

COVID-19 At-Home Test

Member Reimbursement Form

Please use this form to request reimbursement for actual cost of FDA-approved COVID-19 at-home test(s).

To be eligible for reimbursement, you must submit:

- A **separate** Member Reimbursement Form for each Member for whom the at-home test is purchased.
- Original receipt (**not a photocopy**) for at-home test(s), showing the amount paid and the test(s) purchased.
- **Actual UPC/barcode** from packaging of the at-home test(s).

Reimbursement will not be approved without all the documentation listed above. You must also complete all fields below to enable processing of your request.

EMPLOYEE INFORMATION - You can find this information on your Plan ID card.			
Group Number	Member ID Number		
Employee's Last Name		Employee's First Name	
Employee's Street Address			
City	State	ZIP code	
PURCHASE INFORMATION		NUMBER OF TESTS PER KIT	HOW MANY PURCHASED
DATE OF PURCHASE	<input type="checkbox"/> SINGLE (ONE TEST) KIT	TOTAL # PURCHASED	
____/____/____	<input type="checkbox"/> DOUBLE (TWO TEST) KIT		
TEST PURCHASED FOR: SELF _____ DEPENDENT NAME: _____			
PRICE PER KIT: \$ _____ SUBMIT ORIGINAL RECEIPT (KEEP COPY FOR YOUR RECORDS)			
NAME OF PHARMACY/STORE: _____			
PHARMACY/STORE ADDRESS & PHONE NUMBER: _____			
Street Address			
City	State	Zip Code	Phone Number
PRODUCT INFORMATION			
Manufacturer of the Test: _____			
Expiration Date: _____			
ATTACH UPC (BAR CODE) CODE FOR EACH BOX			

Submitting Your Claim for Reimbursement

Here are the steps for submitting your claim for reimbursement:

- If multiple tests are on the same receipt and are being used by different covered Members, complete and include one Member Reimbursement Form for each Member.
- Attach the **original receipt** for the test(s), photocopies not accepted.
- Remove the UPC/barcode from the packaging of the at-home test.
- Place Member Reimbursement Form(s), original receipt and UPC/barcode(s) in an envelope and mail to the address below.
- If you ordered the test online, print and submit your electronic receipt with UPC codes from each test kit box received. Do not submit request prior to receiving order as UPC/barcode from packaging of the at-home test kits are required.
- **Email submissions will not be accepted.**

I certify the information is true for the expenses incurred by the Member listed above, and the enclosed material is correct and unaltered. False receipts or altering of this information will result in civil or criminal prosecution. I attest that this is not for employment purposes. I attest that this has not or will not be reimbursed by another source. I attest that this is not being purchased for resale.

Signature	Date	Phone number

ONLY PROPERLY SUBMITTED CLAIMS WILL BE REIMBURSED. INCOMPLETE CLAIMS WILL BE RETURNED TO MEMBER. Incomplete Claim means: Reimbursement Form not fully completed, missing original purchase receipt, missing UPC Code(s) from each box and submissions received by email.

Effective for purchases of home Covid-19 test kits purchased on or after 1/15/2022. Free access ends on the date the Public Health Emergency for Covid-19 expires.

You are eligible to purchase 8 single test kits per covered employee and 8 single test kits for each medically covered dependent per 30 day period. Dual test kits, limited to 4 per eligible person.

Please be aware test kits have a short shelf life, expiring within 6 months.

NETWORK: Mid-America is working to establish a network of providers allowing Members to obtain test kits without paying out-of-pocket. Please check our website www.maaassociates.com for updated information.

OUT-OF-NETWORK: Once Network access is available, Mid-America will reimburse a maximum of \$12.00 per single test kit purchased out-of-network.

Mail Reimbursement Request to:

Mid-America Associates Inc
COVID Member Reimbursement
PO Box 5047
Troy MI 48084

Questions: Contact Member Services at: 800-482-0945