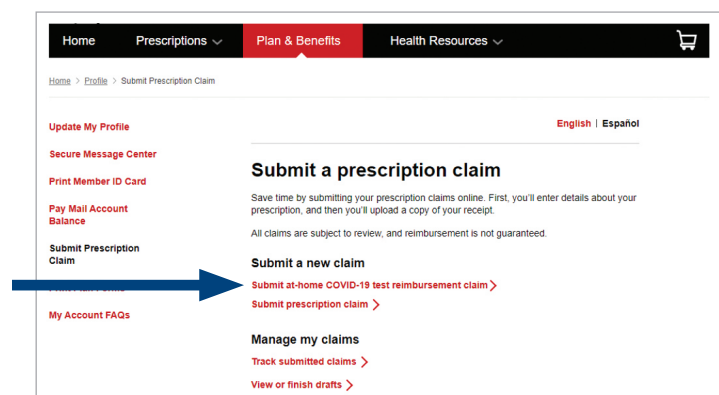
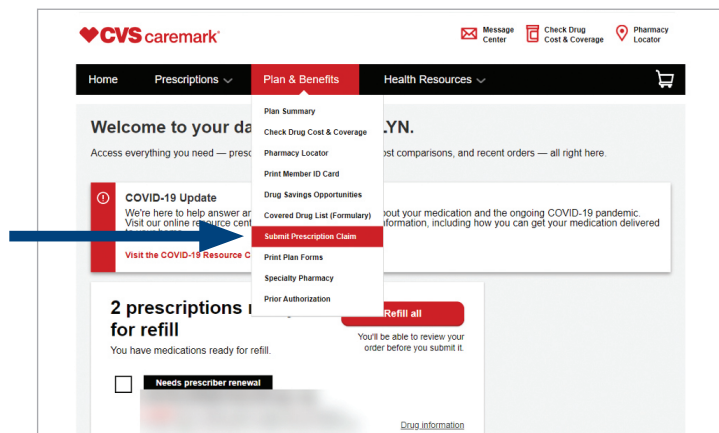


How to request reimbursement for over-the-counter, at-home COVID-19 tests

You can request reimbursement for at-home COVID-19 tests online through your [Caremark.com](#) account. Follow these steps to submit your request.

- 1 Go to [Caremark.com/covid19-otc](#)**
Read the information on what you'll need to submit your request. You can also get answers to frequently asked questions about eligibility, quantity limits, and the reimbursement process.
- 2 Select *Request your reimbursement* and sign in to your [Caremark.com](#) account**
Please note — You will need a Caremark.com account to request reimbursement. If you don't have an account, select *Register now* on the right side of the page to create one.
- 3 Once you're signed in, select:**
 - Plan & Benefits* at the top of the page
 - Submit Prescription Claim* from the drop-down menu
 - Submit at-home COVID-19 test reimbursement claim*



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Follow the prompts to provide required information

1. Choose who the test is for (yourself or a covered family member)
2. Make sure the information is correct and make updates if needed
3. Enter information about the test you purchased
4. Follow the instructions to upload a copy of your receipt

The screenshots show the following steps:

- Who is this claim for?** Select the person you'd like to make a claim for: ☐ Self, ☒ Family member or dependent.
- Enter claim information**
 - How many at-home COVID-19 tests are on your receipt for the covered member? 1
 - Name of test: Select Test (Dropdown menu with options like BinaxNOW COVID-19 Ag+ Card Home Test, etc.)
 - Store name: (Text field)
 - Date of purchase: (Date field)
 - Price of purchase: (Text field)
- 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.
 - 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 Your Receipt**
 - You've successfully uploaded your receipt. Now you can attach the image to your claim.
 - All fields are required.
 - Receipt name: Receipt-1

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Review and submit your claim

1. Check the information you entered and make any needed corrections
2. Check the box to confirm that the tests are eligible for reimbursement
3. Select **Submit claim** to complete your request

The screenshots show the following steps:

- Review your claim**
 - Test(s) included in this claim:
 - Health COVID-19 Antigen Rapid Test
 - Test Amount: 1
 - Name of test: Caltion DaxTest COVID-19 Ag Home Test
 - Name of store: CVS
 - Date of purchase: 01/15/2022
 - Purchase price: \$20.00
 - Preview Receipt-1 Receipt
 - Requested claim amount: \$20.00
- Complete and submit your claim**
 - Test(s) included in this claim:
 - Health COVID-19 Antigen Rapid Test
 - Signatures required: Any person who knowingly and with intent to defraud, violate, or deceive any insurance company, submit 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: 01/16/2022
 - Submit claim button

You'll receive a confirmation if your request was successfully submitted.

Once you've submitted your request, you can expect a response within 30 days. If your request for reimbursement is approved, a check will be mailed to you.

The screenshot shows the confirmation message:

- Your claim for [redacted] has been submitted.**
- Included in this claim:**
 - Health COVID-19 Antigen Rapid Test
- Confirmation:** D4001987336