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Submit a prescription claim

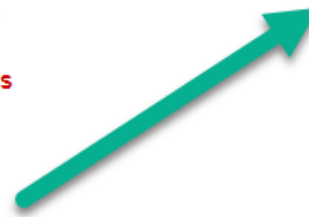
Save time by submitting your prescription claims online. First, you'll enter details about your prescription, and then you'll upload a copy of your receipt.

All claims are subject to review, and reimbursement is not guaranteed.

Submit a new claim

[Submit at-home COVID-19 test reimbursement claim](#) >[Submit prescription claim](#) >

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[Update My Profile](#)[Secure Message Center](#)[Print Member ID Card](#)[Pay Mail Account Balance](#)[Submit Prescription Claim](#)[Print Plan Forms](#)[My Account FAQs](#)

Who is this claim for?

Select the person you'd like to make a claim for.



Self



Family member or dependent

Each covered member can submit their reimbursement claims up to 8 at-home COVID-19 tests per month.

[Continue](#)[< Back](#)

[Update My Profile](#)

[Secure Message Center](#)

[Print Member ID Card](#)

[Pay Mail Account Balance](#)

[Submit Prescription Claim](#)

[Print Plan Forms](#)

[My Account FAQs](#)

Let's start by making sure we have the right information for [REDACTED]

If you need to change the address or phone number for this claim, select the "Edit" link.

All fields are required unless marked optional.

Primary card holder:

Patient delivery address:

[Edit](#)

Address to send the check. To change the address for reimbursement, select "Edit". (This is a one-time change only, and will only be applied to this claim.)

Patient phone:

Primary (Mobile):

[Edit](#)

If we have questions, we may use this number to contact you. To change the phone number for this claim, select "Edit". (This is a one-time change only, and will only be applied to this claim.)

[Continue](#)

[Update My Profile](#)[Secure Message Center](#)[Print Member ID Card](#)[Pay Mail Account
Balance](#)[Submit Prescription
Claim](#)[Print Plan Forms](#)[My Account FAQs](#)

Enter claim information

How many at-home COVID-19 tests are on your receipt for the covered member?

Name of test

Store name

Location of purchase

Date of purchase

MM/DD/YYYY

Note: Only purchases made on or after January 15, 2022 are eligible for reimbursement.

Price of purchase

\$XXX.XX

Enter the total price for tests purchased only for the member covered by this claim.

[Continue](#)

[Update My Profile](#)[Secure Message Center](#)[Print Member ID Card](#)[Pay Mail Account Balance](#)[Submit Prescription Claim](#)[Print Plan Forms](#)[My Account FAQs](#)

Enter claim information

How many at-home COVID-19 tests are on your receipt for the covered member?

Name of test

Select Test ▾

- Select Test
- BinaxNOW COVID-19 AG Card Home Test
- BinaxNOW COVID-19 Antigen Self Test
- BinaxNOW COVID-19 AG Card 2 Home Test
- COVID-19 At-Home Test (SD Biosensor)
- CLINITEST Rapid COVID-19 Antigen Self-Test
- iHealth COVID-19 Antigen Rapid Test
- CareStart COVID-19 Antigen Home Test
- BD Veritor At-Home COVID-19 Test
- SCoV-2 Ag Detect Rapid Self-Test
- InteliSwab COVID-19 Rapid Test
- Celltrion DiaTrust COVID-19 Ag Home Test
- QuickVue At-Home OTC COVID-19 Test
- Flowflex COVID-19 Antigen Home Test
- InteliSwab COVID-19 Rapid Test Rx
- QuickVue At-Home COVID-19 Test
- Ellume COVID-19 Home Test
- Other - specify in open end field

\$XXX.XX

Enter the total price for tests purchased only for the member covered by this claim.

[Continue](#)

are eligible for reimbursement.

[Update My Profile](#)[Secure Message Center](#)[Print Member ID Card](#)[Pay Mail Account Balance](#)[Submit Prescription Claim](#)[Print Plan Forms](#)[My Account FAQs](#)

How to upload your receipt

Next, you'll need to attach a receipt of your at-home COVID-19 test purchase. You can either attach a photo of your physical receipt or upload a digital receipt.

If you purchased tests for multiple covered members on the same receipt, you can file another claim after submitting this one.

The receipt must show:

- Name of test
- Store name
- Date of purchase
- Purchase price

Maximum file size: 3MB

Accepted formats include JPEG, PNG and PDF.

[Attach receipt](#)

[Home](#)[Prescriptions](#) ▾[Plan & Benefits](#)[Health Resources](#) ▾[Home](#) > [Profile](#) > [Submit Prescription Claim](#)[Update My Profile](#)[Secure Message Center](#)[Print Member ID Card](#)[Pay Mail Account Balance](#)[Submit Prescription Claim](#)[Print Plan Forms](#)[My Account FAQs](#)

Complete and submit your claim

Test(s) included in this claim:

Flowflex COVID-19 Antigen Home Test

[Edit](#) | [Delete](#)

01/17/2022

Signature required: Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify the at-home COVID-19 test was purchased for my own personal diagnostic use (or use by a covered member of my family), not for employment purposes, has not been and will not be reimbursed by another source, and is not for resale. I certify that I have read and understand this form, and that all the information entered in this form is true and correct.

Date of signature:

01/17/2022

[Submit claim](#)[Cancel claim](#)