Carrier	Carrier Responses	Resources	Telemedicine	Public Announcement
Aetna	Aetna will waive copays for all diagnostic testing related to COVID-19. This policy will cover the cost of physician-ordered testing for patients who meet CDC guidelines, which can be done in any approved laboratory location. Aetna will waive the member costs associated with diagnostic testing at any authorized location for all commercial, Medicare and Medicaid lines of business. For the next 90 days, Aetna will offer zero copay telemedicine visits — for any reason. Cost-sharing will be waived for all video visits through the CVS MinuteClinic app, Aetna-covered Teladoc® offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for all commercial plan designs. Self-insured plan sponsors will be able to opt-out of this program at their discretion. Through Aetna's Healing Better program, members who are diagnosed with COVID-19 will receive a care package containing CVS over-the-counter medications to help relieve symptoms. The package will also include personal and household cleaning supplies to help keep others in the home protected from potential exposure. Aetna will proactively reach out to members most at-risk for COVID-19. Care managers will walk members through what they can do to protect themselves, where to get information on the virus and where to go to get tested. CVS Health is implementing the following programs to educate members about COVID-19 and help address any associated anxiety and stress: Opening Crisis Response Lines for all Aetna (commercial, Medicare, Medicaid) and Caremark members who may be experiencing anxiety related to COVID-19. Expanding 24x7 access to the Aetna Nurse Medical Line for all Aetna and Caremark members. Providing Aetna plan sponsors with a Resources for Living toolkit with materials specifically developed for members experiencing anxiety related to COVID-19.	COVID-19 flyer COVID-19 CVS COVID-19 letter COVID-19 email COVID-19 FAQ	Aetna Teladoc	https://aet.na/337NvbN
Anthem	Anthem will cover the care for members diagnosed as having COVID-19, based on the member's plan benefits. It'll also cover testing for COVID-19. Anthem will provide coverage of the coronavirus screening test at no out-of-pocket cost. Prior authorization is not required for diagnostic services related to COVID-19 testing. Anthem also recommends members use telehealth when possible, as it can help prevent them from spreading a virus further within a physical clinical setting. Anthem's telehealth provider, LiveHealth Online, is a safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their homes via smart phone, tablet or computer-enabled web cam.	COVID-19 FAQ COVID-19 facts COVID-19 member FAQ Disability - Agent Disability-Member	LiveHealth Online LHO flyer LHO COVID-19 flyer	https://bwnews.pr/3aGAQPQQhttp://anthem.ly/3b0NeKxhttp://anthem.ly/2TUXheA

Carrier	Carrier Details	Resources	Telemedicine	Public Announcement
Blue Shield	Starting immediately, Blue Shield is waiving all cost-sharing and any prior approval for COVID-19 testing prescribed by a physician. This includes cost-sharing for hospital, urgent care, emergency room and office visits where the visit is to screen or test for the virus. Blue Shield will also not require prior authorization for medically necessary emergency care, consistent with its current practice. Blue Shield is waiving Teladoc cost sharing for all members through May 31, 2020. Blue Shield suggests members and employees reach out to their Teladoc, NurseHelp 24/7 service or to report their condition to their family doctor or urgent care clinic.	COVID-19 FAQ	COVID-19 Teladoc NurseHelp 24/7	https://bit.ly/39CzNjI https://bit.ly/2IPZsJM
ССНР	For individual/family plan members and employer group plan members, they will not have to pay copays, deductibles, or coinsurance for all medically necessary screening and testing for COVID-19. This includes hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.		CCHP Teladoc	https://bit.ly/2TEbqN7
Cigna	Cigna will cover COVID-19 testing similar to a preventive benefit for fully-insured and Administrative Services Only (ASO) plans, waiving copays, deductibles and co-insurance for customers. For individuals diagnosed with COVID-19, Cigna will ensure all patients receive the care they need. To help fight the spread of COVID-19 (coronavirus disease) in the U.S. and for its globally mobile customers, Cigna will waive all copays or cost shares for testing prescribed by health care providers. ASO self-funded benefit plans that wish to opt out of this enhanced coverage must submit in writing a request stating the plan does not wish to offer or waive copays, coinsurance, or deductibles for plan participants. Submission in writing is required within 10 business days of this communication. If a written communication is not received within that time period, copays, coinsurance, or deductibles will be waived for COVID-19 testing for employees.	COVID-19 client letter COVID-19 FAQ	Cigna Telehealth	https://bit.ly/335meqI https://bit.ly/39Cn7tc

Carrier	Carrier Details	Resources	Telemedicine	Public Announcement
Guardian	Currently the direction from California is as follows: If someone is unable to work due to having or being exposed to COVID-19 (certified by a medical professional), they can file a Disability Insurance (DI) claim. If they're unable to work because they are caring for an ill or quarantined family member with COVID-19 (certified by a medical professional), they can file a Paid Family Leave (PFL) claim. If their employer has reduced their hours or shut down operations due to COVID-19, they can file an Unemployment Insurance (UI) claim. For more information on California, please visit: https://edd.ca.gov/about_edd/coronavirus-2019.htm			https://bit.ly/2U9QWe5
Health Net	Health Net is waiving cost-sharing (deductibles, copayments and coinsurance) for medically necessary COVID-19 screenings and tests, as well as doctor office, urgent care and outpatient hospital (including emergency department) visits for medically necessary COVID-19 related services. In addition, Health Net has eliminated prior authorization for lab work for screening and testing, so waivers are not required. Health Net has waived prescription refill limits for medically necessary COVID-19 related services. In addition, Health Net has relaxed restrictions on home or mail delivery of prescription drugs. Treatment for COVID-19 is a covered benefit under the Health Net plans. For a member admitted to the hospital, the hospital is required to follow standard Health Net prior authorization and notification requirements.	COVID-19 ER letter COVID-19 EE letter	Health Net Teladoc FAQ Health Net Teladoc flyer	https://bit.ly/2VZNa9A https://bit.ly/2wXQaZR https://bit.ly/2TVZ3vQ
Kaiser Permanente	Kaiser Permanente is waiving member costs related to COVID-19 screening or testing. In the event members are diagnosed with COVID-19, additional services, including hospital admission (if applicable) will be covered and charged according to the normal plan coverage rules.	COVID-19 FAQ COVID-19 flyer	Access to Care anytime KP Video Visits	https://k-p.li/2VXU0wv https://k-p.li/2TY0wAw

Carrier	Carrier Details	Resources	Telemedicine	Public Announcement
MediExcel	Effective immediately, MediExcel Health Plan is waiving all cost-sharing for COVID-19 testing prescribed by a physician for patients who meet CDC quidelines.	Member notice		
MetLife	Under 500 employees: If the new leaves under the Act qualify for a "disability" under your client's existing STD program with MetLife, STD will run concurrently with FMLA and offset the federal benefits, subject to the terms and conditions of MetLife's program.			https://bit.ly/39WFpp0
	MetLife offers an Employee Assistance Program (EAP) that provides 24/7 confidential access to professional support to help employees manage stress, anxiety, grief, financial concerns and much more. Employees can connect to support by phone, video or chat — anytime, anywhere. And they have access to a vast library of online resources for coping with trauma, building resiliency, self-care and managing change.	Federal Legislation >500 Federal Legislation <500		
	For Life Insurance policy customers, licensed Grief Counselors are available from Lifeworks for insured employees and their dependents if they experience a loss, regardless of cause of death, or are diagnosed with a potentially life-threatening disease such as COVID-19. Whether it's help coping with a loss or a major life change, confidential counseling sessions can be tailored to meet the individual's needs.			
National General	As part of the effort regarding COVID-19 diagnostic testing, National General will: Waive all member cost-sharing for COVID-19 diagnostic tests and related services, including the associated office visit, emergency room or urgent care charges. The waiver applies any out-of-pocket costs, including deductibles,	COVID-19 FAQ		https://bit.ly/2TBA290
	copays and co-insurance for diagnostic testing related to COVID-19. Waive all prior authorization requirements as it relates to COVID-19 diagnostic testing. Allow early refills and up to a 90-day supply of a member's prescription drugs in the event of hardship related to COVID-19.			
Oscar	The following resources are available to Oscar members: Waiving cost-sharing for COVID-19 diagnostic testing. If your client's doctor recommends they should be tested for COVID-19, they will not be charged for the lab test. Continuing to offer \$0 telemedicine services (Doctor on Call). Telemedicine is a great option for people who think they could have COVID-19. Oscar's	Online risk assessment	Oscar Doctor On Call Oscar Concierge flyer	http://on.hioscar.com/3aKK W1U http://on.hioscar.com/3aH We74
	telemedicine PCPs can recommend COVID-19 testing and direct your clients to the right place for testing. An online COVID-19 resource center: hioscar.com/covid19 . Webpage for Oscar members to stay up-to-date on the latest information and understand their care options.			
	Oscar members have access to Doctor on Call service 24/7. Concierge team is prepared to support 1-855-672-2755. Members can secure message Concierge or request a Doctor on Call consultation from their Oscar app or online account (hioscar.com/member) at any time.			

Carrier	Carrier Details	Resources	Telemedicine	Public Announcement
Principal	Group benefits-specific questions: Will an employee remain eligible for coverage if quarantined due to COVID-19 and unable to work from home? For employees who have not tested positive for COVID-19, the standard continuation language provides coverage to the end of the month. If a quarantine period extends into the next month, Principal will continue coverage until the end of that month, provided premiums continue to be paid. For employees who have tested positive for COVID-19, Principal continues coverage for the duration of the illness, provided premiums continue to be paid. Is an employee considered disabled if they are quarantined due to COVID-19? Employees under quarantine for COVID-19 that do not have a disabling medical condition do not satisfy the definition of disability under Principal's policies. Do employees qualify as disabled if they fall ill due to COVID-19? Claims for COVID-19 will be evaluated the same as any other illness. As with all claims, they must satisfy Principal's definition of disability and all other provisions outlined in the policy. Does Principal have a pandemic-specific exclusion in its group benefit policies? No, Principal evaluates COVID-19 as it would any other medical condition. Employee Assistance Program (EAP) support for all group benefit clients Principal and Magellan are extending telephonic EAP support for all group benefit clients that may have employees who are feeling overwhelmed or anxious about COVID-19. They can contact Magellan Healthcare 24/7 at 800-450-1327 for free, confidential consultation services.	COVID-19 FAQ		https://bit.ly/39UcjXj
The Hartford	Group benefits-specific questions: Will The Hartford view a quarantine alone as a disabling condition? A. The Hartford makes coverage determinations based on the specific facts and policy language associated with each claim. Will STD cover coronavirus, and what documentation will be required? A. The Hartford makes coverage determinations based on the specific facts and policy language associated with each claim. Generally, medical information is required to support an STD claim, including a claim due to coronavirus. Will leave due to coronavirus be approved under FMLA? A: The Hartford reviews each leave request based on the specific facts presented. In order to qualify for leave under FMLA or state leave laws, the claimant must satisfy the requirements as specified under the applicable federal (or state) regulation. For customers who are STD self-insured, what happens if they choose a plan change or tell us they want to cover something (i.e. quarantine) that is not under their existing coverage? Customers considering changes to their self-funded disability plan based on the coronavirus outbreak are strongly encouraged to consult their benefits advisor to address potential impacts.	Preventive Tips - Employer COVID-19 - Group benefits		https://bit.ly/2IQjT9x

Carrier	Carrier Details	Resources	Telemedicine	Public Announcement
Sharp Health Plan	Sharp covers COVID-19 screening and/or testing when recommended by the member's healthcare provider as medically necessary. Sharp Health Plan has reduced the cost-share (or what you pay out of pocket) to \$0 for all medically necessary screening and testing for COVID-19. This includes hospital (including emergency department), urgent care, and provider office visits for the purpose of screening and/or testing for COVID-19.			https://bit.ly/39Hy0da
Sutter Health Plus	A member who feels ill may schedule a video visit through My Health Online, call the 24/7 Nurse Advice line at 855-836-3500, or contact their provider to discuss the most appropriate treatment options. A member who seeks medically necessary screening and testing for COVID-19, including visits to hospitals and emergency departments, urgent care centers, and provider offices, will receive the services at no out-of-pocket cost. Any member who receives a bill should contact Sutter Health Plus Member Services at 855-315-5800.		SHP Video Visits SHP Virtual PCP	https://bit.ly/38ErEd4
UnitedHealthcare	UnitedHealthcare has waived all member cost-sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations in accordance with CDC guidelines for all commercial insured, Medicaid and Medicare members. Eligible UnitedHealthcare and OptumRx members needing help obtaining an early prescription refill can call the customer care number located on the back of their medical ID card for assistance, or contact OptumRx customer service (800) 788-4863. Health plan members are encouraged to use UnitedHealthcare's Virtual Visit* capability, available through the UnitedHealthcare app, to help answer any general questions or concerns they might have.	COVID-19 FAQ	COVID-19 Teladoc Teladoc FAQ Virtual Visits	https://bit.ly/333R16W https://bit.ly/2IwWqdg
Unum	Are people quarantined generally considered disabled? Unum generally does not consider quarantined workers to be disabled unless they have a medical condition that results in restrictions and limitations that satisfy a policy's definition of disability. However, Unum will evaluate each situation where an individual is quarantined on a case-by-case basis. How will Unum apply leave guidelines to quarantined individuals? When determining whether a quarantine is a qualifying leave event, Unum will consider factors such as the reason the quarantine was ordered, what treatment may have been received during the quarantine period, and whether an illness was diagnosed at any point. Generally, quarantined employees are not entitled to FMLA, unless they meet the definition of a serious health condition or if they are likely disabled.	UNUM flyer Assist America - FAQ COVID-19 FAQ		https://bit.ly/2TW9U8U https://bit.ly/2IPBnmv
Western Health Advantage	WHA is waiving all cost-sharing for medically necessary screening and testing for COVID-19. This means that all WHA members will pay \$0 for medically necessary screening and testing for COVID-19.			https://bit.ly/2Q25paA

Warner Pacific Resources				
Zywave (GO COMPASS)	Zywave has published three new flyers on Coronavirus.	Zywave employee flyer HR Insights HR Compliance Bulletin		

IRS: High-deductible health plans can cover Coronavirus costs

The Internal Revenue Service is advising that high-deductible health plans (HDHPs) can pay for 2019 Novel Coronavirus (COVID-19)-related testing and treatment, without jeopardizing their status. This also means that an individual with an HDHP that covers these costs may continue to contribute to a health savings account (HSA).

In <u>Notice 2020-15 (PDF)</u>, posted on IRS.gov, the IRS said that health plans that otherwise qualify as HDHPs will not lose that status merely because they cover the cost of testing for or treatment of COVID-19 before plan deductibles have been met. The IRS also noted that, as in the past, any vaccination costs continue to count as preventive care and can be paid for by an HDHP.

https://www.irs.gov/newsroom/irs-high-deductible-health-plans-can-cover-coronavirus-costs

Reference information:

All responses and information from carriers were originated from them. Information is not guaranteed to be accurate and is subject to change at any time. For the most updated information on the coronavirus, visit cdc.gov.

World Health Organization: https://www.who.int/emergencies/diseases/novel-coronavirus-2019; COVID-19 Pandemic FAQ: https://bit.ly/2IFRtiH

Kaiser Family Foundation: https://www.kff.org/tag/coronavirus/

Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html

California Department of Insurance: http://www.insurance.ca.gov/0400-news/0100-press-releases/2020/release025-2020-2.cfm

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