

Addressing COVID-19 Treatment Cost Waiver Frequently Asked Questions

This document answers questions specifically related to [Blue Shield's announcement on April 1](#) that it will cover members' coinsurance, copayments and deductibles for COVID-19 medical treatments from March 1 through May 31, 2020. Comprehensive FAQs covering all of Blue Shield's policies and responses to COVID-19 are available [here](#), and posted on COVID-19 resource pages on Broker Connection and Employer Connection.

What is changing?

On April 1, 2020, Blue Shield announced that we will cover members' coinsurance, copayments and deductibles for COVID-19 medical treatments from March 1 through May 31, 2020. This applies to:

- Individual and Family plans
- Medicare Advantage plans
- Medicare Supplement plans
- Fully Insured employer-sponsored plans
- Self-insured and flex-funded employer-sponsored plans where the plan sponsor has elected to pay for copays, coinsurance, and deductibles for COVID-19 treatment

Medi-Cal members have no out-of-pocket costs for treatments.

Self-insured and flex-funded employer-sponsored plans can "opt-in" to waiving member copays, coinsurance and deductibles for COVID-19 treatment by April 10. An "opt-in" decision means the coinsurance, copayments and deductibles for COVID-19 treatment will be waived for the member but will be passed to the plan sponsor to fund. Blue Shield is holding claims until we have verification from all groups by April 10. Blue Shield will opt-out groups that have not responded by April 10 and will process claims and apply coinsurance, deductible, and copayments in accordance with the contract. We are strongly encouraging clients to opt in.

Answers below apply to all market segments identified above, unless specifically designated otherwise.

What treatments are covered?

Any treatments for COVID-19 from doctors, hospitals, and other health care professionals in a plan's network from March 1 through May 31, 2020 are covered. Providers must use proper diagnosis and procedure codes related to COVID-19 for Blue Shield of California to waive member deductible, copay, and coinsurance liability for treatment.

What is the member's financial responsibility for treatment of COVID-19?

If a Blue Shield of California member is diagnosed with COVID-19, all member out-of-pocket costs for copays, coinsurance, and deductibles associated with services related to the treatment of COVID-19, with dates of service between March 1 and May 31, 2020, will be waived.

If a member visits an out-of-network provider for COVID-19 treatment, will it be covered?

In the case of a medical emergency, care provided by in-network and out-of-network providers will be covered for all plans.

Outside of an emergency, members should seek care from in-network providers to save money and to prevent having to pay out-of-pocket.

If a member has a plan with out-of-network covered benefits, Blue Shield will cover both in-network and out-of-network copayments, coinsurance, and deductibles for COVID-19 covered benefits. However, out-of-network providers may charge more than the covered benefit amount. In this case, the member may be responsible for paying the difference.

Is medication covered?

Currently, there is no specific medication to prevent or treat coronavirus disease in the outpatient setting although treatments and vaccines are currently being studied for safety and efficacy. The drugs chloroquine and hydroxychloroquine have just received FDA approval for emergency use to treat hospitalized patients only. Blue Shield is closely monitoring for announcements from the CDC and FDA for prescription drugs and vaccines that become available for the treatment or prevention of COVID-19.

Will Blue Shield assume risk for the waived member cost-sharing administered by capitated providers for COVID-19 screening, testing, and treatment provided to Blue Shield and Blue Shield Promise members?

The explanation below applies to all market segments that have arrangements where member cost sharing is administered by capitated providers.

For capitated commercial business, Blue Shield will absorb the costs for waived member copayments, coinsurance, and deductibles applicable to COVID-19 screening, testing, and treatment. For groups with an HMO Flex Funded plan that have chosen to "opt-in," the plan sponsor will be responsible for the cost.

For capitated Medicare Advantage business, Blue Shield and Blue Shield Promise will absorb the costs for waived member copayments, coinsurance, and deductibles applicable to COVID-19 screening, testing, and treatment.

What is Blue Shield doing to support access to mental health services during the COVID-19 public health emergency?

Through May 31, 2020, Blue Shield is making Teladoc health, including behavioral health services, available with no member cost sharing for all members with access, including all Blue Shield fully insured commercial plans.

Blue Shield Promise Medicare Advantage, Cal MediConnect, and Medi-Cal members will be able to leverage tele-behavioral health services through Teladoc as well as Beacon Health Options.

Members can log in to their online account to see if they have access to Teladoc. Members in Medicare Supplement Plans and IFP grandfathered plans have access to Teladoc behavioral health services via a dedicated gateway at <https://member.teladoc.com/bsc>.

During this time, all Teladoc behavioral health services will be exempt from copays, regardless of the reason for the visit, including encounters with psychiatrists, psychologists, licensed clinical social workers, and marriage family therapists.

Not all Administrative Service Only and other self-funded groups offer Teladoc services. Members in self-funded plans can verify the availability of Teladoc services with their employer or by calling Blue Shield customer service.

Mental health services also continue to be available from providers other than Teladoc. If the Evidence of Coverage (EOC) or Certificate of Insurance (COI) states that mental health services are available through Mental Health Services Administrator (MHSA) network, members can search for providers in the MHSA network through the provider directory. The standard office visit copay applies to MHSA Tele-behavioral health appointments.

Does the treatment cost waiver policy impact current stop loss agreements with Blue Shield Life?

For employers who have purchased Blue Shield Life stop loss, Blue Shield Life will not require plan document changes or mid-year changes to incorporate the COVID-19 benefit changes listed below. Blue Shield Life will accept the related charges as "covered expenses" under the current policy's aggregate factors and/or premiums:

Waiving co-pay, coinsurance and deductible charges for:

- COVID-19 testing and screening.
- Treatment of COVID-19 through May 31, 2020.
- Telemedicine or virtual doctor visits.
- Waiving prior-authorization requirements on diagnostic testing or treatment of COVID-19 that may have otherwise applied.
- Paying for out-of-network COVID-19 testing as required under applicable law.
- Allowing early refills of prescription medications.