Coronavirus (COVID-19) Insurance Policies

This list was compiled by AHIP and published on March 25.

- **Aetna** will waive co-pays for all diagnostic testing related to COVID-19, according to CVS Health. That includes all member costs associated with diagnostic testing for Commercial, Medicare, and Medicaid lines of business. Self-insured plan sponsors will be able to opt-out of the program at their discretion. Aetna is also offering zero co-pay telemedicine visits for any reason, and it is extending its Medicare Advantage virtual evaluation and monitoring visit benefit to all fully insured members. People diagnosed with COVID-19 will receive a care package. CVS Health is also offering several programs to help people address associated anxiety and stress.

- **AllWays Health Partners** is removing cost-sharing (copayments, deductibles, or coinsurance) for testing and copayments for treatment at in-network facilities; ensuring access to out-of-network providers for the initial COVID-19 test or treatment when no in-network providers are available; and removing all cost-sharing for telemedicine services, including virtual visits with primary care providers and specialists, and through Partners HealthCare On Demand, to enable members to seek COVID-19-related care without the need to go to medical offices.

- **AmeriHealth New Jersey** will waive cost-sharing for COVID-19 testing performed at a hospital or approved laboratory. This includes members in fully insured, employer-sponsored plans and the individual and family plans available through the Affordable Care Act. Self-funded plans will be able to opt-out of the program. The company is also waiving cost-sharing for telemedicine visits available through members’ plans for the next 90 days.

- **Anthem** will cover the cost of coronavirus testing with no out-of-pocket cost. Anthem also confirms that prior authorization is not required for diagnostic services related to COVID-19 testing. The company recommends using telehealth when possible to help prevent the spread of a virus. It is also encouraging its members to talk to their doctor about whether it is appropriate for them to change from a 30-day supply of their regular medications to a 90-day supply.

On March 17, Anthem also announced new resources for its members. First, it is working to accelerate the availability of a Coronavirus Assessment tool on the Sydney Care mobile app, which members can download at no cost. Second, Anthem’s affiliated plans will continue to waive copays, coinsurance and deductibles for diagnostic tests for COVID-19, and extending this to include waiver of copays, coinsurance, and deductibles for visits associated with in-network COVID-19 testing, whether the care is received in a doctor’s office, urgent care center or
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emergency department. Third, Anthem is relaxing early prescription refill limits for members who wish to receive a 30-day supply of most maintenance medications, where permissible. Fourth, for 90 days, Anthem plans will waive any cost sharing for telehealth visits, including visits for mental health care, for fully insured employer plans, individual plans, Medicare plans, and Medicaid plans, where permissible. This includes visits using Anthem’s telemedicine service, as well as care received from other telehealth providers delivering virtual care. The Anthem Foundation continues to support the Red Cross, Direct Relief, Americares, and Feeding America, and is working to redirect up to $2 million to local Boys and Girls Clubs to help distribute meals to children and families in need. The company is matching employee donations to the Anthem Foundation’s program.

Anthem is increasing physician availability through its telemedicine service, LiveHealth Online (LHO), including encouraging in-network doctors to join the platform, given the surge in demand. LHO is a safe and helpful way to use Anthem benefits to see a doctor and receive health guidance related to COVID-19, without leaving home or work.

- **Arkansas Blue Cross and Blue Shield and Health Advantage** are covering any illness related to the coronavirus that results in a need for standard covered medical treatment. There will be no prior authorizations for COVID-19 diagnostic tests and for covered services that meet primary coverage criteria and are consistent with CDC guidance. They will cover COVID-19 diagnostic testing and testing services at no cost to members. They are waiving early medication refill limits on 30-day prescription maintenance medications and encouraging members to use their 90-day mail-order benefit. Arkansas Blue Cross will also ensure formulary flexibility if there are shortages or access issues. Members are encouraged to use virtual health and nurse/provider hotlines.

- **AvMed** will cover diagnostic testing for COVID-19 at no cost-sharing if it is determined that test is needed. AvMed, in partnership with CVS Health, will also be waiving early refill limits on 30-day prescriptions for maintenance medications and providing home delivery of all prescription medications free of charge. It is also encouraging the use of telehealth services.

- **Blue Cross Blue Shield Association** announced that its network of 36 independent and locally operated Blue Cross and Blue Shield companies will waive prior authorizations for diagnostic tests and covered services for COVID-19, cover those tests at no cost share to members, waive prescription refill limits on maintenance medications, and expand access to telehealth and nurse/provider
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hotlines. This applies to fully insured, individual, and Medicare Advantage plan members, and plans are working with state Medicaid and CHIP agencies to ensure people have access to needed testing and services.

- **Blue Cross Blue Shield of Massachusetts** will cover the costs of diagnostic testing for COVID-19 for fully insured members. Self-funded groups will have the ability to opt-in. The company will also cover the cost of a COVID-19 vaccine when it is available, and will waive co-payments for COVID-19 treatment at doctor’s offices, emergency rooms and urgent care centers. It is removing administrative barriers such as prior authorizations and referrals, waiving copays for its telehealth platform, and allowing early access to refills of prescription medications.

- **Blue Cross Blue Shield of Michigan** will waive prior authorizations for diagnostic tests and covered services for COVID-19, cover those tests at no cost share to members, waive prescription refill limits on maintenance medications, and expand access to telehealth and nurse/provider hotlines. This applies to fully insured and Medicare Advantage plan members. Blue Cross Blue Shield of Michigan will also work to support self-insured customers who choose to take similar actions.

- **Blue Cross and Blue Shield of Kansas City** will waive cost-sharing for COVID-19 testing and eliminate prior authorizations for COVID-19 services. The company is waiving refill limits for 30-day maintenance medications, as well as fees for urgent/sick virtual care visits. It is offering same- or next-day therapy appointments to help ease anxiety about coronavirus.

- **Blue Cross and Blue Shield of Minnesota** will waive prior authorizations for diagnostic tests and covered services for COVID-19, cover those tests at no cost share to members, waive prescription refill limits on maintenance medications, and expand access to telehealth and nurse/provider hotlines. This applies to fully insured employer, individual and Medicare members. Self-insured employers will have the flexibility to apply the same no-cost structure.

- **Blue Cross and Blue Shield of Nebraska** will cover testing for COVID-19 with no cost-sharing and is waiving early refill limits on 30-day prescription medications. It will also cover the cost of all telehealth visits with no cost-sharing for all members.

- **Blue Cross and Blue Shield of New Mexico** will waive co-pays and deductibles for COVID-19 testing and will not require prior authorization. It is working with self-insured plans on their decisions.

- **Blue Cross and Blue Shield of Oklahoma** will waive co-pays and deductibles for COVID-19 testing and will not require prior authorization.
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- **Blue Cross and Blue Shield of Texas** will not apply co-pays or deductibles for testing to diagnose COVID-19, and will not require preauthorization.

- **Blue Cross Blue Shield of Arizona (BCBSAZ)** will waive prior authorizations for medically necessary covered services for members diagnosed with COVID-19. Members will pay no cost-share for medically necessary diagnostic tests related to COVID-19. It will waive the member cost share for telehealth sessions, and expand access to telehealth and nurse/provider hotlines. It will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member’s benefit plan) and/or encouraging members to use their 90-day mail order benefit. BCBSAZ will also work with members to find alternative covered medications if there are shortages or access issues. Patients will not be liable for additional cost share for a non-preferred medication if the preferred medication is not available due to shortage or access issues.

- **BlueCross BlueShield of Montana** will waive co-pays and deductibles for COVID-19 testing and will not require prior authorization. This applies to all members except those in self-insured plans; those plans are making their own coverage decisions.

- **BlueCross BlueShield of North Carolina** will cover members’ cost for COVID-19 testing and will not require prior approval for COVID-19 testing. The company is also expanding virtual access to doctors and will waive early medication refill limits. These changes apply to fully insured, Medicare Advantage and Federal Employee Program members. Self-funded employer groups will be given the option to apply these changes to their employees’ plans.

BlueCross BlueShield of North Carolina also announced that it will cover virtual doctor visits, including those done by phone, the same as face-to-face visits according to a member’s health plan. This is an expansion of the telehealth benefits Blue Cross NC has previously offered.

- **BlueCross BlueShield Of Tennessee** will cover virtual visits with in-network providers at the same benefit levels as in-person visits. This change includes primary care providers, specialists and behavioral health providers with this capability.

- **Blue Shield of California** will waive all cost-sharing and any prior approval for COVID-19 testing for fully insured commercial and Medi-Cal plans. This includes cost-sharing for hospital, urgent care, emergency room, and office visits where the visit is to screen or test for the virus. Blue Shield also will not require prior authorization for medically necessary emergency care. Blue Shield is working closely with self-funded plan sponsors to confirm coverage levels for their
employees. Blue Shield is closely monitoring impact to prescription drug supply and will take immediate steps to ensure members have access to medications. It is encouraging use of telehealth services.

Blue Shield of California also announced it will waive out-of-pocket costs for most members to use Teladoc Health’s virtual care service. Costs will be waived until May 31 in Individual & Family and employer-sponsored plans that offer Teladoc. Members enrolled in Blue Shield’s Trio, Tandem and Medicare Advantage plans, plus Blue Shield of California Promise Health Plan enrollees, already enjoy $0 out-of-pocket costs for Teladoc Health services.

- **Bright Health** will cover COVID-19 diagnostic test and associated office as a preventive care service, so it is available at no cost to members, regardless of network. The company is also authorizing early medication refills for members who might be impacted by the outbreak. Non-emergency transportation is being made available to all members, and ride limits are being waived for non-emergency visits to and from their doctor. All telehealth services (online and virtual care) obtained in connection with COVID-19 testing and diagnosis is now covered, at no cost to members.

- **Capital BlueCross** will waive cost-sharing for COVID-19 testing, as well as prior authorization for COVID-19 testing and services. It is also waiving early refill limits on 30-day maintenance medications, and encouraging members to use telehealth services.

- **CareFirst** is waiving cost sharing for in-network or out-of-network visits to a provider’s office, lab fees or treatments related to COVID-19. It is eliminating prior authorization requirements for medically necessary diagnostic tests and covered services related to COVID-19 diagnosis. It is also waiving early medication refill limits on 30-day maintenance medications, encouraging the use of its 24/7 nurse phone line, and encouraging the use of telemedicine and virtual sites of care. For telemedicine accessed through a CareFirst Video Visit, copays, coinsurance, and deductibles will be waived for the duration of this public health emergency—including behavioral health, lactation support, nutrition counseling and urgent care services. CareFirst has also rapidly expanded the scope of its contracted lab partners to support access to testing as it becomes available.

- **CareFirst BlueCross BlueShield** will waive prior authorizations for diagnostic tests and covered services for COVID-19, cover those tests at no cost share to members, waive early medication refill limits, and encourage alternative sites of care if a member’s primary care doctor is not available.
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- **CareSource** is partnering with The Foodbank, Inc., as part of its response to COVID-19. CareSource is committing up to $128,000 to allow The Foodbank to prepare 1,200 supplemental food boxes to distribute to seniors who live with an income below 200% of the poverty line. Each home will be provided with a 14-day supply of food, covering three meals per day for a total of 50,400 meals.

- **Centene** will cover COVID-19 testing and screening services for Medicaid, Medicare and Marketplace members and is waiving all associated member cost share amounts for COVID-19 testing and screening. The company will not require prior authorization, prior certification, prior notification or step therapy protocols for these services.

- **Cigna** is covering the cost of coronavirus testing, waiving all co-pays or cost-shares for fully insured plans, including employer-provided coverage, Medicare Advantage, Medicaid, and individual market plans available through the Affordable Care Act. Organizations that offer Administrative Services Only (ASO) plans will also have the option to include coronavirus testing as a preventive benefit. Recognizing that health outbreaks can increase feelings of stress, anxiety and sleeplessness and sometimes loss, Cigna is also staffing a second phone line for customers.

  Cigna also announced it will waive customers’ out-of-pocket costs for COVID-19 testing-related visits with in-network providers, whether at a doctor’s office, urgent care clinic, emergency room or via telehealth, through May 31, 2020. This includes customers in the United States who are covered under Cigna employer/union sponsored group insurance plans, globally mobile plans, Medicare Advantage, Medicaid and the Individual and Family plans. Employers and other entities that sponsor self-insured plans administered by Cigna will be given the opportunity to adopt a similar coverage policy. The company is making it easier for customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities, through May 31, 2020. Cigna's Express Scripts Pharmacy offers free home delivery of up to 90-day supplies of prescription maintenance medications. Cigna 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. Additionally, Cigna will offer a webinar to the general public raising awareness about tools and techniques for stress management and building resiliency, along with the ability to join telephonic mindfulness sessions.
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- **Dean Health Plan** is waiving in-network cost-sharing, including copayments, coinsurance and deductibles, for COVID-19 diagnostic testing. Dean Health Plan will cover the test and doctor visit at no cost to members when the basis for the visit is related to testing for COVID-19.

- **EmblemHealth** is partnering with Medly Pharmacy to provide direct, at-home delivery of prescriptions to members, as part of its COVID-19 response.

- **Fallon Health** is relaxing administrative procedures, such as prior authorizations and out-of-network requirements, for medically necessary care, waiving copayments for medically appropriate coronavirus treatment, and waiving early refill limits on non-scheduled control drug prescriptions for all Fallon members who fill their maintenance medications at any in-network pharmacy.

- **Florida Blue** will waive all copays and deductibles for the medical testing for COVID-19 for members who are part of its commercial insurance plans, including the Affordable Care Act (ACA) Individual and Medicare Advantage plans. The company is waiving early medication refill limits on 30-day prescriptions, is encouraging the use of virtual care, and is offering mental health support for experiencing stress from COVID-19.

  Florida Blue is adding a free-to-member virtual care partner, Teladoc, for seniors and others on its Medicare Advantage plans, and waiving the virtual care copay for many commercial and Affordable Care Act members to encourage use of Teladoc if it is offered as part of their plan. Additionally, during this pandemic, Florida Blue’s network of primary care doctors and specialists will be able to treat patients virtually at their normal office visit rates.

- **Geisinger Health Plan** will waive out-of-pocket costs for COVID-19 testing, and is not requiring prior authorization for diagnostic services related to these tests. We are relaxing refill quantity and frequency restrictions to offer 90-day maintenance medication prescriptions for Commercial and Medicare members and allowing members to refill their prescriptions early. Its large TPA groups may opt out of these programs at their discretion.

  Geisinger is also making **telehealth services** available for all members at no cost through June 15. Services are provided via Teladoc online or by phone, and may be used for any routine medical need.

  Geisinger has partnered with the Central Pennsylvania Food Bank, Harrisburg, and Weinberg Northeast Food Bank, Pittston, to distribute emergency food boxes to health plan members, patients and those in
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need in the community. These boxes are being delivered from Geisinger's Fresh Food Farmacy locations and include shelf stable supplies, recipes, educational information and other resources. Geisinger is targeting food insecure health plan members, however, any patient or community member in need is eligible. To ensure the safety of the community and prevent potential exposure to COVID-19, staff will be doing curbside or front porch deliveries.

• **Harvard Pilgrim Health Care** will cover the costs of diagnostic testing for COVID-19, waive cost sharing for all telemedicine visits and allow early refills for prescription medications. Self-insured groups will have the ability to opt-in at their discretion.

Harvard Pilgrim **has also donated** over $3 million to COVID-19 relief efforts by supporting community organizations in Connecticut, Maine, Massachusetts, and New Hampshire. The money will help select restaurants throughout the region to provide and deliver take-out meals to families in need and help to put people back to work. Additionally, these resources will assist communities in facilitating access to COVID-19 testing.

• **Health Alliance Plan (HAP)** will waive cost-sharing for COVID-19 testing. This applies to Medicare Advantage, Medicaid, fully insured, and individual plan members. Self-insured plans have the opportunity to opt-in.

• **Health Care Service Corp. (HCSC)** will waive co-pays and deductibles for COVID-19 testing and will not require prior authorization for those tests. This applies to all members they insure; the company is working with self-insured plans on their decisions.

• **Healthfirst, Inc.** is waiving co-pays for all diagnostic testing and evaluations related to coronavirus. This means that if a primary care physician or in-network provider orders a coronavirus test, the person’s Healthfirst health plan will cover the cost for the test and the in-network provider visit related to the coronavirus evaluation. Members will not be subject to any cost sharing for the test or the in-network provider visit.

• **Health Net** will waive co-pays for screenings and tests for COVID-19.

• **HealthPartners** is providing coverage with no cost share for the administration of the COVID-19 laboratory test (regardless of where the test is performed). It is also
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providing coverage with no cost share related to an in-network office visit or urgent care visit associated with the test.

- **Highmark** will cover coronavirus testing, when recommended by a medical professional, for members of its fully insured group customers, as well as members of its Medicare Advantage and ACA plans. Self-insured health plan sponsors will be able to opt-out of the program.

- **Horizon Blue Cross Blue Shield of New Jersey** will waive prior authorizations for diagnosis of COVID-19, cover the full cost of diagnostic testing for COVID-19, waive early medication refill limits for 30-day prescription medications, and provide access to telehealth services at no cost.

- **Humana** will waive out-of-pocket costs associated with COVID-19 testing. This applies to Medicare Advantage, Medicaid, and commercial employer-sponsored plans. Self-insured plan sponsors will be able to opt-out. The company is also waiving telemedicine costs for all urgent care for the next 90 days, and is allowing early refills on regular prescription medications.

- **Independence Blue Cross** will cover and waive cost-sharing (such as co-pays and coinsurance) for the COVID-19 test when performed at a hospital or an approved laboratory. This includes members enrolled in fully insured plans, employer-sponsored plans, Medicare Advantage and the individual and family plans available through the Affordable Care Act. Self-funded plans will be able to opt-out of this program. Independence has lifted prescription refill restrictions, such as the “refill too soon” limit, for members in states that have declared a state of emergency because of the virus, and is encouraging the use of telemedicine. Independence Blue Cross is also supporting the new PHL COVID-19 Fund, which will provide grants to Greater Philadelphia nonprofit organizations that serve vulnerable populations.

- **Indiana University Health** provides free screening for COVID-19 via its virtual visits app where Indiana residents of any age are able to review symptoms with a health care provider. The team will recommend and facilitate appropriate pathways for care and will provide direct access and communication with local hospitals as medically appropriate.

- **Inter Valley Health Plan** is treating COVID-19 diagnostic tests as covered benefits, and is waiving all cost sharing for members for screening and testing of COVID-19. It has also provided more flexibility for Part D refill restrictions to allow members to receive their needed medications.

- **Kaiser Permanente** is contributing $1 million to 10 leading public health organizations and collaborating with CDC Foundation to strengthen the United States’ public health infrastructure and response systems to stop the spread of
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COVID-19. Kaiser Permanente has more information about how its medical centers continue to prepare to contain and treat the disease. Kaiser Permanente is not requiring members to pay any costs related to COVID-19 screening or testing when referred by a Kaiser Permanente doctor.

- **A. Care** is waiving all costs associated with screening, testing and medically necessary treatment for COVID-19.

- **Magellan Health** is providing free access to one of its digital cognitive behavioral therapy, RESTORE®, for members who are experiencing sleep difficulty and insomnia related to the COVID-19 pandemic.

- **Medica Health Plan** will waive co-pays, co-insurance and deductibles related to COVID-19 testing for all fully insured group, individual and Medicare members. Self-insured employers will have an opportunity to also waive fees related to the testing of COVID-19. To help limit the spread of COVID-19, Medica provides coverage for virtual care or telehealth services.

- **Medical Mutual of Ohio** is waiving cost sharing associated with COVID-19 testing for members when ordered by a medical professional.

- **Moda Health** is waiving all cost-sharing for testing services related to COVID-19 for Medicare Advantage members.

- **Molina Healthcare** will waive all member costs associated with testing for COVID-19. Any related visit to a primary care doctor, urgent care or emergency care does not require prior authorization.

- **Oscar** is waiving cost-sharing for diagnostic testing for COVID-19, including the cost of the test and administration of the test, at both in-network and out-of-network facilities when recommended by a health care provider. Oscar is offering telemedicine services at no cost to most members, and is waiving cost-sharing for all in-network telemedicine for visits that would have otherwise been covered under the insurance policy if conducted in the provider’s office.

Oscar has also launched the first testing center locator for COVID-19 in the United States. It is free and accessible to the general public, and being updated daily to reflect both in-network and out-of-network facilities in the 29 markets that Oscar operates in. The tool builds on the insurer’s at-home risk assessment survey.

- **Optima Health** will waive out-of-pocket costs for diagnostic testing for COVID-19 for commercial, Medicaid and Medicare Advantage members. It is also offering
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Free telehealth visits to members for the next 90 days. Self-insured plans may opt out of this offering.

- **Passport Health Plan** will not charge any copays for COVID-19 screening and testing. This includes: Any related hospital emergency visit, urgent care visit, provider office visit, lab testing, telehealth, and immunizations (shots). Passport also will not require any prior authorizations.

- **Physicians Health Plan of Northern Indiana** is covering the cost of the COVID-19 screening test for members at no out-of-pocket expense. PHP will waive copays, co-insurance, deductibles, and prior authorization, when the test is medically necessary, for members of its fully insured health plans.

- **PreferredOne** will cover medically necessary COVID-19 laboratory testing without cost sharing for fully insured employer group and individual plan members. The tests will be available without prior authorization. PreferredOne is working with self-insured clients on their approaches.

- **Providence Health Plan** is waiving all cost sharing for testing services related to COVID-19, such as copays, coinsurance, and deductibles.

- **Piedmont Community Health Plan** will waive out-of-pocket costs for COVID-19 testing, and is not requiring prior authorization for diagnostic services related to these tests. It is also waiving out-of-pocket costs for telehealth services, and is permitting online mental health counseling for all members at in-network providers. For members, CVS Caremark is waiving early refill limits on 30-day prescription medications, and CVS Pharmacy is waiving charges for home delivery where it’s available. This applies to its commercial fully insured and exchange plan members.

- **Regence BlueShield of Idaho** will cover the cost of coronavirus testing without any out-of-pocket costs for fully insured members. Regence is working with federal officials to ensure coordination of benefits for Medicare members and those with health savings accounts (HSA). Regence is also easing access through virtual care, as well as access to regularly prescribed medications.

- **Regence BlueCross BlueShield of Oregon** is covering COVID-19 testing at no cost, easing access to virtual care, easing access to regular prescription drugs, and proactively reaching out to high-risk members.

- **Regence BlueCross BlueShield of Utah** will cover the cost of coronavirus testing without any out-of-pocket costs for fully insured members. Regence is working with federal officials to ensure coordination of benefits for Medicare members and those with health savings accounts (HSA). Regence is also easing access through virtual care, as well as access to regularly prescribed medications.
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- **Regence BlueShield of Washington** is covering COVID-19 testing at no cost, easing access to virtual care, easing access to regular prescription drugs, and proactively reaching out to high-risk members.

- **Sentara Healthcare** has started providing drive-thru screening and testing at three locations for those who are concerned they may have coronavirus (COVID-19).

- **Sharp Health Plan** will waive the cost-share for all medically necessary screening and testing for COVID-19. This includes hospital (including emergency department), urgent care, provider office visits, and telehealth appointments for the purpose of screening and/or testing for coronavirus.

- **The Blue Cross and Blue Shield Federal Employee Program** will waive any copays or deductibles for medically necessary diagnostic tests or treatment if a member is diagnosed with COVID-19. It will waive prior authorization requirements for tests and treatment. It will eliminate cost sharing for prescriptions for up to a 14-day supply, and waive copays for telehealth services related to COVID-19.

- **UCare** will waive all copays, coinsurance or deductibles for doctor-ordered COVID-19 testing in all of its plans. UCare is also covering copays, coinsurance or deductibles for medically necessary clinic and urgent care services received at the visit when a COVID-19 test is administered at an in-network clinic, and at out-of-network clinics if in-network alternatives are not available.

- **UnitedHealthcare** is waiving costs for COVID-19 testing provided at approved locations in accordance with the CDC guidelines, as well as waiving copays, coinsurance and deductibles for visits associated with COVID-19 testing, whether the care is received in a physician’s office, an urgent care center or an emergency department. This coverage applies to Medicare Advantage and Medicaid members as well as commercial members. United is also expanding provider telehealth access and waiving member cost sharing for COVID-19 testing-related visits.

- **UPMC and UPMC Health Plan** will waive any applicable deductibles, copayments, or other cost-sharing for COVID-19 testing when ordered by a member’s treating medical provider. This no-cost coverage of COVID-19 testing as a preventive service will apply for members in all of UPMC’s commercial UPMC Advantage group and individual products, UPMC for Life Medicare Advantage plans, and UPMC for You Medical Assistance plans. Self-insured or administrative services only (ASO) employer groups will be permitted to opt-out of preventive coverage at their discretion.
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- **Valley Health Plan** will waive out-of-pocket costs for screening and testing for COVID-19. It is also waiving other hospital, urgent care, and primary care physician fees for members showing symptoms of COVID-19. The company is waiving prescription refill limits and encouraging the use of telehealth.

- **Viva Health** will cover FDA-approved lab testing from a participating/in-network reference lab (Labcorp or Quest), as well as the Alabama Department of Public Health. No deductible, copayment, or coinsurance will apply to the lab test, and prior authorization is not required. Members can have telehealth visits from any location with any in-network physician, nurse practitioner, or physician assistant who offers this service. Members will not have a copayment for telehealth visits with their local provider for the next 30 days.

- **Wellmark Blue Cross and Blue Shield** is offering virtual health care visits for all appropriate medical and behavioral health visits at no cost to members until June 16. Those who do not currently have a provider can use an in-network provider through Doctor on Demand. Telephonic visits are also permitted when audiovisual capabilities are not accessible. Wellmark is covering diagnostic testing for COVID-19 at no cost-share to members. Early refills of prescription medications are permitted. Wellmark’s BeWell 24/7 service is available to members to help them connect on various health concerns.

- **Western Health Advantage** will waive all cost-sharing for medically necessary screening and testing for COVID-19, including hospital/emergency room, urgent care, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.