

May 1, 2021

Due to COVID-19, we made benefit changes to your policy starting March 12, 2020. These temporary 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 Testing:

There will be no member cost share or medical management requirements for approved COVID-19 testing or testing-related visits and services until the end of the COVID-19 public health emergency period.

Approved diagnostic testing for COVID-19 is covered at no cost to members when ordered by a licensed, authorized health care provider, including serology (antibody) testing and home test kits (provided that serology testing should not be used as the sole basis for 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 surveillance and employment return to work testing are not covered.

COVID-19 Treatment:

COVID-19 medical treatment is covered according to your plan benefits.

COVID-19 Vaccine:

We will cover the administration of authorized vaccines at no member cost share until the end of the COVID-19 public health emergency period.

Safe Harbor:

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 who are current employees (such as retirement only plans).