PREMERA | BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

P.O. Box 91059
Seattle, WA 98111

Instructions for requesting reimbursement for COVID home test kits

Use the Claim Reimbursement Form only for COVID Home test kits purchased for you or a covered member on the policy. This form must be printed to complete.

To be eligible for reimbursement, the following must apply

- The purchase date was 1/15/22 or later
- The test 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 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 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).
- 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 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

Email:
Sign into your account at premera.com and select Secure Inbox

PREMERA BLUE CROSS

PO Box 91059
Seattle, WA 98111-9159

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

Please use this form to request reimbursement for COVID-19 tests you have paid for out of your own pocket.
To be eligible for reimbursement, the following must apply:

- The purchase date was 1/15/22 or later.
- The test 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 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 package.
- Reimbursement is limited to $12 maximum per test (which may include tax, shipping, and handling).
- 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.

Continued on back

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)*

Premera Use Only | Provider- HomeTest/ TIN- 999999999 | PO BOX 327 SEATTLE, WA 98111 | Procedure- 87426 | 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 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

Send completed forms and documents one of two ways:

Email through your Secure Inbox
Simply sign in to your account at 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.

Email:
Sign in to your account at premera.com and select Secure Inbox

Please note: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

PREMERA | BLUE CROSS

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, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the 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, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.