

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?

Yes, we will be waiving cost sharing for COVID-19 diagnostic testing (virus/antigen) through October 17, 2021. Tests must be ordered by a physician or appropriately licensed healthcare professional for purposes of diagnosis or treatment of an individual member. We're also waiving cost sharing for COVID-19 testing related visits during this same period. This coverage applies to in-network and out-of-network tests and physician visits.

Will treatment be covered for COVID-19?

Yes, you will have \$0 cost-share (copay, coinsurance and deductible) for inpatient in-network visits, for COVID-19 treatment through October 17, 2021. Out-of-network cost-share waivers ended on October 22, 2020. As of October 23, 2020, cost sharing 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 October 17, 2021.
- For COVID-19 out-of-network telehealth services: the cost share waiver will extend through October 17, 2021.
- For non-COVID-19 in-network-only telehealth services: cost share was waived through September 30, 2020. As of October 1, 2020, cost sharing does apply.
- For non-COVID-19 out-of-network telehealth services: 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. Any policy with an exclusion for services in their home country, the exclusion will be waived for the remainder of the 19-20 policy year and through the 20-21 policy year. 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

What should I know about the COVID-19 vaccine?

Many COVID-19 vaccines are being made. Most of the vaccines require you to get 2 doses. If the vaccine you receive requires 2 doses, you should get the second shot 3 to 4 weeks after you get the first one. You need to get both shots of the vaccine and wait 2 weeks to get maximum protection against COVID-19. Be sure you get 2 doses if required.

How much will I pay to get the COVID-19 vaccine?

There is no charge to you for the COVID-19 vaccine through the national public health emergency. The U.S. government paid for the vaccines. Your health insurance company, Medicare or Medicaid will cover the cost for you to get the shot. You should not get a bill for the vaccine.

Are there side effects?

You can talk to your doctor about what will happen when you get the COVID-19 vaccine. Generally, side effects are signs the vaccine is working. There are some side effects.

- Your arm may be sore where you get the shot
- You might feel tired or have a fever after you get the shot

If you have side effects that bother you or do not go away, talk to your vaccination provider or doctor. In the case of an emergency, call 911. If your vaccine requires 2 shots, always get your second shot even if you had side effects. You need both shots for the vaccine to work.

What is known about the virus variants and vaccine protection?

According to the CDC, experts are continuing to study the variants of the virus that causes COVID-19. Viruses constantly change through mutation, and new variants of a virus are expected to occur over time. There are multiple variants of the virus that causes COVID-19 in the United States, and these variants seem to spread more easily than other variants. An increase in cases of COVID-19 can lead to more hospitalizations and potentially more deaths.

FDA-authorized COVID-19 vaccines help prevent the virus from spreading, which in turn can help decrease the opportunity for virus variants to develop and spread. According to the CDC, vaccines do help with protect against variants, and they continue to be closely investigated with more studies underway.

FDA-authorized COVID-19 vaccines play an essential role in limiting the spread of COVID-19 and protecting people's health. To help protect your and your loved one's health, you also need to follow public health safety practices:

- Wear face masks
- Physically distance
- Wash your hands regularly
- Isolate or quarantine when sick

If I've had COVID-19, can I get vaccinated?

According to the CDC, COVID-19 vaccinations should be offered to people regardless of whether they have previously had COVID-19. You do not need an antibody or diagnostic test before or after you are vaccinated to learn if the vaccine worked.

Anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation. Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. So, people with a recent infection may delay vaccination until the end of that 90-day period

Member Resources:

- [Symptom Checker](#) – check your risk for COVID-19
- [Testing Locator](#) –find a diagnostic testing center
- [COVID-19 Vaccines](#) –discover what you need to know about the vaccines
- [CDC VaccineFinder](#) –find a center for vaccine administration

COVID-19: Temporary Provisions

Summary of Dates by Program

Effective July 19, 2021

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	From February 4, 2020, through October 17, 2021, 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 schedule to end October 17, 2021) 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 is covering testing for employment, education, public health, or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member’s benefit plan; health benefit plans generally do not cover testing for surveillance or public health purposes.
COVID-19 Antibody Testing	From April 10, 2020, through October 17, 2021, cost share will be waived for in-network and out-of-network tests.	COVID-19 antibody testing must be an FDA-authorized COVID-19 antibody test ordered by a physician or appropriately licensed health care professional.
COVID-19 Testing-Related Visits	From February 4, 2020, through October 17, 2021, cost share will be waived for in-network and out-of-network testing-related visits.	Services can be in person or via telehealth.

Current Cost-Share Waivers: Testing (cont.)

Program or Benefit Scenario	Date Details	Additional Details
<p>Over-the-counter (OTC) COVID-19 tests</p>	<p>From February 4, 2020, through October 17, 2021, 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.</p>	<ul style="list-style-type: none"> • COVID-19 tests purchased OTC without a prescription or health care professional’s involvement, such as those bought at a pharmacy or online, and processed without a lab or health care professional’s involvement, are not covered by the member’s benefits plan. • 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: 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
Monoclonal Antibody Treatment	<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 set to end October 19, 2021. Patients should meet the emergency use authorization (EUA) criteria for FDA-authorized monoclonal antibody treatment in an outpatient setting. •As of April 1, 2021, no cost share waivers for the administration (intravenous infusion) of monoclonal antibody treatments are in effect. Coverage and cost sharing both in-network and out-of-network are adjudicated according to a member's benefit plan. 	FDA-Authorized Treatments: <ul style="list-style-type: none"> •Bamlanivimab: <ul style="list-style-type: none"> -HCPCS code: Q0239 -Administration code: M0239 •Casirivimab + Imdevimab : <ul style="list-style-type: none"> -HCPCS code : Q0243 -Administration code : M0243

Current Cost-Share Waivers: Transportation

Program or Benefit Scenario	Date Details	Additional Details
Transportation	No cost share waivers are currently in effect. Coverage and cost sharing (copay, coinsurance, and deductible) are adjudicated in accordance with the member's health plan.	N/A

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 October 17, 2021, 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 Cost-Share Waivers: Non-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>No cost share waivers are currently in effect. Members are responsible for any copay, coinsurance, deductible, or out-of-network costs according to their benefit plan. Coverage and cost sharing are adjudicated in accordance with the member's benefit plan.</p>	<p>N/A</p>

Current Telehealth Expansion & Coverage

Program or Benefit Scenario	Date Details	Additional Details
<p>Behavioral</p>	<p>Optum has extended the expansion of telehealth access. This exception is effective through September 30, 2021, for in-network providers. For out-of-network providers, this exception was applicable through July 24, 2020. After these dates, telehealth is covered according to the member's benefit plan and Optum's standard telehealth/telemedicine reimbursement policy.</p>	<p>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.</p>

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 October 17, 2021). • 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 October 17, 2021, 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 October 17, 2021. •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 October 17, 2021. 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 October 17, 2021), 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 October 17, 2021. • 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, currently scheduled to end July 19, 2021. •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 October 17, 2021.	Providers are asked to submit a notification for CPT codes 71250, 71260, 71720 for members with a COVID-19 diagnosis or suspected diagnosis.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	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.	N/A
Embryo Cryopreservation (for plans with infertility benefits)	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.	N/A
Medical, Behavioral Health and Dental Services – Extensions of Existing Prior Authorizations	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.	N/A
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.	N/A

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](#).