

# HENDERSON BROTHERS UPDATE

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## \$0 Member Cost Share COVID-19 Coverage Provisions Set to Expire Soon

Date: October 28, 2020

On October 2, 2020, the Department of Health and Human Services Secretary Alex Azar announced he was renewing the COVID-19 national public health emergency (PHE) period beginning October 23, 2020. This renewal period, which is expected to last 90 days up through January 20, 2021, dictates how long health insurers and self-insured health plans will be required to continue covering COVID-19 testing and testing related services at no cost to the member.

Many insurers and third-party administrators have already communicated prior to this extension when they expect to discontinue \$0 member cost share for COVID-19 related services not required by legislation, including treatment for the virus, telehealth, and virtual health services.

### Update your Plan Participants:

HBI suggests employers provide an update to their plan participants on how COVID-19 coverage will be handled for the next several months and when coverage provided with \$0 member cost share is expected to end. Consider mentioning to participants that they should contact customer service for additional information or if they have questions about coverage for specific COVID-19 services. We also suggest you include an important disclaimer that the information you are providing is subject to change given the fluidity of this COVID-19 crisis.

### Chart for \$0 Member Cost Share Coverage:

Group Health Plan Coverage Provision	Expiration Date / Expected End Date
Coverage for COVID-19 testing needed to detect or diagnose and the administration of that testing, will be provided by the plan without cost-sharing or medical management requirements.	This testing coverage is regulated by the FFCRA and CARES Act. Because of the PHE renewal, coverage for COVID-19 testing at no cost to the member must be continued until January 21, 2021 for all group health plans (insured and self-funded).
Coverage for COVID-19 treatment	\$0 Member cost share for COVID-19 treatment is not required by law although most insurers have been providing this benefit. Refer to the summary below for details on each insurer's/TPA's perspective.
Coverage for non-COVID telehealth & virtual office visits	\$0 Member cost share for these non-COVID services is not required by law. Refer to the summary below for details on each insurer's/TPA's perspective.

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## Summary on treatment, telehealth, and virtual office visit coverage:

**Aetna:** On September 17, 2020, Aetna provided a memo to plan sponsors with an [updated chart](#) illustrating its position on coverage for COVID-19 treatment and non-COVID related telehealth services. The chart illustrates the waivers its extending for insured business and the optional waivers for self-insured plan sponsors.

**Cigna:** Cigna is continuing to waive member cost-share for COVID-19 treatment-related visits at all sites of care, virtual or in person, and for both in- and out-of-network providers until December 31, 2020. We anticipate this same end date applies to self-insured clients as well.

**Highmark:** In a September 2, 2020 [memo to employers](#), 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 December 31, 2020. 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.

The memo also states “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.”

**UPMC:** We have been informed by UPMC Health Plan that it is waiving all member cost sharing for insured plans (such as deductibles, copays, and coinsurance) through December 31, 2020 for:

- UPMC AnywhereCare Virtual Urgent Care visits for all symptoms/diagnoses
- Telemedicine visits for all symptoms/diagnoses
- Inpatient treatment of COVID-19

Self-insured health plans that have opted into any of the above \$0 member cost share provisions should expect to see this coverage end December 31, 2020 as well. We suggest you confirm this with HBI or your UMPC representative.

**United Healthcare:** The [UHC website](#) reports that insured group health plans will provide \$0 cost-share (copay, coinsurance, and deductible) for network visits, including a telehealth visit, for COVID-19 treatment through Dec. 31, 2020. As of the date of this release, the website states that out-of-network cost-share waivers will end Oct. 22, 2020. After that date, coverage for out-of-network services will be determined by your benefit plan. Implementation for self-funded customers may vary.