

# COVID-19 NOTICE OF TEMPORARY SUMMARY OF BENEFIT CHANGES FOR SELF-FUNDED PLANS



When you enrolled in your health benefit plan (Plan) you received a *Summary of Benefits and Coverage* document (SBC) to help you understand your benefits. The following temporary changes have been made to your Plan.

For the purpose of this notice, cost share means the amount of co-payment, co-insurance and/or deductible which you would otherwise be responsible for when you receive certain health care services.

## COVID-19 Testing and Testing-Related Visits

Effective February 4, 2020, through the end of the *Public Health Emergency* period, as declared by the Secretary of the *Department of Health and Human Services (HHS)*, you will not be responsible for any cost share for the following services: approved and authorized COVID-19 diagnostic testing, and testing-related visits at a physician's office, urgent care center, or emergency department of a hospital or alternate facility. Testing must be provided at approved locations in accordance with *U.S. Centers for Disease Control and Prevention (CDC)* guidelines. This cost share waiver applies to services received from both in-network and out-of-network providers.

## COVID-19 Treatment

Effective February 4, 2020 through January 31, 2021, unless otherwise extended, you will not be responsible for any cost share, for services received during that period, for applicable covered health care services related to a COVID-19 diagnosis. This cost share waiver applies to office visits/telehealth, inpatient hospital, acute inpatient rehabilitation, long-term acute care, skilled nursing facilities, urgent care and emergency department visits, observation stays for COVID-19 applicable covered services received from both in-network and out-of-network providers. The Plan will waive cost sharing (copays, coinsurance and deductibles) for emergency and medically necessary non-emergency ground ambulance transportation for COVID-19-related or suspected COVID-19-related services.

## COVID-19 Testing Related Virtual Visits through a Designated In-Network Provider

Effective March 18, 2020 through the end of the Public Health Emergency period, you will not be responsible for any cost share for virtual visits received from a designated virtual network provider (*AmWell, Doctor on Demand or Teladoc*).

## Other Virtual or Telehealth Services] -

### COVID-19 Testing Related Telehealth Visits

Effective February 4, 2020 through the end of the Public Health Emergency Period, you will not be responsible for cost share for visits with your medical provider through live audio with video-conferencing or audio-only (telephonic) technology when the visit is related to COVID-19 testing. This cost share waiver applies to services received from both in-network and out-of-network providers.

### Non-COVID-19 Related Telehealth Visits

Effective March 31, 2020 through September 30, 2020, you will not be responsible for any cost share for visits with your in-network medical provider through live audio/video-conferencing or audio-only (telephonic) technology for visits that are not related to COVID-19. Physical, occupational and/or speech therapy visits must be provided live audio/ videoconferencing. Out-of-network claim payment will be based on Plan benefits.

### Behavioral Health and Substance Use Disorder

All eligible in-network and out-of-network behavioral health care providers who have the ability and want to connect through live audio with video-conferencing or audio-only (telephonic), may do so to support your behavioral health (mental health and substance use disorder) needs.

Effective March 31, 2020 until September 30, 2020, you will not be responsible for any cost share for in-network virtual visits and telehealth outpatient behavioral health visits, including Applied Behavioral Analysis, (ABA) services.

Physical office visits (not telehealth or telephonic) will pay according to normal Plan benefits.

### Cryopreservation and Storage of Embryos for Plans with Fertility Benefits

Coverage will be provided at Plan benefits for cryopreservation services delivered March 17, 2020 through April 30, 2020, for dates of service within this range. You will be responsible for the applicable cost share. These charges will not apply to the fertility lifetime maximum.

*If you have questions about this notice, please call the toll-free number on the back of your UnitedHealthcare IDCard.*

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