



COVID-19 TESTING and TESTING-RELATED Visits

Standard applies to Fully Insured and Self Funded plans: Federal regulations require waiver of member cost-sharing (copayments, coinsurance, deductibles) for approved and authorized COVID-19 testing and testing-related visits at physician offices, urgent care centers and emergency departments for members enrolled in comprehensive medical plans, and Medicare managed care plans. Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines.

Waiver of cost share applies **in and out of network** and relies upon accurate COVID-19 coding. Coverage is effective for dates of service February 4, 2020 forward to support the availability of COVID-19 coding.

Please note, we have not determined an end date for coverage of testing and testing related visits at zero cost share.

Options:
Please note, clients who are considering an end date for these services are requested to refrain until the emergency period has ended.

No Decision Required
All fully insured and self funded plans will follow standard.

COVID-19 TREATMENT

Standard applies to Fully Insured plans: UnitedHealthcare will waive cost-share (copayments, coinsurance, deductibles) for eligible **inpatient** medical expenses for covered services, **in and out of network** when associated with COVID-19 diagnosis through May 31, 2020 for its fully-insured commercial plans.

- Providers will bill with normal codes and modifiers using diagnosis codes to identify claims associated with COVID-19 diagnosis.

*Self funded clients may **continue** to cover COVID-19 treatment related services according to normal plan benefits*

Options to waive cost sharing (copayments, coinsurance, deductibles):

- Opt-in to the fully insured **standard** for inpatient treatment
- Cover **all services and treatment** (not limited to inpatient) in and out of network when associated with a COVID-19 diagnosis
- Limit coverage to in-network** inpatient treatment only

Please note, clients who are considering a different end date are requested to refrain until the emergency period has ended.

Decision Required
Unless indicated otherwise, self-funded plans will allow coverage of these services at current plan benefits.

Please note: Customers who wish to waive cost-share for COVID-19 treatment are asked to begin waiver on 2/4/2020 or the first of the month after 2/4/2020 (ex: 3/1, 4/1, 5/1).

Virtual Visits & Telemedicine through Amwell, Doctor on Demand or Teladoc

Standard applies to Fully Insured and Self Funded plans: UnitedHealthcare will waive cost-share (copayments, coinsurance, deductibles) for **all** Virtual Visits, not limited to COVID-19, beginning March 18, 2020 until June 18, 2020.

This applies to customers who offer Virtual Visits through UHC providers: Amwell, Doctor on Demand and Teladoc.

- Federal regulations require that we waive cost share for COVID-19 related visits from 2/4/2020 forward.

Options:

- Waive cost-share for **all Virtual Visits retrospectively**: UHC will support waiver of cost-share for all virtual visits regardless of diagnosis retrospectively.
- Self funded clients may **add new coverage** for Virtual Visits through UnitedHealthcare's arrangement with Amwell, Doctor on Demand, and Teladoc. Coverage may be implemented with effective dates of April 1, 2020 forward.*
- Not supported:** *Applying cost share to COVID related Virtual Visits is not supported. The Families First Coronavirus Act includes telehealth as a valid site of service.*

*Please note, **Doctor on Demand and Teladoc** will resume collecting cost share at a future date. We recommend that the customer specific end date is consistent with the date implemented by our Virtual Visit providers.*

Decision Required
Unless indicated otherwise, self-funded plans will waive cost-share for Virtual Visits **retrospectively** for COVID-19 diagnosis only.

Telehealth – COVID Testing related visits

Standard applies to Fully Insured and Self Funded plans: Federal regulations require that *waiver of member cost-share* for COVID-19 testing related visits.

Effective February 4, 2020 until June 18, 2020 all eligible **in and out of network** medical providers who have the ability and want to connect with their patient through live video-conferencing or audio-only (telephonic), may do so.

Options:
Please note, clients who are considering an end date for these services are requested to refrain until the emergency period has ended.

No Decision Required
All fully insured and self funded plans will follow standard.



Standards



Options



Decisions

Telehealth – Non-COVID-19 related visits

Standard applies to Fully Insured plans: Effective March 31, 2020 until June 18, 2020 UnitedHealthcare will waive cost-share (copayments, coinsurance, deductibles) associated with **in-network** telehealth visits for all medical and Physical, Speech and Occupational Therapies.

- This change applies to network providers who have the ability and want to connect with their patient through live video-conferencing or audio-only.
- Live video-conferencing is required Physical, Speech and Occupational Therapies.
- Out of network claim payment will be based on plan benefits.

Options: *Self funded clients may:*

- Opt in to follow our **standard fully-insured approach**.
- Waive cost-share for all in and out of network providers.**

Decision Required
Unless indicated otherwise, self-funded plans will cover non-COVID-19 telehealth visits according to plan benefits.

Cryopreservation and Storage of Embryos

Standard applies to Fully Insured plans: UnitedHealthcare fully insured plans with infertility benefits currently include coverage for storage of embryos. This change will add cryopreservation at plan benefits for dates of service March 17, 2020 through April 30, 2020. These charges will not apply to the fertility lifetime maximum.

Options:

- **Self-Funded** customers who offer fertility benefits through UnitedHealthcare and currently exclude cryopreservation and storage, may opt-in to cover **cryopreservation of embryos and storage** at plan benefits.
- ⊗ If a **Self-Funded** customer offers fertility benefits through a carve out vendor and cryopreservation of embryo is not included - coverage of cryopreservation of embryo or storage should be processed through the carve out fertility vendor.

Decision Required
Unless indicated otherwise, self-funded plans will allow or deny coverage of these services based on current plan benefits.

Behavioral Health

Part 1
Standard applies to Fully Insured and Self Funded plans: All eligible **in and out of network** behavioral health care providers who have the ability and want to connect with their patient through live video-conferencing or audio-only (telephonic), may do so to support the behavioral health (mental health *and* substance use disorder) needs of the individual member.

- Physical office visits (not telehealth) will pay according to plan benefits.
- Please note, Teladoc is unable to provide behavioral health Virtual Visits at this time.

Part 2 Options: *Self funded clients may:*

- Opt-in to follow the standard fully-insured approach to waive cost share for **all in-network** virtual visits and telehealth outpatient behavioral health visits, including ABA services.
- In addition to standard fully insured approach, waive cost share for **all out of network** virtual visits and telehealth outpatient behavioral health visits, including ABA services.
- Physical office visits (not telehealth) will pay according to plan benefits. Upon request, UnitedHealthcare will support payment of office visits at zero cost share (copayments, coinsurance, deductibles).
- Use a different end date for coverage of these services:** Please note, clients who are considering a different end date are requested to refrain until the emergency period has ended.

Part 1
No Decision Required
All fully insured and self funded plans will follow standard.

Part 2
Decision Required
Unless indicated otherwise, self-funded plans will allow coverage of these services at current plan benefits.

Pharmacy – Early Prescription Refill

Standard applies to Fully Insured and Self Funded plans: All UnitedHealthcare members who need help obtaining an early prescription refill can call the customer care number located on the back of their medical ID card for assistance or work with their pharmacist for refills. As of now we will allow a one-time override, but will closely monitor the situation to determine how long this option will remain in place.

No Options Available

No Decision Required
All fully insured and self funded plans will follow standard.

Certain over-the-counter (OTC) medical products as qualified medical expenses

Standard applies to Fully Insured and Self Funded plans: The CARES Act restores the ability to use HSAs, FSAs and HRAs to purchase certain OTC medical products, like acetaminophen, allergy medication, antacid etc., without a doctor's prescription.

No Options Available

No Decision Required
All fully insured and self funded plans will follow standard.

For the first time, menstrual care products are considered qualified medical expenses for payment or reimbursement with an HSA, FSA or HRA.

These changes apply to amounts paid or expenses incurred on or after January 1, 2020.

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