

OTC COVID-19 TESTS

Authorized by the FDA



Your Cigna plan covers FDA-authorized over-the-counter COVID-19 test kits.

Over-the-counter (OTC) test kits¹ are a quick and easy way to test for COVID-19.

The U.S. Food and Drug Administration (FDA) has authorized many rapid antigen tests, also known as “over-the-counter COVID tests,” for use. These tests provide results in minutes and can protect you and others by lowering the chances of spreading COVID-19.²

- Your Cigna plan **covers all FDA-authorized over-the-counter COVID-19 test kits.**³
- You can get an authorized test kit **at any pharmacy (in- or out-of-network), retail store, or online retailer** that has it available.
- You **don't need a prescription** from your doctor.
- Your plan covers **up to eight tests a month** (typically four test kit packages)⁴ for each covered family member.

Your Cigna plan will reimburse you for the cost of the test kit.⁵

If you buy a FDA-authorized over-the-counter COVID-19 test kit(s) on or after January 15, 2022, you can ask your plan to pay you back the amount you spent out-of-pocket. Simply go to [Cigna.com](https://www.cigna.com) or log in to [myCigna.com](https://mycigna.com)[®] to get started. You'll need to complete a claims form and provide your receipt.⁵ You can use the instructions on the form or on your Cigna ID card to send in your claim.

Vaccines are the best way to protect yourself and others against COVID-19.⁶

All currently approved or authorized COVID-19 vaccines are safe and effective, and lower your risk of severe illness.⁷ The Centers for Disease Control and Prevention (CDC) recommends that everyone **ages five years and older get the COVID-19 vaccine** and everyone ages 16 years and older get booster shots (when eligible).⁷

Together, all the way.[®]



1. These are COVID-19 tests that you take (and get the results) at home, on your own, without the help of a doctor. 2. Centers for Disease Control and Prevention (CDC) website, “COVID-19 Testing: What You Need to Know”, <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>, accessed 1/14/2022. 3. U.S. Department of Health & Human Services (HHS) website, “Biden-Harris Administration Requires Insurance Companies and Group Health Plans to Cover the Cost of At-Home COVID-19 Tests, Increasing Access to Free Tests.” Released January 10, 2022. <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>. It is anticipated this government-required coverage will remain in effect through the end of the Public Health Emergency. 4. **This limit applies to the actual number of tests - not test kits - you buy** (tests may be packaged individually or with multiple tests in one kit). This limit doesn't include any tests ordered or administered by your doctor. 5. To be reimbursed, you'll need to send in the completed and signed COVID-19 Over-the-Counter (OTC) Test Kit Claim Form and your receipt showing the date you bought the test(s) and how much you paid. 6. U.S. Food and Drug Administration (FDA) website, “Learn More About COVID-19 Vaccines from the FDA.” Last updated 01/03/2022. <https://www.fda.gov/consumers/consumer-updates/learn-more-about-covid-19-vaccines-fda>. 7. Centers for Disease Control and Prevention (CDC) website, “Covid-19 Vaccines Work.” Last updated 12/23/2021. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

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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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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