

COVID-19 Related Plan Considerations for Self-Funded Groups

Updated 1.22.2021

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

Regarding Stop Loss: For self-funded clients that have Stop Loss coverage with Independence through HM Insurance Group (HMIG), Independence will notify HMIG of COVID-19 related benefit changes prior to or at the time a claim is filed. Please review the HMIG COVID-19 [FAQ Document](#) for additional information. Group customers that do not have Stop Loss coverage through HMIG should consult with their Stop Loss carrier to determine if any documents are required for any benefit changes related to COVID-19.

Benefit	Description
Options for self-funded groups*. You may have followed the guidelines we implemented for all members or chose to opt out. Currently in effect until March 31, 2021.	
Waiving cost-sharing for in-network, inpatient acute care treatment for COVID-19	Choose to waive member cost sharing for in-network, inpatient acute care treatment associated with COVID-19 diagnoses, <i>Self-funded groups could choose to apply members' regular cost sharing for these services.</i>
Consumer-grade pulse oximeters	Choose to offer 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.
Telemedicine – Primary care (PCP)	Regular member cost sharing will apply for telemedicine visits with plan members' existing PCPs for a non COVID-19 diagnosis.
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.	
Telemedicine – Primary care (PCP)	Member cost sharing is waived for telemedicine visits with plan members' existing PCPs for <i>a COVID-19 diagnosis only.</i>
Telemedicine – Specialists	Member cost sharing is waived for telemedicine visits with plan members' specialist for <i>a COVID-19 diagnosis only.</i>
Telemedicine – Behavioral Health	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 Testing	COVID-19 diagnostic test and antibody test covered with no member cost-sharing, when directed by the member's health provider.
Coverage for Telemedicine visits through MDLIVE®	
Telemedicine – MDLIVE® visits	Member cost sharing is waived for <i>all</i> MDLIVE telemedicine visits until the customer group's 2021 renewal. Once the customer group renews, the plan's member cost share will apply 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.	
Telemedicine – Specialists	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.

Telemedicine – Behavioral Health <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.
Waiving prior authorization for COVID-19 inpatient admissions	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.
Waiving prior authorization requirements for COVID-19 transfers to post-acute care*	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.
Furloughed employees provision	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 employers continue to remit invoiced amounts in full.

*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.