

COVID-19 Testing Frequently Asked Questions

Coverage, benefits, medical information

For employer groups, brokers, and consultant partners
Updated January 21, 2022

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COVID-19 Testing

Testing coverage

1. When are COVID-19 tests covered?

Blue Shield and Blue Shield Promise will cover most diagnostic and screening COVID-19 tests at no out-of-pocket cost to the member. This applies to the following plan types:

- Individual plans purchased through Blue Shield of California directly
- Individual plans purchased through Covered California
- Medicare Supplement plans
- FEP HMO plans
- Fully-insured employer-sponsored plans
- Flex-funded employer-sponsored plans

This will last as long as there are state and federal mandates for testing coverage without out-of-pocket costs.

This means members do not need to pay out-of-pocket costs (copay, coinsurance, or deductible) for diagnostic and screening COVID-19 tests like the following:

- Symptomatic or asymptomatic testing
- Testing for contact-tracing
- Screenings ordered by healthcare providers (i.e., prior to healthcare procedures)
- Screenings for employment or return to work
- Screenings for students or staff for return to school or sports
- Screenings before or after travel

For other plans, diagnostic COVID-19 tests for individuals will be covered at no out-of-pocket cost as long as there are federal mandates for testing coverage with no out-of-pocket costs. (See FAQ #4 below for COVID-19 tests that are not covered for these plans.) This applies to the following plan types:

- Self-insured employer-sponsored plans
- Medicare Advantage plans

For all plans, please note that some out-of-pocket costs may apply for other related services (i.e., office visit fees, a fee for other tests, etc.) if you use an out-of-network provider. To avoid paying any out-of-pocket fees, please go to an [in-network testing location](#). [Learn more](#) about potential out-of-pocket costs from out-of-network providers.

For Medi-Cal members, all tests are fully covered at no cost. This applies now and after the federal public health emergency ends.

2. Which types of COVID-19 diagnostic tests are covered?

Blue Shield and Blue Shield Promise cover these diagnostic tests:

- Standard PCR tests (sent to a lab)
- Rapid, point-of-care antigen tests
- Home test kits

Learn how members can submit a claim for reimbursement for covered testing [here](#).

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3. Does Blue Shield cover Nucleic Acid Amplification Tests (NAATs) for members?

Yes if the test is FDA EUA approved.

A Nucleic Acid Amplification Test, or NAAT, is a type of viral diagnostic test used to diagnose the COVID-19 virus. PCR tests fall under the category of NAAT.

4. When are COVID-19 tests not covered?

For both self-funded employer-sponsored and Medicare Advantage plans, COVID-19 tests are not covered in these cases:

- Antibody tests. In most cases, antibody tests are not suited for diagnosing COVID-19. They will not tell you if you have an active infection or are still contagious.
- Screening for domestic or international travel. See below for more details.
- Group testing required expressly for the reasons below unless ordered for each person by an authorized healthcare provider. If an authorized healthcare provider does not order the test, the member, employer, school, or government will need to cover the full cost.
 - Screening for employment or return to work.
 - Screening for students or staff for return to school or sports.
 - Other types of screening not meant solely for individuals.

5. If an individual needs to get tested for travel, is that covered?

Domestic travel

For most members, screening tests for domestic travel are covered. Members with self-funded and Medicare Advantage plans may have to pay out-of-pocket.

International travel

Coverage for COVID-19 testing internationally depends on your plan benefits and the reason for testing. For some plans, only emergency and urgent care are covered internationally. COVID-19 testing for routine travel does not qualify as urgent or emergency care. However, if you fall ill with COVID-19 symptoms while traveling, testing and treatment may be covered if proper documentation is submitted. Please check your Evidence of Coverage or plan policy documents to find out what is covered when traveling internationally.

COVID-19 testing and vaccination requirements vary worldwide. We highly recommend you review the host country's COVID-19 requirements before you travel to or within that country.

6. When will the member have to pay for a COVID-19 test?

Most COVID-19 tests are covered. See FAQ #1 for details on how testing coverage varies by plan type.

Note that if the member visits an out-of-network provider, the test may be covered, but the member can still be charged for other fees in addition to the test. These can include fees for the appointment, other tests, or processing fees. [Learn more](#) about potential out-of-pocket costs from out-of-network providers.

To avoid paying any out-of-pocket fees, choose a [network testing location](#) near you.

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7. For HMO Blue Shield Away from Home Care members in another state: how do they find out what type of testing is covered, cost of coverage, and where to get tested for COVID-19 and antibodies?

Away from Home Care enables members to receive Guest Membership benefits from other participating Blue Plans while traveling outside their Home Plan service area. The member will need to contact the Blues plan that they are enrolled in by calling the Member Services number on the back of their Blue Shield member ID card.

At-home test kits

8. What does the Biden Guidance released on January 10, 2022 on at-home test kits entail?

On December 2, 2021, the [White House announced](#) a new requirement for insurers to reimburse members for over-the-counter COVID-19 diagnostic tests. On January 10, 2022, the Biden Administration released [additional guidance](#) detailing requirements for coverage with an effective date of January 15, 2022.

According to the announcement:

- Individuals who purchase OTC at home COVID-19 diagnostic tests will be able to seek reimbursement from their group health plan or health insurance issuer and have insurance cover the cost during the public health emergency.
- The coverage requirement for the reimbursement of over-the-counter at-home COVID-19 tests are for test kits purchased on or after January 15, 2022.
- The new requirement will not change current guidance regarding workplace screening. Testing for employment purposes is not covered under federal law.
- Health plans are allowed to limit the number of at home tests covered per beneficiary or enrollee to 8 tests per 30-day period or per calendar month.

9. How is Blue Shield responding to the federal guidance on coverage of at-home test kits?

Blue Shield of California continues to adhere to state and federal requirements regarding coverage of COVID-19 testing and vaccinations. Per guidance issued by the Biden Administration on January 10, 2022, Blue Shield will provide coverage for at-home COVID-19 tests for personal use that were purchased on or after January 15, 2022 and will cover these tests without cost-sharing, medical management, or prior authorization for members in individual and group health plans. To be eligible for coverage, at-home COVID tests must be purchased by the participant, beneficiary, or enrollee for personal use, and not for employment purposes nor resale.

To be reimbursed for at-home test kits, members must submit the subscriber's Statement of Claim form and proof of purchase receipt. The proof of purchase receipt should include the name of the retailer, including the street address, or, if purchased online, the website address; date of purchase; UPC code for the at-home test kit; and the cost of the at-home test kit.

In the coming weeks, we anticipate additional guidance from our regulators regarding COVID testing and will continue to follow state and federal requirements.

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10. Are at-home test kits covered under state or federal regulations for members enrolled in Medicare plans?

No, the federal requirements for the coverage of at-home test kits without member cost-share, up to 8 test kits per member, per month do not apply to Medicare (Medicare Advantage, MAPD, and PDP).

The state requirements for the coverage of at-home test kits without member cost-share when ordered by a provider, apply only to Medicare Supplement.

11. Are at-home test kits covered under SB510?

Please note: The response below does not take into account the Federal guidance that was issued on January 10, 2022.

Yes, at-home test kits are covered for diagnostic and screening purposes when ordered by the enrollee's health care provider.

Members will have to submit a claim for reimbursement via a [paper form](#), mailed to Blue Shield with the receipt that shows the at-home test kit purchase. To be covered, tests must be FDA approved or have FDA emergency use authorization.

12. Does Blue Shield have any contracted or preferred onsite testing providers or vendors?

Blue Shield does not have any contracted or preferred onsite testing vendors. Coverage for diagnostic and screening tests, if the test is conducted by an onsite testing vendor, will be provided in accordance with federal and state law at no out-of-pocket costs to the member.

13. Can employees be covered for multiple COVID-19 tests?

There are no limitations on repeat testing if coverage requirements are met under state or federal law. The federal guidance allows health plans to limit coverage of at-home test kits to 8 per person, per month.

There are no additional limits to reimbursement for at-home test kits purchased when ordered by a licensed or authorized health care provider.

14. If a member paid out-of-pocket for a COVID-19 test that should be covered, what do they need to do?

If the member paid the provider out of pocket at the time of the member's appointment, the healthcare provider should give the member a refund after Blue Shield reimburses the provider. If the member did not receive a refund from their provider, they should contact their office.

If the member's provider has **not** submitted a claim to Blue Shield for the member, or the member wants to submit a claim for an at-home test kit, they should visit our [How to file a claim page to learn more](#).

For out-of-network providers:

Some out-of-network providers may charge added fees, such as for the appointment, other tests, or processing or specimen collection. In that case, the member may have to pay out-of-pocket if those fees are higher than Blue Shield's reimbursement rate. To avoid paying any extra fees, please use network locations for testing.

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Blue Shield will mail you an *Explanation of Benefits* that outlines what Blue Shield paid and what remaining balance the member may owe. This statement is NOT a bill. When the public health emergency ends, all out-of-network costs not paid by Blue Shield will be the responsibility of the member.

Types of tests

15. What types of tests are available?

There are two types of tests available for COVID-19:

- Diagnostic tests tell if someone has a current infection and is contagious. These tests are done by either spitting into a cup or having a swab inserted into the nose or throat. There are two kinds of diagnostic tests: laboratory-based tests and point-of-care tests (also called rapid tests). Laboratory tests take longer but are more accurate.
- Antibody or serology tests measure the presence of antibodies in the blood. These indicate previous infection but cannot tell if there is an active infection at the time of the test. These tests require blood to be drawn.

16. What are the two types of diagnostic tests?

1. Molecular tests: PCR (polymerase chain reaction) and LAMP tests
 - Done in a laboratory
 - Thought to be the most accurate option
 - Generally take longer. This is because they take a few hours to complete after they are sent to the lab.
2. Antigen tests
 - Most common type of rapid or point-of-care tests
 - Most often much faster
 - Most often cheaper than PCR or LAMP tests
 - Tend to be less accurate when the result is negative
 - This means you may get a "false negative" result. For example, your rapid test may show you are negative for an active COVID-19 infection. But a PCR test may show that you are actually positive. Sometimes testing more often can make up for some of these issues.

Members should talk to their doctor before using a rapid antigen test. Here are questions to ask:

- Is this the right test?
- What do the results mean?

17. What are the differences between the two diagnostic tests?

- All tests may vary in their accuracy. This can depend on:
- How specimens are collected and handled,
- Time between exposure and testing,
- How much virus is present in the test sample,
- The manufacturer of the test kit, and
- The lab analyzing the test sample.

18. What are concerns with antibody tests?

An antibody or serology test generally cannot show if there is a current infection. This is because it can take 1 to 3 weeks after infection to make antibodies. This test is not suitable for the diagnosis of a current infection.

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Also, it hasn't been determined if having antibodies to the virus or a positive test result can protect someone from getting infected with the virus again. If there is protection, it is also not known how long it might last or if someone with antibodies could still be contagious.

Blue Shield will not cover antibody tests unless ordered by a healthcare provider licensed to order COVID-19 tests (and for a rare case in which it is needed to help make a diagnosis).

Who can get tested

19. Who can get tested for COVID-19?

Everyone can get tested. Most individual diagnostic testing ordered or performed by a health care provider is covered without out-of-pocket costs. But there may be some instances when a copay is required or the member may be required to pay for the full cost of a test. See the testing [coverage FAQs](#) for more details.

COVID-19 diagnostic testing ordered or provided by a health care provider is covered with no out-of-pocket costs:

Whether or not the individual has symptoms of COVID-19.

Whether or not the individual thinks they were exposed to someone who has COVID-19.

When should individuals get tested

20. When should individuals get tested?

Timing for testing is important. The incubation period for COVID-19 is around 5 to 7 days. But it can be up to 14 days.

If an individual has symptoms, it is advised that they take a test 3 days after symptoms develop. If they have been exposed to COVID-19 but have no symptoms, it is advised that they take a test 4 - 8 days after exposure.

Testing too early or too late is likely to result in a negative test even if the individual has been infected. A healthcare provider can help determine when an individual should be tested.



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21. If a test result shows negative, does that mean the individual does not have COVID-19?

If a diagnostic test for COVID-19 is negative, the individual could still have COVID-19. This can happen if the test was taken too early or too late in the infection. It can also depend on the type of test taken. The negative test result just means that the individual probably did not have COVID-19 at the time of the test. Also, sometimes the test can be wrong. That does not mean the individual will not get sick or that they are not contagious. The individual could also be exposed to COVID-19 and get infected after the test. Everyone needs to take precautions even if they have had a negative test.

22. What should an individual do if they test positive?

They should speak with their healthcare provider about the next steps for care. They can also read more about [getting care](#).

23. Should individuals still get tested even after fully vaccinated?

Yes. If they have symptoms of COVID-19, they should get tested. This is true even after being vaccinated. Tests for COVID-19 work the same in vaccinated people as they do in unvaccinated people.

As more is learned about the vaccine, this guidance may change.

Where can individuals get tested

24. Can members go anywhere to get a test?

Blue Shield recommends that members get tested at a [network location](#) when possible. This is the best way to ensure they do not pay any out-of-pocket costs.

Diagnostic testing ordered or performed by licensed or authorized out-of-network health care providers is covered during the public health emergency, but out-of-pocket costs may apply for other related fees. [Learn more](#) about potential out-of-pocket costs from out-of-network providers.

To avoid paying any fees out-of-pocket, members should choose a network testing location near them.

Also, they should make sure that the location where they are getting tested offers diagnostic tests not antibody tests. For example, some labs only collect blood samples for antibody tests. These tests are not usually covered because they are not suitable for diagnosing COVID-19.

Please see FAQ #19 below for information on network locations.

25. Where can an individual get tested?

Blue Shield recommends that individuals visit an in-network testing site whether they have a healthcare provider order or not. However, diagnostic testing ordered or performed by licensed or authorized out-of-network health care providers is also covered.

If an individual has symptoms or thinks they have been exposed to someone who has COVID-19, they should contact their healthcare provider. The provider can tell the individual where to get a test if needed.

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If the individual has no symptoms and doesn't think they have been exposed to COVID-19, they have a few options:

- Use the [State testing locator](#) to find a testing site. The location results from the State may include out-of-network sites.
- Check their [county or local public health department](#).
- Find a [health center](#) that provides COVID-19 testing.
- There may be community testing sites available to help.
- Visit a network testing location, like one of these retail pharmacies:
 - [CVS Pharmacies](#)
 - [Rite-Aid](#)
 - [Walgreens](#)
 - [Quest through Walmart](#)
 - [Ralphs' Clinic Testing Services for Viral or Rapid Antigen Tests](#)
- In addition to the locations listed above, the individual can also call the COVID-19 state hotline [\(833\) 422-4255](#) to find a test site near them.

26. Can members go to a temporary or pop-up COVID-19 testing site?

Yes. COVID-19 testing at temporary or pop-up testing sites is covered by Blue Shield and Blue Shield Promise with no out-of-pocket costs. Members should keep in mind some of these sites may be out-of-network and may charge additional fees. [Learn more](#) about potential out-of-pocket costs from out-of-network providers.

For a quicker experience, members should make an appointment for most of these sites. They may also have to fill out a screening form.

Employer Testing

27. Is testing for employment purposes covered under SB 510?

Please note: The response below does not take into account the Federal guidance that was issued on January 10, 2022.

Yes, testing for employment purposes, are covered at no out-of-pocket cost to members enrolled in the following plan types:

- Individual plans purchased through Blue Shield of California directly
- Individual plans purchased through Covered California
- Medicare Supplement plans
- Medi-Cal plans
- FEHBP plans
- Fully-insured employer-sponsored plans
- Flex-funded employer-sponsored plans

28. Can employees be covered for multiple COVID-19 tests?

There are no limitations on repeat testing if coverage requirements are met under state or federal law. The federal guidance allows health plans to limit coverage of at-home test kits to 8 per person, per month.

There are no additional limits to reimbursement for at-home test kits purchased when ordered by a licensed or authorized health care provider.

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29. If an employer purchases at-home test kits and decides to sell it to their employees at cost, would the member be reimbursed by Blue Shield if the member submits an individual claim?

The member can be reimbursed for at-home test kits purchased directly through their employer if the member submits the Subscriber's Statement of Claim form and proof of purchase receipt.

Blue Shield of California will continue to cover vaccines and tests, including COVID-19 tests for at-home use. As the legal and regulatory landscape on this issue continues to develop, Blue Shield will provide updates if, and as, guidance and requirements change. If a member believes they are owed COVID -19 testing or vaccination reimbursement, they can submit a claim and we will review and respond accordingly.

Testing for employment purposes is not covered under federal law.

For at-home test kits purchased between January 1-14, 2022, they are only covered when ordered by a licensed or authorized health care provider.

At-home test kits purchased on and after January 15, 2022 are reimbursed at purchase cost to the member up to 8 tests per month, and any additional test kits are covered at no cost-share to the member when ordered by a licensed or authorized health care provider.

At-home test kits purchased by an employer will not be reimbursed directly to the employer group at this time.

30. Does Blue Shield have any contracted or preferred onsite testing providers or vendors?

Blue Shield does not have any contracted or preferred onsite testing vendors. Coverage for diagnostic and screening tests, if the test is conducted by an onsite testing vendor, will be provided in accordance with federal and state law at no out-of-pocket costs to the member.

Policies and Regulations

31. What does the Biden Guidance released on January 10, 2022 on at-home test kits entail?

On December 2, 2021, the [White House announced](#) a new requirement for insurers to reimburse members for over-the-counter COVID-19 diagnostic tests. On January 10, 2022, the Biden Administration released [additional guidance](#) detailing requirements for coverage with an effective date of January 15, 2022.

According to the announcement:

- Individuals who purchase OTC at home COVID-19 diagnostic tests will be able to seek reimbursement from their group health plan or health insurance issuer and have insurance cover the cost during the public health emergency.
- The coverage requirement for the reimbursement of over-the-counter at-home COVID-19 tests are for test kits purchased on or after January 15, 2022.
- The new requirement will not change current guidance regarding workplace screening. Testing for employment purposes is not covered under federal law.
- Health plans are allowed to limit the number of at home tests covered per beneficiary or enrollee to 8 tests per 30-day period or per calendar month.

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32. What does the Biden guidance on vaccine and testing requirements for employees entail?

On September 9, the [White House announced a COVID-19 action plan](#) which outlines requirements for certain workforces intended to increase vaccination rates to decrease the spread of COVID-19 and require testing for those who are unvaccinated. The requirements which the Occupational Safety and Health Administration (OSHA) enforced:

- Requirement for employers with a workforce of 100 or more employees to get vaccinated or get tested once a week if unvaccinated
- Vaccine requirement for all federal workers and millions of federal contractors.
- Vaccine requirement for health care workers at Medicare and Medicaid participating hospitals and other health care settings

On Thursday, January 13, 2022, the Supreme Court blocked the Biden Administration's rule requiring testing, vaccinations, and wearing masks. This does not impact the vaccine requirement for health care workers.

SB 510

33. Will Blue Shield comply with COVID-19 testing expansions mandated in SB 510?

Blue Shield of California will continue to adhere to state and federal requirements regarding coverage of COVID-19 testing and vaccinations, including SB 510 when applicable. The bill went into effect January 1, 2022 and applies to plans regulated under state law.

We anticipate additional guidance from the state in the coming weeks, and we will continue to provide updates to support our members and employer groups in the battle against COVID-19. Please visit our [COVID-19 Resources page](#) for information and resources regarding testing and vaccinations.

34. What does the SB510 law on COVID-19 testing coverage entail?

Senate Bill 510 is a California State legislation requiring the coverage of COVID-19 diagnostic and screening tests, and vaccines, at no out-of-pocket cost to the member at both in- and out-of-network facilities, effective January 1, 2022. This bill applies to medical plans regulated by the California Department of Managed Health Care (DMHC) and California Department of Insurance (CDI). SB510 also requires testing and vaccines to be made cost-free to members during future pandemics.

35. Does SB510 apply to all plans and funding types?

SB510 applies to CDI and DMHC regulated medical plans, including IFP, Small Group, Core, and Premier. It covers both Blue Shield and Blue Shield Promise plans. It does not apply to Administrative Services Only (ASO) plans nor Shared Advantage plans.

36. Do SB510's requirements apply retroactively?

Yes, the law requires that SB510's provisions be applied retroactively, beginning from the Governor's declared State of Emergency related to COVID-19 on March 4, 2020 and onward.

Blue Shield of California continues to prioritize and advocate for affordable access to quality health care for our members and for all Californians. As such, we support the

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California Association of Health Plans' (CAHP) decision to file suit against the State of California over SB510 and the retroactive components of this law.

Blue Shield of California has consistently paid claims for COVID-19 testing and vaccinations in accordance with our contracts and the laws in effect throughout the pandemic. With the passage of SB 510, we have been working diligently to evaluate, develop, and implement processes and procedures necessary to comply with the bill's requirements. The legal and regulatory landscape regarding COVID-19 testing and vaccinations continues to change, and we anticipate additional guidance and regulations from the state in the coming weeks that will impact how SB 510 is applied, including necessary clarification on how to pay for COVID-19 testing under SB 510.

As the legal and regulatory landscape on this issue continues to develop, Blue Shield will provide updates if, and as, guidance and requirements change.

37. How will members be notified of the new changes in COVID-19 testing and coverage resulting from the passing of SB510?

The member site on [COVID-19 testing coverage](#) has been updated to include new information on coverage at no out-of-pocket cost to the member for diagnostic and screening tests under SB510. Member materials such as evidence of coverage (EOC) and explanation of benefits (EOB) will be updated to reflect that members have no cost-share liability for out-of-network COVID-19 testing services. An email to members with digital communications preferences will be sent notifying them of testing coverage updates.

38. Does SB510 impose specific requirements regarding type of tests covered (antigen or PCR)?

Both diagnostic and screening testing will be covered under SB510 at no out-of-pocket cost to the member. This includes antigen and PCR testing. Home testing is also covered as types of diagnostic and screening testing. To be covered, tests must be FDA approved or have FDA emergency use authorization.

39. Are at-home test kits covered under SB510?

Please note: The response below does not take into account the Federal guidance that was issued on January 10, 2022.

Yes, at-home test kits are covered for diagnostic and screening purposes when ordered by the enrollee's health care provider.

Members will have to submit a claim for reimbursement via a [paper form](#), mailed to Blue Shield with the receipt that shows the at-home test kit purchase. To be covered, tests must be FDA approved or have FDA emergency use authorization.

40. How are providers reimbursed for COVID-19 testing under SB510?

In-network providers will be reimbursed at the negotiated rate for COVID-19 diagnostic and screening tests. For out-of-network providers, we do not have a negotiated rate for COVID-19 diagnostic and screening tests, and SB 510 requires that reimbursement be based on a reasonable rate (as determined by market rates based on the geographic region where the service was rendered). Federal law also mandates reimbursement rates for out-of-network. Under federal law, out-of-network diagnostic tests are required to be reimbursed based on the out-of-network provider's posted "cash price." When federal law applies, Blue Shield will reimburse the provider based on federal requirements.

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Out-of-network providers are prohibited from seeking reimbursement from members for COVID-19 diagnostic and screening testing services.

41. Is COVID-19 testing considered covered as a capitated service based on SB510?

Blue Shield will incur costs for COVID-19 testing under SB510, unless a new agreement with the delegated provider is reached. Delegation of the financial risk to a contracted provider for the cost of COVID-19 testing services is not permitted, unless the parties involved have negotiated and agreed upon a new provision of their contract.

Claims and operations

42. Are out-of-network providers allowed to balance bill members for COVID-19 tests under current state or federal law?

Out-of-network providers are paid their posted cash price or reimbursed the "reasonable and customary" rate by Blue Shield, when there is no posted cash price. Providers are prohibited from balance billing the member for the remainder of the cost under both state and federal law. Members may, however, be balance billed for related items or services provided along with the COVID-19 test.

43. If a member paid out-of-pocket for a COVID-19 test that should be covered, what do they need to do?

If the member paid the provider out of pocket at the time of the member's appointment, the healthcare provider should give the member a refund after Blue Shield reimburses the provider. If the member did not receive a refund from their provider, they should contact their office.

If the member's provider has **not** submitted a claim to Blue Shield for the member, or the member wants to submit a claim for an at-home test kit, they should visit our [How to file a claim page to learn more](#).

For out-of-network providers:

Some out-of-network providers may charge added fees, such as for the appointment, other tests, or processing or specimen collection. In that case, the member may have to pay out-of-pocket if those fees are higher than Blue Shield's reimbursement rate. To avoid paying any extra fees, please use network locations for testing.

Blue Shield will mail you an *Explanation of Benefits* that outlines what Blue Shield paid and what remaining balance the member may owe. This statement is NOT a bill. When the public health emergency ends, all out-of-network costs not paid by Blue Shield will be the responsibility of the member.

44. If a member received a check from Blue Shield of California for their COVID-19 test, what should they do with it?

If the member hasn't yet paid the provider, the check goes to the provider. The member should contact the provider to find out how they want to be reimbursed.

Please note that if the member has previously visited an out-of-network provider and received a check payment from Blue Shield, our process has changed. Those payments

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will now go directly to the provider. The provider should mail the member a refund check.

Blue Shield will mail the member an Explanation of Benefits that outlines what Blue Shield paid and what remaining balance the member may owe. This statement is NOT a bill.

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Online resources

Blue Shield resources

- [Employer and Broker COVID-19 resource page](#)
- [Blue Shield News Center](#)
- [Member COVID-19 resource page](#)
- [Finding a Testing Location](#)
- [Member Testing FAQs](#)

Government resources

- [State of California Testing Resources](#)
- [State of California Testing Task Force](#)
- [Finding a Testing Site](#)
- [DMHC COVID-19 Response](#)
- [CDC COVID-19 Testing Overview](#)

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