

SAFEGARD GROUP, INC – EMPLOYEE BENEFITS ADVISORY

Healthcare Benefit FAQs provided by AHIP

<https://www.ahip.org/covid-19-coverage-frequently-asked-questions/>

The health and well-being of people comes first, as our country prepares for the possibility of widespread infection from COVID-19 and takes action to mitigate the impact. Health insurance providers are taking decisive action to help prevent the spread of COVID-19, to ensure that people have coverage for and access to needed testing, and to help patients who are infected receive the care and treatment they need. The AHIP Board of Directors [has committed](#) to helping America's powerful health care system meet the challenges posed by COVID-19.

Below are frequently asked questions of health insurance providers on COVID-19. [Visit this site](#) for announcements from individual health insurance providers.

1. Will health insurance providers cover the cost of COVID-19 testing – including services related to the test itself?

Health insurance providers routinely cover diagnostic lab tests consistent with an individual's health insurance coverage. Initially, COVID-19 testing was available only from CDC and public health departments, with the government covering the cost.

As testing becomes available from CLIA-certified labs and commercial labs, health insurance providers will cover the tests for their enrollees consistent with the terms of their plans and any [emergency plans](#) they have in place.

Several labs are gearing up to make diagnostic testing much more widely available in the coming days and weeks including, for example, LabCorp, Quest Diagnostics, and Co-Diagnostics. Health insurance providers are working with their state and local health departments to learn what facilities have been approved for testing.

Health insurance providers may choose to waive cost sharing associated with commercial lab tests, and some states have required state-regulated health insurance plans to waive certain costs. People with questions about their coverage should contact their health insurance provider.

2. Will health insurance providers cover testing of enrollees who have been exposed to the condition, those with early symptoms, asymptomatic enrollees, and/or asymptomatic unexposed enrollees?

CDC supports testing a wide group of symptomatic and asymptomatic patients, when referred to testing by a doctor. Clinicians are advised to use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested, based on the local impact of and exposure to COVID-19, as well as the clinical course of illness.

3. Will health insurance providers cover treatment of COVID-19?

Health insurance providers continue to cover medically necessary health care costs to treat infectious diseases, including COVID-19, based on the terms of an individual's insurance plan. At this time, there is no specific antiviral treatment or vaccine for COVID-19. People should receive care from their doctor to help relieve symptoms as they would other viral respiratory infections.

4. Will health insurance providers cover the cost of the COVID-19 vaccine when it is made available?

Vaccines are an essential and highly effective way to prevent infectious disease in large populations. Unfortunately, a vaccine for COVID-19 is not yet available.

Health insurance providers cover vaccines recommended by CDC's Advisory Committee on Immunization Practices (ACIP). At this time, ACIP has not provided guidance on a future vaccine for COVID-19. If and when ACIP recommends a vaccine, it will be covered similar to other vaccines.

5. Will health insurance providers cover medical supplies such as masks, gloves, or disinfectant that people may want?

Most of these supplies are not currently covered by insurance plans or reimbursed by insurance providers. Some of these supplies may be included in the services provided by home care providers under an individual's insurance coverage for certain medical conditions currently under treatment, such as wound care.

6. Will health insurance providers cover transport for enrollees with COVID-19 to designated quarantine or treatment centers?

In general, health insurance providers cover emergency transport as medically necessary within the terms of the health plan contract.

7. Will health insurance providers cover hospital quarantine stays for enrollees returning from affected countries, including any out-of-network costs?

Health insurance providers will likely incur these costs, but based on experiences with past epidemics, they may not be able to negotiate payment based on in-network rates.

8. Will health insurance providers cover hospital quarantine stays for enrollees diagnosed with COVID-19 resulting from community spread of the virus?

Yes. Hospital quarantine stays for enrollees diagnosed with COVID-19 will be covered in accordance with the terms of the individual's health insurance coverage.

9. Will health insurance providers cover telehealth services?

This will depend on each individual's coverage and if telemedicine is part of their benefits. Health insurance providers are proactively communicating with the people they serve about the telehealth services available to them.

10. Many Americans are worried about drug shortages for their regularly prescribed medications. Will health insurance providers waive prescription quantity/supply limits or allow for early refills?

At this time, health insurance providers have not seen an increase in such requests. However, insurance providers have [emergency plans](#) for global pandemics that allow for changes in their practices. Any modifications are carefully implemented to consider the risks of medications being misused, misplaced, or expiring. Health insurance providers are carefully monitoring COVID-19 developments and may make adjustments to policies as appropriate.

11. Will health insurance providers waive prior authorization requirements for COVID-19 testing or treatment?

At this time, treatment of COVID-19 is being addressed in the same manner as other viral respiratory infections, in accordance with the terms of an individual's insurance plan. However, health insurance providers have [emergency plans](#) for global pandemics that allow for the modification of their practices. Any modifications are carefully implemented to balance access to care with ensuring patient safety and evidence-based medicine. Health insurance providers are carefully monitoring COVID-19 developments and will make necessary modifications accordingly.

12. Will health insurance providers waive deductible and/or cost-sharing requirements for COVID-19 testing or treatment?

At this time, COVID-19 is being treated like other viral respiratory infections and any cost-sharing and/or deductible obligations would be in accordance with the terms of an individual's insurance plan. Health insurance providers have [emergency plans](#) in place for global pandemics that allow for the modification of their practices. Health insurance providers are carefully monitoring COVID-19 developments, and may modify their coverage determinations accordingly. Insurance providers will also apply deductible and/or cost-sharing requirements in accordance with federal and state guidance.

13. Will health insurance providers waive referral requirements for enrollees seeking testing or treatment for COVID-19?

Referrals should not be required for patients seeking treatment for COVID-19. Typically, referral requirements depend on which labs are designated to do diagnostic testing and if the insurance provider has a contract with that lab. As diagnostic tests for COVID-19 become more widely available, patients should have access to tests when ordered by their doctor.

14. Will Americans quarantined because of the risk of spreading COVID-19 be eligible for private short-term disability income protection benefits?

If a person has short-term disability coverage and is unable to work because of a confirmed COVID-19 infection or another illness while quarantined, disability income protection insurance providers will consider a claim and the claimant may qualify for benefits.

An individual under quarantine who is not disabled by COVID-19 symptoms or symptoms of another illness will not meet the definition of “disabled” under disability income protection policies. In such cases, insurance providers may be able to work with employers and employees to support working remotely.

Private disability income protection policies are designed to be integrated with the sick leave and paid time off benefits that employers provide to employees. In many cases, employees would continue to receive salary during a two-week quarantine period.

In the event of a serious pandemic during which employers are compelled to close workplaces, many employers may choose to continue to pay salaries during the closure.

15. What else are health insurance providers doing to address COVID-19?

Health insurance providers are working directly with the CDC and health experts across the nation to share information, mitigate health risks to Americans, and keep Americans informed. For example, insurance providers are:

- Educating enrollees on steps they can take to prepare and stay healthy.
- Directing enrollees to the CDC for information.
- Tracking symptoms and patterns that may become apparent through the data from through electronic medical records, phone calls to nurse call centers, and clinic visits.
- Informing clinicians to ensure that they know what the symptoms of COVID-19 look like and how to address a potential coronavirus situation.
- Collaborating with federal agencies and local public health officials to help contain any outbreak.
- Supporting infection control efforts, including those already in place for hospitals, health care facilities and other sites of care.
- Continuously monitoring COVID-19 developments and assessing whether [emergency plans](#) and modifications to plan practices need to be implemented.
- Donating to non-profit organizations to assist with relief efforts on the front lines of the global crisis.