



COVID-19 Small Group Carrier Survey

Last Updated

September 8, 2020, 10:00 a.m.

Disclaimer: This document outlines what carriers and health plans are doing regarding premium payments, eligibility, benefits, and more in response to the COVID-19 pandemic. Information is subject to change due to the fluidity of this time.

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Employer Plan Changes

Question: Can employers add additional plan selections in response to COVID-19?

Note: The employer will need to be compliant with the ACA's 60-Day Advanced Notice of Material Modification requirement. These changes also affect ERISA Plan Documents and usually require amendments to Summary Plan Descriptions (SPD) or a Summary of Material Modification (SMM) within 210 days after the conclusion of the plan year in which a change is made. Employers should be aware that this could create a special enrollment opportunity for employees to change plans or enroll in their State Exchange.

| Carrier | Response |
|--------------------------------------|--|
| Aetna | Aetna will allow prospective plan changes, such as benefit buy downs only (no buy ups), provided that the group maintains the same renewal date. Employees will be allowed to move to the lower cost plan. Employers should consult with their own benefits advisors about the implications. This option is available until September 30, 2020. |
| Aetna Funding Advantage (NV) | Aetna will allow prospective plan changes, such as benefit buy downs, provided that the group maintains the same renewal date. This option is available until September 30, 2020. |
| Anthem Blue Cross | Small Group ACA groups can add one new plan design off-cycle as long as the new plan is less expensive than the least expensive plan currently offered. Employers must notify Anthem by May 31, 2020 for a future off-cycle buy down effective date that is no later than July 1, 2020. Anthem will implement the off-cycle buy down within a minimum of 10 business days. The group will keep their current renewal date |
| Blue Shield of California | Blue Shield will allow a one-time buy-down (leaner plan design with lower premiums) change off-cycle for employers and employees to adjust their health plan selection to meet their current needs. Note: rates for employees who choose a buy-down plan off-cycle will be based on the age of the member at the time of the change. Submit a Request for Contract Change form to small.group@blueshielca.com . |
| CaliforniaChoice | If an insured employer has only a single benefit plan, employers may make a one-time, "mid-plan year" change to their contribution or plan to reduce their premiums and maintain coverage for the balance of the contract year. Employees may make a one-time "mid-plan year" change to downgrade from the current plan they are on to a lower cost plan as long as they remain with the same Health Plan. |
| CalCPA | Pending Carrier Response |
| Chinese Community Health Plan | Only during renewal. |
| Cigna | Pending Carrier Response |

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| Health Net | <p>Groups have a one-time opportunity to downgrade their existing plans without penalty.</p> <ul style="list-style-type: none"> • The plan downgrade must be within the plan family (for example, HMO to HMO, or PPO to PPO) • HMO plan downgrades that include a change in provider network require Underwriting approval (for example, Full-network HMO to WholeCare HMO) • Plan upgrades are not available • The group's renewal date will not change <p>Requests should be sent to your Health Net Account Manager. If you do not know your Account Manager you can reach out to Health Net at 800-447-8812 option 2</p> |
| Kaiser Permanente | <p>Employers may make a one-time, “mid-plan year” change to downgrade from the current plan they are on to lower cost plan to reduce their premiums and maintain coverage for the balance of the contract year under the below parameters. The restrictions, limitations, and guardrails are:</p> <ul style="list-style-type: none"> • This must be a full plan transition and all medical coverage options must make similar changes. • Customer can only downgrade to a KP Standard Plan, specific benefit customization is not allowed. • You cannot move to/from KFHP and KPIC plans; we cannot cross accumulate between legal entities. • Plan changes must be made by a 5/1/2020 effective date • Accumulation credit to new plan deductibles and OOP maximums can be supported with the following exceptions/limitations: <ul style="list-style-type: none"> - Customer must keep their same Group ID when changing plans mid accumulation. Customer must remain under the same line of business (Large Group, Small Group, and KPIF). - Groups cannot change plans multiple times within an accumulation period, group cannot make multiple plan changes the same plan year. - No automated accumulation credit when member stays in same group but moves from one region to another. Requests can be emailed to Kaiser at AMT@kp.org |
| MediExcel Health Plan | <p>Clients can request to move to a plan with lower premiums to save money and help maintain benefits for employees. Requests can be sent to sales@mediexcel.com</p> |
| Oscar | <p>Oscar is offering a downgrade option.</p> |
| Prominence Health Plan (NV) | <p>Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review.</p> |
| Sharp Health Plan | <p>Through September 30, 2020, Sharp Health Plan will allow groups to downgrade their medical benefits to a single benefit plan (one time only). The group's effective date will not change. Employers looking to make plan downgrades can reach out and discuss with Sharp Account Manager at 858-499-8009.</p> |

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| Sutter Health Plus | SHP will consider on a case-by-case basis. Submit your written requests to your assigned Account Representative. If you do not know who your Account Representative is, you can reach out to Sutter at shpaccountservices@sutterhealth.org |
| UnitedHealthcare | If an employer offers one plan, Between March 23rd and May 31st, employers have one chance to buy down their benefit plan. The group's effective date will not change, and the new plan will become effective between April 1 – June 1, depending on timing of plan change request. If an employer offers multiple plans, this is not an option. Requests can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com |
| Western Health Advantage | Western Health Advantage will allow a one-time plan downgrade off renewal. To request, reach out to whasales@westernhealth.com |

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Employee Plan Changes

Question: Can employee change plans mid-policy year in response to COVID-19?

Note: The employer will need to be compliant with the ACA's 60-Day Advanced Notice of Material Modification requirement. These changes also affect ERISA Plan Documents and usually require amendments to Summary Plan Descriptions (SPD) or a Summary of Material Modification (SMM) within 210 days after the conclusion of the plan year in which a change is made. Employers should be aware that this could create a special enrollment opportunity for employees to change plans or enroll in their State Exchange.

| Carrier | Response |
|--------------------------------------|---|
| Aetna | Aetna will allow prospective plan changes, such as benefit buy downs only (no buy ups), provided that the group maintains the same renewal date. Employees will be allowed to move to the lower cost plan. Employers should consult with their own benefits advisors about the implications. This option is available until September 30, 2020. |
| Aetna Funding Advantage (NV) | Aetna will allow prospective plan changes, such as benefit buy downs, provided that the group maintains the same renewal date. This option is available until September 30, 2020. |
| Anthem Blue Cross | Anthem will also allow currently covered employees to switch to a lower priced medical plan when one is offered. This option is available for July 1, 2020 and August 1, 2020 effective dates. We will not allow currently covered employees to switch to a more expensive plan absent a qualifying event as described in the benefit booklet or certificate or as mandated by HIPAA. |
| Blue Shield of California | Blue Shield will allow a one-time buy-down plan change off-cycle for employers and employees to adjust their health plan selection to meet their current needs. Member-level changes can be submitted on multiple subscriber change spreadsheet or subscriber change form and sent to small.group@blueshieldca.com for processing. Note: rates for employees who choose a buy-down plan off-cycle will be based on the age of the member at the time of the change. |
| CaliforniaChoice | If an insured employer has only a single benefit plan, employers may make a one-time, "mid-plan year" change to their contribution or plan to reduce their premiums and maintain coverage for the balance of the contract year. Employees may make a one-time "mid-plan year" change to downgrade from the current plan they are on to a lower cost plan as long as they remain with the same Health Plan. |
| CalCPA | Pending Carrier Response |
| Chinese Community Health Plan | Only during renewal. |
| Cigna | Pending Carrier Response |

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| Health Net | <p>Groups have a one-time opportunity to downgrade their existing plans without penalty.</p> <ul style="list-style-type: none"> • The plan downgrade must be within the plan family (for example, HMO to HMO, or PPO to PPO) • HMO plan downgrades that include a change in provider network require Underwriting approval (for example, Full-network HMO to WholeCare HMO) • Plan upgrades are not available • The group's renewal date will not change <p>Requests should be sent to your Health Net Account Manager. If you do not know your Account Manager you can reach out to Health Net at 800-447-8812 option 2</p> |
| Kaiser Permanente | <p>Kaiser Permanente is making an exception to our current rules during the federally declared COVID-19 national emergency. You may choose to conduct a special enrollment period (SEP) for a limited time for all employees to enroll in a less expensive plan. This would include all employees actively enrolled in the plan, regardless of whether they have reduced hours or are furloughed. Note: Employees won't be able to make another plan change until their annual open enrollment period unless they have a qualifying event. You have the obligation to provide the Summary of Benefits and Coverage (SBC) and notice of material modification to your employees in a timely manner.</p> |
| MediExcel Health Plan | <p>When the client has multiple carrier options, employees can switch from other employer-sponsored carrier plans or cross-border plans in order to save money. Requests can be sent to sales@mediexcel.com</p> |
| Oscar | <p>One single plan change to downgrade during this year to a leaner plan.</p> |
| Prominence Health Plan (NV) | <p>Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review.</p> |
| Sharp Health Plan | <p>Through September 30, 2020, Sharp Health Plan will allow groups to downgrade their medical benefits to a single benefit plan (one time only). The group's effective date will not change. Employers looking to make plan downgrades can reach out and discuss with Sharp Account Manager at 858-499-8009.</p> |
| Sutter Health Plus | <p>SHP will consider on a case-by-case basis. Submit your written requests to your assigned Account Representative. If you do not know who your Account Representative is, you can reach out to Sutter at shpaccounts@utterhealth.org</p> |

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| UnitedHealthcare | <p>Between March 23rd and May 31st, we will not impose any fully insured policy limitations on employer/plan sponsors who want to:</p> <ol style="list-style-type: none"> 1. allow new enrollees (i.e. eligible individuals that previously declined group coverage during open enrollment) the opportunity to enroll in any plan option available under the employer/plan sponsor's benefit offerings, and/or 2. allow existing enrollees (i.e. those who are currently enrolled in a benefit offering) the opportunity to change their prior election and enroll in a newly added leaner plan design. <p>As always, we encourage plan sponsors to review any changes to their plan with their employee benefit plan counsel and/or tax advisor. The group's effective date will not change, and the new plan will become effective between April 1 – June 1, depending on timing of plan change request.</p> <p>Requests can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com</p> |
| Western Health Advantage | <p>If employer offers multiple plans, Western Health Advantage will allow an employee to downgrade a plan one time during contract period. Western Health Advantage will allow a one-time plan downgrade off renewal. To request, reach out to whasales@westernhealth.com</p> |

Employer Contribution Changes

Question: Can employers make a mid-policy year change to employer contribution in response to COVID-19?

Note: The employer will need to be compliant with the ACA's 60-Day Advanced Notice of Material Modification requirement. These changes also affect ERISA Plan Documents and usually require amendments to Summary Plan Descriptions (SPD) or a Summary of Material Modification (SMM) within 210 days after the conclusion of the plan year in which a change is made. Employers should be aware that this could create a special enrollment opportunity for employees to change plans or enroll in their state Exchange.

| Carrier | Response |
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| Aetna/ Aetna Funding Advantage (NV) | Aetna does not track/approve employer contribution changes after initial enrollment. |
| Anthem Blue Cross | Once in a 12-month period, effective first of the month following receipt of documentation (letter/email from group's owner/officer requesting the change). Requests should be sent to small.group@anthem.com |
| Blue Shield of California | This would be up to the employer to determine contribution. Typically, Blue Shield of California suggests no changes until renewal. |
| CaliforniaChoice | If an insured employer has only a single benefit plan, employers may make a one-time, "mid-plan year" change to their contribution or plan to reduce their premiums and maintain coverage for the balance of the contract year. Employees may make a one-time "mid-plan year" change to downgrade from the current plan they are on to a lower cost plan as long as they remain with the same Health Plan. |
| CalCPA | Pending Carrier Response |
| Chinese Community Health Plan | On a case-by-case basis. Requests can be sent to memberservices@cchphealthplan.com |
| Cigna | Pending Carrier Response |
| Health Net | Yes, with UW approval. If group has a GF plan and the change is 5% or more, they will pierce GF status. Requests for review should be sent to your Health Net Account Manager. If you do not know your Account Manager you can reach out to Health Net at 800-447-8812 option 2 |
| Kaiser Permanente | Kaiser is not monitoring contribution as long as it meets underwriting requirements. The employer would need to keep in mind what they have put in writing to their employees in their employee handbook. |
| MediExcel Health Plan | Clients can reduce the employer contribution to help maintain benefits. Contribution should not fall below 50% of the selected base plan and include proper compliant notification to participants. Requests can be sent to sales@mediexcel.com |
| Oscar | Contribution levels will remain until renewal. |
| Prominence Health Plan (NV) | Yes. Send requests to PHPSalesTeam@uhsinc.com |
| Sharp Health Plan | At this time, Sharp is not allowing changes to contributions. |

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| Sutter Health Plus | SHP will consider on a case-by-case basis. Submit your written requests to your assigned Account Representative. All contribution changes must meet minimum contribution requirements. If you do not know who your Account Representative is, you can reach out to Sutter at shpaccounts@utterhealth.org |
| UnitedHealthcare | UnitedHealthcare can accommodate this one time, off renewal. Requests can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com |
| Western Health Advantage | Western Health Advantage will allow an employer to change the contribution off renewal as long as it meets the minimum requirement of 50% of the base plan offered by Western Health Advantage. To request, reach out to whasales@westernhealth.com |

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Premium Grace Period

Question: Will there be any additional grace period for premium payments in response to COVID-19?

| Carrier | Exceptions |
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| Aetna | Aetna current contracts already include a provision for a grace period (31 days) for those struggling to meet monthly payments. If questions on this, Aetna Billing can be reached at 1-800-343-6101 |
| Aetna Funding Advantage (NV) | Aetna can work with AFA plan sponsors to extend grace periods for the months of March, April and May of this year. The Aetna Answer Team (1-800-343-6101 or WestAAT@aetna.com) will work with each individual plan sponsor to determine an appropriate payment plan for their circumstances. Payment plans would apply to the stop loss premium, ASC fees and maximum claim funding. At this time, Aetna intends to end this liberalization May 31, 2020, subject to state regulatory requirements. |
| Anthem Blue Cross | Grace period is included in the Anthem policy and they will adhere to mandates and /or regulatory direction regarding grace period. Groups unable to make premium can call Anthem at 855-854-1429 . |
| Blue Shield of California | If the group is going to be late on payment, reach out to Blue Shield billing department at (800) 325-5166 to review payment options. Blue Shield has also released a Premium Payment Program (extended for August 2020 Coverage – max deferment 2 months). Find more information on the Premium Payment Program here . |
| CaliforniaChoice | If customers are having trouble making payments, they should reach out to their account manager or customer service. CaliforniaChoice will evaluate payment extensions on a case-by case basis. |
| CalCPA | Currently, premiums due April 1 have a 30-day grace period extending payment receipts through April 30. Firms that have a business need to extend this grace period may request up to 60-days, extending April premiums to May 31, 2020. Requests to extend the grace period will be reviewed on a case-by-case basis by CalCPA Health. Please email your formal request to calcpahealth@calcpahealth.com by providing the details of your circumstance and the date of your expected payment. |
| Chinese Community Health Plan | Yes, 30 days – but will grant exceptions. Send exceptions to memberservices@cchphealthplan.com . CCHP will allow payment with a credit card. |
| Cigna | Pending Carrier Response |

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| Health Net | <p>No change to 30-day grace period policy for employer groups. Health Net requires full payment of premium for employees covered.</p> <p>Employers may choose to adjust their premium remittance for current terminations as long as they:</p> <ol style="list-style-type: none"> 1. do not terminate employees retroactive to the current invoice remittance, and 2. clearly identify on their remittance, the employees who will remain active on their payroll, so Health Net can appropriately and timely process any terminations. 3. Remit the "true" amount which is Current Due total less terminated employees |
| Kaiser Permanente | <p>Kaiser Permanente is following the California Insurance Commissioner's recommendation of suspending terminations for a 60-day grace period. Kaiser Permanente understands the financial impact that COVID-19 has had on our customers, members, and communities. Kaiser Permanente is working with regulators and, at this time, will not terminate coverage for non-payment of premium through the month of April.</p> <p>Kaiser billing can be reached at 800-790-4661.</p> |
| MediExcel Health Plan | <p>Credit card payments accepted by telephone: clients making payments by credit card may call (619) 421-1659, option 5. Clients can contact Medi-Excel billing manager at (619) 421-1659, option 5, to discuss regular or partial payments to keep coverage active. Participation and adherence to payment agreements will eliminate late fees during the payment plan period.</p> |
| Nippon Life Benefits | <p>Current premium payment policy includes a 60-day payment window and will remain in place. We comply with applicable law and regulatory mandates regarding COVID-19 and will continue to closely monitor updates that may be enacted related to this concern for premium payment extension. If you have specific needs or requests, please contact Nippon at 800-374-1835 with specific information so that we can clearly understand any business impact needs you may have.</p> |
| Oscar | <p>Currently there is no change to 30-day grace period. For questions or requests, Employers can reach Oscar at (855) 672-2784 and Brokers can call (855) 672-2713</p> |
| Prominence Health Plan (NV) | <p>Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review.</p> |
| Sharp Health Plan | <p>This will be reviewed case by case. Group and/or broker to reach out to Sharp Account Manager at 858-499-8009</p> |
| Sutter Health Plus | <p>Payments are due to Sutter Health Plus the first day of the coverage period. Sutter Health Plus has not changed its billing process due to this situation. We currently offer small employer groups a minimum of a 30-day grace period for premium payments. We will continue to monitor the situation and guidance from the DMHC. Sutter Billing can be reached at (855) 325-5200.</p> |
| UnitedHealthcare | <p>UnitedHealthcare will review on case-by-case basis.</p> <p>Call 888-842-4571 to discuss payment options.</p> |

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| Western Health Advantage | Western Health Advantage will work with employers on a case-by-case basis; employers should contact Premium Billing at 916-563-2206 |
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Leave or Reduction of Hours

Question: Can employers continue to offer coverage to employees if there is a reduction of hours below full time or employees are not actively at work in response to COVID-19?

Note: Coverage must be offered and maintained on non-discriminatory basis

| Carrier | Response |
|--|---|
| Aetna/Aetna Health Advantage (NV) | Your employees can maintain their coverage on your Aetna plans so long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic; (2) you continue to pay your monthly bill and (3) you do not terminate the employee(s). This option is available to customers until September 30, 2020. Please note the guidelines must be applied uniformly without regard to health statusrelated factors. |
| Anthem Blue Cross | Anthem is relaxing requirement for employees to be actively working in order to be eligible for coverage through September 30, 2020 as long as the monthly premium is received. This applies to employees that were laid-off, furloughed or moved to part-time. Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs. This flexibility was set to expire on July 31, 2020, but in an effort to be keep members covered we are extending to September 30. |
| Blue Shield of California | Assuming the employer continues to remit premium payments for workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage |
| CalCPA | CalCPA Health will waive the actively-at work- provision through September 30, 2020 |
| CaliforniaChoice | As long as the group and employees are current on their monthly payments, CaliforniaChoice will allow employees that would otherwise have lost eligibility to remain on the plan. COBRA is available to employees where there is an active employer policy. |
| Chinese Community Health Plan | Yes, employer remains responsible for premiums |
| Cigna | Pending Carrier Response |
| Health Net | Through December 31, 2020, Health Net is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow employers to cover their reduced-hour employees, as long as employers pay the monthly premium. |
| Kaiser Permanente | As long as the group and employee are current on their monthly payments, Kaiser Permanente will allow employees that would otherwise have lost eligibility to remain on the plan. |
| MediExcel Health Plan | 30+ hours per week requirement will be waived for existing employees only. If an employee is furloughed, he or she can remain on the plan. Terminated employees must be removed from the plan and can be offered COBRA. |

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| Nippon Life Benefits | Through June 30th, 2020, Nippon Life Benefits will waive the coverage requirement that employees must be actively working in order to receive benefits, under the condition that the monthly premium payment is received. For groups facing entire workforce layoffs, benefits are also still available if there is one active employee available to continue benefit coverage and the monthly premium is received. |
| Oscar | Employees would need to meet standard eligibility requirements to remain on the plan. See standard eligibility below: An employee is eligible to participate in the small group plan if: <ul style="list-style-type: none"> • The employee lives, works, or resides in Oscar's California service area and • The employee meets the hourly requirements for eligibility. An eligible employee is any permanent employee who is actively engaged on a full-time basis in the conduct of the business of the small employer with a normal workweek of at least 30 hours, at the small employer's regular places of business, who has met any statutorily authorized applicable waiting period requirements |
| Prominence Health Plan (NV) | An employee must have been actively enrolled in a Prominence health plan as of March 1, 2020, and had a reduction in hours occurring after March 12, 2020. Employees who were previously active at work can continue on the coverage through June 30, 2020, along with their dependents. |
| Sharp Health Plan | Through September 30, 2020, Sharp Health Plan will temporarily relax its underwriting guidelines requiring that employees be actively working to be eligible for coverage. Groups will be allowed to cover employees (who work below the 30 hour per week threshold or who are furloughed) as long as the monthly premium is paid for these employees on a timely basis. This coverage must be offered on a uniform, non-discriminatory basis. |
| Sutter Health Plus | Sutter Health Plus expects group employers to determine eligibility for coverage for their employees according to the group employer agreement and state and federal law |
| UnitedHealthcare | UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as you pay the monthly premium. If the employee is on a customer approved leave of absence/furlough and the customer continues to pay required medical premiums, and the employee was eligible for and enrolled in coverage before the absence/furlough, the coverage will remain in force the later of the end of the public health emergency, or no longer than 20 consecutive weeks after the public health emergency for non-medical leaves (i.e., temporarily laid off) or no longer than 26 consecutive weeks for a medical leave. |
| Western Health | WHA will allow an employee and family to continue coverage if there is a reduction of hours or if they are furloughed in response to COVID-19 |

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Special Open Enrollment

Question: In response to COVID-19, will the carrier allow employees who previously waived to enroll on group policy with no qualifying event?

| Carrier | Response |
|--|---|
| Aetna/ Aetna Funding Advantage (NV) | <p>Aetna is providing an option for most of its insured commercial group insurance/ACA and Small Group Aetna Funding Advantage (AFA) customers to offer a Special Enrollment Period (SEP) to their eligible populations. This new option would be at the election of the plan sponsor. It would apply to most of Aetna's medical, pharmacy, dental, vision and voluntary products. Interested plan sponsors should contact their Aetna Account Manager to determine if this option is available to them.</p> <p>The SEP is limited to eligible employees and dependents who did not previously elect coverage with their Plan Sponsor. Plan Sponsors with Section 125 plans should consult with their own benefit advisors regarding this action.</p> <p>This enrollment opportunity will be offered from Monday, April 6, through Friday, April 17, 2020.</p> <p>Enrollees can choose between an April 1, 2020 or May 1, 2020 coverage effective date.</p> |
| Anthem Blue Cross | <p>Anthem will provide both Fully Insured and Self-funded groups, excluding Life and Disability, an option to offer a Special Enrollment Period to enroll employees who previously did not elect to enroll in coverage at the time of open enrollment. This Group Special Enrollment Period will last from June 8, 2020 to July 31, 2020 and is available to both Large and Small groups. Coverage would be effective no later than August 1, 2020. State eligibility guidelines will apply. Employers should consult their legal counsel regarding the tax treatment of employee coverage elections made through this SEP.</p> |

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| Blue Shield of California | <p>Blue Shield is providing a Special Enrollment Period (SEP) through July 31, 2020 for employees who previously declined coverage for themselves or their dependents.</p> <ul style="list-style-type: none"> For 5/1, 6/1, 7/1 or 8/1 effective dates, enrollment requests must be received on or before the 1st of the month for which enrollment is being requested. <p>Dependents enrolling during SEP must enroll in the same plan as the subscriber. Standard waiting periods are waived for this SEP, but other existing eligibility guidelines apply.</p> <p>To enroll: Enrollment must be submitted on the paper enrollment or Subscriber Change Request (SCR) form, with the <u>“Other qualifying event (specify)” box checked and indicating “COVID” as the Qualifying Event</u>. No additional documentation is required.</p> |
| CalCPA | Pending Carrier Response |
| CaliforniaChoice | <p>CaliforniaChoice will allow a group special open enrollment for a 4/1/2020 effective date for employees that previously waived coverage. Enrollment applications must be received by 4/10/2020. Applications can be submitted to memberprocessing@calchoice.com</p> |
| Chinese Community Health Plan | <p>Yes. Requests can be sent to memberservices@cchphealthplan.com</p> |
| Cigna | Pending Carrier Response |
| Kaiser Permanente | <p>Kaiser Permanente will allow a special open enrollment for a 4/1/2020 effective date for employees/dependents that previously waived coverage as long as the enrollment application is received by 4/3/2020. Applications that are received between 4/4/2020 and 4/15/2020 may be applied for a 5/1/2020 effective date if the employer agrees. The following conditions must be met:</p> <ul style="list-style-type: none"> All previously waived employees must be offered coverage under the same contributions as employees already participating. Enrollees must remain on the plan for the duration of the contract period unless employment is terminated or there is another qualifying life event for coverage changes. The customer understands that accumulated benefits (Deductibles and/or Out of Pocket Maximums) will not be pro-rated. All other medical coverage options must also offer this special open enrollment. |

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| Health Net | <p>A special enrollment period will last until April 20, 2020 for employees, spouses and children who have previously waived coverage at an employer. Provided the employer remits the full premium for the month of April, coverage will be effective April 1, 2020. Customers are not required to adopt the special enrollment period. No opt out action is required on their behalf.</p> <ul style="list-style-type: none"> • Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee. • Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply. • For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility. • Members are not allowed to change plans within the special enrollment period. |
| MediExcel Health Plan | <p>Open from March 25, 2020, to April 10, 2020 to enroll for 4/1. This opportunity only waives policy restrictions on adding enrollees outside of normal enrollment period.</p> <p>To participate, send enrollment application before April 10, 2020 to applications@mediexcel.com and indicate you are enrolling with COVID-19 Special Open Enrollment</p> |
| Oscar | Not at this time |
| Prominence Health Plan (NV) | Reviewed case by case. Send request to PHPSalesTeam@uhsinc.com for review. |
| Sharp Health Plan | <p>Sharp Health Plan will allow for a one-time Special Open Enrollment period for groups with employees who previously waived coverage. This Special Open Enrollment will be from April 1 – 15, 2020. The effective date of coverage for these employees will be May 1, 2020. Employees who are currently active will not be allowed to switch coverage. Applications should be sent to SHPEnrollmentGeneralMail@sharp.com</p> |
| Sutter Health Plus | Not at this time. However, we continue to monitor the situation |
| UnitedHealthcare | <p>Employees or dependents who have previously waived coverage can enroll themselves and/or dependents on to their group health plan. They must enroll by April 13, 2020 for a 4/1/2020 effective date. For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility. Standard Waiting Period can be waived. Enrollments can be sent to UHC Client Service Operations at clientserviceoperations@uhc.com and indicate you are enrolling with COVID-19 Special Open Enrollment.</p> |
| Western Health Advantage | <p>Western Health Advantage will allow an employer to offer an open enrollment to those who may have previously waived coverage or for employees to change plans. No specific date requirements at this time; however, this is in response to the COVID-19 pandemic. To request, reach out to whasales@westernhealth.com</p> |

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Rehire Eligibility

Question: If an employee is terminated from policy, what are requirements for waiting period if rehired?

| Carrier | Response |
|---|---|
| Aetna/Aetna Funding Advantage (NV) | Through September 30, 2020, we are prepared to support changes to the waiting period rules. Any change in the waiting period rules that extends into the next plan year will be considered in the renewal. |
| Anthem Blue Cross | <p>If employee is rehired or converted to actively at work within 60 days of termination or date of furlough (in normal times it is 30 days, but we will extend to 60 days for enrollment receipt dates through September 30, 2020), the standard will be to reinstate as of the original effective date. This means:</p> <ul style="list-style-type: none"> • No break in coverage • Employer responsible for back-payment of one or two months of premium • Deductible and OOP accumulators do not reset – it is as if the member never left the plan at all <p>If employee is rehired or converted to actively at work within 60 days of termination or date of furlough and the employer's eligibility rules do not permit the employee to be reinstated as of the original effective date:</p> <ul style="list-style-type: none"> • Employer will need to let us know what effective date to use – would either be rehire date or some date in the future • Employer not responsible for back-payment of premium • Results in break in coverage • Deductible and OOP accumulators reset, unless terms of benefit booklet or certificate specifically state otherwise <p>If employee is rehired or converted to actively at work between 61-92 days of termination:</p> <ul style="list-style-type: none"> • Employee will not need to satisfy the waiting period again • Employer will need to let us know what effective date to use – would either be rehire date or some date in the future • Employer not responsible for back-payment of premium • Results in break in coverage • Deductible and OOP accumulators reset, unless terms of benefit booklet or certificate specifically state otherwise • If employee is rehired after the expiration of the periods above, the answers are the same, except the employee will need to satisfy any applicable waiting period, or where permitted, join via an earlier open enrollment period. <p>Note that Employer Access/Portal is not designed to process requests outside of the normal processes. All COVID-19 rehire requests must be submitted via paper. The employer must clearly state on the application/spreadsheet or email that the request is due to Qualifying Event: COVID-19.</p> |

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| Blue Shield of California | Employee must have completed the company waiting period during prior employment period. Re-employment notification must be indicated on the rehired individual employee application. Blue Shield standard provision allows for waiving of waiting period if rehired within 6 months of cancellation of coverage. |
| CaliforniaChoice | CaliforniaChoice will allow the group to define the waiting period when the employee returns to work |
| CalCPA | Pending Carrier Response |
| Chinese Community Health Plan | Yes, CCHP will waive the new hire/rehire waiting period |
| Cigna | Pending Carrier Response |
| Health Net | Health Net will waive the normal waiting period for rehired employees. Employees rehired by September 30, 2020 will not be subject to a waiting period. Rehired employees must submit a new enrollment form. Please write "COVID-19 SEP" on the enrollment form. |
| Kaiser Permanente | Kaiser Permanente will allow the group to define the waiting period when the employee returns to work, with no minimum, but no greater than 90 days. |
| Medi-Excel Health Plan | Rehire waiting periods are left at employer's discretion |
| Nippon Life Benefits | If an employee is rehired by June 30th, 2020, they will not be subject to a waiting period. |
| Oscar | Starting on April 11th, 2020, employees rehired (specifically designated as a Rehire who was previously covered by Oscar) by May 31, 2020 will not be subject to the employer's waiting period. |
| Prominence Health Plan (NV) | If an employer has a current re-hire clause, Prominence will follow those guidelines unless an exception is necessary due to the extenuating circumstances. For employees who were actively enrolled in our plan as of March 1, 2020, and were terminated and rehired prior to June 30, 2020, Prominence will not require a waiting period for coverage to begin. |
| Sharp Health Plan | Sharp Health Plan will allow employers to waive their rehire waiting periods through September 30, 2020 for employees who are rehired. |
| Sutter Health Plus | Sutter Health Plus expects group employers to determine eligibility for coverage for their employees according to the group employer agreement and state and federal law. |
| UnitedHealthcare | Please follow your own company eligibility policies for rehire. UnitedHealthcare will waive any rehire waiting period for re-hired employees |
| Western Health Advantage | Western Health Advantage will defer this to the employer; if employer requests to waive the waiting period for rehires, Western Health Advantage will accommodate. |

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EAP (Employee Assistance Program)

Question: Does the medical plan have EAP benefits?

Note: All carriers are required to cover mental health services (see plan's SBC for details). EAP is an additional resource above the required benefits for mental health.

| Carrier | Response |
|--|---|
| Aetna/ Aetna Funding Advantage (NV) | <p>Aetna Resources For Living (RFL) is offering support and resources to individuals and organizations who have been affected by the Coronavirus. Through this liberalization, those in need of support can access RFL services whether or not they have it as part of their plan benefits. Contact RFL at 1-833-327-AETNA (1-833-327-2386).</p> <p>Management consultation is also available to help organizations respond to the needs of their employees, even if they are not RFL customers. Employers may contact our specialized support line at 1-800-243-5240. Group support services may be available telephonically or onsite where appropriate on a fee-for-service basis to help managers and employees manage the disruption and distress of this situation.</p> |
| Anthem Blue Cross | <p>To meet the needs of Anthem members who may be struggling during this time, Anthem is promoting digital solutions to help.</p> <ul style="list-style-type: none"> • Anthem's affiliated health plans and Beacon Health Options are collaborating with Psych Hub, mental health advocates and other national health insurers to develop a free digital resource site to help individuals and care providers address behavioral health needs resulting from the COVID-19 pandemic. • Anthem is providing full access for all members to our Employee Assistance Program web site with COVID-19 tools and informational resources (click log-in, enter company code: EAP Can Help). • Anthem is increasing the ability of providers to deliver behavioral health services via the telephone and encouraging members to use existing telehealth services for behavioral health, as well as to embrace services delivered digitally. • Anthem health plans with Employee Assistance Programs offer individual and employer-sponsored members up to six free sessions with a behavioral health counselor. <p>Anthem's telehealth provider, LiveHealth Online, offers LiveHealth Online Psychology and LiveHealth Online Psychiatry, a confidential and effective way for members to see a behavioral health professional, such as a therapist, psychologist or psychiatrist, during these stressful times and receive behavioral health support from their homes via smart phone, tablet or computer-enabled web cam.</p> <p>In addition, myStrength is an app that delivers 24/7 access to personalized online and mobile resources to help members manage symptoms such as stress, anxiety, depression, substance use, chronic pain and sleep. myStrength was already available to members who have Anthem's Employee Assistance Program, other employer-based programs and Medicaid members in Florida, Texas, Washington and Washington D.C.</p> |

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| Blue Shield of California | Blue Shield provides Teladoc tele-behavioral service to fully-insured Individual and Family Plan, Small Group (1-100), Large Group (101+), Medicare and Medi-Cal members with no member co-payments. This service will be available through September 30, 2020. |
| CaliforniaChoice | Benefits would be offered from the carrier |
| CalCPA | Pending Carrier Response |
| Chinese Community Health Plan | Not available |
| Cigna | Pending Carrier Response |
| Health Net | Members impacted by COVID-19 may contact MHN, Health Net behavioral health subsidiary, for referrals to mental health counselors, local resources or telephonic consultations to help them cope with stress, grief, loss, or other trauma resulting from COVID-19. For the duration of the COVID-19 public health emergency period and its immediate aftermath, affected members may contact MHN 24 hours a day, seven days a week at 1-800-227-1060, or the telephone number listed on the member's identification (ID) card. |
| Kaiser Permanente | Kaiser Permanente members now has access to a free mental health app called mY Strength. https://k-p.li/3dZvdyG |
| Medi-Excel | Not available |
| Oscar | <p>Emotional Support Line: Optum has a toll-free emotional support helpline (866) 342-6892, free of charge and available to anyone, so members can share it with family and friends. Caring professionals will connect people to resources. It is open 24 hours a day, seven days a week.</p> <p>Virtual Visits: Oscar members have access to virtual therapy and psychiatric visits as part of their mental health benefit. As members stay in their homes or have limited in-person appointment access, it is easy to receive mental health care. Members can use doctorondemand.com to access virtual mental health visits (not medical). The member just needs to set up an account, as part of their Oscar ID and then they will be able to schedule a virtual visit.</p> |
| Prominence Health Plan (NV) | Not available |
| Sharp Health Plan | Not available |
| Sutter Health Plus | U.S. Behavioral Health Plan of California (USBHPC) offers telehealth services. You can call USBHPC at (855) 202-0984 or go to their website to find a provider or set up an appointment. |
| UnitedHealthcare | <p>All Members:</p> <ul style="list-style-type: none"> Emotional support line is available to call any time at 866-342-6892. The 24/7 Optum Help Line is staffed by professionally trained mental health experts. It is free of charge. On-demand emotional support is also available to through Sanvello, a free mobile app that can help you cope with stress, anxiety and |

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| | <p>depression during the COVID-19 pandemic. App for Sanvello can be downloaded on the Apple or Google Store.</p> <p>For PPO members: 3 visits through EAP CORE (previously Care24). To take advantage of EAP CORE services, nurses and counselors are available 24 hours a day, 7 days a week, call 1-888-887-4114.</p> |
| Western Health Advantage | Not available |

COBRA Offering

Question: Will the policy stay active for COBRA if no actively employed enrollees?

Recommendation: If there is no COBRA option, this is a qualifying event for individuals to enroll on spouse's group plan, IFP, State Exchange or Medi-Cal.

| Carrier | Response |
|--|---|
| Aetna/ Aetna Funding Advantage (NV) | The plan will be terminated with no COBRA option available |
| Anthem Blue Cross | The plan will be terminated with no COBRA option available |
| Blue Shield of California | The plan will be terminated with no COBRA option available |
| CaliforniaChoice | Pending Carrier Response |
| CalCPA | Pending Carrier Response |
| Chinese Community Health Plan | Yes. Pending additional info on how long the policy remain active. |
| Cigna | Pending Carrier Response |
| Health Net | The plan will be terminated with no COBRA option available |
| Kaiser Permanente | The plan will be terminated with no COBRA option available |
| MediExcel Health Plan | Clients terminating their last member will remain active for the six-month period and have their current contract honored (including COBRA/Cal-COBRA). Groups renewing during this period will be required to accept their renewal proposal with new rates. |
| Nippon Life Benefits | The plan will be terminated with no COBRA option available |
| Oscar | The plan will be terminated with no COBRA option available |
| Prominence Health Plan (NV) | Pending Carrier Response |
| Sharp Health Plan | The plan will be terminated with no COBRA option available |
| Sutter Health Plus | The plan will be terminated with no COBRA option available |
| UnitedHealthcare | The plan will be terminated with no COBRA option available |
| Western Health Advantage | The plan will be terminated with no COBRA option available |

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Requesting Invoices

Question: How can employer access invoices from the carrier?

Note: Groups will need the cost of health insurance when applying for the Paycheck Protection Program SBA Loan. Requests for invoices can be sent to accountmanagement@wordandbrown.com for W&B groups or invoices can be requested directly from the carrier. For most expedited process, please access and pull invoice from the carrier portal.

| Carrier | Carrier Portal | Phone | Email |
|--|---|------------------------|--|
| Aetna/ Aetna Funding Advantage (NV) | www.aetna.com/employer | 800-343-6101 | WestAAT@aetna.com |
| Anthem Blue Cross | www.anthem.com/ca/ | 855-854-1429 | small.group@anthem.com |
| Blue Shield of California | www.blueshieldca.com/employer | 800-325-5166 | smallgroupbilling@blueshieldca.com |
| CaliforniaChoice | www.calchoice.com/ | 800-558-8003 | customerservice@calchoice.com |
| CalCPA | https://calcpahealth.com/employers-plan-admins/billing/ebenefits-billing/ | 877-480-7923 | CalCPAHealth@CalCPAHealth.com |
| Cigna | https://cignaaccess.cigna.com/public/app/signin | 800-997-1654 | - |
| Chinese Community Health Plan | https://portal.cchphealthplan.com/ | 888-775-7888 | memberservices@cchphealthplan.com |
| Health Net | www.healthnet.com/employer | 800-224-8808, Option 3 | HN_Account_Services@Healthnet.com |
| Kaiser Permanente | account.kp.org/broker-employer/resources/employer | 800-790-4661, Option 1 | csc-sd-sba@kp.org |
| Medi-Excel | - | 619-421-1659 | sales@mediexcel.com |
| Oscar | https://accounts.hioscar.com/ | 855-672-2788 | - |
| Prominence Health Plan (NV) | https://prominencehealthplan.com/ | 888-840-9080 | PHP-PremiumBilling@uhsinc.com |
| Sharp | https://www.sharphealthplan.com/login | 800-359-2002, Option 4 | - |
| Sutter Health Plus | https://shplus.org/employerportal | 855-325-5200 | shpbilling@sutterhealth.org |
| UnitedHealthcare | www.employereservices.com (PPO Only) | 800-591-9911 | clientserviceoperations@uhc.com |
| Western Health | https://www.westernhealth.com/employer/ | 916-563-2206 | premiumbilling@westernhealth.com |

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Recertification Requests

Question: Will the carrier be sending out recertification requests to groups?

| Carrier | Response |
|--------------------------------------|---|
| Aetna | No changes |
| Aetna Funding Advantage (NV) | No changes |
| Anthem Blue Cross | Currently not recertifying groups |
| Blue Shield of California | Currently not recertifying groups |
| CaliforniaChoice | Recertification may be requested. Group will need to complete form and send back prior to 25 th of the month before renewal |
| CalCPA | Before sending out the DE-9C compliance survey in late summer of 2020, the Trust will evaluate the situation at that time and will include any considerations that can be applied. |
| Chinese Community Health Plan | Reviewed Case by Case |
| Cigna | No changes |
| Health Net | Currently not recertifying groups |
| Kaiser Permanente | Currently not recertifying groups |
| MediExcel Health Plan | Currently not recertifying groups unless the only employee enrolled is the owner |
| Oscar | No changes |
| Prominence Health Plan (NV) | Pending Carrier Response |
| Sharp Health Plan | Currently not recertifying groups unless the only employee enrolled is the owner |
| Sutter Health Plus | Pending Carrier Response |
| UnitedHealthcare | Starting 5/1, UHC will give an additional 2 months to get all paperwork in to requalify. If they do, then any and all changes will go back and be effective renewal date. If they are unable to provide the necessary documentation, the group will be termination back to renewal date |
| Western Health Advantage | Currently not recertifying groups |

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COVID-19 Treatment

Question: How is COVID-19 Treatment covered?

| Carrier | Response |
|-------------------------------------|---|
| Aetna | <p>Aetna will waive member cost-sharing for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial and Medicare Advantage plans. Self-insured plan sponsors will be able to opt-out of this program at their discretion. This goes through September 30, 2020.</p> <p>For more info, click here.</p> |
| Aetna Funding Advantage (NV) | <p>Aetna will waive member cost-sharing for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial and Medicare Advantage plans. Self-insured plan sponsors will be able to opt-out of this program at their discretion. This goes through September 30, 2020.</p> <p>For more info, click here.</p> |
| Anthem Blue Cross | <p>For Anthem's fully-insured employer, Individual, Medicare Advantage and Medicaid members, these treatments include services such as in-patient and out-patient services, respiratory services, durable medical equipment, skilled care needs, and FDA-approved drugs when they become available. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in. If you're diagnosed as having COVID-19, you won't have any out-of-pocket costs to pay if you get treatment for COVID-19 from doctors, hospitals, and other health-care professionals in your plan's network through December 31, 2020.</p> <p>For more info, click here.</p> |

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| Blue Shield of California | <p>There are no prior approvals needed for COVID-19 treatment. Blue Shield will waive copays, coinsurance, and deductibles for COVID-19 treatments received between March 1 – December 31, 2020. This applies to the following plan types:</p> <p>Plans purchased through Blue Shield of California directly Plans purchased through Covered California 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 (These plans are not required to cover these costs)</p> <p>For more info, click here.</p> |
| CaliforniaChoice | This decision is made by each individual carrier. |
| CalCPA | No cost sharing for COVID-19 testing and treatment |
| Chinese Community Health Plan | Pending Carrier Response |
| Cigna | <p>Cigna is waiving out-of-pocket costs for all COVID-19 treatment through October 31, 2020. The treatments that Cigna will cover for COVID-19 are those covered under Medicare or other applicable state regulations. The company will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable.</p> <p>For more info, click here.</p> |
| Health Net | <p>Effective immediately, Health Net will waive member cost sharing for COVID-19 related treatments for all Medicare, Medi-Cal and commercial fully insured members.</p> <p>For more info, click here.</p> |
| Kaiser Permanente | <p>If you're a Kaiser Permanente member, COVID-19 testing and diagnosis are available at no cost and has eliminated out-of-pocket costs for COVID-19 treatment through December 31, 2020, allowing impacted members to focus on their health and recovery.</p> <p>For more info, click here.</p> |
| MediExcel Health Plan | Pending Carrier Response |

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| Oscar | <p>Oscar will waive cost-sharing for its Small Group members for the treatment of COVID-19 through September 30, 2020 as outlined below. The cost share for COVID-19 care will be waived when delivered by in-network providers. At out-of-network facilities, the cost share will be waived if the member has obtained prior authorization. If you are admitted to the hospital or need any follow-up care at an out-of-network facility, you or the facility should contact Oscar as soon as reasonably possible. Please also note that this cost-share waiver does not apply to post-acute care, long-term treatment, or related Durable Medical Equipment.</p> <p>If you have already paid for COVID-19 care with normal cost-sharing, you may be eligible for an adjustment on your claim. You can submit for this through your Oscar Concierge Team.</p> <p>For more info, click here.</p> |
| Prominence Health Plan (NV) | Pending Carrier Response |
| Sharp Health Plan | <p>Sharp Health Plan is waiving members' out-of-pocket costs for inpatient and outpatient services related to the treatment of COVID-19. This policy applies to Sharp Health Plan members who are diagnosed with COVID-19 and who are enrolled in a fully insured benefit plan, and is effective from April 1 through September 30, 2020. Simply, this means that members will not be billed a copay, coinsurance, or deductible for services to treat COVID-19.</p> <p>For more info, click here.</p> |
| Sutter Health Plus | <p>There is no member cost share for medically necessary treatment related to a confirmed diagnosis of COVID-19 between February 4, 2020, and September 30, 2020.</p> <p>For more info, click here.</p> |
| UnitedHealthcare | <p>UnitedHealthcare is waiving member cost-sharing for the treatment of COVID-19 for Medicare Advantage, Medicaid, Individual and Group Market fully insured health plans until October 22, 2020. Implementation for self-funded employer customers may vary.</p> <p>For more info, click here.</p> |
| Western Health Advantage | <p>WHA is now waiving all treatment costs associated with COVID-19 care in an effort to alleviate any unnecessary stress or out-of-pocket costs to impacted members. This includes copayments and deductibles, if applicable, for office visits and hospitalization, for services related to the treatment of COVID-19. This relief will apply for any treatments from February 2020 until the end of September 2020.</p> <p>For more info, click here.</p> |

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Medical Premium Credit

Question: Will the carrier issue premium credit for Small Group Medical Plans?

| Carrier | Response |
|--|---|
| Aetna/ Aetna Funding Advantage (NV) | No current offering |
| Anthem Blue Cross | <p>Issuing premium credits to our Fully Insured employer groups based on their April 2020 invoices.</p> <p>The credits will appear on employers' August 2020 invoices (issued in July 2020):</p> <ul style="list-style-type: none"> 15% of the April premium for Anthem Small Group medical plans |
| Blue Shield of California | Pending Response |
| CaliforniaChoice | CaliforniaChoice has applied a one-time 10 percent credit for UnitedHealthcare plans to existing group's August 2020 invoice. The credit is part of UnitedHealthcare's COVID-19 related premium forgiveness program which was calculated based on a percentage of your group's August premium. New business groups effective 8/01/2020 or later do not qualify. |
| CalCPA | No current offering |
| Chinese Community Health Plan | No current offering |
| Cigna | Case by case situations |
| Health Net | No current offering |
| Kaiser Permanente | No current offering |
| MediExcel Health Plan | No current offering |
| Oscar | Pending Response |
| Prominence Health Plan (NV) | Pending Response |
| Sharp Health Plan | No current offering |
| Sutter Health Plus | No current offering |
| UnitedHealthcare | For UnitedHealthcare commercial fully insured individual and employer customers, credits ranging from 5% to 20% -- depending upon the specific plan -- will be applied to premium billings in June. |
| Western Health Advantage | Pending Response |

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COBRA Premiums

Question: COBRA coverage cannot be canceled for late or delinquent payment from 3/1 through the conclusion of the pandemic. When HHS declares the pandemic to be over, COBRA participants will have 30 days to make all retroactive payments for COBRA premiums. If they don't, they'll be retroactively canceled. How are the carriers administering this?

Note: Groups may have additional COBRA compliance obligations related to the extended COBRA deadlines and should consult their attorneys or compliance advisors regarding any legal or compliance questions.

| Carrier | Response |
|--|---|
| Aetna/ Aetna Funding Advantage (NV) | Pending Response |
| Anthem Blue Cross | Timeframes are suspended until 60 days after the end of the National Emergency or Outbreak Period. After this 60-day period, Anthem will start counting days against timeframes. Because each situation may be different, Anthem recommends submitting information as soon as possible. |

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| Blue Shield of California | <p>If a group wants to keep a COBRA enrollee's coverage in force, the group is required to pay the applicable premium. If the group has not received the premium payment from the COBRA qualified beneficiary, Blue Shield will not make an exception to this requirement. In this case, the group would have two options:</p> <p>(1) Pay the premium on behalf of the COBRA enrollee to keep the coverage in force and try to collect the premium from the COBRA enrollee; or</p> <p>(2) Disenroll the COBRA enrollee until the COBRA enrollee pays the applicable COBRA premium, at which point the group could seek to retroactively enroll the individual.</p> <p>If a group follows option (1) and the COBRA enrollee fails to timely pay the required COBRA premium, the group may want to retroactively disenroll the individual and obtain a refund of the premium paid on the individual's behalf. A group's ability to request retroactive disenrollment and obtain a premium refund is defined in the group agreement. Blue Shield's group agreements generally limit retroactive disenrollment requests to a period of 60 or 90 days (groups should check their agreements for the applicable limitation). Blue Shield will not make exceptions to permit retroactive disenrollment going back further than what is permitted under the group's agreement, even if the retroactive disenrollment is related to the extended COBRA deadlines.</p> <p>For option (2), Blue Shield will extend retroactive enrollment timelines beyond the current limitations in our group agreements to permit employers to make retroactive enrollments that are required to comply with the extended COBRA deadlines. For example, if an employer delays enrollment of a COBRA qualified beneficiary who has elected COBRA continuation coverage until the individual provides timely payment of the applicable COBRA premiums, Blue Shield will permit retroactive enrollment even if requested going back further than the retroactive enrollment period stated in the applicable group agreement.</p> <p>Similarly, if an employer group chooses to disenroll an individual who has delayed payment of COBRA premiums based on the extended premium payment deadline, and the group later wants to re-enroll the individual retroactively after receipt of the applicable COBRA premium payments, Blue Shield will permit the retroactive enrollment even if it exceeds the retroactive enrollment period stated in the applicable group agreement. In all cases, for Blue Shield to process the retroactive enrollment, the group would need to pay all applicable premiums for the period of retroactive enrollment</p> |
| CaliforniaChoice | <p>At this time, the group must continue to pay Choice as billed. If the member is retroactively terminated and payment has been made to Choice, the premium would be returned to the group via a credit on their invoice.</p> |

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| CalCPA | Pending Response |
| Chinese Community Health Plan | Pending Response |
| Cigna | Pending Response |
| Health Net | Health Net will comply with the DOL and IRS guidelines related to COBRA extension during the COVID19 outbreak period. We will be working through the operational implications of administering COBRA extension eligibility and claims adjudication, and will update you when we finalize our exception process. Please note that employees and dependents who lose coverage under the employer plan have affordable alternatives to COBRA, including Health Net's Individual and Family Plans with subsidies through Covered California which could reduce their costs. |
| Kaiser Permanente | In general, Kaiser Permanente relies on the group to determine special enrollment period (SEP) and COBRA eligibility and/or to make enrollment decisions. Kaiser Permanente will look to groups to administer the COBRA election notice and termination under the Joint Notice unless Kaiser Permanente provides COBRA administration to your group health plan. Kaiser Permanente will process enrollments and terminations as provided by groups, and we will remove administrative controls that would limit the groups' ability to comply (i.e., retroactivity limits on enrollment and auto-termination for COBRA premium non-payment) until the outbreak period ends. |
| MediExcel Health Plan | Pending Response |
| Oscar | Pending Response |
| Prominence Health Plan (NV) | Pending Response |
| Sharp Health Plan | Pending Response |
| Sutter Health Plus | Pending Response |

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| UnitedHealthcare | <p>If the participant defers payment and does not make payments during Outbreak Period, claims may be denied until the premium payments are made. COBRA Participants who defer making payments during the Outbreak Period will be able to activate coverage at any time prior to 30 days after the end of the Outbreak Period. They will be required to pay for months covered, even though payments may be deferred during the Outbreak Period. Any premium balance owed would be due 30 days at end of Outbreak Period.</p> <p>Groups are not responsible for COBRA premium. If the group collects the premium, and the qualified beneficiary cannot pay the premium, then the coverage terminates. Under the Final Rule, the plan can require that all premiums be paid within 30 days of the end of the Outbreak.</p> |
| Western Health Advantage | Pending Response |

Antigen Testing

Question: Are the carriers covering Antigen Testing?

| Carrier | Response |
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| Aetna | <p>Aetna will cover, without cost share, diagnostic (molecular PCR or antigen) tests to determine the need for member treatment.¹ This applies to direct-to-consumer/home-based diagnostic or antigen tests. Aetna's health plans generally do not cover a test performed at the direction of a member's employer in order to obtain or maintain employment or to perform the member's normal work functions or for return to school or recreational activities, except as required by applicable law.</p> <p>Aetna will cover, without cost share, serological (antibody) tests that are ordered by a physician or authorized health care professional and are medically necessary. Aetna's health plans do not cover serological (antibody) tests that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Refer to CDC website for the most recent guidance on antibody testing.</p> |
| Anthem Blue Cross | Anthem will waive cost sharing for diagnostic testing, including antibody testing, for COVID-19. This coverage includes tests administered in hospital or other medical facilities, freestanding laboratories or medical offices, pharmacies and drive-up testing sites. If tests are purchased by a member directly from a lab and without a provider ordering and accurately billing for the test, these costs may be the consumer's responsibility as articulated by those labs direct-to-consumer programs. |
| Blue Shield of CA | <p>Blue Shield is providing coverage without cost sharing for medically necessary diagnostic (PCR or antigen) and diagnostic serological (antibody) testing of patients ordered or administered by a healthcare provider acting within the scope of their license. Return to work testing is not done to improve the health outcome of the employee being tested, and, therefore, would not be covered as a benefit under a Blue Shield or Blue</p> <p>Shield Promise health plan, except where testing is required for essential workers under the DMHC emergency regulation noted above. For a definition of who qualifies as an essential worker, please refer to the DMHC FAQ on COVID-19 Testing. This is consistent with coverage for other types of testing that might be administered for the benefit of an employer, such as employer-required drug or alcohol testing, which is not covered as a health plan benefit.</p> |
| CaliforniaChoice | Based on the carrier coverage |
| CalCPA | Tests authorized by a doctor in accordance with the CDC guidelines will be covered by CalCPA Health with no member cost share (coinsurance, copay or deductible). Note: self-administered home tests, not ordered by a doctor, are not covered. We are aware of home test companies advertising to submit sales receipt into your health plan for reimbursement. Currently, tests require a doctor's order and be administered by a medical provider to be covered by the plan. |

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| Chinese Community Health Plan | Co-pays, deductibles, or coinsurance for all medically necessary screening and testing for COVID-19 will not cost you. This includes hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19. |
| Cigna | Cigna is waiving out-of-pocket costs for FDA-approved COVID-19 diagnostic (PCR and antigen testing) tests |
| HealthNet | Health Net's benefit plans cover medically necessary serologic (antibody) testing, using AMA approved CPT codes and CDC guidance for appropriate use of FDA approved antibody tests. For non-essential workers, voluntary and return to work testing is not covered. For medically necessary COVID testing, all non-essential workers and their families must obtain an in-network doctor's order for a COVID test, and seek diagnostic services from an in-network provider. We strongly encourage all services be provided by an in-network provider. Please follow the CDC guidelines related to frequency of testing. |
| Kaiser | <p>Kaiser is not recommending antibody testing outside of research studies at this time because the results are highly variable. You'll need to complete an e-visit through kp.org to place the lab order for an antibody test. Once the order is placed, you can walk into any Kaiser Permanente lab, without an appointment, for a blood draw.</p> <p>If you paid for an antibody test from a licensed, independent facility after March 1, you can file a claim form for reimbursement:</p> <ul style="list-style-type: none"> • Have no current COVID-19 symptoms (COVID-19 symptoms may include fever, cough, shortness of breath, chills, headache, loss of smell or taste, vomiting, and diarrhea); and • Had symptoms but don't anymore. It needs to have been more than 14 days since the onset of COVID-19 symptoms or a positive PCR (diagnostic) test; and • Have not had an antibody test in the last 30 days (unless an additional antibody test has been approved by an infectious disease physician). |
| MediExcel Health Plan | MediExcel Health Plan is waiving all cost-sharing for COVID-19 testing prescribed by a physician for patients who meet the Centers for Disease Control and Prevention's (CDC) guidelines. |
| Oscar | Your health care provider will share testing location information with you, if they confirm it is necessary. If your health care provider is not able to guide you to testing at this time, you can reach out to your state or local department of health. We've also created a COVID-19 testing site locator that shows testing sites in areas where Oscar plans are available. If you go to a testing center, you may encounter testing kit shortages and long wait times, so we encourage you to call ahead. |
| Prominence Health Plan (NV) | If you think you may have COVID-19, your health insurance must pay for the cost of visiting your doctor and the test as a preventive measure. |
| Sharp Health Plan | Sharp Health Plan covers COVID-19 screening and/or testing when recommended by your health care provider as medically necessary. Please talk to your Sharp Health Plan doctor if you think you may need to be tested. |

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| Sutter Health Plus | Sutter Health Plus covers medically necessary COVID-19 screening, testing and treatment at no cost to members. Screening and testing services are medically necessary if you experience symptoms and meet Centers for Disease Control and Prevention (CDC) criteria. We also defer to the clinical judgement of the treating provider to determine medical necessity. |
| UnitedHealthcare | During the national public health emergency period, UHC will cover medically appropriate COVID-19 testing at no cost-share (copayment, coinsurance or deductible) when ordered by a physician or health care professional for purposes of diagnosis or treatment of an individual member. |
| Western Health Advantage | WHA is waiving all copayments/coinsurance where the purpose of the visit is to be screened and/or tested for COVID-19, including for hospital/emergency room, urgent care, and provider office visits. Antibody testing is also covered by WHA with this waiver. Call your PCP for all questions and scheduling related to testing and screenings. If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your doctor for medical advice. They will decide whether you need to be tested. |

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