

COVID-19 General Information

What is coronavirus?

COVID-19 is a respiratory infection. It is caused by an RNA virus called nCoV19 that is part of the SARS lineage of coronaviruses.

What are the symptoms?

The most common symptoms of COVID-19 are: fever, cough, and shortness of breath. Those who develop serious illness are often found to have pneumonia.

Who is most at risk?

Most cases of COVID-19 worldwide have been mild and >80% of infected individuals have been able to fully recover at home. However, some people are at higher risk of getting very sick from this illness and should take additional precautions. Those people include:

- People over the age of 60, particularly those over the age of 80;
- People who have chronic medical conditions like heart disease, diabetes, chronic lung disease, chronic renal disease, cancer and obesity; and
- People who have a suppressed immune system from medications or those that have a compromised immune system.

Early indication is that the cause of death in individuals with COVID-19 is sepsis, ARDS and/or cardiac arrest. Please refer to www.coronavirus.gov.

What should I do if I have symptoms?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first CALL a health care professional for medical advice. Please refer to www.coronavirus.gov.

Is it true that people can infect others before they themselves show any symptoms?

Yes. It is believed a person can be contagious several days before symptoms appear and up to 14 days after symptoms have ended. Please refer to www.coronavirus.gov.

What services are available to me if I think I might be sick or need to talk to someone?

Members who feel like they may have been exposed to COVID-19 are being advised to immediately call their provider. To find a network provider you can log in to your My Account.

Most of our plans have both telehealth services and access to the Student Assistance Program. If you are already covered under one of our plans, please check your My Account to see what benefits are available to you.

Telehealth services, through HealthiestYou are available for both medical and mental health/behavioral health treatment, including counseling and therapy. You can visit uhcsr.com/hycounseling to learn more about the virtual mental health services.

The Student Assistance Program, which provides 24/7 counseling and many other self-help services is available to the majority of our members. Additional information on this product, if part of your plan, can be found in your My Account. For immediate assistance, the phone number is available in your My Account and on your ID card.

COVID-19 Claims FAQ

Will the vaccines be covered?

Yes, you will be able to get the vaccine at \$0 cost-share, no matter where you get the vaccine in the U.S. and including when two doses are required, at both in- and out-of-network providers through the national public health emergency period*. The cost of COVID-19 FDA-authorized vaccine serums will initially be paid for by the government. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on published rates.

*Does not apply to short-term limited duration health plans.

For additional information on COVID-19 Vaccines, visit [COVID-19 Vaccine Information](#).

To find vaccine resources in your area, visit the [CDC VaccineFinder](#).

Additional Support Line

Optum is opening its **Emotional-Support Help Line**, providing access to specially trained mental health specialists to support people who may be experiencing anxiety or stress following the recent developments around COVID-19. Optum's toll-free help line number, 866-342-6892, will be open 24 hours a day, seven days a week, for as long as necessary. The service is free of charge and open to anyone.

Will testing and physician visits be covered for COVID-19?

Medically-appropriate COVID-19 testing-related services have \$0 cost-share (copay, coinsurance or deductible) during the national public health emergency period, currently scheduled to end July 14, 2022. This coverage applies to in-network and out-of-network tests and physician visits.

Members are now able to purchase over-the-counter (OTC) at-home COVID-19 tests, at little or no cost to you. To help you better understand the benefit — including where to find at-home tests and how to submit a claim for reimbursement — view [COVID-19 Home Test Member Reimbursement](#).

Will treatment be covered for COVID-19?

Yes, treatment is covered but cost sharing according to policy benefits does apply.

Will cost sharing be waived for Telehealth visits?

All policies that have access to HealthiestYou telehealth will continue to provide virtual visits at no costs throughout the policy year. For other visits see below:

- For COVID-19 in-network-only telehealth services: the cost share waiver will extend through **July 14, 2022**.
- For COVID-19 out-of-network telehealth services: the cost share waiver will extend through **July 14 2022**
- For non-COVID-19 telehealth services (both in and out-of-network): cost sharing according to policy benefits does apply.

Can students obtain early refills on prescriptions?

Eligible UnitedHealthcare Insurance Company and OptumRx members who need an early prescription refill to ensure they have sufficient medication on hand may request one through their current pharmacy. Consider your current supply, as well as near-term medication needs to determine if you should refill early.

What about services performed outside of the US, will it be covered?

Yes, the claim will be subject to policy provisions and limitations. If the policy includes HealthiestYou, our telehealth product, it will now allow free visits outside of the U.S. Contact the Customer Services number on your ID card for more information.

My provider recommended I get a test, and I don't know where to go.

Visit <https://covid19testcenterlocator.uhc.com/to> find a test center.

COVID-19 Vaccine Information

Which COVID-19 vaccines are available?

The [U.S. Food and Drug Administration \(FDA\)](#) has authorized two COVID-19 vaccines for emergency use. These vaccines, manufactured by Pfizer-BioNTech and Moderna, were developed to protect you from COVID-19 and require two doses. Several trials from multiple companies are continuing with promising results.

Initially, there will be a limited supply of the FDA-authorized COVID-19 vaccines with specific groups of people having access. The Advisory Committee on Immunization Practices (ACIP) (a committee within the [Centers for Disease Control and Prevention \(CDC\)](#)) provides prioritization recommendations on which groups of people should get the vaccine first. State health departments may refine the guidance based on the amount of vaccine they are allocated and individual state needs or priorities. Review your [state health department's information](#) for local availability.

What is an Emergency Use Authorization or EUA?

The FDA has [a review process for safety and effectiveness](#) that it completes before it will authorize vaccines and other key preventive and treatment measures for use during public health emergencies. In December 2020, the FDA issued Emergency Use Authorizations (EUAs) to expedite the availability of the first two COVID-19 vaccines.

How do I know the vaccine is safe?

The U.S. vaccine safety system ensures that all vaccines, including the recently FDA-authorized COVID-19 vaccines, are as safe as possible. Even after EUA, the FDA continues to review clinical data about the vaccines.

Can I get the virus from the vaccine?

According to the CDC, COVID-19 vaccines will not give you COVID-19. The messenger RNA (mRNA) vaccines that are currently authorized by the FDA do not contain the COVID-19 virus and are not capable of causing COVID-19 infection. Also, none of the

other COVID-19 vaccines being developed in the United States use the live virus that causes COVID-19. The goal for each of the vaccines is to teach the body to find and fight the COVID-19 virus. Read more about these facts and others on the CDC website.

What is an mRNA vaccine?

COVID-19 messenger RNA (mRNA) vaccines allow cells to make a spike protein that looks the same as a protein found on the surface of the virus. Our bodies recognize that the spike protein is foreign, so they create antibodies to fight the virus if it is encountered in the future.

How did the vaccine get developed so quickly?

The effort to develop a safe and effective COVID-19 vaccine was a global effort fueled by a private-public partnership. Many pharmaceutical and biotechnology companies received government funding to prioritize vaccine research and innovative approaches to vaccine development. In addition, both EUA-approved vaccines adapted messenger RNA (mRNA) technology developed years ago for other medical research, dramatically reducing the timeline for the development of the actual vaccines. The vaccine testing was made possible with a large, diverse pool of adult volunteers.

What protection do the FDA-authorized COVID-19 vaccines provide?

FDA-authorized COVID-19 vaccines will help protect you from getting COVID-19. In fact, each vaccine reported strong protection from the disease:

- [Pfizer-BioNTech](#): According to the FDA, the two-dose COVID-19 vaccine was [~95% effective](#) at preventing COVID-19 in people aged 16 and older, based on the Pfizer-BioNTech Phase 3 trial.
- [Moderna](#): According to the FDA, the two-dose COVID-19 vaccine was [~94% effective](#) at preventing COVID-19 in people aged 18 and older, based on the Moderna Phase 3 trial.

Important reminders on the protection COVID-19 vaccines provide:

- Vaccines can take several weeks after the second dose to provide protection.
- COVID-19 vaccines will help protect you from getting COVID-19, but you should follow CDC and state health guidelines to stop the spread of the disease.
- The duration of protection against COVID-19 is currently unknown. Continue to follow public health safety guidelines to help protect yourself and others. Wear a face mask, practice physical distancing and wash hands regularly.

What populations were represented in the vaccine trials?

The first group studied included non-pregnant adults ages 18 years and older from racially and ethnically diverse backgrounds. The Pfizer vaccine trial included teens and was just cleared for use on adolescents 16 years and older. Vaccines have not yet been tested on pregnant women or younger children.

What is herd immunity?

Herd immunity occurs when a large portion of a community (the herd) becomes immune to a disease, making the spread of disease from person to person unlikely. As a result, the whole community becomes protected – not just those who are immune –because the virus has fewer places to spread and survive. Achieving herd immunity through vaccination is both more effective and less devastating than by allowing the disease to spread. It risks far fewer lives and protects the ability of our health care system to provide a range of services, not just acute care for COVID-19 illness.

Why should I get a COVID-19 vaccine?

- Lower your chances of getting COVID-19 or experiencing severe disease. The vaccine helps to protect you by creating an antibody response without risking severe illness or spreading the disease to others.
- Protect yourself, your family and your community. You can spread COVID-19 without feeling sick.
- Help stop the pandemic. The more people who get vaccinated, the less opportunity COVID-19 has to spread and cause severe illness. We need to use all the tools we have to stop the pandemic. Even after getting the COVID-19 vaccine, wearing a mask, physical distancing and handwashing will still be important.

Where can I get vaccinated?

Due to limited supply, COVID-19 vaccination is occurring in phases. People at highest risk are getting vaccines first. Vaccine availability and eligibility may vary locally. [Find vaccine resources near you.](#)

How much will it cost me to get vaccinated?

You will have \$0 cost-share on FDA-authorized COVID-19 vaccines, including when two doses are required, with both in- and out-of-network providers through the national public health emergency period.

When will I get access to COVID-19 vaccines?

Vaccine distribution is being coordinated by the [Centers for Disease Control and Prevention \(CDC\)](#) and [state health departments](#). Since supplies are limited at this time, health care workers and residents of long-term care facilities will be the first to be vaccinated.

As more supply becomes available, the CDC [recommends](#) the next groups to get the vaccine will be people aged 75 and older as well as non-health care essential workers (emergency workers, utility workers, teachers, etc.), followed by the third group: people ages 65-74, people ages 16-64 with high-risk medical conditions, and other essential workers not included in previous phases. From there, COVID-19 vaccines will become more available to broader groups.

COVID-19 vaccines may be more available in the spring to mid-year time frame as additional vaccines are FDA-authorized, produced and distributed. The goal will be for you to have the information you need about vaccines and to get the COVID-19 vaccine easily and conveniently.

NOTE: The [CDC](#) outlines the recommended vaccine distribution plan for the greatest impact on public health, but the ultimate distribution strategy is determined by each state. Information is changing quickly. For more information, look to the [CDC](#) or your [state health department](#) for information on COVID-19 vaccine availability in your area.

I have already had COVID-19, doesn't that mean that I am immune to it?

Experts do not know how long immunity lasts after infection, but there is evidence to support that people are protected from reinfection for at least 90 days after diagnosis with COVID-19. There is not enough evidence to understand whether people could still spread the virus if they are re-infected, so it's important to continue to practice the standard safety protocols of masking, physical distancing, frequent hand washing and sanitization.

What are the potential side effects of the vaccine?

Similar to other vaccines, recipients of the COVID-19 vaccine can expect to have injection site discomfort, fatigue, headache, muscle pain, chills, and fever in the 24-48 hours after receiving the vaccine, with stronger reactions expected after the second dose. Side effects mean that your body is making antibodies to protect you from future infection. Side effects do not mean you have a COVID-19 infection.

If you have side effects that bother you or do not go away, you should report them to your vaccination provider or primary care provider.

In the event of an emergency, you should call 911 or go to the nearest hospital.

Can I get vaccinated if I'm pregnant?

Talk to your provider about your options. The vaccine has not yet been tested on pregnant women, so the decision should be one you make in consultation with your provider. If you and your provider decide that getting vaccinated during pregnancy is the right choice for you, you will be able to receive the vaccination if you meet the prioritization criteria.

Are there people who should not get COVID-19 vaccines?

People with certain conditions or of different ages are not yet recommended to get FDA authorized COVID-19 vaccines. If you have questions about getting FDA-authorized COVID-19 vaccines, talk to your health care provider.

According to the [CDC](#), if you have ever had a severe allergic reaction to a vaccine or an injected medicine, you should ask your doctor if you should get the COVID-19 vaccine. A severe reaction is one that requires treatment at a hospital or with medications like an EpiPen (epinephrine).

The CDC recommends the people who have seasonal allergies or allergies to food, pets or oral medications, can still be vaccinated. If you have any questions, you should check with your health care provider.

For more information, read the [FDA's Pfizer-BioNTech COVID-19 Vaccine Fact Sheet and Moderna COVID-19 Vaccine Fact Sheet](#).

How many doses of the vaccine will be needed?

Both the Pfizer and Moderna vaccines require two doses that are given between three and four weeks apart. Protection against COVID-19 develops one to two weeks after receiving the second dose.

If I get a vaccine from either Pfizer or Moderna, do the two shots need to be from the same manufacturer?

Yes. It is critical that both the first and second dose of the COVID-19 vaccines are the same product.

If the first dose makes me feel sick, do I really have to get the second dose?

Yes, one dose of the vaccine will not protect you. The vaccine is not effective unless you receive both doses. Not completing the series wastes the limited vaccine and means that someone else won't have the opportunity to get vaccinated. Those with severe reactions to the first dose may be advised by their health care provider to not receive the second dose. This decision should be made in consultation with your health care or vaccine provider.

Will I have a choice in which COVID-19 vaccine I receive?

Like the flu vaccine, vaccination providers will administer the COVID-19 vaccine based on availability. Vaccination providers may not have all FDA-authorized COVID-19 vaccines at their location. If you have questions, we encourage you to talk to your health care provider.

When should I plan on getting the second dose of the COVID-19 vaccine?

You will need to get both doses in the required time frame to have protection from COVID-19.

We encourage you to schedule appointments for both doses at the same time. Your vaccination provider should help you know when to get the second dose. The CDC is also offering the [v-safe](#) mobile app to help with second dose reminders. Follow the vaccination instructions from the manufacturer, which includes making sure both doses are from the same manufacturer.

The [Pfizer-BioNTech COVID-19 vaccine](#) will require two doses, given three weeks apart. The [Moderna COVID-19 vaccine](#) will require two doses, given one month apart. You are strongly encouraged to schedule both doses at the same time to meet these time frames and get protection from COVID-19. The vaccination provider should assist you with scheduling the second dose when you receive your first dose.

Can I receive the COVID-19 (BioNTech and Moderna) vaccine at the same time I receive the flu or other vaccines?

The COVID-19 vaccine should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines. People receiving the COVID-19 vaccine may experience mild to moderate temporary symptoms such as fatigue, muscle aches, and a fever, it is recommended that you do not receive the COVID-19 vaccine simultaneously with another vaccine except under unusual circumstances.

Will I need to be vaccinated every year?

The duration of protection against COVID-19 is currently unknown.

Will I still need to wear a mask and continue physical distancing if I get vaccinated?

Yes. We know that a vaccine will protect you from getting sick with the virus, but you may still have the ability to spread the disease to others. Until a significant percentage of the population is vaccinated, everyone will need to continue masking, physical distancing, frequent hand washing and sanitizing.

COVID-19: Temporary Provisions

Summary of Dates by Program

Effective April 22, 2022

The following document is intended to be a quick reference guide for the beginning and end dates of temporary program, process or procedure changes that UnitedHealthcare Insurance Company has implemented as a result of COVID-19.

Current Cost-Share Waivers: Testing

Program or Benefit Scenario	Date Details	Additional Details
COVID-19 Diagnostic Testing (physician ordered)	From February 4, 2020, through July 14, 2022, cost share (copay, coinsurance, and deductible) will be waived for in-network and out-of-network tests.	<ul style="list-style-type: none"> •UnitedHealthcare Insurance Company is covering medically appropriate COVID-19 diagnostic testing during the national public health emergency period (currently scheduled to end July 14, 2022) at no cost share when ordered or reviewed by a physician or appropriately licensed health care professional to either 1.) diagnose if the virus is present due to symptoms or potential exposure, or 2.) help in the treatment of the virus for a person. •UnitedHealthcare Insurance Company health plans does not cover COVID-19 surveillance testing, which is testing used for public health or social purposes such as employment (return to workplace), education, travel, or entertainment. These tests are only covered when required by applicable law and adjudicated in accordance with member’s benefit plan.
Over-the-counter (OTC) COVID-19 tests (physician ordered)	From February 4, 2020, through July 14, 2022, cost share (copay, coinsurance, and deductible) will be waived for in-network and out-of-network tests when medically appropriate as ordered or reviewed by a physician or appropriately licensed health care professional.	<ul style="list-style-type: none"> •Members will be responsible for the cost of OTC tests and may use their health savings account (HSA), flexible spending account (FSA), or health reimbursement account (HRA). •If you provide a prescription for an over-the-counter COVID-19 test as part of clinical care, the member may submit a claim for reimbursement with both the prescription and detailed receipt.

Current Cost-Share Waivers: Testing (cont.)

Program or Benefit Scenario	Date Details	Additional Details
<p>COVID-19 Diagnostic Testing (without a prescription)</p>	<ul style="list-style-type: none"> •Beginning January 15, 2022, UnitedHealthcare Insurance Company will cover the cost of FDA-authorized or approved over-the-counter (OTC) at-home COVID-19 diagnostic tests purchased on or after January 15, 2022. This aligns with the guidance released on January 10, 2022 by the Departments of Labor, Treasury, and Health and Human Services (Tri-Agencies) to support the Biden administration’s directive on OTC at-home testing. •UnitedHealthcare Insurance Company has established a network of preferred retailers. Members who have an OptumRx logo on the member ID card can purchase OTC tests at these retailers with no upfront cost and do not need to submit a form for reimbursement. •UnitedHealthcare Insurance Company will not require a prior authorization, to be reimbursed for the OTC at-home tests. 	<ul style="list-style-type: none"> •Members can be reimbursed for up to 8 FDA-authorized or approved OTC at-home diagnostic tests per covered member every calendar month at no cost to the member (no cost-sharing copay, coinsurance or deductible). <ul style="list-style-type: none"> ○ The FDA website lists tests that fit these criteria. ○ The limit of 8 tests per member every calendar month does not apply to the Standard PCR tests administered by a doctor and processed by a lab. ○ Members do not need a prescription to request the OTC tests •To qualify for coverage, members must purchase the OTC tests on or January 15, 2022. Tests purchased prior to that date are not eligible for reimbursement.
<p>COVID-19 Antibody Testing</p>	<p>From April 10, 2020 through July 14, 2022 cost share will be waived for in-network and out-of-network tests.</p>	<ul style="list-style-type: none"> •COVID-19 antibody testing must be FDA-authorized COVID-19 antibody tests ordered by a physician or appropriately licensed health care professional.
<p>COVID-19 Testing-Related Services</p>	<p>From February 4, 2020 through July 14, 2022, cost share will be waived for in-network and out-of-network testing-related services.</p>	<p>Services in-person or via telehealth.</p>

Current Cost-Share Waivers: Treatment

Program or Benefit Scenario	Date Details	Additional Details
COVID-19 Treatment	No cost share waivers are currently in effect. Coverage and cost sharing (copay, coinsurance, and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan.	N/A
COVID-19 Antiviral Treatment	No cost share waivers are currently in effect. Coverage and cost sharing (copay, coinsurance, and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan.	<ul style="list-style-type: none"> •As of April 4, 2022, there are 3 antiviral treatment options available. <p><u>Infusion</u></p> <ul style="list-style-type: none"> •Veklury (Remdesiver) <p><u>Oral</u></p> <ul style="list-style-type: none"> •Plaxovid (nirmatrelvir + ritonavir, co-packaged) •Lagevrio (Molnupieravir) <ul style="list-style-type: none"> •Please review the COVID-19 Billing Guide for additional monoclonal antibody treatment information.

Current Cost-Share Waivers: Treatment (cont.)

Program or Benefit Scenario	Date Details	Additional Details
<p>Monoclonal Antibody Treatment</p>	<ul style="list-style-type: none"> •The investigational monoclonal antibody treatment will be considered a covered benefit during the national public health emergency period, currently scheduled to end July 14, 2022. Patients should meet the emergency use authorization (EUA) criteria for FDA authorized or approved monoclonal antibody treatment in an outpatient setting. •As of April 1, 2021, no cost share waivers are in effect for the administration (intravenous infusion) of monoclonal antibodies. Coverage and cost share for both in-network and out-of-network treatment are adjudicated in accordance with the member’s health plan. 	<ul style="list-style-type: none"> •As of April 5, 2022, there are 2 monoclonal antibody treatment options available: <ul style="list-style-type: none"> ○ Bebtelovimab ○ Evusheld (pre-exposure prophylaxis use only) Please review the COVID-19 Billing Guide for additional monoclonal antibody treatment information. •On April 5, 2022, the FDA announced sotrovimab is no longer authorized for use in any region, as it is unlikely to be effective against the Omicron BA.2 variant. Claims for this treatment on or after April 6, 2022 will be denied. •On January 23, 2022, the FDA revised the authorizations for two monoclonal antibody treatments bamlanivimab and etesevimab (administered together) and REGEN-COV (casirivimab and imdevimab). These treatments are no longer authorized for use in any U.S. state, territory or jurisdiction to treat COVID 19. This decision was made because data show these treatments are highly unlikely to be effective against the Omicron variant, which is now the predominant variant in the U.S. •Claims will continue to be reimbursed for these treatments for dates of service through January 31, 2022. Claims for these treatments on or after February 1, 2022 will be denied.

Current Cost-Share Waivers: COVID-19 Telehealth

Program or Benefit Scenario	Date Details	Additional Details
<ul style="list-style-type: none"> • Telehealth • Virtual Check-Ins • Electronic Visits (e-visits) • Physical Therapy • Occupational Therapy • Speech Therapy • Chiropractic Therapy • Home Health and Hospice • Remote Patient Monitoring • Behavioral • Dental • Vision • Hearing 	<p><u>COVID-19 Testing</u> From February 4, 2020 through July 14, 2022, cost sharing (copay, coinsurance or deductible will be waived for in-network and out-of-network testing-related telehealth visits.</p> <p><u>COVID-19 Treatment</u></p> <ul style="list-style-type: none"> • In network: No cost share waivers are currently in effect. Effective January 1, 2021, most benefit plans include telehealth services with in-network providers. Members will be responsible for any copay, coinsurance, deductible, or out-of-network costs according to their benefit plan. • Out-of-network: No cost share waivers are currently in effect. Coverage and cost sharing are adjudicated according to a member's health plan. 	<p>Benefits are adjudicated in accordance with the member's health plan, if applicable.</p>

Current Telehealth Expansion & Coverage

Program or Benefit Scenario	Date Details	Additional Details
Behavioral	Optum has extended the expansion of telehealth access. This exception is effective through April 1, 2022 for in-network providers. For out-of-network providers, these flexibilities may be applicable in accordance with the member's benefit plan and as mandated by the state.	Optum has temporarily expanded its provisions around telehealth services to make it easier for members to connect with their behavioral health provider during the COVID-19 public health emergency.

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
<ul style="list-style-type: none"> • Telehealth • Medical • Physical Therapy • Occupational Therapy • Speech Therapy 	<p><u>COVID-19</u></p> <ul style="list-style-type: none"> • In-network testing and treatment: As of January 1, 2021, in-network telehealth services and additional codes will be reimbursed as outlined in our telehealth reimbursement policy. • Out-of-network COVID-19 testing: The expansion of telehealth access for <u>COVID-19 testing</u> will extend through the national public health emergency period (currently scheduled to end July 14, 2022). • Out-of-network COVID-19 treatment: As of October 23, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy. <p><u>Non-COVID-19</u></p> <ul style="list-style-type: none"> • In-network: As of January 1, 2021, in-network telehealth services will be covered in accordance with the member's benefit plan and our telehealth reimbursement policy. During the national public health emergency period, currently set to end on July 14, 2022, additional codes may apply. • Out-of-network: As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy. 	<p>The temporary policy changes apply to members whose benefit plans cover telehealth services and allow those patients to connect with their doctor through live, interactive audio-video or audio-only visits.</p>

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Virtual Check-ins	<p><u>COVID-19</u></p> <ul style="list-style-type: none"> •In-network testing and treatment: As of January 1, 2021, in-network telehealth services will be reimbursed as outlined in our telehealth reimbursement policy. •Out-of-network COVID-19 testing: The expansion of telehealth access for <u>COVID-19 testing</u> will extend through July 14, 2022. •Out-of-network COVID-19 treatment: As of October 23, 2020, out-of-network telehealth services are covered according to the member’s benefit plan and a UnitedHealthcare Insurance Company’s standard telehealth reimbursement policy. <p><u>Non-COVID-19</u></p> <ul style="list-style-type: none"> •In-network: As of January 1, 2021, in-network telehealth services will be reimbursed as outlined in our telehealth reimbursement policy. •Out-of-network: As of July 25, 2020, out-of-network telehealth services are covered according to the member’s benefit plan and UnitedHealthcare Insurance Company’s standard telehealth reimbursement policy. 	<ul style="list-style-type: none"> •UnitedHealthcare Insurance Company will reimburse providers when they have a brief communication using a technology- based service with a member, using HCPCS codes G2010 or G2012. •Beginning January 1, 2021, HCPCS codes G2250, G2251 and G2252 will be available codes.

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Chiropractic Therapy	No telehealth expansion provisions are currently in effect. Telehealth services for chiropractic therapy will be reimbursed according to the member's benefit plan.	N/A
Remote Patient Monitoring	No telehealth expansion provisions are currently in effect. Remote patient monitoring will be reimbursed according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy.	UnitedHealthcare Insurance Company considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091 eligible for reimbursement.
Electronic Visits (e-visits)	E-visits will be covered according to the member's benefit plan and UnitedHealthcare Insurance Company's standard telehealth reimbursement policy.	<ul style="list-style-type: none"> •UnitedHealthcare Insurance Company will reimburse providers when members communicate with their doctors using online patient portals, using CPT codes 99421-99423 and 98970-98972. •For these e-visits, the member must generate the initial inquiry, and communications can occur over a seven-day period.

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Home Health	<p><u>COVID-19 and Non-COVID-19 In-Network Testing and Treatment</u></p> <ul style="list-style-type: none"> • No telehealth expansion provisions for in-network COVID-19 services are currently in effect. • As of January 1, 2021, in-network telehealth services and additional codes as outlined in our telehealth reimbursement policy will be reimbursed. <p><u>COVID-19 Out-of-Network COVID-19 Testing</u></p> <ul style="list-style-type: none"> • For out-of-network providers, the expansion of telehealth access for <u>COVID-19 testing</u> will extend through July 14, 2022. Services must be performed using live, interactive audio-video while the patient is at home. <p><u>Out-of-Network COVID-19 Treatment</u></p> <ul style="list-style-type: none"> • No telehealth expansion provisions for out-of-network COVID-19 treatment are currently in effect. Telehealth services for out-of-network home health therapy will be reimbursed according to the member's benefit plan. 	N/A

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
<ul style="list-style-type: none"> • Dental • Vision • Hearing 	<p><u>COVID-19</u></p> <ul style="list-style-type: none"> • In-network testing and treatment: Beginning January 1, 2021 through the national public health emergency period (currently scheduled to end July 14, 2022), in-network telehealth services (including originating site requirements) will be reimbursed in accordance with the member's benefit plan. • Out-of-network COVID-19 testing: For out-of-network providers, the expansion of telehealth access for <u>COVID-19 testing</u> will extend through July 14, 2022. • Out-of-network COVID-19 treatment: No telehealth expansion provisions are currently in effect. Out-of-network telehealth services will be reimbursed according to the member's benefit plan. <p><u>Non-COVID-19</u></p> <ul style="list-style-type: none"> • No telehealth expansion provisions are currently in effect. Non-COVID-19 telehealth services will be reimbursed according to the member's benefit plan, whether that treatment is provided by and in- or out-of-network provider. 	<p>N/A</p>

Current Telehealth Expansion & Coverage (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Hospice	No telehealth expansion provisions are currently in effect. Telehealth services for hospice will be reimbursed according to the member's benefit plan.	UnitedHealthcare Insurance Company will reimburse services provided by hospice agencies for routine home care when rendered using interactive audio-video technology.

Current Timely Filing & Prescription Refills

Program or Benefit Scenario	Date Details	Additional Details
Timely Filing Extensions	UnitedHealthcare Insurance Company is pausing the timely filing requirements time clock for claims that would have exceeded the filing limitation during the national emergency period that began on March 1, 2020.	<ul style="list-style-type: none"> •Timely filing requirements have been extended an additional 60 days following the last day of the national emergency period. This regulatory guidance has been issued by the IRS and the U.S. Department of Labor (Employee Benefits Security Administration). •Our standard timely filing requirements apply to claims that exceeded requirements prior to the national emergency period.

Current Referrals

Program or Benefit Scenario	Date Details	Additional Details
Referrals	n/a	Consistent with existing policy, members do not need a referral for emergency care. All other standard referral requirements continue to apply.

Current Prior Authorization Provisions

Program or Benefit Scenario	Date Details	Additional Details
Diagnostic Radiology for COVID-19 Testing and Testing-Related Services (Diagnostic Imaging)	Prior authorization is not required through July 14, 2022.	Providers are asked to submit a notification for CPT codes 71250, 71260, 71720 for members with a COVID-19 diagnosis or suspected diagnosis.
Post-Acute Care Admission, Site of Service Reviews, and Transfers to a New Provider	Normal prior authorization requirements are in effect. Any temporary changes to these requirements that are put into place will be communicated directly to the impacted geographies and/or facilities.	Any temporary changes to these requirements that UnitedHealthcare Insurance Company may choose to put in place will be communicated directly to the impacted geographies and/or facilities.

Appendix: Previous Temporary Provisions

The following pages outline temporary program provisions and/or suspensions that were implemented in response to COVID-19.

All of these provisions and suspensions are no longer in effect—the information is included here simply for your reference.

Expired Cost-Share Waivers: Treatment

Program or Benefit Scenario	Date Details	Additional Details
<p>COVID-19 Treatment</p>	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • From February 4, 2020 through October 22, 2020, cost sharing (copay, coinsurance or deductible) was waived for in-network and out-of-network visits. • From October 23, 2020 through December 31, 2020, cost sharing was waived for in-network services for inpatient and outpatient COVID-19 treatment. • From January 1, 2021 through January 31, 2021, cost sharing was waived for COVID-19 inpatient treatment at in-network facilities. For in-patient admissions that begin before January 31, 2021, cost sharing is waived until the patient is discharged. • Beginning February 1, 2021, cost sharing will be adjudicated in accordance with the member's benefit plan. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • From February 4, 2020 through October 22, 2020, cost sharing was waived for in-network and out-of-network visits. • As of October 23, 2020, out-of-network coverage is determined by the member's benefit plan. Implementation for self-funded customers may have varied. 	<ul style="list-style-type: none"> • Treatment must be for a COVID-19 diagnosis with an appropriate admission or diagnosis code. • Applies to observation stays, inpatient hospital episodes, acute inpatient rehab, long-term acute care and skilled nursing facilities. • This applies to remdesivir and convalescent plasma administered consistent with FDA authorizations for emergency use. See below for additional details on monoclonal antibody treatment.

Expired Cost-Share Waivers: Treatment (cont.)

Program or Benefit Scenario	Date Details	Additional Details
Monoclonal Antibody Treatment	Cost sharing (copay, coinsurance, or deductible) for the administration (intravenous infusion) of monoclonal antibodies for in-network providers in outpatient settings was waived from November 24, 2020 through March 31, 2021.	FDA-authorized treatments: Bamlanivimab: -HCPCS code: Q0239 -Administration code: M0239 Casirivimab + Imdevimab: -HCPCS code: Q0243 -Administration code : M0243

Expired Cost-Share Waivers: Transportation

Program or Benefit Scenario	Date Details	Additional Details
Transportation	From February 4, 2020, through December 31, 2020, cost share was waived for: <ul style="list-style-type: none"> • Emergency and medically necessary non-emergency ground ambulance transportation for COVID-19-related services • Ground transportation from facility to facility (acute to acute or acute to post-acute) for patients with a positive COVID-19 diagnosis • From January 1, 2021, through January 31, 2021, cost share was waived for emergency ground transportation that resulted in an inpatient admission for COVID-19 treatment at an in-network facility. 	n/a

Resources

- For the most recent updates on COVID-19, visit the [Centers for Disease Control and Prevention](#) or [World Health Organization](#).