



# coverage for over-the-counter at-home COVID-19 diagnostic tests prescription drug program effective january 15, 2022 *update published as of may 11, 2023*

## Update to the summary plan description (SPD)

All changes described in this SMM are effective January 15, 2022.

The enclosed information serves as an official summary of material modification (SMM) for the plans referenced herein. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at [hr2.chevron.com](https://hr2.chevron.com) or by calling the HR Service Center at 1-888-825-5247 (1-832-854-5800 outside the U.S.).

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## coverage for over-the-counter, at-home COVID-19 diagnostic tests

*When you enroll in the Medical PPO Plan, the High Deductible Health Plan (HDHP) or the High Deductible Health Plan Basic (HDHP Basic), you are also automatically enrolled in prescription drug coverage through the Prescription Drug Program with Express Scripts. This change applies to the Prescription Drug Program for participants in the Medical PPO Plan, the High Deductible Health Plan (HDHP) and the High Deductible Health Plan Basic (HDHP Basic).*

The Prescription Drug Program has been amended as required by the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). **Effective January 15, 2022, each enrolled participant in the Prescription Drug Program can receive coverage for up to eight over-the-counter, at-home COVID-19 diagnostic tests every 30 days.**

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## overview

If you're enrolled in the Medical PPO Plan, the High Deductible Health Plan (HDHP) or the High Deductible Health Plan Basic (HDHP Basic), your **medical coverage** through Anthem already provides coverage for COVID-19 diagnostic testing when it is considered **medically necessary** and is **ordered by a health care provider or physician**. This means that, ordinarily, an over-the-counter, at-home COVID-19 diagnostic test would qualify for coverage through Anthem *only* when such test has been ordered by a physician. **Effective January 15, 2022, you no longer need a physician's order to be reimbursed when you purchase covered at-home COVID-19 diagnostic tests through the Prescription Drug Program with Express Scripts.**<sup>1</sup> You can also now obtain tests online via **Express Scripts® Pharmacy** or at the pharmacy counter at an Express Scripts network pharmacy. This communication describes the rules and requirements for this coverage.

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<sup>1</sup> If you already submitted a claim for reimbursement through your medical coverage with Anthem for a covered at-home COVID-19 diagnostic test before the date of this notice, Anthem will process your reimbursement accordingly. Otherwise, all claims for tests purchased after January 15, 2022, outside of a network pharmacy or via mail order must be submitted to Express Scripts or they will be denied.

- This temporary plan rule only applies to covered at-home COVID-19 diagnostic tests that have **not** been prescribed by, ordered by, or obtained with the involvement of a health care provider or physician. COVID-19 diagnostic testing that has been physician-ordered and/or administered by a health care provider or a health care facility continues to be covered by your medical coverage with Anthem under the [Chevron Medical PPO Plan](#), the [High Deductible Health Plan \(HDHP\)](#) or the [High Deductible Health Plan Basic \(HDHP Basic\)](#).
- As is true with *all* reimbursements under the plan, the Prescription Drug Program cannot be used to reimburse covered at-home COVID-19 diagnostic tests that have already been reimbursed or paid under any other benefit plan or arrangement, such as your Anthem medical coverage, a health flexible spending account plan, a health savings account, or a spouse's or dependent's health plan.
- The plan coverage described here applies to individualized diagnostic testing for COVID-19 and *not* for any other purpose including, but not limited to, public health surveillance or employment purposes (such as screening for general workplace health and safety).



This temporary plan rule for at-home COVID-19 diagnostic tests has been extended to continue beyond the end of the Coronavirus Public Health Emergency on May 11, 2023 and will instead expire on **December 31, 2023**.

## covered testing products

- Covered at-home COVID-19 diagnostic tests must be purchased on or after **January 15, 2022**, to be eligible for reimbursement.
- To receive reimbursement, the test(s) must be on the **list of covered at-home COVID-19 diagnostic testing products**. Express Scripts, the claims administrator for the Chevron Prescription Drug Program, will maintain this list. Contact Express Scripts directly at **1-800-987-8368** if you have questions about products that are covered.
- You *do not* need a prescription for reimbursement of covered at-home COVID-19 diagnostic tests.

### List of Covered At-Home COVID-19 Diagnostic Testing Products

As of the date of this publication, the products currently covered are included below. Please note this list is not inclusive and will change periodically as updates occur. Contact Express Scripts directly at **1-800-987-8368** for a more current list or if you have questions about products that are covered.

COVID-19 AT-HOME TEST  
INTELISWAB COVID-19 HOME TEST  
BINAXNOW COVID-19 AG SELF TEST  
QUICKVUE AT-HOME COVID-19 TEST

IHEALTH COVID-19 AG HOME TEST  
ELLUME COVID-19 HOME TEST  
ON-GO COVID-19 AG AT HOME TEST  
FLOWFLEX COVID-19 AG HOME TEST

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## quantity and time limits for coverage

Coverage for at-home COVID-19 diagnostic tests under the Prescription Drug Program is subject to a quantity and time limit, as follows:

- **Each enrolled participant** is eligible to receive coverage for **up to eight** covered tests **every 30 days**. Tests purchased that exceed this quantity and time limit are *not* reimbursable under the Prescription Drug Program.
- This requirement is measured in a **rolling 30-day period**, *not* a calendar month.
- The quantity limit applies to **individual tests**, *not* to kits. For example, if a single testing kit includes three individual tests, then three tests would be applied against your eight test limit.
- The quantity limit and the 30-day period are tracked **for each enrolled participant**, *not* for each family. For this reason, when you make a purchase or submit a claim, you'll be asked to specify for which participant the kits were purchased.
- The quantity limit and the 30-day period are tracked for each enrolled participant **regardless of where and how the tests were purchased**. For example, a participant could obtain two tests from the online Express Scripts Pharmacy, two tests from the pharmacy counter at a network pharmacy and submit a manual claim for two tests purchased from another online retailer. All six tests would be tracked toward the participant's quantity limit of eight tests every 30 days.

**Keep in mind that while your benefits provide coverage for up to eight tests, your retailer or pharmacy may impose separate purchase limits on at-home COVID-19 diagnostic tests.**

### do you have a health account?



If your at-home COVID-19 diagnostic test *isn't* reimbursable under the Chevron Prescription Drug Program with Express Scripts, your Health Care Spending Account (HCSA) or a health savings account (HSA) may be a good reimbursement alternative. Just remember the HCSA or an HSA cannot be used to reimburse eligible expenses that have *already* been reimbursed or paid under any other benefit plan or arrangement, such as your Chevron medical or prescription drug coverage, or a spouse's or dependent's health plan.

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## what the program pays

As a reminder, each enrolled participant is eligible to receive up to eight covered tests every 30 days. Tests purchased that exceed this quantity and time limit are *not* reimbursable under the Prescription Drug Program. The level of reimbursement varies depending on how and where you purchased a covered test.



### online express scripts® pharmacy

When purchased **online** directly from the **Express Scripts® Pharmacy**, your at-home COVID-19 tests are **free** with no shipping, copayment/coinsurance, or deductible. The system will not allow an order if a participant has exceeded the quantity and time limit. You must login to your Express Scripts account at **1-800-987-8368** and choose the **Order At-Home COVID-19 Tests** link to place your order with the online pharmacy.



### pharmacy counter at a retail network pharmacy

When purchased from the *pharmacy* counter at a retail **network pharmacy**, covered test kits will be paid at **100%** with **no copayment/coinsurance** and **no deductible**. You'll need to present your Express Scripts ID card at the time of service for verification of coverage. You do not need to submit a claim. *Do not use the regular checkout lane; to receive this level of coverage you must checkout at the pharmacy counter.*



### If you were charged for your test and need reimbursement

When you must submit a **manual claim to Express Scripts** to request reimbursement (either online or with the paper form), you will be reimbursed **up to \$12 per test** with no deductible. You must submit a manual claim when:

- You purchase from an out-of-network pharmacy.
- You purchase from another non-Express Scripts online retailer. (For example, Amazon.com or Walmart.com.)
- You purchase from a network pharmacy, but your prescription drug coverage cannot be verified at the time of purchase. (For example, if you forget your Express Scripts ID card or you used the regular checkout lane.)
- Any other time that prescription drug coverage for covered at-home COVID-19 diagnostic tests could not be verified at the time of purchase; therefore, you paid the full cost out-of-pocket and submitted a manual claim for reimbursement from Express Scripts at a later date.

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## how to submit a manual claim for reimbursement

If you had to pay the full cost of your at-home COVID-19 diagnostic test at the time of purchase, you'll need to submit a manual claim for reimbursement. Here's how:



### online

- Log in to your **Express Scripts** account at [www.express-scripts.com](http://www.express-scripts.com).
- From the **Benefits** tab on the top navigation, choose **Forms**.
- Go to the **Request Reimbursement** section to get started.
- Be sure to review the online form carefully for special instructions and tips designed to help you properly complete certain fields when making a claim for reimbursement of at-home COVID-19 diagnostic test(s).



### by paper

- The [Express Scripts claim form](#) has been recently updated to include a special section for at-home COVID-19 test claims. Be sure to use the new form or your reimbursement could be delayed, or even denied.
- You can also access this form from the **Benefits** tab when you login to your **Express Scripts** account at [www.express-scripts.com](http://www.express-scripts.com).



### Find a network pharmacy, ask questions

- [www.express-scripts.com](http://www.express-scripts.com)  
Select your plan to locate a pharmacy or price a medication.
- Call **Express Scripts** at **1-800-987-8368**
- Network name: **National Plus Network**
- Chevron group number: **CT1839**

*This communication provides only certain highlights about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and the legal plan documents, the legal plan documents will prevail to the extent permitted by law. Oral statements about plan benefits are not binding on Chevron or the applicable plan. Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Unless required by applicable law, there are no vested rights with respect to any Chevron health and welfare plan benefit or to any company contributions towards the cost of such health and welfare plan benefits. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.*