



**TO: Our Valued Clients and Brokers**  
**FROM: Health Plans, Inc.**  
**DATE: January 14, 2022**  
**RE: Over the Counter COVID Tests**

Health Plans, Inc. (HPI) is issuing this Compliance *eBlast* to notify you of recent federal guidance concerning coverage of at-home over-the-counter COVID-19 tests.

Starting January 15th, health benefit plans must cover FDA approved at-home over-the-counter COVID-19 diagnostic tests without the involvement of a health care provider, and without imposing cost sharing or prior-authorization requirements. If the Plan's pharmacy benefit manager (PBM) will provide direct coverage of the tests, members can obtain the tests free of charge at point of sale. Any tests members purchase outside the PBM's network offering will be reimbursed up to \$12 per test. If the Plan's PBM will not provide direct coverage, members can submit a claim to the Plan for full reimbursement of the cost of the test. Coverage is limited to no more than 8 tests per member per 30 day period.

HPI is reviewing our internal operational systems and is in the process of assessing Plan and pharmacy benefit management arrangements. In the meantime, we are prepared to reimburse members their out-of-pocket costs for tests purchased on and after January 15, 2022. An additional and more detailed Compliance *Alert* will be issued in the coming days.

Thank you for your patience with HPI as we work and move forward with understanding, implementing, and communicating the impacts of new regulations. If you have any questions, please feel free to reach out to your HPI Account Services Team.

Regards,

**Andrew H. A. Meggison**

Director, Regulatory Affairs

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**The information contained in this message is intended to provide a summary of our current understanding of recent regulatory developments which may affect group benefit plans. It should not be construed as specific legal advice or legal opinion. The contents are for general informational purposes only and are not a substitute for the advice of legal counsel.**