COVID-19 vaccines are on their way. We know you may have questions about vaccine coverage and availability. Medica can help you stay informed with current information and answers to some of the frequently asked questions.

COVID-19 VACCINE COVERAGE AND AVAILABILITY

When will COVID-19 vaccines be available?
The United States government is managing initial distribution of the COVID-19 vaccine. Once available, each state is responsible for development of their state-specific distribution plan.

Vaccine administration will take place in phases. The CDC recommends vaccinations start with health care workers and residents of long-term care facilities, followed by essential workers (emergency workers, police, firefighters, teachers), and then adults with high-risk medical conditions and people over age 65. Vaccines are expected to be available to the majority of the population over age 16 by mid-year 2021.

Are the vaccines safe and effective?
The COVID-19 vaccine went through rigorous safety and clinical trials, reviewed by the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). Numerous vaccine trials have taken place around the world and included voluntary participants from a variety of races, ages and ethnicities.

In the United States, the FDA issued an emergency use authorization on two vaccines, both with a 90-95% success rate against COVID-19. The vaccines had mild to moderate side effects for a small number of trial participants including body aches, fatigue, fever and chills. Most vaccines will be administered in a series of two shots, about one month apart.

How will the cost of COVID-19 vaccines be covered?
Medica will waive costs for the vaccine and administration of the vaccine for all members.

Vaccines, once widely available, will be administered at various in-network and out-of-network retail pharmacies, doctor’s offices and hospitals.

Will Americans be required to get a COVID-19 vaccine?
While a vaccine mandate is not expected, people over age 16 are strongly encouraged to get vaccinated. Vaccines are the best way to protect yourself and all those you come in contact with.

What can I do to reduce my risk for COVID-19?
Do your part to prevent the spread of COVID-19. Wear a mask, wash your hands and adhere to the suggested social distancing guidelines.

Flu vaccines are important every year, but especially this year. Staying up-to-date with immunizations is important to protect yourself, your family and the community during the COVID-19 pandemic.

How long does immunity last if you recover from COVID-19?
It is not yet known how long immunity will last once recovered from COVID-19. The research on this is still evolving.
What is the coverage for COVID-19 testing, treatment and associated services?

1. COVID-19 tests are covered with no member cost through April 30, 2021 for all Medica members. This includes copays, co-insurance and deductibles for office visits, drive-through test sites, urgent care and emergency room visits associated with COVID-19 testing. Tests must be FDA-issued, medically necessary and ordered by an in-network medical professional.

If COVID-19 testing takes place at an out-of-network provider, all other services associated with the out-of-network provider will be covered at the out-of-network benefit, including, but not limited to influenza tests, blood draws, strep test, chest x-ray, etc.

COVID-19 tests are not covered as part of a return to work requirement, public surveillance program or travel requirement.

2. COVID-19 antibody tests are covered with no member cost for FDA-approved tests through April 30, 2021. The test must be medically necessary and ordered by an in-network medical professional. Antibody testing is not covered as part of a return to work requirement without meeting other criteria.

3. In-network COVID-19 hospital care costs are waived through June 30, 2021. This includes copays, co-insurance and deductibles. This coverage applies to all fully insured groups, individual, Medicare and Medicaid members. Self-insured employers can also choose to waive member cost sharing for inpatient hospital services.

NOTE: If you are enrolled through a self-funded employer-sponsored plan, please check with your employer or call Medica Customer service at the number on the back of your Medica ID card for coverage details.

4. Telehealth/virtual health services are expanded through April 30, 2021 and now includes technologies such as FaceTime or Skype, and audio only, for most visits, when video is not available.

This coverage applies to all fully insured groups, self-funded groups, individual, Medicare and Medicaid members. Telehealth services are covered under the member’s benefit plans. (For employers based in North Dakota, telehealth services are covered at 100%)

5. Prior authorization requirements are waived through April 30, 2021. This includes admissions to long-term care facilities, acute inpatient rehabilitation, skilled nursing facilities and home health care and applies to all Medica members.

Here are some helpful resources that offer up-to-date COVID-19 information.

- CDC coronavirus website
- CDC Need to Know
- CDC 8 Things to Know
- CDC Vaccine Guidelines
- CDC COVID Vaccines