**Cigna**

- Will cover diagnostic testing and treatment for COVID-19.
- 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.

Anthem

- All Anthem plans now cover COVID-19 testing and the care visit where the test takes place with no out-of-pocket costs.
- If you’re diagnosed as having COVID-19, your Anthem health plan benefits apply to treatment.
- Anthem is expanding your telehealth benefits. Not only do your benefits include connecting with a doctor through the Sydney Care mobile app’s Virtual Care text session or LiveHealth Online video, but now they also cover telehealth visits by phone with the primary care doctor in your plan until June 14, 2020.
- You can get one Virtual Care text session at no cost between now and June 14, 2020. Additional Virtual Care text sessions cost $19 each. Telehealth visits through LiveHealth Online or other telehealth technologies that primary care doctors in your plan use are available to you at no cost between now and June 14, 2020.
• Most plans include telehealth as part of their benefits. If telehealth isn’t part of your plan’s benefits, you may have out-of-pocket expenses to use telehealth services after June 14, 2020.