

COVID-19 FAQ PART 7

INCLUDES PREVIOUS CONTENT FOR REFERENCE

Self-Insured Employers

Revised April 21, 2020



At Blue Cross and Blue Shield of Minnesota (Blue Cross), our top priority is to ensure the health and safety of our members. We continue to follow the developing guidance of local and federal health officials regarding the impact of the coronavirus (COVID-19).

We are committed to ongoing communications throughout this process as new information becomes necessary to share with our employer groups. This is a fast moving situation with new information and considerations occurring hourly.

As this situation evolves, we will continue to update you on our internal readiness if our status quo changes on serving members, agents, clients and providers. We shared much of our readiness and resiliency plans with you in our first FAQ (see below for FAQ Part 1 content on Blue Cross readiness).

This document will be updated and include the latest information we have to share.

Changes to previous content will be noted as such (REVISED) and new information will be called out (NEW INFORMATION).

NEW INFORMATION April 21, 2020 – Please review entire document to ensure you’ve seen all content.

Doctor on Demand Member Experience – Workaround Solution in Progress

We heard your concerns about the member experience related to this extension through June 14th. Our operations team has started updating the benefits for those employers who opted-in. Employers have until 4/24 to opt-in. We have been updating the coding as employers opt-in resulting in a 2-3 business day turn around if not sooner for changing the member experience to have 100% coverage at time of a Dr. On Demand visit.

Benefit Books/SMMs

The COVID 19 pandemic has led to unprecedented actions by our federal and state governments with employers and health plans leading the way on supporting members. Providing member cost share relief for medical care was an important benefit to provide during this critical time. Due to the emergency circumstances surrounding these benefits, Blue Cross and Blue Shield of Minnesota is not amending benefit books for our fully insured plans nor for our employee health plan. As always, we recommend our self-insured employers seek guidance from their ERISA counsel regarding appropriate documentation related to these changes including SBCs, SMMs, etc.

Prime Therapeutics – Summary of COVID 19 Changes and Member Support Initiatives

While we’ve highlighted some of the changes in earlier FAQs, we thought a summary of what Blue Cross and Prime have been implementing to help support members during this time would be helpful.

COVID-19 has affected all of us in many ways. The Blue Cross Pharmacy team continues to work closely with the Blue Cross COVID-19 task force to:

- Ensure members have access to the medications they need,
- Reduce impact to member and physicians,
- Ensure appropriate utilization and therapy, and
- Minimize fraud, waste and abuse.

We have made some adjustments to our pharmacy benefit, administered through Prime Therapeutics, to meet these goals.

Key Initiatives and Member Support:

- Implemented a process for pharmacies to process **early refills** of medications. Early refills might be needed for a number of reasons, especially for those who are self-isolating, despite most pharmacies now providing fee delivery services. We are also encouraging 90 day supply fills of medications.
- Blue Cross and Prime continue to **monitor for drug shortages** and we have seen a marketplace shortage of albuterol inhalers. **Albuterol** treats asthma and chronic obstructive pulmonary disease (COPD). We have **allowed for coverage of the non-preferred and non-covered versions** of these albuterol inhalers at the preferred brand cost share tier through June 30, 2020 so members will pay the same cost that they do today for our preferred inhalers, Ventolin HFA and Proair HFA.
- Implemented a temporary **quantity limit on hydroxychloroquine and chloroquine**. These medications are used to treat rheumatoid arthritis and lupus. We have seen up to a four-fold increase in utilization since prior to March 2020 but utilization seems to be ramping down in April. We grandfathered members who are using these medications as long-term therapy so they will be uninterrupted by this program.
- Implemented a temporary **quantity limit on azithromycin/Zithromax**. This is an antibiotic that treats bacterial infections. While we're not seeing an increase in use, we want to take a cautious approach.
- We have **extended the dates of approval authorizations for prior authorization, quantity limit and step therapy programs** until the end of May to relieve the burden on members and their doctors, so they won't be bothered with submitting renewal requests during a time when doctors are busy and members are trying to stay away from clinics.

We will continue to monitor the marketplace to evaluate whether any of these adjustments will remain in place longer than currently implemented.

Below is the content from Part 6 FAQ -Released 4/14/20

Doctor on Demand – Extended Opportunity

The first offering for this opportunity has ended and Blue Cross is extending this same opportunity for another period of time, however, with a slightly different member experience.

To be able to offer another 60 days and operationalize it quickly while accommodating clients wanting to extend it and those who prefer not to, Blue Cross and Dr. On Demand were able to solution a member refund process without having to change client benefits in the system. This will allow members whose employers are opting in to immediately be able to have this benefit in effect.

Same Opportunity / Different Process

- This opportunity includes **all types of Doctor on Demand visits including mental health**. The visit does not need to be COVID-19 related.
- No member cost for **all Doctor on Demand visits for all commercial lines of business** and Medicare effective 4/14/20 through 6/14/20.

What is changing?

For this 60-day extension, the member is charged their cost share at the time of the visit on a credit card with a refund to their credit card at a later date.

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Member Cost Share Refund

- Member pays their cost share at the time of their visit via a credit card.
- For clients who opted in for the 60-day opportunity, the member receives a refund back on their credit card.
- Typically, they will receive reimbursement within 30 days from when the claim finalized.

To inform members of the refund process, Dr. On Demand has posted a message on the website:

Blue Cross Blue Shield of Minnesota plans may cover Doctor On Demand visits at 100% at this time due to the current public health emergency. Since this situation is continually evolving, if your plan has elected to temporarily cover your visit at 100% and you are charged a copay at the time of service, you will be refunded within 30 days after the claim processes. If you have any questions, please call the customer service number on the back of your insurance card for assistance.

Client Opt-in Option

Your account manager may have already contacted you or will be reaching out to you to determine if you want to offer the 60-day opportunity for your members. This applies to all medical and behavioral health services provided through Dr. On Demand. A client cannot elect to only apply the cost share waiver exclusively to medical services.

Decisions to opt-in must be made no later than April 24 with no changes allowed after that date. Please notify your account manager if you want to opt in.

COVID Legislation Applies

Whether a client has opted in or not, claims related to COVID follow the legislative requirements. The member will pay via a credit card at time of appointment. If member has a COVID related claim that meets legislative requirements for no member cost share, Dr. On Demand will refund the cost share amount to their credit card.

Below is the content from Part 5 FAQ -Released 4/6/20

Cost Impact

We know many of our clients are looking for assistance on estimating COVID -19 health care costs including the cost of testing along with related professional and inpatient costs. This is a rapidly evolving situation. It is too early to know the actual infection rates, duration, severity for COVID-19 or actual costs of care, thus the very wide range of estimates.

Blue Cross has considered scenarios ranging from a heavy flu season to three different severity scenarios. Each scenario has varying assumptions including infection rate (currently modeled at 20-60%), inpatient and outpatient episode cost, proportion of infected population needing and receiving inpatient and outpatient care, worried well population seeking care, and non-COVID-19 care ultimately avoided (reduces financial impact). At this time, we do not expect that the financial impact of COVID-19 would be less than a heavy flu season, typically a 1% cost impact, and would encourage clients to consider this as a lower bound.

For self-insured clients, on average, we are currently estimating the annual financial impact for COVID-19 to range from 4-8% of total healthcare costs, including pharmacy claims. This range is intended to be illustrative; we expect specific clients to exhibit varying actual impact depending on the number of members ultimately requiring treatment. Self-insured clients should consider characteristics within their population (e.g. age, comorbidities,

geographic location, degree of social distancing practices able to be deployed for workforce) which may yield higher infection and complication rates.

For self-insured clients electing to cover member cost sharing for COVID-19 treatment, we estimate that adds an additional 0.5% cost impact. We expect an additional <0.1% cost impact for self-insured clients electing to cover member cost sharing on Doctor on Demand visits. These ranges are also intended to be illustrative; we expect specific clients to exhibit varying actual impact depending on the number of members ultimately requiring treatment.

The financial impact estimate associated with COVID-19 will continue to change as we learn more about the virus, evolving treatments, testing changes, and the efficacy and duration of social distancing methods changes.

Below is the content from Part 4 FAQ -Released 4/2/20

Other State Legislation

We know many of **you have employees in other states and are wondering if other state legislation applies to how we administer COVID 19 benefits**. For self-insured employers, other state legislation does not apply to how your claims are adjudicated under benefits.

Claims Hold Date

1Q: Why did Blue Cross hold claims with a date of service (DOS) of 2/4/20? Is this the recommended effective date for COVID 19 benefit changes?

1A: With the information we had in early February from both the FDA and CDC about COVID 19 codes and HHS announcements, Blue Cross made the operational decision to hold claims with a 2/4/20 DOS. After careful review, Blue Cross was able to release and process claims that were not COVID 19 related and continues to hold COVID 19 claims as we operationalize COVID 19 codes and benefits.

Blue Cross will be processing COVID 19 claims with the DOS 2/4/20 for our fully insured benefits. To date, the overall COVID 19 claim inventory is low across commercial groups.

Rate and Renewals

1Q: Will rates/premium be subject to change if enrollment drops by more than 10% as a result of the COVID-19 crisis?

1A: Generally we do not expect to make mid-cycle rate changes due to enrollment changes, but we reserve the right to evaluate rates on a case by case basis.

2Q: As a result of the COVID-19 crisis, will renewal rate actions or quote responses be delayed or impacted?

2A: Blue Cross has successfully transitioned our associates to a “Work From Home” status and continues to be fully operational. We do not expect a delay in producing and delivering renewals and rate actions at this point.

Telehealth Reimbursement Policy Updates

1Q: Can a member who normally sees their provider in their office receive appropriate care via telehealth?

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2Q: To encourage broader use of virtual services during the COVID-19 National Health Emergency, Blue Cross Blue Shield of Minnesota (Blue Cross) has revised the 'Televideo Consultations /Telehealth /Telemedicine Services' and 'Telephone Calls' reimbursement policies for Commercial and Medicare lines of business to add clarity of coverage and to add additional eligible services for telehealth. Specifically, Physical Therapy, Occupational Therapy, and Speech Therapy services have been added, along with additional Behavioral Health services.

In accordance with actions taken by CMS, Blue Cross will allow non-HIPAA compliant audio-visual applications, such as Facetime and Skype, to be used for telehealth services. Additionally, Blue Cross will be waiving the policy requirement of a visual component for telehealth, allowing for telehealth to be provided over the telephone. These waivers will only apply for the duration of the National Health Emergency related to COVID-19.

Blue Cross is also temporarily suspending our policy requirement of telehealth and telephone services being provided only to established patients. During the duration of the National Health Emergency related to COVID-19, telehealth and telephone visits can also be provided to new patients.

In order to reduce the risk of spreading COVID-19, both the practitioner and the member can be located at their homes for telehealth and telephone visits.

Providers have been given the new and appropriate codes for care that can be provided via telehealth. Providers will be reimbursed at the same rate (e.g. office visit) they have been when the service is billed via telehealth modality. As noted above, telephone visits are included in the reimbursement policy. Telehealth visits conducted over the phone are not telephone consultations. Telephone consultations are a different type of benefit or benefit exclusion and have specific coding.

For employers who also have a medication therapy management benefit (MTM), members and pharmacists will be able to continue care via telehealth.

PCC Referral Requirement Waiver

A small number of commercial plans both fully insured and self-insured have a Primary Care Clinic (PCC) referral requirement benefit. To support members getting care and removing potential barriers to care, Blue Cross is waiving the PCC referral requirement for all plans that have this requirement through 5/31/20. The effective date is 4/1/20. The provider visit does not have to be COVID 19 related.

We believe this is in the best interest of members and our commercial employers during this pandemic to help members get the care they need while access to their providers may be limited. This is one important way to alleviate a potential care burden for both providers and members.

Below is the content from Part 3 FAQ -Released 3/20/20

As expected the Senate passed the bill (referenced below) and the President signed it. We know for some of you, this mandate aligns with what you were intending to change for your benefits and for some of you, it differs from what you were considering.

At this time, we are adjusting our plans to reach out to you regarding any additional benefit changes and what those options would look like. We want to give our employers time to adjust to the new mandate information and have your internal conversations before we ask for any final benefit considerations.

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It has been helpful to hear from you your intentions. At this time, please hold off on emailing your account teams with your benefit changes. We will have an efficient and organized plan to capture your decisions.

Here are additional questions we are able to address today:

Stop Loss Coverage:

1Q: Will my self-insured stop loss coverage be impacted by coverage decisions around COVID-19?

1A: For self-insured employers that purchase stop loss coverage, we will cover COVID-19 claims as we would cover any other service with no stop loss premium change due to this benefit change. If a self-insured employer requests to cover member cost sharing related to COVID-19 claims more generously than fully insured, we reserve the right to adjust the stop loss premium.

Eligibility:

1Q: Can the probationary period be waived for new employees and their effective coverage?

1A: Coverage effective date is at the discretion of the employer.

2Q: If an employer needs to furlough employee or reduce their hours, how does this impact coverage eligibility?

2A: Coverage is effective until the employee is terminated.

Eligibility:

1Q: If an employer needs to furlough employees or reduce their hours, how does this impact coverage eligibility?

1A: During this uncertain time and because the governor declared Minnesota in a Peace-time State of Emergency, Blue Cross wants to support employers and members. We understand employer business situations are undergoing significant changes. Until otherwise noted from Blue Cross, coverage is effective until the employer chooses to terminate employee coverage.

Employee's whose coverage terminates will receive a letter from Blue Cross outlining their health insurance coverage options.

2Q: If the employer determines they will not be able to re-open and will end their business, is the coverage terminated?

2A: If the business cannot be sustained and the entire group is terminating coverage, standard contract termination provisions apply. In this case, Minnesota state continuation of coverage does not apply. Individuals will receive a letter from Blue Cross outlining their health insurance coverage options.

Note: There must be at least one employee with active coverage on the plan to keep the group plan active.

Below is the content from Part 2 FAQ -Released 3/18/20

ALL COMMERCIAL PLANS INCLUDING ERISA

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March 14th, the U.S. House of Representatives passed and sent to the U.S. Senate The Families First Act, (H.R. 6201), the COVID-19 legislative package that seeks to help offset the negative economic impact on consumers, bolster testing, and other relief efforts.

The legislation is expected to pass the Senate as early as tonight (March 18th) and be signed into law by the President.

Specifically, this legislation requires insurers offering group or individual health coverage to cover testing and any related provider visits without cost-sharing, prior authorization, or other medical management requirements. The cost-sharing prohibition would also apply to items and services provided to an insured individual as part of this provider visit that are also related to testing and evaluation for COVID-19. Further, the related provider visit covered without cost-sharing would include an office visit (in-person and telehealth visits), urgent care visits, and emergency room visits.

Blue Cross is sharing information about this fast-moving federal legislation regarding self-insured COVID-19 coverage mandates with our clients to help you prepare for the likely enactment of this requirement into federal law. Any treatment and supportive care needed once diagnosis of COVID-19 has occurred, those services will be covered consistent with the member's standard health plan benefits.

Blue Cross will follow CMS and CDC guidelines, including any clarification on the government mandates on the effective date of the coverage.

Blue Cross has had an operational claims process in place to capture and hold COVID-19 related claims starting with date of service February 4, 2020, per CMS guidelines. We did this to offset adjustments after benefit changes are implemented. Additionally, we have been in regular communication with our providers about our operations.

We will follow up with confirmation after this legislation has been passed by the Senate and signed into law by the President.

Doctor on Demand (DoD) Online Care Opportunity

We know members are concerned about going to public places and may make decisions about accessing needed care due to outbreak concerns or costs. Blue Cross is covering the member cost share for our fully insured plans and we hope self-insured employers will agree this is a valued benefit to members and consider not opting out.

Why removing member cost share for all Doctor on Demand visits is important:

- 1) It can be clinically challenging to sort COVID-19 versus cold/flu and we want to ensure the member has the best experience possible by eliminating a surprise charge or different experience based on condition.
- 2) In an effort to manage the extent of the financial impact to our clients, we encourage our members to utilize the most cost effective level of care. Online care provides a low cost way to treat and assess many conditions.
- 3) Given the nature of the COVID-19 pandemic, seeking in-person medical care may lead to further spreading of the virus. Blue Cross and the CDC are encouraging the use of virtual care.

Key Points about this opportunity:

- No member cost for **all Doctor on Demand visits for all commercial lines of business** and Medicare effective 3/14/2020 and ending 4/13/20.
 - For self-insured clients, this means covering the member cost share.
 - If your company chooses to opt out of this opportunity, Doctor on Demand is able to manage these on an exception basis. Please contact your account manager.
- This opportunity includes **all types of Doctor on Demand visits including mental health**. The visit does not need to be COVID-19 related.

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- We will continue to evaluate opportunities with Doctor on Demand and will keep you updated as we review our approach.

COVID-19 Coding

Blue Cross is working closely with our providers on the CDC's guidelines for coding and has been providing regular communications through our normal communication channels with providers. The CDC's coding guidelines are available on their website. Providers have received instructions from us on submitting lab claims and identifying COVID-19 related services on the claim.

As mentioned in the first FAQ, COVID-19 laboratory tests must be done at approved locations in accordance with CDC guidelines.

To help with understanding the current state of COVID-19 coding, Blue Cross is sharing the below details for your reference with the understanding we are asking that you do not distribute the information.

Procedure codes associated when billing for the lab testing of COVID-19:

- Two new lab HCPCS will be effective 4/1/2020 for the COVID-19 lab (U0001 and U0002). Blue Cross will backdate the effective date to 2/4/2020. Providers are holding claims with code U0001 or U0002 until 4/1/2020. Additionally, code 87635 is effective 3/13/2020.
 - HCPCS U0001 – coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
 - HCPCS U0002 – validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
 - CPT 87635 – Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

COVID-19 related services:

- The ICD-10 COVID-19 Diagnosis Code (U07.1; 2019-nCoV acute respiratory disease), will be effective for reporting 10/1/20. In the meantime, Blue Cross has provided specific instructions to our providers on how to code a COVID-19 diagnosis following the CDC guidelines.
- Blue Cross has instructed providers on how to positively ID on the claim that the services rendered are related to COVID-19.

We are taking a deliberate and thoughtful approach to our claims processing regarding COVID-19 and our collaboration with providers. There are many extenuating circumstances and we are asking clients for their patience on providing you additional details. We strive to give you the most up-to-date and accurate information as decisions are being made internally at Blue Cross.

Clarification on Prime Benefits

- As part of our internal disaster protocols, Prime implements benefit changes across both fully insured and self-insured plans.
- Blue Cross and Prime are working closely to monitor medication stock levels and want to balance helping members getting an early refill while monitoring inventory levels.
 - As noted in the Part 1 FAQ release, for members who have Prime Therapeutics as their pharmacy benefit manager, Blue Cross will increase access to prescription medications by waiving early medication refill limits on prescription maintenance medications (consistent with member's

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benefit plan). Blue Cross encourages members to use the 90-day mail order benefit or 90-day supply at retail pharmacy benefit, if one exists.

- Members can get one additional refill for a 30-day prescription. There isn't a waiting period restriction. Members will need to follow standard refill timelines after that.
- For 90-day refills, members can get one early refill 22 days before the end of their 90 days. This has always been Prime's disaster protocol to both allow members the opportunity to get an early refill on a 90-day prescription and to ensure pharmacies maintain inventory levels.
- This refill benefit took effect on 3/11/20 for Commercial and Medicare.
- Blue Cross will also ensure formulary flexibility (for all formularies including all tiers) if there are shortages or access issues. Our members' health is our top priority and we will ensure medication alternatives are available to treat member conditions.
 - Prime pharmacies have been instructed on how to charge when a member is impacted by a shortage and when benefit exceptions apply. Prime and Blue Cross have implemented these types of exceptions before related to natural disasters, such as hurricanes, and have established protocols in place with pharmacies.
- Prime benefits apply to all members who have Prime regardless of their state or U.S. territory residence.

Support for Members with COVID-19

Blue Cross has encouraged providers to contact us when they have a member with a diagnosis or suspected diagnosis of COVID-19. We have implemented additional infrastructure support for providers to notify us so we can support these members as quickly as possible. By providers notifying us, our Care Management nurses can assist with a smooth transition to home if admitted, or support them at home if under self-quarantine, while ensuring essential needs are met.

COVID-19 Test

Our Provider Contracting team is in communication with our hospital systems and major laboratory companies concerning COVID-19 test kits. Per the CDC guidelines, patients who are concerned about COVID-19 are recommended to contact their physician and ask about their options for testing.

Considerations on Testing and Related Services

The cost for testing will depend on where it is performed, how the sample is analyzed and the provider contracts in place with Blue Cross. We ask for your patience as we work through COVID-19 related scenarios.

Below is the content from Part 1 FAQ -Released 3/11/20

1. Revision regarding Cost Impact made 4/6/20. Cost impact provided in Part 5 release.

Cost Impact

REVISED: We know many of our clients are looking for assistance on estimating COVID -19 health care costs including the cost of testing along with related professional and inpatient costs. This is a rapidly evolving situation. We are working to understand the estimated cost impact for testing and treating infected persons. Model development and scenario analysis are underway.

Business Resiliency & Preparedness

Our organization takes a number of steps on an ongoing basis to prepare for crises and other situations that may impact our normal course of business, an effort led by a dedicated internal Enterprise Resilience Office. A number of preparatory efforts are now underway in anticipation of COVID-19 becoming more widespread, including ensuring readiness of our pandemic plan. We are also closely tied into a variety of federal and state level resources to help inform our activities.

Our preparatory actions include:

- ensuring readiness of our pandemic plan such as business continuity requirements and testing technology
- restricting non-essential business travel
- ensuring all associates have the technology needed to work remotely

These and other initiatives are being led in close coordination with our executive team and a cross-functional group of leaders that represent every area of the organization and our third party vendors. Each of our business critical third party vendors is required to provide a full pandemic plan, inclusive of business continuity requirements, and is in close communication with our leaders to ensure appropriate readiness in case of a pandemic.

In addition to the information above, we want to assure you our readiness planning also includes:

- Customer service and clinical management support
- Client operations support including our portals and other business platforms
- Provider support (see more details below)
- Daily Blue Cross internal operations platform work including claims adjudication and billing invoicing
- Downstream vendor operations readiness and support

1Q: What changes will be initiated to customer service to accommodate increases in member calls?

1A: We have a pandemic planning work group in place and are assessing many different areas of the business. Workforce planning will continue to be reviewed and adjusted as needed such as extending hours and increasing staffing.

2Q: Are call centers staffed to be able to manage a surge in call volume due to Blue Cross employees (associates) getting sick or having to be self-quarantined? What other measures have you implemented/are you considering in the event of a significant number of your associates becoming sick with COVID-19?

2A: Blue Cross has plans to keep our associates as healthy as possible while maintaining our business operations to serve our members, providers, agents and customers. Planning considerations include travel guidance for associates, preparing for associates to work remotely if necessary, assessing vendor readiness and working closely with providers to ensure they can provide our members with the care and information they need.

3Q: Is Blue Cross working on contingency planning in the event of a pandemic or large scale quarantine?

3A: Yes. Blue Cross is closely monitoring the guidance of the Centers for Disease Control (CDC), the State Department and the Minnesota Department of Health. Our pandemic planning work group includes leaders across the company to plan for business continuity should the virus reach the communities where we live and work.

COVID-19 Overview

1Q: What is the cost for the test? Is the CDC requiring all laboratories who have received or are receiving the testing kits to charge the same fee?

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1A: Blue Cross is working to obtain the testing fees. The CDC has not provided guidance or restrictions on the cost of testing at this time.

2Q: Is the test considered medical or preventive?

2A: The testing is medical, not preventive.

3Q: Has the IRS changed the guidelines for HDHPs and spending accounts due to COVID-19?

3A: Yes. On 3/11/20, the Internal Revenue Service (IRS) and the Department of Treasury (Treasury) released [Notice 2020-15](#) to allow coverage of testing and services related to the coronavirus (COVID-19) before the deductible for people with high-deductible health plans and HSAs.

The Notice states that all medical care services received and items purchased associated with testing for and treatment of COVID-19 that are provided by a health plan without a deductible, or with a deductible below the minimum annual deductible otherwise required under section 223(c)(2)(A) for an HDHP, will be disregarded for purposes of determining the status of the plan as an HDHP.

4Q: What information can you provide about the testing?

4A: Blue Cross is referring this question to the [CDC website testing information page](#). There are different testing methods and a member's provider will make the appropriate clinical decisions to support a diagnosis.

As you may have heard in news reports and from the CDC website, the availability of testing kits and clinical recommendations for testing are continuing to be updated and modified as we learn more.

5Q: How will pharmacy refills be handled now that COVID-19 has become a public health crisis?

5A: For members who have Prime Therapeutics as their Pharmacy Benefit Manager, Blue Cross will increase access to prescription medications by waiving early medication refill limits on prescription maintenance medications (consistent with member's benefit plan). Additionally, members will not be liable for the additional charges that stem from obtaining a non-preferred medication.

Members with PBMs other than Prime Therapeutics should contact their PBM for information.

6Q: Have new medical policies been put in place to address this new virus?

6A: No new medical policies or utilization management protocols have been implemented due to the virus. We are closely monitoring the situation with our pandemic preparedness workgroup and will assess current policies as appropriate.

Provider Information

1Q: Are there specific providers or hospitals that Blue Cross is recommending for use if COVID-19 infection is suspected?

1A: The CDC recommends people who are concerned about their health and COVID-19 should contact their health provider for guidance.

2Q: Do Blue Cross providers have the test kits?

2A: As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by the FDA under an Emergency Use Authorization (EUA). Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions. The CDC said it is shipping the test kits to laboratories the CDC has designated as qualified, including U.S. state and local public health laboratories, Department of Defense (DOD) laboratories and select international laboratories.

International Travel Benefits

1Q: If our employees ask about international benefits or coverage for evacuations, what can we tell them?

1A: International travel benefit coverage varies among our employer groups. We recommend members consult their benefit book. If a member would like to purchase additional coverage, GeoBlue offers medical insurance for members traveling internationally.

The plans are available for purchase by members and non-members on our website. The travel health plans include coverage for illness, injury, accidents, medical evacuation and repatriation of remains. Online information about GeoBlue: www.Bluecrossmn.com/geoblue

Reliable Information

The best resource for the most up-to-date information on the coronavirus [can be found on this landing page](#) from the Centers for Disease Control and Prevention (CDC). By going to the CDC site, you can find the number of confirmed cases in the U.S. as well as traveler information and a general overview of the virus. You can also [visit their FAQs page](#) for more helpful information [and review their guidance for employers](#).

The Minnesota Department of Health also has resources available. [Visit their landing page to stay up to date on local information related to coronavirus.](#)