

## COVID-19 Health Plan Provisions for Fully Insured Accounts and Members

Updated 1.22.2021

We encourage you to review the items on this chart with your benefits consultant, as well as your legal counsel and tax adviser, if appropriate. Given the rapidly changing scenarios with COVID-19, the information below could change.

Benefit	Description
COVID-19 coverage in accordance with all federal & state mandates during the <u>public health emergency</u> , which is currently scheduled through April 21, 2021.	
<b>Coverage for Testing</b>	COVID-19 diagnostic test and antibody test covered with no member cost-sharing, when directed by the member's health provider.
<b>Telemedicine – Primary care (PCP)</b>	Member cost sharing is waived for telemedicine visits with plan members' existing PCPs for a <i>COVID-19 diagnosis only</i> .
<b>Telemedicine – Specialists</b>	Member cost sharing is waived for telemedicine visits with plan members' specialist for a <i>COVID-19 diagnosis only</i> .
<b>Telemedicine – Behavioral Health</b>	Member cost sharing is waived for telemedicine visits with plan members' Behavioral Health specialists for <i>COVID-19 behavioral health related services</i> .
Coverage for Telemedicine visits through MDLIVE®	
<b>Telemedicine – MDLIVE® visits</b>	Member cost sharing is waived for <i>all</i> MDLIVE telemedicine visits until the customer group's 2021 renewal. Consumer, small group, and large group standard plan designs will have \$0 cost sharing for MDLIVE visits at renewal for all diagnosis.  51+ groups with custom benefits that had MDLIVE coverage prior to COVID-19 will revert to their plan's cost share upon renewal for a non COVID-19 diagnosis. Member cost share will continue to be waived for a COVID-19 diagnosis.
Independence Blue Cross COVID-19 Initiatives - Currently in effect until March 31, 2021	
<b>Telemedicine – Primary care (PCP)</b>	Regular member cost sharing will apply for telemedicine visits with plan members' existing PCPs for a non COVID-19 diagnosis.
<b>Telemedicine – Specialists</b>	Covers telehealth appointments for: specialists, nutrition counseling, urgent care and video-only visits for physical, occupational, and speech therapy. Plan members' regular cost sharing applies.
<b>Telemedicine – Behavioral Health</b> <i>In place, business as usual</i>	Based on benefit design, covers in-network, out-of-area, and out-of-network telemedicine with behavioral health professionals at regular cost sharing.
<b>Waiving prior authorization for COVID-19 inpatient admissions</b>	Suspends prior authorization requirements for acute inpatient admissions from the emergency department at in-network facilities for plan members <i>with a COVID-19 diagnosis</i> . Facilities must notify plan.

<b>Waiving cost-sharing for in-network, inpatient acute care treatment for COVID-19</b>	Waiving member cost sharing for in-network, inpatient acute care treatment associated with a COVID-19 diagnosis.
<b>Waiving prior authorization requirements for COVID-19 transfers to post-acute care*</b>	Suspends prior authorization requirements for transfers from acute in network, inpatient facilities to in-network, post-acute facilities (long-term acute care, rehabilitation, and skilled nursing facilities) for plan members <i>with a COVID-19 diagnosis</i> . Includes in-network transportation prior authorization requirements from acute inpatient facilities to subacute facilities. Facilities must notify plan.
<b>Consumer-grade pulse oximeters</b>	Covered for members who have a COVID-19 diagnosis, recovering from COVID-19 after being hospitalized, or a patient with respiratory symptoms while waiting for COVID-19 test results, at no member cost share. Prescribed by a health professional.
<b>Furloughed employees provision</b>	Independence will honor employer requests to continue coverage for employees furloughed or temporarily laid off as a result of impacts of COVID-19, as long as premium payments continue to be made by the employer.

\*We are temporarily waiving prior authorization requirements for transfers from acute in network, inpatient facilities to post-acute or subacute facilities *for any diagnosis* from December 3, 2020 – February 28, 2021. Facilities must notify plan.

Please note: For high deductible health plans, in-network cost sharing will be waived until the dates indicated above unless prohibited by law.