

Step-by-Step Guide to Requesting Reimbursement for Over-the-Counter COVID-19 Tests

NOTE: This process applies only to members whose plans have chosen to have over-the-counter (OTC) COVID-19 tests paid under the pharmacy benefit. If your insurance plan reimburses these purchases under the medical benefit, you will have to submit your receipts to your health insurance plan. **Contact your benefits office or department to determine which option your plan has chosen.**

If you determine that your plan is reimbursing for OTC COVID-19 tests under the pharmacy benefit, please gather the following information for each covered member:

- Your Member ID card
- Itemized receipt(s), dated on or after January 15, 2022, showing the retail location where the tests were purchased as well as the date and cost of the tests. **TIP: Circle the purchase price of the OTC COVID-19 tests.**
- UPC symbols from the tests purchased; see sample at right



You will need to complete separate requests for each covered member. You may submit your requests in one of several ways, depending on the BIN number on your Member ID card.

If the BIN number on the front of your Member ID card is **800004**, follow the directions below to submit your reimbursement request for OTC COVID-19 tests. **Members with all other BIN numbers should follow the instructions starting on page 2.**

1. Download the [member reimbursement form for BIN number 800004](#). You can find it in the FORMS AND DOCUMENTS section at elixirsolutions.com/members.
2. Complete the top CARDHOLDER-PATIENT INFORMATION section.
3. In PRESCRIPTION INFORMATION section:
 - a. Enter date the test(s) were purchased in the DATE FILLED box.
 - b. Enter the number of tests purchased (for the individual named in the CARDHOLDER-PATIENT INFORMATION) in the METRIC QTY. DISPENSED box.
4. Submit this form along with copies or images of your receipt(s) and the UPC symbols from your test packages via one of the following methods:

Email to keyedclaims@elixirsolutions.com (preferred method)

Fax to (866) 552-8939

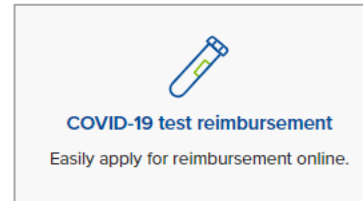
Mail to Elixir Solutions, PO Box 619, Twinsburg, OH 44087

Please allow up to 30 days for claims processing and payment to be issued.

For all other BIN numbers (NOT 800004)

You may be able to submit reimbursement requests via your Member Portal account by following the instructions below. **NOTE: You will need to complete separate requests for each covered member.**

1. Go to elixirsolutions.com and use the REGISTER OR LOGIN button to access your Member Portal account.
2. If it's visible, select the COVID-19 TEST REIMBURSEMENT icon on the Welcome screen. (If there is no COVID-19 TEST REIMBURSEMENT icon your screen, you will have to use one of the alternate methods indicated below.)
3. Follow the on-screen instructions to complete your request.
NOTE: You can request reimbursement for up to 8 tests per month for each covered person on the plan, but separate requests are required for each covered member.



To complete your request, you will need:

- Itemized receipt of COVID-19 tests showing the date of purchase, location of purchase and cost of tests

(TIP: Circle the tests and purchase price on the receipt and ensure that the location, date of purchase and OTC COVID-19 test price are all visible.)

- Original or photocopy of UPC (Universal Product Code) symbols from purchased products; see sample at right
- Number of tests purchased for each covered person



You may also submit your reimbursement requests via mail or fax.

1. Download the [member reimbursement form](#). You can find it in the FORMS AND DOCUMENTS section at elixirsolutions.com/members.
2. Complete the top CARDHOLDER INFORMATION section, and select the NO box in answer to the question, IS THIS A COORDINATION OF BENEFITS CLAIM?
3. In the MEDICATION section:
 - a. Enter date the test(s) were purchased in the FILL DATE box.
 - b. Enter the number of tests purchased (for the individual named in the CARDHOLDER INFORMATION section) in the QUANTITY/DAYS SUPPLY box.

4. Submit this form along with copies or images of your receipt(s) and UPC symbols via one of the following methods:

Fax to (866) 646-1403 - Attn: DMR Department

Mail to Elixir – DMR, 8935 Darrow Rd, P.O. Box 1208, Twinsburg, OH 44087

Please allow up to 30 days for claims processing and payment to be issued.