New Requirement for Group Health Plans and Insurance Companies to Cover At-Home COVID-19 Testing Costs Effective Saturday, January 15th

January 11, 2022

Beginning January 15, 2022, insurance companies and group health plans will be required to cover the cost of over-the-counter, at-home COVID-19 tests authorized by the Food and Drug Administration ("***OTC Tests***") that are purchased on or after that date. Health plans and insurance companies must provide coverage for up to eight individual OTC Tests per month for each enrolled individual (*e.g.,* a family of four will be covered for up to 32 OTC Tests per month). If the health plan or insurer sets up a network of preferred locations for participants to obtain OTC Tests with no up-front cost, then the health plan and/or insurer may limit the amount it reimburses for OTC Tests purchased outside such network to $12 per test (or the actual cost of the OTC Test, if lower). Otherwise, the health plan and/or insurer must reimburse the full cost of the OTC Test.

FAQs issued by the Centers for Medicare and Medicaid Services regarding the requirement is available here.

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