

## Aetna

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.

**Aetna**, a CVS Health company, will waive member cost-sharing for inpatient admissions at all in-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial plan sponsors and is effective immediately for any such admission through June 1, 2020.

**Aetna** is also waiving member cost-sharing for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna Individual and Group Medicare Advantage members and is effective March 25, 2020 for any such admission through June 1, 2020.

Aetna is also offering its Resources For Living®, its employee assistance program, to individuals and organizations who have been impacted by COVID-19, whether or not they have RFL included as part of their benefits.

Aetna is working closely with partner hospitals to help transfer and discharge members with issues unrelated to COVID-19 from hospitals to safe and clinically appropriate care settings where they can continue to have their needs addressed. This will help hospitals and emergency rooms make room for more patients, especially those suffering from COVID-19.

**Aetna**, a CVS Health company, is streamlining its provider credentialing process so there can be more health care professionals caring for patients.

Aetna is also paying the amount of the cost-sharing the member would have ordinarily paid related to COVID-19 testing or inpatient treatment so there is no financial impact on the provider.

Additionally, Aetna is reimbursing all providers for telemedicine at the same rate as in-person visits for applicable telehealth codes, including for mental health care services.

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## Anthem

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 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.

Anthem is contributing \$1 million to the [Rapid Response Loan Fund](#), which was established by the Indy Chamber. The loan fund is intended to help the roughly 43,000 small businesses in central Indiana.

Anthem has also launched the [Anthem Medical Associate Volunteer Program](#), which is designed to allow associates with professional medical training volunteer and assist in their local community's response to COVID-19.

In addition, Anthem suspended prior authorization requirements for patient transfers as well as for the use of medical equipment critical to COVID-19 treatment.

Anthem is [waiving cost sharing payments for COVID-19 treatment](#). The expansion covers the waiver of cost share for COVID-19 treatment received through May 31, 2020.

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## Cigna

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 helpline **(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.

Cigna will waive prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network long term acute care hospitals to help manage the demands of increasingly high volumes of COVID-19 patients.

Cigna is waiving customer cost-sharing and co-payments for COVID-19 treatment through May 31. The policy applies to customers in the U.S. who are covered under Cigna's employer/union sponsored insured group health plans, insured plans for U.S. based globally mobile individuals, Medicare Advantage, and Individual and Family Plans. Cigna will also administer the waiver to self-insured group health plans.

Cigna and Express Scripts are working with Buoy Health to provide an early intervention screening tool to help customers and members understand their personal risks for COVID-19. The digital tool immediately triages symptoms and recommends next steps for care, while also relieving demand on an over-burdened health care system.

Cigna is launching a pilot program to increase social connectivity among its Medicare Advantage (MA) customers during the COVID-19 pandemic.

Through the pilot, Cigna is reaching out proactively to many of its Medicare customers to monitor their general health and well-being as well as daily needs during COVID-19, including food, housing and transportation. Customers will be able to opt-in to receive follow-up calls from the same Cigna representative to help cultivate meaningful connections. Cigna will also leverage its comprehensive data and analytics to identify MA customers who may be at higher risk for health issues and complications for additional proactive outreach to help answer questions about COVID-19, conduct regular health checks and triage care to a medical professional, if necessary. The pilot program will initially reach 24,000 customers with plans for rapid expansion.

## Humana

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.

Humana is waiving member cost share for all telehealth services delivered by participating/in-network providers, including telehealth services delivered through MDLive to Medicare Advantage members and to commercial members in Puerto Rico, as well as all telehealth services delivered through Doctor on Demand to commercial members.

Humana is waiving consumer costs for treatment related to COVID-19-covered services. Costs related to treatment for COVID-19, including inpatient hospital admissions, will be waived for enrollees of Medicare Advantage plans, fully insured commercial members, Medicare Supplement, and Medicaid.

The waiver applies to all medical costs related to COVID-19 treatment, as well as any FDA-approved medications or vaccines.

There is no current end date for the waiver.

Humana is providing financial and administrative relief for the health care provider community facing unprecedented strain during the coronavirus pandemic.

Humana is also expanding its policy of suspending prior authorization and referral requirements, instead requesting notification within 24 hours of inpatient (acute and post-acute) and outpatient care.

## Understand coverage and care for COVID-19

At Rocky Mountain Health Plans (RMHP), we're here to help you understand what's covered and how to get care related to COVID-19. And if you have other health care needs, we're here to help you understand your options for care too. We want to help answer your questions and connect you to the resources that may help support you during this time.

### What's covered?

RMHP is waiving member cost-sharing (copays, coinsurance, and deductibles) for the **treatment** of COVID-19 until May 31, 2020 for Members. This builds on the company's previously announced efforts to waive cost-sharing for COVID-19 testing and the testing-related visits, including in-network office visits, in-network urgent care visits, and/or emergency room visits during this national emergency. If an in-network provider is unable to conduct testing for COVID-19, RMHP will cover testing performed by an out-of-network provider.

Starting March 31, 2020 until June 18, 2020, RMHP will now also waive cost-sharing for **in-network, non-COVID-19 telehealth visits** for Members. Again, we will work with self-funded customers who want us to implement a similar approach. The company previously announced we would waive cost-sharing for telehealth visits related to COVID-19 testing, in addition to waiving cost-sharing for 24/7 Virtual Visits with preferred telehealth partners.

### Coverage for COVID-19 testing

If your provider agrees that you need COVID-19 testing, RMHP has waived cost-sharing at any CDC approved testing site during this national emergency. Only a health care provider can order testing for COVID-19. If you think you need a test, talk to a provider right away.

To find a network provider, visit our [online provider directory](#). If you need help finding a provider, RMHP is here to help. [Contact us](#).

This coverage applies to all Members.

### Coverage for a provider visit related to COVID-19 testing

If you need a COVID-19 testing-related visit with a health care provider, RMHP has waived cost-sharing for this visit during the national emergency. This includes a visit to a health care provider's office, an urgent care center, an emergency department or a telehealth visit.

This coverage applies to all Members.

If you have questions about your benefits, [contact us](#) or sign in to your member portal, [MyRMHP](#).

### How to get a COVID-19 test

If you think you might have been exposed to COVID-19 or have symptoms such as fever, cough or difficulty breathing, call your health care provider right away. In many cases, you can talk to a doctor using telehealth. [Learn about telehealth coverage and options](#).

If your health care provider decides you should be tested for COVID-19, they will order a test for you. Next your provider should work with local and state health departments to coordinate where you will get your test.

## UnitedHealthcare

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.

UnitedHealthcare is also opening a special enrollment period for some of its existing commercial customers beginning March 23 through April 6 due to the COVID-19 pandemic. UnitedHealthcare is also suspending prior authorization requirements to a post-acute care setting through May 31, and suspending them when a member transfers to a new provider through May 31.

UnitedHealthcare is waiving member cost sharing for the treatment of COVID-19 through May 31, 2020 for its fully insured commercial, Medicare Advantage, and Medicaid plans.

Starting March 31, 2020 until June 18, 2020, UnitedHealth will also waive cost sharing for in-network, non-COVID-19 telehealth visits for its Medicare Advantage, Medicaid, and fully insured individual and group market health plans.

UnitedHealth Group, through UnitedHealthcare and Optum, is taking steps immediately to accelerate nearly \$2 billion in payments and other financial support to health care providers in the U.S. to help address the short-term financial pressure caused by the COVID-19 emergency.

UnitedHealth Group's move to accelerate claim payments to medical and behavioral care providers applies to UnitedHealthcare's fully insured commercial, Medicare Advantage and Medicaid businesses. Other financial support currently includes the provision for up to \$125 million in small business loans to clinical operators with whom OptumHealth is partnered.

UnitedHealth Group has been asked to assist the U.S. Department of Health and Human Services in distributing, as directed by the Department, an initial \$30 billion in emergency funding to health care providers seeking assistance under the CARES Act.

### Medicare covers related needs

- ◆ Medicare covers the [lab tests for COVID-19](#). You pay no out-of-pocket costs.
- ◆ Medicare covers all [medically necessary hospitalizations](#). This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine.
- ◆ At this time, there's no vaccine for COVID-19. However, it will be covered if one becomes available.
- ◆ If you have a [Medicare Advantage Plan](#), you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits beyond the ones described below. Check with your plan about your coverage and costs.
- ◆ Scammers may use the coronavirus national emergency to take advantage of people while they're distracted. As always, guard your Medicare card like a credit card, check Medicare claims summary forms for errors, and if someone calls asking for your Medicare Number, hang up!

### Telehealth & related services

Medicare has temporarily expanded its coverage of [telehealth services](#) to respond to the current Public Health Emergency. These services expand the current telehealth covered services, to help you have access from more places (including your home), with a wider range of communication tools (including smartphones), to interact with a range of providers (such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social worker). During this time, you will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings without a copayment if you have Original Medicare. This will help ensure you are able to visit with your doctor from your home, without having to go to a doctor's office or hospital, which puts you and others at risk of exposure to COVID-19.

- ◆ You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Medicare pays for "virtual check-ins"—brief, virtual services with your physician or certain practitioners where the communication isn't related to a medical visit within the previous 7 days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available).
- ◆ You need to consent verbally to using virtual check-ins and your doctor must document that consent in your medical record before you use this service. You pay your usual Medicare coinsurance and deductible for these services.
- ◆ Medicare also pays for you to communicate with your doctors using [online patient portals](#) without going to the doctor's office. Like the virtual check-ins, you must initiate these individual communications.
- ◆ If you live in a rural area, you may use communication technology to have full visits with your doctors. The law requires that these visits take place at specified sites of service, known as [telehealth originating sites](#), and get services using a real-time audio and video communication system at the site to communicate with a remotely located doctor or certain other types of practitioners. Medicare pays for many medical visits through this telehealth benefit.