How to complete and submit the Express Scripts form for reimbursement of covered at-home rapid tests.

Please be sure to read the testing coverage questions on our websites to carefully see who is covered for at-home rapid tests.

This form must be completed and sent, along with your receipt(s), to:

**Express Scripts**
ATTN: Commercial Claims
P.O. Box 14771
Lexington, KY 40512

You can also fax your materials to **608-741-5475**. If you have questions, please call the number on the back of your member ID card. A Customer Service representative will be happy to help.

This portion asks for your basic information. Not all members will have a Group No. Leave this section blank if you don’t see one on your member ID card. Be sure to complete a separate form for each member.

This is where you purchased your test. You do not need to receive a pharmacist’s signature or fill in the “NCPDP/NPI Required” field for at-home rapid tests. Simply tell us where you purchased your at-home rapid test.
Be sure to sign and date the form. It is important to only purchase tests for yourself and your dependent(s) that are covered by your plan. These tests are not for resale purposes. Any person who knowingly presents false or fraudulent claim(s) for reimbursement is guilty of a crime and may be subject to criminal or civil penalties.

In this section, we need to know what test you purchased. National Drug Codes (NDC) tell us what product you have purchased. Not all tests currently have NDC codes. Here are the NDC codes that are available now. If your FDA-approved at-home rapid test does not appear on this list, write in the full brand name of your test.

<table>
<thead>
<tr>
<th>Test Name</th>
<th>NDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quickvue At-Home Covid-19 Test</td>
<td>14613033972</td>
</tr>
<tr>
<td>InteliSwab Covid-19 Rapid Test</td>
<td>8337000158</td>
</tr>
<tr>
<td>IHEALTH Covid-19 AG Rapid Test</td>
<td>56362000589</td>
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<tr>
<td>Flowflex Covid-19 AG Home Test</td>
<td>82607066027</td>
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<tr>
<td>Flowflex Covid-19 AG Home Test</td>
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<tr>
<td>Ellume Covid-19 Home Test</td>
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<tr>
<td>Carestart Covid-19 AG Home Test</td>
<td>50010022341</td>
</tr>
<tr>
<td>Binaxnow Covid-19 AG Home Test</td>
<td>51044000842</td>
</tr>
<tr>
<td>Pixel Covid-19 Home Collection Kit</td>
<td>42022224</td>
</tr>
<tr>
<td>Everlywell Covid-19 Home Collection Kit</td>
<td>10055097004</td>
</tr>
</tbody>
</table>
Coverage of Rapid, At-Home COVID-19 Tests: Terms and Conditions

Your health plan does not cover OTC COVID-19 At-Home Tests for all purposes. For example, if you purchased a test for the following purposes AND YOU ARE NOT A MEDICAID OR ESSENTIAL PLAN MEMBER, the test is not covered:

1. For use by someone else besides yourself or covered members of your family
2. To meet an employer’s testing requirement to be allowed to go to work or for any other employment purpose. If you have a question about testing for employment purposes, contact your employer.
3. To meet a school’s or educational institution’s requirement to return to school, sports or other related activities
4. For travel purposes
5. For any other public health surveillance purpose
6. To resell the test

There is no coverage if the test has been (or will be) reimbursed from any other source.

The number of covered tests, amount of your health plan’s reimbursement, and the date when this coverage is no longer available are set by applicable law.

When you seek reimbursement, we may send you an attestation to complete certifying that the tests you purchased were for a covered purpose.

When you submit a request for reimbursement, the receipt from the seller must show the (1) date of purchase and the (2) price of the test.

Coverage requirements may vary if you are on Medicaid, CHIP, or if you are in the New York Essential Plan. For more information, please go to emblemhealth.com.

Plan terms and conditions apply. See your plan documents for claim filing deadlines, appeals and grievance rights, etc.)

Note: If your health care provider administers the test, these rules do not apply.

For ConnectiCare Members: Any person who, knowingly and with intent to defraud ConnectiCare, Inc. or its members, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, is guilty of committing a fraudulent insurance act, which is a crime punishable in accordance with applicable law.

For EmblemHealth Members: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.