take a test?

The [Centers for Disease Control and Prevention \(CDC\) provides guidelines](#) for who should get a diagnostic test and when based on their current health vaccination status and history of infection.

Where can members find a test?

- Visit [COVIDtests.gov](https://www.covidtests.gov) for information on free tests that may be available through government programs.
- For fully insured, non-refunding plans, Anthem has a limited number of at-home diagnostic test kits available that members can order online. Members log in using the SydneySM Health mobile app or at [anthem.com](https://www.anthem.com). Members can use our [COVID-19 Test Site Finder](#) to determine their eligibility. If they are eligible, they'll be able to place an order. If not, they can use the test site finder for available options.
- Members can still use in-person diagnostic COVID-19 testing sites. These may include a doctor's office, a pharmacy or health clinic, or an urgent care center. They can use our [COVID-19 Test Site Finder](#) to find a testing location close to them.
- Over-the-counter diagnostic tests can be purchased online, at a local pharmacy, or from a big-box store.

Can members visit the emergency room for a test?

As hospitals and emergency departments are overwhelmed, members should avoid going to the emergency room (ER) if they need to get tested. They should only visit the ER or call 911 if they're experiencing life-threatening symptoms.

How are the over-the-counter tests covered?

From January 15, 2022, until the end of the Coronavirus Public Health Emergency, each member on a group plan can get up to eight over-the-counter tests each month. If members purchase a test kit that includes two rapid tests, that will count as two of their eight covered tests. The federal requirement covers their cost for diagnostic tests.

How will members be reimbursed?

We are finalizing the reimbursement requirements and process now and will share an update soon.

Members of Anthem Medicaid or Medicare plans will need to visit their member website for information on how their health plan covers COVID-19 testing.

Please contact your sales representative for more information.