

COVID-19:

Updates & Frequently Asked Questions

Supporting our partners and members

May 12, 2021

Many of you have questions about COVID-19 – from prevention to coverage for testing, treatment and vaccines. We can help you stay informed with current information and answers to some of the frequently asked questions.

Go to [COVID-19 Resources for Employers](#) for information and resources available to support you, your employees and their families. If you have additional questions not answered in this document, please contact your Medica representative.

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COVID-19 VACCINE COVERAGE AND AVAILABILITY

Are the vaccines safe and effective? *Updated on 4/21/21*

Yes. The vaccines 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, ethnicities. The vaccines are safe and effective, with up to a 95% success rate in offering protection from COVID-19.

Which vaccine will be available to me? *New on 5/12/21*

Vaccines for COVID-19 are widely available now and Medica members age 16+ are encouraged to get scheduled to receive their vaccine. Most vaccines consist of a series of two shots, about one month apart. You need to get both shots to receive full protection from COVID-19.

I'm healthy and at low-risk for COVID-19. Do I need the vaccine?

Yes. COVID-19 doesn't discriminate. Even young, healthy people can catch the virus and struggle with severe complications. Getting more people vaccinated will offer the greatest protection for all.

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How will the cost of COVID-19 vaccines be covered? [Updated on 5/12/21](#)

We will waive costs for the vaccine and administration of the vaccine for all members.

Once they're widely available, you'll be able to get the vaccines 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? [Updated on 5/12/21](#)

While we don't expect a vaccine mandate, people over age 16 are strongly encouraged to get vaccinated. Vaccines are the best way to protect yourself and the people you come into contact with.

What can I do to reduce my risk for COVID-19?

Wear a mask, wash your hands and adhere to social distancing guidelines.

How long does immunity last if you recover from COVID-19? [Updated on 5/12/21](#)

The medical and scientific communities don't know how long immunity lasts once you recover. The research is still evolving. So even if you've recovered, the recommendation is to get vaccinated.

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

[CDC Coronavirus Website](#)

[CDC Need to Know](#)

[CDC Key Things to Know](#)

[CDC Vaccine Guidelines](#)

[CDC COVID Vaccines](#)

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COVID-19 COVERAGE FOR TESTING AND TREATMENT

What is the coverage for COVID-19 testing, treatment and associated services? [Updated on 5/12/21](#)

- 1. COVID-19 tests are covered with no member cost through July 31, 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.

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- 2. COVID-19 antibody tests are covered with no member cost for FDA-approved tests through July 31, 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. COVID-19 monoclonal antibody treatment is covered with no member cost through the end of the Public Health Emergency** for all Medica members. Testing must be medically necessary and ordered by an in-network medical professional. Coverage includes medications by Eli Lilly (Bamianivimab and Bamlanivimab & Estesevimab) and Regeneron (Casirivimab and Imdevimab). Self-insured employers can choose to opt out of antibody treatment coverage.
- 4. In-network COVID-19 hospital care costs are waived through September 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.
- 5. Telehealth/virtual health services are expanded through July 31, 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%.)
- 6. Prior authorization requirements are waived through July 31, 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.

If a self-funded customer elects to expand COVID-19 coverage, will the claims apply to stop loss?

Yes, claims related to COVID-19 will apply to stop loss.

Are virtual care services available?

Virtual care is a convenient way for members to get care for many common medical conditions by connecting with a provider from their computer or mobile device from home, work or wherever they are. Although confirmation and testing of COVID-19 cannot be done via virtual care, members experiencing symptoms can get help assessing risk and receive recommendations on next steps.

How members can access virtual care:

- Check with their clinic to see if virtual care is available and learn how to connect with their provider online.
- Access virtual care through [Amwell](#), a 24/7 online clinic available in all states.
- Check other virtual care options that may be available through their plan's network, such as virtuwell, at medica.com/FindADoctor. Click on *Member through Employer*, select their plan and click on *Virtual Care Providers*.

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Are at-home COVID-19 diagnostic test kits covered?

Home tests for COVID-19 that are FDA-approved, ordered by a practitioner and medically necessary are eligible for coverage, except when done for a return to work requirement.

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CONTINUING COVERAGE

What options do employees have if they lose their group plan coverage?

For employees who lose their group plan coverage, they have options including:

- Continue on employer's plan through Continuation/COBRA
- Enroll in an individual plan through an insurance carrier like Medica
- Enroll in a Medicare plan through an insurance carrier like Medica (employee must be eligible for Medicare)

Learn more about [Continuing Your Health Insurance options](#). For Medica Individual and Family coverage options, call **800-670-5935**.

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DURABLE MEDICAL EQUIPMENT

How are repairs or replacements of durable medical equipment managed during the pandemic?

Now through **July 31, 2021**, for all fully and self-insured groups, repairing or replacing durable medical equipment (DME) will not require a new physician's order, face-to-face visit or medical necessity documentation.

These items are still required for new DME requests. This change is consistent with CMS guidance for Medicare and are designed to help all patients get the care that they need during this pandemic.

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FIT CHOICES BY MEDICASM

Will members receive their Fit Choices reimbursement for online workout options?

Effective Dec. 1, 2020 through the end of 2021, live instructor-led online workouts completed through a participating gym or health club will count toward the monthly visit requirement and reimbursement.

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TIMELINE EXTENSIONS

How are these deadlines determined while the Notification of Relief is in effect?

With the March 2020 declaration of a national emergency, the U.S. Department of Labor and the Internal Revenue Service (IRS) released the *Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak*. This notification of relief requires group health plans to disregard the “outbreak period” when calculating special enrollment deadlines. The outbreak period started March 1, 2020 and extends to the date 60-days following the end of the national emergency or such other date announced by the DOL and IRS.

More specifically, group health plans must disregard the outbreak period when determining the following periods and dates:

- 30-day period allowing enrollment due to loss of other coverage, or life events such as marriage, birth, adoption, or placement for adoption.
- 60-day period allowing enrollment after loss of CHIP or Medicaid coverage.
- 60-day election period for COBRA continuation coverage and premium payment.

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