

# Instructions for requesting reimbursement for COVID home test kits

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Use the Claim Reimbursement Form only for COVID-19 Home test kits purchased for you or a covered member on the policy. DO NOT USE THE ONLINE CLAIM FORM FOR OTC TEST KIT REIMBURSEMENT. This form must be printed to complete.

## To be eligible for reimbursement, the following must apply

- The purchase date was between January 15, 2022, and May 11, 2023. Note: Coverage for COVID home test kits ended on May 11, 2023, for most plans. Check your benefits on the member portal to determine if you still have coverage and the process for submitting a claim. If you submit a claim and are not eligible, your claim will be denied.
- The test kit was purchased for your personal use, or the personal use of a family member covered under your health plan (e.g., not for resale)
- A separate claim reimbursement form is required if reimbursement is needed on more than one covered family member.
- The test kit you purchased must have been approved or granted Emergency Use Authorization (EUA) by the Food & Drug Administration (FDA) and labeled for home use. Check the EUA lists for approved [Molecular](#) and [Antigen](#) home test kits (search "OTC" to limit results to eligible tests).
- You must provide documentation (purchase receipt and/or shipping receipt) that includes the amount you paid, the specific test purchased, and the total number of tests (individual tests, not per package) purchased. If you've ordered via an online source, we ask that you hold your claim until the package is received.
- You must provide a copy or photo of the barcode from the test kit package.
- No more than 8 individual tests are included in a single claim per rolling 30 days. Individual tests are the number included in each package and not per package.
- Reimbursement is limited to \$12 maximum per test (which may include tax, shipping, and handling). One test reader, if needed, is allowed per 12 months at a maximum reimbursement of \$12
- The tests are being used when a person has COVID symptoms or has had direct exposure, and not for school, work, travel, or attending events.
- By submitting a claim form for COVID home tests, you are agreeing that the above conditions are met.

## Next steps

To help process your claim, the form must be printed, fully completed, signed, and returned with all required documents.

Send your documents one of two ways:

**Email through your Secure Inbox:**

Simply sign into your account at [premera.com](http://premera.com) and select **Secure Inbox**.

Scan and send this completed form and any required documents back to us as a secure email attachment.

**Mail to:**

Premiera Blue Cross  
PO Box 91059  
Seattle, WA 98111-9159

**Questions?****Call:**

800-722-1471 (TTY: 711)  
Monday through Friday

5 a.m. to 8 p.m. Pacific Time

**Email:**

Sign into your account at [premera.com](http://premera.com) and select Secure Inbox

## Over-The-Counter Home COVID-19 Test Reimbursement Request

Please use this form to request reimbursement for COVID-19 test kits you have paid for out of your own pocket. DO NOT USE THE ONLINE CLAIM FORM FOR OTC TEST KIT REIMBURSEMENT. To be eligible for reimbursement, the following must apply:

- The purchase date was between January 15, 2022, and May 11, 2023. Note: Coverage for COVID home test kits ended on May 11, 2023, for most plans. Check your benefits on the member portal to determine if you still have coverage and the process for submitting a claim. If you submit a claim and are not eligible, your claim will be denied.
- The test kit was purchased for your personal use or the personal use of a covered member (e.g., not for resale)
- A separate claim reimbursement form is required if reimbursement is needed for more than one covered family member.
- The test kit you purchased must have been approved or granted Emergency Use Authorization (EUA) by the Food & Drug Administration (FDA) and labeled for home use. Check the EUA lists for approved [Molecular](#) and [Antigen](#) home test kits (search "OTC" to limit results to eligible tests).
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- You must provide a copy or photo of the barcode from the test kit package.
- Reimbursement is limited to \$12 maximum per test (which may include tax, shipping, and handling). One test reader, if needed, is allowed per 12 months at a maximum reimbursement of \$12.
- No more than 8 individual tests are included in a single claim per rolling 30 days. Individual tests are the number included in each package and not per package.
- By submitting a claim form for COVID home tests, you are agreeing that the conditions above are met.

### General Information (See ID card)

Patient's name (first, MI, last)

Subscriber name (Who the insurance is listed under)

Prefix ID number

Group number

Relationship to patient

Patient's phone number

Patient's birthday (mm/dd/yyyy)

☐ I consent to receive voicemails at this number from Premera containing my personal health information related to this claim.

## Section A – Claim Details

### Required information:

Manufacturer Name

Where was the test purchased?

Date of purchase (month/day/year)

Total Cost of the Test(s)

Quantity (Number of individual tests in package)

Reason for the test

- ☐ I was exposed to someone with COVID-19 (Z20822)
- ☐ I had COVID-19 symptoms (Z0389)
- ☐ Other: \_\_\_\_\_ (Z1152)

*Premiera Use Only | Provider- HomeTest/ TIN- 999999999 | PO BOX 327 SEATTLE, WA 98111 | Procedure- C0019 | POS- 12*

## Section B – Signature

To help process your claim, this form must be printed, fully completed, signed, and returned. Please refer to the checklist on the instructions page to ensure you've met all requirements.

By signing below, I certify that this OTC COVID-19 at home test kit was purchased by the participant, beneficiary, or enrollee for personal use by the person listed as patient on this form who had signs or symptoms consistent with COVID-19, or was asymptomatic, but had recent known or suspected exposure to SARS-CoV-2. The test is not for employment, school, travel, or other surveillance purposes, and is not for resale.

Patient signature (or legal guardian)

Printed name (first, MI, last)

Date (mm/dd/yyyy)

X \_\_\_\_\_

## Next Steps

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Send completed forms and documents one of two ways:

**Email through your Secure Inbox**

Simply sign in to your account at [premera.com](https://premera.com) and select Secure Inbox.

Scan and send this completed form and any required documents back to us as a secure email attachment.

**Mail to**

Premera Blue Cross  
PO Box 91059  
Seattle, WA 98111-9159

## Questions?

Call:

800-722-1471 (TTY: 711)

Monday through Friday

5 a.m. to 8 p.m. Pacific Time

We welcome your feedback at [premeralistens.com](https://premeralistens.com).

Email:

Sign in to your account at [premera.com](https://premera.com) and select Secure Inbox

## Notice of availability and nondiscrimination 800-722-1471 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាផ្សេងៗ និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ማሳሰቢያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໃຫ້ເພື່ອນບໍລິການພິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwonń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

**Discrimination is against the law.** Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.