

Notice of COVID-19 Benefit Plan Changes

Due to COVID-19, we have made benefit changes to your policy starting March 12, 2020. These temporary changes will remain in effect until the end of the COVID-19 public health emergency period. The changes meet the needs of our policyholders, comply with federal and state requirements and adhere to guidance from the Centers for Disease Control and Prevention (CDC), Department of Labor (DOL), Department of Health and Human Services (DHHS) and Department of Treasury.

COVID-19 Polymerase Chain Reaction (PCR) Testing (including home test kits) and Serology Testing

PCR diagnostic testing for COVID-19 is covered at no cost to members when ordered by an attending health care provider. The test must be provided at the point of care for individuals who are symptomatic and are concerned about infection. The test must also be ordered for the purpose of identifying and treating active disease.

Serology (antibody) testing and home test kits will be covered at no cost if:

- A) A health care provider deems them medically necessary in accordance with accepted standards of current medical practice for a patient with COVID-19 symptoms or asymptomatic individuals with known or suspected recent exposure.
- B) Serology (antibody) testing is not used as a sole means of diagnosis of COVID-19 infection.

According to the CDC, antibody test results should NOT be used to assume immunity and therefore should not be used to make decisions about the use of personal protective equipment, returning to the workplace and forming groups of individuals. Per additional guidance jointly released by the Department of Labor (DOL), Department of Health and Human Services (DHHS) and Department of the Treasury, public health and employment return to work testing are not medically necessary and will not be covered.

We have waived prior authorization for diagnostic tests and related services for members diagnosed with COVID-19. These tests and services must follow CDC guidelines.

We have waived all out-of-pocket costs for in-network COVID-19 medical treatment for members.

A temporary safe harbor lets HSA-eligible HDHPs provide coverage for telehealth and other remote care services without a deductible, or with a deductible less than the minimum yearly deductible otherwise required by the law. This safe harbor is effective March 27, 2020. It applies to plan years starting on or before Dec. 31, 2021.

These changes do not apply to short-term, limited duration insurance or to “excepted benefit” plans/coverage. They also don’t apply to a group health plan that does not cover at least two employees



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who are current employees (such as retirement only plans). For more COVID-19 information, visit our website at www.BlueChoiceSC.com/COVID-19.