

Group Health Plans Must Now Cover Over-the-Counter COVID-19 Tests

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01.28.2022

Pursuant to recent **federal guidance**, group health plans and insurers must now cover over-the-counter COVID-19 tests without cost-sharing, prior authorization or other medical management requirements effective January 15, 2022. If a plan participant purchases the test out-of-pocket, the plan must allow the participant to submit a claim to the plan and obtain reimbursement for the cost of the test.

Plans may not limit test reimbursements to only participating providers. However, the guidance allows plans to limit the reimbursement for tests obtained from non-participating retailers to no less than the actual price or \$12 per test, whichever is lower.

Plans may limit the number of over-the-counter COVID-19 tests covered without cost-sharing for each covered participant (employee and dependents) to eight tests for each 30-day period or calendar month. For example, a family of four would be able to receive reimbursement for up to 32 OTC tests per 30-day period. However, plans are not required to cover COVID-19 testing for employment purposes and may take reasonable steps to prevent fraud and abuse.

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