



Private Payer Coverage for COVID-19

March 26, 2020

The following summarizes the policies that major private payers have released to date for COVID-19 testing and telehealth service expansion.

Cigna

- Will cover diagnostic testing and treatment for COVID-19.
- Will waive out of pocket costs for COVID-19 visits with providers through May 31, 2020.
- Waiving out of pocket costs for FDA approved COVID-19 testing. Only a health care provider of hospital can administer the test and send sample to an approved lab for results.
- Cigna will cover treatment associated with COVID-19 though out of pocket costs may apply
- Cigna will cover virtual care screening related to screening, diagnosis or testing for COVID-19. Out of pocket costs will be waived.
- Virtual care NOT related to COVID-19 will be covered by physicians and provider with virtual care capabilities through May 31,2020. Out of pocket costs may apply.

United Healthcare

- UHC is waiving cost sharing for COVID-19 testing and visits associated with COVID-19 regardless of whether the visit is in a provider's office, an urgent care center, or in an Emergency Department. This applies to Medicare Advantage, Medicaid, and employer sponsored plans.
- Medicare Advantage and Medicaid Member can continue access existing telehealth benefit through designated UHC partners without cost sharing. Cost sharing for members with a telehealth benefit through their employer-sponsored plan will be waived through June 18, 2020.
- COVID-19 related telehealth visits will have cost-sharing waived during the national emergency.

Humana

- **Testing is fully covered.** Testing for COVID-19 will be fully covered with no out-of-pocket costs for patients who meet CDC guidelines at approved laboratory locations. This applies to members of Humana's Medicare Advantage, Medicaid and commercial employer-sponsored plans.
- **Telemedicine visits for all urgent care needs are fully covered.** Humana is encouraging members to use telemedicine (e.g., video chat) as a first line of defense for all urgent care needs. Humana will waive out-of-pocket costs for telemedicine visits for urgent care needs for the next 90 days. This will apply to Humana's Medicare

Advantage, Medicaid and commercial employer-sponsored plans, and is limited to in-network providers delivering live video-conferencing.

Blue Cross Blue Shield

- All 36 independently-operated BCBS companies and the Blue Cross and Blue Shield Federal Employee Program® (FEP®) are expanding coverage for telehealth services for the next 90 days (beginning March 19, 2020). The expanded coverage includes waiving cost-sharing for telehealth services for fully-insured members and applies to in network telehealth providers who are providing appropriate medical services.
- BCBS will waive prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance for members if diagnosed with COVID-19
- BCBS will cover medically necessary diagnostic tests that are consistent with CDC guidance related to the COVID-19 at no cost share to member
- For further detail on blue cross blue shield plans by state click [here](#).

Aetna

- Aetna is waiving co-pays and applying no cost-sharing for all diagnostic testing related to COVID-19. This policy will cover the cost of a physician-ordered test and the physician visit that results in a COVID-19 test, which can be done in any approved laboratory location.
- For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for any covered telemedicine visits – regardless of diagnosis.