



A Division of A&A Services, LLC  
224 North Park Ave. Fremont, NE 68025  
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## OVER-THE-COUNTER (OTC) COVID-19 TEST KIT REIMBURSEMENT FORM

The Plan will reimburse the cost of eligible over-the-counter COVID 19 tests purchased by a participant:

- Each individual covered under the Plan may be reimbursed for up to 8 tests per calendar month.
- If the test kit contains more than one test, each test in the kit counts towards the 8-test monthly maximum.
- A receipt, dated January 15, 2022 or later, must be provided documenting the purchase of the test.
- This Plan utilizes a direct coverage network where participants can obtain tests directly from certain providers with no upfront costs. Because a direct coverage network is available, reimbursement will be limited to \$12 per test (or the actual cost of the test, if less than \$12).

### These items will be required for reimbursement:

1. Proof of purchase (e.g. an original receipt from the pharmacy or a photo of the receipt)
2. This form filled out and signed.

### Please submit your completed claim form by email or mail:

**By Email:** [covidtest@savrx.com](mailto:covidtest@savrx.com)      or      **By Mail:** ATTN: COVID-19 Test  
Sav-Rx  
224 N. Park Ave  
Fremont, NE 68025

### PATIENT INFORMATION

Employee/Member Name: \_\_\_\_\_

Card ID: \_\_\_\_\_

Group: **I.B.E.W. Local 292 Health Care Plan** \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of OTC COVID-19 Tests: \_\_\_\_\_

Name of OTC COVID-19 Test(s): \_\_\_\_\_

UPC or NDC (typically by the barcode on tests): \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

### ATTESTATION

I, the undersigned, \_\_\_\_\_ confirm 1.) that all information provided on this form is truthful and accurate, 2.) that I purchased the OTC COVID-19 test(s) included in this reimbursement request for my own personal use and *not* for employment purposes, and 3.) that the OTC COVID-19 test(s) will not be resold.

Signature \_\_\_\_\_ Date \_\_\_\_\_