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Highmark extends coverage of COVID-19 treatment and telemedicine

Extension allows members to continue to receive needed care without cost-sharing through the end of the year

PITTSBURGH, Pa. (Sept. 2, 2020) – Highmark has announced that it is extending a waiver of cost-sharing – such as deductibles, coinsurance and copays – for members who require in-network, inpatient hospital care for COVID-19 through Dec. 31. In May, the health insurer announced that the waiver would continue through the end of September. Self-funded employer groups for which Highmark administers benefits may, however, opt-out of this waiver.

With today's announcement, Highmark is also extending a waiver of telehealth services through Dec. 31. The waiver for in-network telehealth visit cost-sharing will also be extended through Dec. 31. As with COVID-19 treatment, self-funded employer groups for which Highmark administers benefits may also opt-out of this waiver.

Highmark's Medicare Advantage members will have no cost-sharing for inpatient hospital care for COVID-19 and telehealth visits for both in- and out-of-network care through Dec. 31.

About Highmark Inc.

One of America's leading health insurance organizations and an independent licensee of the Blue Cross Blue Shield Association, Highmark Inc. (the Health Plan) and its affiliated health plans (collectively, the Health Plans) work passionately to deliver high-quality, accessible, understandable, and affordable experiences, outcomes, and solutions to customers. As the fourth-largest overall Blue Cross Blue Shield-affiliated organization, Highmark Inc. and its Blue-branded affiliates proudly cover the insurance needs of more than 5.2 million members in Pennsylvania, Delaware, and West Virginia. Its diversified businesses serve group customer and individual needs across the United States through dental insurance and other related businesses. For more information, visit www.highmark.com.