Benefits Administration Letter

Number: 22-201 Date: January 26, 2022

Subject: FEHB Coverage of COVID-19 Over-the-Counter Tests, Vaccines, and Therapeutics

On January 10, 2022, the Office of Personnel Management (OPM) issued FEHB Carrier Letter 2022-01 providing updated guidance on coverage for countermeasures against Coronavirus disease 2019 (COVID-19), including over-the-counter tests, vaccines, and therapeutics. This BAL highlights that in Carrier Letter 2022-01, OPM has directed Federal Employees Health Benefits (FEHB) Carriers to follow Frequently Asked Questions (FAQs) Part 51 issued by the Departments of Labor, Health and Human Services, and Treasury in providing coverage of over-the-counter (OTC) COVID-19 tests through FEHB plans for individualized diagnosis or treatment, including tests that have been authorized, cleared, or approved for use without the involvement of a health care provider. This coverage must be provided without imposing any cost-sharing requirements, prior authorization, or other medical management requirements.

FEHB plans may place a limit of eight OTC COVID-19 tests per covered individual per month at no charge. That means a family of four, all on the same plan, would be able to get up to 32 of these tests covered by their FEHB plan per month at no charge. Generally, there is no limit on the number of tests, including at-home tests, that are covered if ordered or administered by a health care provider following an individualized clinical assessment, including for those who may need them due to underlying medical conditions. Plans may, but are not required to, provide such
coverage for at-home OTC COVID-19 tests purchased before January 15. In addition, FEHB plans are not required to provide coverage of testing (including an OTC COVID-19 test) that is for employment purposes.

FEHB plans may, but are not required to, set up programs that allow covered individuals to get OTC COVID-19 tests directly through preferred pharmacies, retailers or other entities with no out-of-pocket costs, eliminating the need for enrollees to submit a claim for reimbursement. When FEHB plans make tests available for upfront coverage through preferred pharmacies or retailers, they are still required to reimburse tests purchased by enrollees outside of that network, at a rate of up to $12 per individual test (or the cost of the test, if less than $12). For example, if an FEHB plan offers direct coverage through a preferred pharmacy but an enrollee instead purchases tests through an online retailer, the FEHB plan is still required to reimburse the enrollee up to $12 per individual test.

OPM is directing FEHB Carriers to provide plain language education and information resources to support FEHB enrollees seeking OTC COVID-19 testing, including how to obtain OTC COVID-19 tests directly from their FEHB plan or through designated sellers, and how to submit a claim for reimbursement. This may include Carriers prominently posting pertinent information to their websites, or direct communication by email or other means generally used by the Carriers to reach covered individuals.

Please see these FAQs providing consumer information on coverage of OTC COVID-19 tests that you may share with employees. If employees have questions on specific FEHB plans’ coverage and reimbursement, including reimbursement for tests purchased before January 15, 2022, please direct them to contact their FEHB plan for more information.
For questions concerning this Benefits Administration Letter, please contact your Agency’s Headquarters Benefits Officer. If you do not know who this person is, please go to https://apps.opm.gov/abo/ where you will find a list of agencies and their Headquarters Benefits Officers.

Sincerely,

Laurie Bodenheimer
Associate Director
Healthcare and Insurance