Dear State Group Insurance Health Plan Enrollee,

In compliance with the federal Families First Coronavirus Response Act (FFCRA), effective January 15, 2022, the State Employees’ Prescription Drug Plan (Rx Plan) will cover approved over-the-counter (OTC) COVID-19 tests through the end of the federal public health emergency (PHE) as provided below. The federal PHE has a current expiration date of April 16, 2022; however, the PHE can be extended in 90-day increments.

Coverage Details for State Group Insurance Members:

• Coverage is available to all non-Medicare Advantage Plan* enrolled members of the State Group Health Insurance Program (Program) and their covered dependents.
• Coverage is available for up to eight (8) OTC COVID-19 tests per 30-days, per covered member.
• Coverage is limited to OTC COVID-19 tests that do not require a prescription from a health care provider and is limited to specific OTC COVID-19 tests authorized, cleared, or approved by the U.S. Food and Drug Administration (FDA).
• CVS Caremark mail order pharmacy does not carry OTC COVID-19 tests.
• Tests required for return to work or school are not covered as part of this federal requirement for OTC testing.

How to Obtain OTC COVID-19 Tests Covered by the Program:

• Visit a CVS Caremark network retail pharmacy
  • Request an approved OTC COVID-19 test at the pharmacy counter. If the claim can be processed at the pharmacy counter, there will be no out-of-pocket cost for the member and the claim will be processed automatically;
  • If the member is required to pay at the pharmacy counter, the general checkout counter, or if the member chooses to use the general checkout counter, a claim may be filed directly with CVS Caremark and reimbursed at the lesser of the full member out-of-pocket cost or $12 per test.
• Some CVS Caremark network retail pharmacies may offer an online option for purchasing approved OTC COVID-19 tests.
  • If available, there will be no out-of-pocket cost for the member, with the exception of applicable shipping or delivery costs, for which members will be responsible.
  • If the member is required to pay online, a claim for reimbursement may be filed directly with CVS Caremark. Claims will be reimbursed at the lesser of the full member out-of-pocket cost or $12 per test.
• Visit a non-network retail pharmacy
  • The member will be required to pay-in-full and file a claim for reimbursement with CVS Caremark for the lesser of the full out-of-pocket cost or $12 per test.

Claims can be filed online by registering and logging in to CVS Caremark’s website at Caremark.com;

• Once logged in, hover over “Plan & Benefits” and a drop-down window appears;
• Click on “Submit Prescription Claim”;
• Click on “Submit at-home COVID-19 test reimbursement claim”; and follow the prompts.
• Claims will require proof-of-purchase documentation, with a legible cash register receipt dated January 15, 2022 or later. The receipt must show the name of the OTC COVID-19 test, pharmacy or store name, date of purchase, and purchase price.

Questions? Rx Plan members may contact CVS Caremark directly by calling (888)766-5490.

*Members enrolled in a Medicare Advantage – Prescription Drug (MA-PD) plan, or a Capital Health Plan retiree advantage plan offered by the DSGI, should contact their respective health plan for more information.

Sincerely,

The Division of State Group Insurance

Florida Department of Management Services