

Health Insurance Issuers' Response to Coronavirus (COVID-19)

03/23/2020 Updated: The Alabama Department of Insurance is actively engaged with our health insurance industry to ensure appropriate protections are being implemented in response to the spread of the Coronavirus. The Department has compiled the following information from health insurance issuers providing coverage in Alabama. Please click on the links provided for full details regarding the policies of each issuer.

Aetna

Will Aetna cover the cost of COVID-19 testing for members?

Aetna will waive co-pays 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. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

What else is CVS Health doing to support Aetna members?

Effective immediately, Aetna members will have access to the following resources:

- ✓ For the next 90 days, until June 4, 2020, Aetna will offer zero co-pay telemedicine visits – for any reason. Aetna members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. Cost sharing will be waived for all virtual visits through the 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.
- ✓ Aetna is offering 90-day maintenance medication prescriptions for insured and Medicare members. It is also working with state governments to make the same option available to Medicaid members where allowable. Self-funded plan sponsors will also be able to offer this option.
- ✓ Aetna is also waiving early refill limits on 30-day prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark.
- ✓ Through Aetna's Healing Better program, members who are diagnosed with COVID-19 will receive a care package containing CVS items 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.
- ✓ Through existing care management programs, 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.

- ✓ Aetna is also offering its Medicare Advantage brief virtual check-in and remote evaluation benefits to all Aetna Commercial members and waiving the co-pay. These offerings will empower members with questions or concerns that are unrelated to a recent office visit and do not need immediate in-person follow-up care to engage with providers without the concern of sitting in a physician's office and risking potential exposure to COVID-19.
- ✓ Beginning immediately, CVS Pharmacy will waive charges for home delivery of prescription medications. With the CDC [encouraging](#) people at higher risk for COVID-19 complications to stay at home as much as possible, this is a convenient option to avoid coming to the pharmacy for refills or new prescriptions.

Blue Cross Blue Shield Alabama

COVID-19 Testing and Claims

- ✓ Covering medically necessary diagnostic tests that are consistent with CDC guidance related to COVID-19 at no cost to our members with fully insured individual, employer-based, Federal Employee Program, and Medicare Advantage plans. For self-funded employer plans, members' cost share for diagnostic tests will be based on their benefit plan. [\(March 12\)](#)
- ✓ Waiving prior authorizations for diagnostic tests and covered services that are medically necessary and consistent with CDC guidance for members diagnosed with COVID-19. [\(March 12\)](#)
- ✓ 100% coverage for in-network COVID-19 related diagnosis as outlined by the CDC and American Medical Association for an office visit, urgent care visit, emergency room visit, behavioral health visit, or telehealth service.

Pharmacy

- ✓ Increased access to prescription medications by waiving early medication refill limits on prescriptions and encouraging members to use their 90-day retail or mail order benefit. [\(March 12\)](#) o We have received no reports of any drug shortages or of any problems with our members obtaining their prescription medication.

Telehealth

- ✓ Expanded telehealth coverage to allow physicians, physician assistants, nurse practitioners and behavioral health practitioners to provide medically necessary services via telephone consultation. [\(March 16\)](#)
- ✓ Further expanded telehealth coverage to include Speech Therapy, Occupational Therapy, and some Physical Therapy. [\(March 19\)](#)
- ✓ Further expanded telehealth coverage to include two emergency codes for in-network dentists – with waived co-pays for underwritten plans. [\(March 19\)](#)

- ✓ Expanded co-pay waiver to include all telehealth services – whether related to COVID-19 or not – for our fully insured plans. This policy includes Teledoc for the plans that have it. Self-insured plans will have the ability to choose this as an option as well. (March 19)

Customer Service

- ✓ Extended weekend customer service hours for March 28-29 and April 4-5: Saturday: 8am – 2pm | Central Time Sunday: 8am – Noon | Central Time
- ✓ Established 24/7 emotional support line with New Directions (833-848-1764). (March 18)
- ✓ Warned Alabamians of scams targeting members by leveraging fear related to COVID-19. (March 19)

Bright Health

- ✓ No-cost COVID-19 diagnostic test

The COVID-19 diagnostic test and associated office visit is now covered as preventive care, at no cost to our members, regardless of network.

- ✓ Early medication refills

We are authorizing early medication refills for members who might be impacted by the outbreak. To get your medication refilled early, contact your pharmacist and ask them to request approval for early refills through Bright Health's pharmacy help line:

Medicare Advantage: [833-665-5346](tel:833-665-5346)
Individual & Family Plans: [833-661-1988](tel:833-661-1988)

- ✓ Transportation

We are making non-emergency transportation available to all members. We are also waiving ride limits for non-emergency visits to and from your doctor.

- ✓ Telehealth

All telehealth services (online and virtual care) obtained in connection with COVID-19 testing and diagnosis is now covered, at no cost to our members.

Cigna

- ✓ Waives customer cost-sharing for office visits related to COVID-19 testing through May 31, 2020

- ✓ Waives customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020
- ✓ Makes it easier for customers to be treated virtually for routine medical examinations by in-network physicians
- ✓ Provides free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists
- ✓ Offers supportive resources for customers, clients and communities for managing anxiety and improving resiliency

Cigna will cover the diagnostic test with no cost-sharing when recommended by a health care professional. Effective immediately, Cigna will waive customers' out-of-pocket costs for COVID-19 testing-related visits with in-network providers, whether at a doctor's office, urgent care clinic, emergency room or via telehealth, through **May 31, 2020**. This enhanced insurance coverage includes customers in **the United States** who are covered under Cigna employer/union sponsored group insurance plans, globally mobile plans, Medicare Advantage, Medicaid and the Individual and Family plans. Employers and other entities that sponsor self-insured plans administered by Cigna will be given the opportunity to adopt a similar coverage policy.

Cigna is also making it easier for customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities. Cigna is implementing this enhanced measure through **May 31, 2020** to protect its most vulnerable customers by mitigating exposure risks and alleviating transportation barriers.

Customers can have peace of mind with their prescription medications by using the Express Scripts Pharmacy, which offers free home delivery of up to 90-day supplies of prescription maintenance medications. Pharmacists are available 24/7 to answer questions, offer counseling and support, and assist with prescription orders. Customers are encouraged to refill their medications responsibly.

Cigna is also providing free resources for all customers, clients and communities to support them during these times of high stress and anxiety. The company has opened a 24-hour toll-free help line (**1-866-912-1687**) to connect people directly with qualified clinicians who can provide support and guidance. Additionally, the company will offer a webinar to the general public raising awareness about tools and techniques for stress management and building resiliency, along with the ability to join telephonic mindfulness sessions. More Information can be found at www.cigna.com.

Procedure codes for health care providers are expected to be available **April 1, 2020**. Cigna is standing up a 24/7 customer resource center specifically dedicated to help customers with any administrative barriers related to coronavirus-related claims.

Cigna is also partnering with Buoy Health, an artificial-intelligence powered navigation platform to provide a free, web-based interactive triage tool that assesses COVID-19 risk. Through this early-intervention tool, US domestic customers can quickly receive information regarding the severity of their symptoms and recommendations on next steps for care. The

symptom checker will be available this week on www.Cigna.com, www.MyCigna.com and related myCigna mobile applications.

Humana

Humana (NYSE: HUM), a national health care company, has announced it is waiving consumer costs for treatment related to COVID-19-covered services. The company previously announced that it would cover out-of-pocket costs related to coronavirus testing. Now, costs related to subsequent treatment for COVID-19—including inpatient hospital admissions— will be waived for enrollees of Medicare Advantage plans, fully insured commercial members, Medicare Supplement and Medicaid.

The waiver applies to all medical costs related to the treatment of COVID-19 as well as FDA-approved medications or vaccines when they become available. There is no current end date. Humana will reassess as circumstances change.

- ✓ **Temporary expansion of member cost share waivers for telehealth** – To encourage members to seek care safely while protecting the health care workforce, Humana is waiving member cost share for all telehealth services delivered by participating/in-network providers, including telehealth services delivered through MDLive to Medicare Advantage members and to commercial members in Puerto Rico, as well as all telehealth services delivered through Doctor on Demand to commercial members.
- ✓ **Temporary expansion of telehealth service scope and reimbursement rules** – To ease systemic burdens arising from COVID-19 and support shelter-in-place orders, Humana is facilitating telehealth visits for its members. Humana will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits. To qualify for reimbursement, telehealth visits must meet medical necessity criteria, as well as all applicable coverage guidelines.
- ✓ **Temporary expansion of telehealth channels** – Humana understands that not all telehealth services will involve the use of both video and audio. For health care providers or members who don't have access to secure video systems, Humana will temporarily accept audio-only telephone visits, which can be submitted and reimbursed as telehealth visits.
- ✓ **Multiple practitioner types can deliver telehealth services** – Both participating/in-network primary care and specialty providers can deliver care using telehealth services, provided that CMS and state-specific guidelines are followed. This includes behavioral health services. For telehealth visits with a specialist, members are encouraged to work with their primary care physician to facilitate care coordination.
- ✓ **Waiving the out-of-pocket costs (copays, coinsurance and deductibles) associated with COVID-19 testing**, including related visit costs in a range of clinical settings such as a physician's office, urgent care center or emergency department;
- ✓ **Allowing early prescription refills**, so members can prepare for extended supply needs – an extra 30- or 90-day supply as appropriate;

- ✓ **Member support line available** – Humana has trained a specialized group of call center employees to help support members with specific coronavirus questions and concerns, including live assistance with telemedicine. Members can call Humana’s toll-free customer support line, which can be found on the back of their member I.D. card, to be connected to this dedicated team of professionals.

United Healthcare

Actions to Support Members, Patients and the Community

- ✓ Individuals who feel like they may have been exposed to COVID-19 should immediately contact their primary care provider for guidance. Advance telephone calls are highly recommended to ensure safe and proper patient handling.
- ✓ As previously communicated, 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. UnitedHealthcare is also supporting self-insured customers choosing to implement similar actions.
- ✓ Optum’s Emotional-Support Help Line is available to support anyone who may be experiencing anxiety or stress following the recent developments around COVID-19. The free service can be reached at (866) 342-6892, 24 hours a day, seven days a week and is open to all. In addition, emotional-support resources and information are available online at www.liveandworkwell.com.
- ✓ 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.
- ✓ 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.

VIVA Health (Commercial- fully-insured, self-insured)

Testing. 100% coverage of FDA-approved lab testing from a participating/in-network reference lab as well as the Alabama Department of Public Health and at Viva Health approved laboratory locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines on all plans. No deductible, copayment, or coinsurance will apply to the medically necessary lab test for any Viva Health plan. For most Viva Health plans, there will also be no cost-sharing for an in-network office visit, urgent care center visit, or emergency department

visit related to COVID-19 testing, although some employers may choose to apply this cost-sharing on their self-funded plans.

Telehealth. Members can have telehealth visits from any location with any in-network provider who is providing medically appropriate covered services. Members will not have a copayment for telehealth visits with their in-network provider for the next 30 days. Some employer plans also include telehealth visits through Teladoc or other vendors. Members with this Teladoc coverage through Viva Health can also access this benefit with no copayment for the next 30 days. Members in health savings account-eligible high deductible health plans will be subject to normal cost-sharing on telehealth visits, except for visits with a COVID-19 diagnosis or another diagnosis approved by the IRS at 100%.

Prescription refills. On plans that include prescription drug coverage through Viva Health, members can get early refills of their maintenance medications if needed. Members are encouraged to secure a 90-day supply of non-specialty maintenance medications available through most retail pharmacies. Home delivery from our mail-order pharmacy is available on all plans for most medications by contacting Express Scripts at 855-778-1485.

Treatment. If a member tests positive for the virus, treatment will be covered just as treatment for other illnesses is covered according to the terms and member cost sharing in your benefit plan. While the lab test and telehealth visits are covered at 100% as described above, applicable cost-sharing for treatment of COVID-19 in office visits, ER visits, urgent care visits and hospital admissions will apply as they do for other illnesses.

For the most up to date information on COVID-19 developments, please visit the CDC's [website](#).

VIVA Health (Medicare)

As concerns over the spread of the 2019 coronavirus disease (COVID-19) grow, we want to inform you of the steps Viva Medicare is taking for members to remove barriers to appropriate testing and care effective Friday, March 13, 2020:

Testing. 100% coverage of FDA-approved lab testing from a participating/in-network reference lab as well as the Alabama Department of Public Health and at Viva Health approved laboratory locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines on all plans. No deductible, copayment, or coinsurance will apply to the medically necessary lab test or to a related in-network office visit, urgent care center visit, or emergency department visit.

Telehealth. Members can have telehealth visits from any location with any in-network provider who is providing medically appropriate covered services. Members will not have a copayment for telehealth visits with their in-network provider for the next 30 days.

Prescription refills. On plans that include prescription drug coverage through Viva Health, members can get early refills of their maintenance medications if needed. Members are

encouraged to secure a 90-day supply of non-specialty maintenance medications available through most retail pharmacies. Home delivery from our mail-order pharmacy is available on all plans for most medications by contacting CVS/Caremark at 866-788-5146.

Treatment. If a member tests positive for the virus, treatment will be covered just as treatment for other illnesses is covered according to the terms and member cost sharing in your benefit plan. While the lab test and telehealth visits are covered at 100% as described above, applicable cost-sharing for treatment of COVID-19 in office visits, ER visits, urgent care visits and hospital admissions will apply as they do for other illnesses.

Medicare

Medicare covers related needs

- ✓ Medicare covers the [lab tests for COVID-19](#). You pay no [out-of-pocket costs](#).
- ✓ Medicare covers all [medically necessary hospitalizations](#). This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine.
- ✓ At this time, there's no vaccine for COVID-19. However, if one becomes available, it will be covered by all [Medicare Prescription Drug Plans \(Part D\)](#).
- ✓ If you have a [Medicare Advantage Plan](#), you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits beyond the ones described below. Check with your plan about your coverage and costs.

Telehealth & related services

Medicare covers “virtual check-ins” so you can connect with your doctor by phone or video, or even an online patient portal, to see whether you need to come in for a visit. If you're concerned about illness and are potentially contagious, this offers you an easy way to remain at home and avoid exposure to others.

- ✓ You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Medicare pays for “virtual check-ins”—brief, virtual services with your established physician or certain practitioners where the communication isn't related to a medical visit within the previous 7 days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available).
- ✓ You need to consent verbally to using virtual check-ins and your doctor must document that consent in your medical record before you use this service. You pay your usual Medicare coinsurance and deductible for these services.
- ✓ Medicare also pays for you to communicate with your doctors using online patient portals without going to the doctor's office. Like the virtual check-ins, you must initiate these individual communications.

- ✓ If you live in a rural area, you may use communication technology to have full visits with your doctors. The law requires that these visits take place at specified sites of service, known as telehealth originating sites, and get services using a real-time audio and video communication system at the site to communicate with a remotely located doctor or certain other types of practitioners. Medicare pays for many medical visits through this telehealth benefit.

SEIB

Members of our plans are encouraged to visit our website www.alseib.org for updates. You can also follow us on Twitter - @alseibl.

If you have health-related questions, contact your primary care physician. Our members can also use Teladoc (available for BCBS members) or UHC Virtual Visits (available for Medicare members).

Medicare Members: Please visit the UnitedHealthcare (UHC) website for UHC's general information about COVID-19 or UHC's frequently asked questions about COVID-19. Please call 866-890-0562 with questions about your UHC coverage.

Non-Medicare Members: For medical coverage questions, please visit the Blue Cross Blue Shield of Alabama website. Please call 800.824.0435 with questions about your medical coverage.

For prescription coverage questions, please visit the OptumRx website. Please call 844.785.1604 with questions about your prescription drug coverage.

Wellfleet- A Berkshire Hathaway Company

Our Student members should know:

- ✓ Wellfleet's fully insured Student Health plans will cover member costs for COVID-19 testing. We'll waive all co-pays, deductibles and co-insurance. Like a preventive visit, members will have no out-of-pocket costs for testing.
- ✓ Wellfleet Student Health Insurance Plan (SHIP) members, many of whom have left campuses, should contact their student health care centers or visit their school's page on Wellfleetstudent.com to find a provider. When contacting providers regarding COVID-19, members should advise of recent travel and symptoms, and minimize contact with others.
- ✓ If members need treatment for COVID-19, coverage is provided based on their plan's specific benefits. SHIP members can find their plan information by logging in to their accounts on Wellfleetstudent.com.
- ✓ We have waived requirements for student members who typically need to access care or referrals from student health centers. Members can seek testing or treatment for COVID-19 at any local medical facility – including the emergency room, urgent care, and office visits.

- ✓ Wellfleet Rx members can continue to contact us at normal business hours, and we are prepared to provide fill-too-soon overrides for members traveling.
- ✓ Wellfleet has a dedicated Coronavirus hotline to answer any of your questions: (833) 343-5338. Hours are Monday – Thursday 8:30 AM – 7:00 PM, and Friday 8:30 AM – 5:00 PM.

Trustmark Insurance Company

Trustmark will comply with all applicable federal and state law, regulation and official guidance, including that issued in the wake of the COVID-19 pandemic. Where applicable, this includes:

- ✓ Coverage for COVID-19 testing and testing-related visits without any cost sharing requirements (deductible, copayment, coinsurance) or prior authorization or other medical management requirements consistent with the Families First Coronavirus Response Act, effective March 18, 2020.
- ✓ Suspension of prescription fill or refill limitations, waiving charges for home delivery, and other means of removing barriers to access to outpatient prescription drugs including but not limited to prior authorization and formulary requirements.
- ✓ Supporting the use of telehealth for all types of services, including cost-sharing waivers consistent with the Families First Coronavirus Response Act.
- ✓ Allowing access to medically necessary care out-of-network where in-network care cannot be provided due to access constraints, for an amount equal to in-network cost-sharing.
- ✓ Regular communication with members/participants via our websites or via other forms of communications where required by law.

PEEHIP

If you have an **URGENT** retirement or PEEHIP insurance issue that requires immediate attention, you may call 334.517.7000 or 877.517.0020. Although the RSA and PEEHIP staff are making every effort to assist you as soon as possible, please be aware that there may be significant delays in answering calls. Also please be aware that inquiries related to immediate medical situations will take priority, so if your call is related to a need for medication or access to medical care through your PEEHIP insurance, please hold on the line until someone answers your call.