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

05/18/2020 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.

CVS/Aetna

Will Aetna cover the cost of COVID-19 testing for members?
Aetna is waiving member cost-sharing for diagnostic testing related to COVID-19. This policy covers the cost of a physician-ordered test and the office, clinic or emergency room visit that results in the administration of or order for a COVID-19 test. The test can be done by any approved laboratory. This member cost-sharing waiver applies to all Commercial, Medicare and Medicaid lines of business. The policy also aligns with new Families First legislation and regulations requiring all health plans to provide coverage of COVID-19 testing without cost share. The requirement also applies to self-insured plans. Per guidance from the Centers for Medicare & Medicaid Services (CMS), the Department of Labor and the Department of the Treasury, all Commercial and Medicaid plans must cover serological (antibody) testing with no cost-sharing.

✔ Until June 4, 2020, Aetna will waive member cost sharing for any in-network covered telemedicine visit – regardless of diagnosis – for their Commercial plans. Aetna members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. For Aetna Commercial plans offering Teladoc or MinuteClinic Video Visit coverage, or a different virtual care option, cost sharing will be waived for those virtual visits. Cost sharing will also be waived for covered real-time virtual visits offered by in-network providers (live video conferencing and telephone-only telemedicine services) for all Commercial plan designs. Commercial members may use telemedicine services for any reason, not just COVID-19 diagnosis. Self-insured plan sponsors offer this waiver at their discretion.

✔ Until further notice, Aetna will offer zero co-pay telemedicine visits for any reason to all Individual and Group Medicare Advantage members. Aetna Medicare Advantage members should use telemedicine as their first line of defense to limit potential exposure in physician offices. Cost sharing will be waived for all Teladoc virtual visits. Cost sharing will also be waived for covered real-time virtual visits offered by in-network providers (live video conferencing or telephone-only telemedicine services). Medicare Advantage members may use telemedicine for any reason, not just COVID-19 diagnosis.
✓ 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.

✓ 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.

✓ 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

✓ 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.

✓ Waiving prior authorizations for diagnostic tests and covered services that are medically necessary and consistent with CDC guidance for members diagnosed with COVID-19.

✓ At-home testing kit the first at-home test kit for COVID-19 has been approved by the FDA and is covered at 100% with no member cost sharing. The at-home test is prioritized for healthcare providers and first responders with plans to expand availability within the next few weeks. Currently, payment is required before shipping the at-home test kit. It is the member’s responsibility to file a claim in order to be reimbursed for the at-home test.

✓ 100% coverage for in-network COVID-19 related diagnosis both in-network and out-of-network diagnostic tests for COVID-19 and the related in-person or telehealth visit,
emergency room visit, or urgent care visit are covered at 100% during the declared public national emergency. Members are not required to pay for these services.

- **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.
- **Expanded telehealth coverage** to allow physicians, physician assistants, nurse practitioners and behavioral health practitioners to provide medically necessary services via telephone consultation.
- **Further expanded telehealth coverage** to include Speech Therapy, Occupational Therapy, and some Physical Therapy.
- **Further expanded telehealth coverage** to include two emergency codes for in-network dentists – with waived co-pays for underwritten plans.
- **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.
- **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).**
- **Coverage for Blue Advantage (PPO) members** All diagnostic tests for COVID-19, treatments and the related and follow-up in-person or Telehealth visit, emergency room visit, or urgent care visit are covered at 100% with no member out-of-pocket cost. Any medication used to treat COVID-19 will be covered by your plan. Telehealth will be covered regardless of diagnosis. As a reminder, this plan covers mail-order prescription drugs shipped to your home through our mail-order delivery program. You can get a 90-day supply of routine medications for the cost of a 60-day supply. Contact your local pharmacy and ask about home-delivery services.
- **Coverage for C Plus members** All diagnostic tests for COVID-19, treatments and the related and follow-up in-person or Telehealth visit, emergency room visit, or urgent care visit are covered at 100% with no member out-of-pocket cost. Telehealth will be covered regardless of diagnosis.
- **Coverage for BlueRx (PDP) members** Any medication used to treat COVID-19 will be covered by your plan. As a reminder, this plan covers mail-order prescription drugs shipped to your home through our mail-order delivery program. You can get a 90-day supply of routine medications for the cost of a 60-day supply. Contact your local pharmacy and ask about home-delivery services.

**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.**
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- Zero co-pay telemedicine visits for any reason.

Cigna

- Waive prior authorizations for the transfer of non-COVID-19 customers from acute inpatient hospitals to in-network LTACHs long term acute care hospitals (LTACHs) and other subacute facilities.
- Prior authorization (i.e., precertification) is not required for evaluation, testing, or treatment of Cigna customers related to COVID-19.
- Customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities, making it easier for customers to be treated virtually for routine medical examinations by in-network physicians.
- Provide 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.
- Partner with Buoy Health, an artificial-intelligence powered navigation platform to provide a free, web-based interactive triage tool that assesses COVID-19 risk.
- Offer 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.
- To make it easier for customers to access an emergency dental consult during the COVID-19 pandemic, Cigna launched Dental Virtual Care. Dental virtual care will be available through Cigna's growing network of dental providers who offer teledentistry. The company is also partnering with The TeleDentists, a national virtual care dental provider with more than 300 dentists.
- Cigna customers can call 1-855-287-8400 to talk to our dedicated team to answer their COVID-19 claims or billing questions.
- Premium due dates with Cigna will be extended through May 15, 2020 (or later in some states depending on that state’s emergency regulations.

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.

- **Telehealth visits will be fully covered.** To support members in social isolation and to avoid COVID exposure for members and their physicians, Humana is encouraging members to use telehealth (either video or phone) as their first option for care, including routine visits for primary care or specialty care. We will waive our members’ out-of-pocket costs for telemedicine visits with participating in-network providers for the next 90 days, beginning March 6, 2020. This will apply to Humana’s Medicare Advantage, Medicaid and employer-plan members and is limited to in-network providers.
- 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.

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**United Healthcare**

- Waive cost-sharing for telehealth visits related to COVID-19 testing, in addition to waiving cost-sharing for 24/7 Virtual Visits with preferred telehealth partners.
- Early prescription refills.
- **Our free 24/7 emotional support line** is here for you to call any time at 866-342-6892. This Optum Help Line is staffed by professionally trained mental health experts. It is free of charge and open to anyone.
A free on-demand emotional support mobile app called Sanvello, is available to help you cope with stress, anxiety and depression during the COVID-19 pandemic.

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

**Testing.** 100% coverage of federally or state-approved lab testing on all Viva Health plans when medically appropriate. No deductible, copayment, or coinsurance will apply to the lab test or to an in-network office visit, urgent care center visit, or emergency department visit related to COVID-19 testing.

**Telehealth.** Viva Health is waiving member cost-sharing for telehealth services from in-network providers for many Commercial members through May 31. Effective April 13, UAB health plans are covering telehealth at 100% for COVID-related visits and with applicable plan cost-sharing for all other diagnoses. 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 little or no copayment.

**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.

**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**

- No out-of-pocket cost for lab tests for COVID-19.
- Covers all medically necessary hospitalizations.
- Cover vaccine for COVID-19, if one becomes available.
- Waive cost-sharing for COVID-19 lab tests.
- Coverage for telehealth- “virtual check-in”.

**Alabama Medicaid**

- No Co-pays for all services including, but not limited to doctor visits, optometric services, certified nurse practitioner visits, health care center visits, rural health clinic visits, inpatient hospital, outpatient hospital, prescription drugs, medical equipment, supplies and appliances, and ambulatory surgical centers. No referrals needed for Early, Periodic, Screening, Diagnosis and Treatment Program (“EPSDT”), Primary Care Provider, or Delivering Health Care Provider.
- Alabama Coordinated Health Network (“ACHN”) care coordination available to help by phone.
- Mental Health services available.
- No cancellation of coverage during emergency unless you move out of state or you request it.
- Encouraging use of telemedicine.
SEIB

- There is no copayment for COVID-19 testing or treatment, and our members are eligible for a one-time early refill with a valid prescription.
- New state employees enrolling in State Employees’ Health Insurance Plan (SEHIP) will have 90 days to qualify for the wellness discount. The deadline to submit paperwork for the Federal Poverty Level discount has been extended to September 30th.
- The IRS has recently approved some over the counter medications for purchase with flexible spending accounts – here is the list of eligible expenses. Dependent Care members are able to make changes to your account as a result of daycare closures, please contact the SEIB Enrollments division for guidance.
- BCBS of Alabama has information available for the members of the SEIB. Please visit the BCBS website to review this information.
- SEIB’s prescription benefit manager, OptumRx, is closely monitoring the current COVID-19 pandemic. To view your OptumRx profile, you may visit OptumRx, create a personal account and view your prescription information.
- Teladoc is an excellent and free resource for our members. Members can utilize it as a triage for non-emergency health concerns and the physicians are trained to ask specific questions regarding COVID-19. If necessary, Teladoc physicians will encourage the members to seek COVID-19 testing at a site closest to the member’s location. The current demand for Teladoc has increased significantly due to this pandemic, which means wait times to receive a call from a physician have also increased. As a reminder, Teladoc is available for members without a copay. To create an account with Teladoc, visit Teladoc.

Wellfleet- A Berkshire Hathaway Company

- 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**

- 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.
- Suspension of prescription fill or refill limitations, waiving charges for home delivery.
- 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.

**PEEHIP**

The Retirement Systems of Alabama and PEEHIP are dedicated to the health and well-being of our members. Please know that PEEHIP is carrying on business operations so that our members are taken care of during this Coronavirus (COVID-19) epidemic. We are working diligently with our business partners and carriers and closely monitoring guidance issued by the Governor’s office, the U.S. Centers for Disease Control and Prevention (CDC), and the Alabama Department of Public Health (ADPH). As concerns over the spread of the Coronavirus grow, PEEHIP is taking steps with our carriers (BCBS, MedImpact, VIVA Health, and Humana) to temporarily remove barriers to appropriate testing and care.

- COVID-19 Testing: The copay is waived and covered at 100% at CDC and FDA-approved lab locations, as well as the ADPH. No copay, deductible, or coinsurance will apply to the lab test and no prior authorization is required.
- Teladoc, MDLive, and Telehealth: The copay is waived and covered at 100% for Teladoc through BCBS and VIVA Health, and for MDLive through Humana. Additionally, our members can have free telehealth visits from any location with any in-network provider who offers them through their local office to address urgent care medical needs. Humana members may also receive free telehealth visits from out-of-network providers as well for urgent care needs. These temporarily expanded benefits are options to seek medical care virtually as opposed to in-person care to limit exposure and spread of the virus.
✓ Early Prescription Refills: So that members can prepare for extended medication supply needs, early prescription refills are allowed, such as an extra 30-day or 90-day supply as appropriate. If you have any questions about early refills, call MedImpact (group #14000 members) at 877.606.0727, VIVA at 800.294.7780, or Humana at 800.747.0008.

**American National Insurance Company**

✓ Deductible, co-pays and coinsurance will be waived on all screening and diagnostic testing related to COVID-19. This also applies to related office visit, urgent care center and emergency room charges incurred to obtain the test.
✓ If your plan has prescription coverage, early refill limits will be waived on 30-day prescription maintenance medications.
✓ Precertification requirements for COVID-19 related services and inpatient stays are being waived for the next 90 days.
✓ Members are encouraged to utilize telemedicine to limit their exposure to COVID-19. Telemedicine services are covered under your plan in the same manner as any other face-to-face visit.

**Delaware American Life Insurance Company**

✓ Waiving cost sharing in connection with testing for COVID-19, including laboratory tests and patient testing, regardless of the facility in which the testing is done.
✓ Telehealth offered to all covered employees (and dependents) of all customers without cost, through June 30, 2020. Services provided through the telemed network are covered at 100% for all conditions, including but not limited to COVID-19.
✓ Vaccine coverage, without cost sharing, once developed.
✓ Early refills for maintenance drugs, extend prior authorization periods for medications for 90 days, expedite requests for formulary exceptions, and enable where possible, prescriptions normally obtained through a retail pharmacy, to be fulfilled via mail.

**United States Fire Insurance Company**

✓ Physician-ordered COVID-19 testing and screening will be covered without any deductible / copay/ coinsurance required. All cost-sharing for office, urgent care center, laboratory and emergency room visits will be waived when testing for COVID-19.
✓ No preauthorization requirement will apply to COVID-19 testing.
✓ Claims will not be denied solely because the medical services sought to be covered are telehealth services. Telehealth services will be treated the same as any other service for eligible benefits in accordance with the terms and conditions of the plan.
American General Life Insurance Company/ The United States Life Insurance Company in the City of New York

- Waive the deductible and coinsurance related to COVID-19 testing during this COVID-19 State of Emergency. This includes diagnostic testing, office visits, telemedicine, urgent care visits and emergency room visits.
- Waive the deductible and coinsurance related to the treatment of COVID-19 and associated respiratory illnesses during this COVID-19 State of Emergency.
- AIG has implemented a temporary grace period extension of 90 days for policies with premium payments due, or for policies in the grace period, between March 11, 2020 and July 1, 2020. This means if you are unable to make a premium payment on time between March 11 and July 1, 2020, you will have an additional 90 days beyond the standard lapse date in order to become current on premium payments. This extended grace period is available to you as a Major Medical Policyholder.

Additional Resources:

Eli Lilly and Company

In response to the crisis caused by COVID-19, Lilly is introducing the Lilly Insulin Value Program, allowing anyone with commercial insurance and those without insurance to fill their monthly prescription of Lilly insulin for $35. The program is effective today and covers most Lilly insulins.