

NATIONAL PUBLIC HEALTH EMERGENCY EXTENDED TO JAN. 11, 2023

COVID-19 Benefits Information for ParTNers for Health Plan Members

Updated Oct. 17, 2022

OTC COVID Tests

ParTNers for Health members can get free COVID-19 tests to perform at home at no cost to them.

The free COVID-19 tests program from the federal government ended Sept. 2, 2022. Members who want free COVID-19 over-the-counter tests may continue to utilize the pharmacy benefit as described below.

Get COVID-19 at-home tests from your pharmacy

Health plan members can get over-the-counter COVID-19 tests as part of their pharmacy benefit with CVS Caremark. Coverage for over-the-counter COVID-19 tests is not available through member medical benefits with BlueCross BlueShield or Cigna.

If you have been asked for a prescription when trying to purchase a test through a pharmacy, despite what some pharmacies may say, a prescription is not needed.

ParTNers for Health does not have control or influence on test supply or availability. You are not limited to CVS pharmacies to get at-home test kits. Any pharmacy in the Caremark national network that has test kits in stock can provide this benefit, which is a federal requirement and is not specific to the ParTNers for Health program. If a pharmacy does not have a test kit in stock, if pharmacy staff request a prescription, or if the pharmacy is unwilling (due to workload or staffing issues) to process your test through your pharmacy benefit we recommend checking another pharmacy (Walmart, Kroger, Walgreens, Publix, Food City and other independent pharmacies). ParTNers for Health cannot require pharmacies to provide these test kits, process test kits through your benefits, or stop asking for a prescription.

Here is information on limits, exclusions and steps you must follow for coverage and reimbursement.

Limits:

- Covered plan members may get up to eight individual, at-home COVID-19 tests **every 30 days**. Each test in a box counts toward the limit. *Example:* A package of two tests counts as two toward the limit of eight.

Coverage and reimbursement:

- You can get a test from any of the more than 68,000 pharmacies in the CVS Caremark national network that choose to participate in this program and who have at-home test kits in stock. ParTNers for Health does not have control or influence on supply or availability.

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

U.S. Public Health Emergency Declarations – <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

- To search for a network pharmacy, go to <https://info.caremark.com/oe/stateoftn> and scroll down to “Retail Pharmacy Locator” or call CVS Caremark customer service at 877.522.8679 to find a network pharmacy near you.
 - Many network pharmacies offer online ordering and shipping of at-home tests. Check your pharmacy’s website to see if this service is provided.
- You have two choices for coverage at a network pharmacy participating in this program:
 1. Show your CVS Caremark card at the pharmacy counter. The pharmacist can “fill” the test through your pharmacy benefit. There should be no cost to you. If this process does not work, see #2 below.
 2. Pay out of pocket to purchase a test and seek reimbursement through CVS Caremark. If you choose this option, follow these steps:
 - Save the receipt
 - Save the **test box** so you will know what brand you purchased. Online reimbursement instructions are found by [clicking here \(recommended\)](#). You can also fill out [the claim form found on the CVS Caremark website and mail in your receipt\(s\)](#).
 - Reimbursement is capped at \$12 per test (or the cost of the test, if less than \$12).
 - Taxes and shipping costs are eligible for reimbursement, but total reimbursement may not exceed \$12 per test.
 - Reimbursement is not available through medical benefits with BlueCross BlueShield or Cigna.
 - Please note that if you pay out of pocket for tests and then seek reimbursement from CVS Caremark, you may not also seek reimbursement from your FSA or HSA (or your spouse’s) as this is against IRS rules. For this reason, we recommend that you do not pay out of pocket for at-home tests using your FSA or HSA debit card.

Important details for ParTNers for Health plan members who use their pharmacy benefit to get COVID-19 tests to use at home:

- You will not need a prescription or a note from your doctor to get the tests.
- Tests must be for personal use. They can’t be used for any return-to-work testing or work-related testing required by your employer.
- Any test you take at home that must be sent to a lab for results isn’t eligible for reimbursement. However, this type of test when ordered by a provider is covered under your medical benefits.

If you have questions about coverage for over-the-counter COVID-19 tests or your pharmacy benefits, call CVS Caremark at 877.522.8679.

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

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COVID-19 Vaccines, In-Network Tests and Anti-Viral Medication Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved:

- Waiving all member costs for **COVID-19 vaccinations, boosters and vaccine administration**. Office visits associated with receiving the COVID-19 vaccination may have applicable cost share if the visit is not billed as preventive.
 - **COVID-19 vaccines are widely available in all 95 counties across the state.**
 - Go to [Vaccines.gov](https://vaccines.gov) to find vaccination locations in your community through the health department and private providers.
- Waiving all member costs for FDA-approved COVID-19 **diagnostic** (molecular and rapid) **and antibody testing** and in-network outpatient visits associated with these tests through Oct. 13, 2022. This may be extended until the national public health emergency ends. You can talk to your doctor or other health care provider about your need for a test.
 - **State Department of Health test sites are found here:**
<https://covid19.tn.gov/testing-sites/>
- Coverage of the COVID-19 **antiviral medications** *Lagevrio* from Merck and *Paxlovid* from Pfizer. Both drugs require a prescription. Members may fill prescriptions for these medications at zero cost.
 - Pfizer's COVID-19 antiviral *Paxlovid* is available to people who:
 - Have tested positive for COVID-19 and have not yet been admitted to the hospital **and**
 - Are at high risk for developing severe COVID-19 **and**
 - Are 12 years of age or older and weigh at least 88 pounds
 - Merck's COVID-19 antiviral *Lagevrio* is available to people who:
 - Have tested positive for COVID-19 and have not yet been admitted to the hospital **and**
 - Are at high risk for developing severe COVID-19 **and**
 - Have no alternative FDA-authorized COVID-19 treatment options accessible to them or that are clinically appropriate for them **and**
 - Are 18 years of age or older
 - Initial supplies of these medications are limited, so if one is prescribed for you or your dependent, please contact your preferred pharmacy to inquire if they have the medication in stock and can dispense it.

What does this mean for our members?

- These benefits apply to health plan members in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers, BlueCross BlueShield and Cigna.
- Members won't have to pay a copay, coinsurance or any money toward their deductible for FDA-approved COVID-19 diagnostic (molecular and rapid) and antibody tests regardless of where the test is performed, as long as it is not related to employment or return to work requirements.
- Members won't have to pay a copay, coinsurance or any money toward their deductible for **in-network** outpatient visits when the visit leads to a COVID-19 test, or any services performed at the visit during which the COVID-19 test is performed, as long as it is not related to employment or return to

State resources:

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Federal resources:

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work requirements. The COVID-19 test must be performed during the in-network visit or on the **same or next date of service** in order for the member to not have a cost-share for the visit. The test result (positive or negative) does not impact cost-share. Carriers (BlueCross and Cigna) may need to reprocess a claim and this may take some time. Members can call their carrier to check on the status of the claim. Some providers may request members pay up-front for the in-network visit. If this occurs, members will have to request a refund from the provider once the claim is reprocessed.

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 vaccinations, boosters and vaccine administration. Office visits associated with receiving the COVID-19 vaccination may have applicable cost share if the visit is not billed as preventive.
- Members won't have to pay a copay, coinsurance or any money toward the costs of the COVID-19 antiviral medications, *Lagevrio* from Merck and *Paxlovid* from Pfizer, if members meet eligibility requirements listed above.

To stay informed about COVID-19, vaccines and boosters, these resources are available:

- For a list of statewide resources, please visit: <https://covid19.tn.gov/>
- CDC has information and guidance available online at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Information About the CARES Act for HSA and FSA Participants

On March 27, 2020, Congress passed the COVID-19 Aid, Relief and Economic Security, or CARES Act, which may benefit members with health savings accounts and our state and higher education members with flexible spending accounts.

NOTE: These changes are effective for expenses incurred after December 31, 2019.

Over-the-counter drugs and medicines without a prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter drugs and medicines, including those needed in quarantine and social distancing, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

Using your HSA or FSA debit card for eligible OTC items:

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter drugs and medicines purchased with the HSA debit card (Please keep all receipts in case for future reference.).
- FSA members who use their FSA debit card for OTC drugs and medicines may have to provide a receipt for their purchase.
- If your HSA or FSA debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their account funds.

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

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Disability Benefits

MetLife short-term disability and long-term disability

MetLife continues to monitor the impact of COVID-19. MetLife recognizes that employees may be especially vulnerable at time of disability, and we want to do everything we can to enable the payment of benefits where appropriate.

If a claimant reports any level of COVID-19 symptoms, is not able to work from home and is unable to secure medical documentation to substantiate a disability claim due to the current crisis, MetLife will provide a one-time conditional approval for 14 calendar days. Supporting medical evidence will be required to approve the claim beyond the initial 14-day conditional approval. We will apply any contractual eligibility provisions and are not waiving the Elimination Period.

We implemented this process for all new and pending COVID-19 claims on December 1, 2020. We anticipate maintaining this process for the foreseeable future and will notify you ahead of any changes to or the removal of the COVID-19 conditional approval process.

Partners Health & Wellness Center

The Partners Health & Wellness Center on the third floor of the Tennessee Tower continues to provide services including COVID-19 testing, vaccines and telehealth visits for state and higher education employees enrolled in the State Group Health Insurance Program. There is a webpage to keep you updated on how coronavirus is changing the way the center does business. Regular updates can be found at

<https://www.partnershealthcenter.com/covid19>.

Behavioral Health Benefits and Employee Assistance Program Resources

Online and virtual resources

Virtual Visits: available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

Talkspace online therapy: available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

Sanvello: on-demand app to help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app.

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

U.S. Public Health Emergency Declarations – <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

EAP services: Master’s level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to Here4TN.com to get your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

EAP eligibility

State and Higher Education Employees: EAP services are available to all benefits-eligible employees and their eligible family members (dependents), even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving behavioral health services.

Local Education, Local Government, COBRA and Retirees: EAP services are available to those who are enrolled in medical insurance. Benefits-eligible dependents of enrolled employees are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving behavioral health services.

Optum Emotional Support Help Line available to anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the state’s benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

COVID-19 Benefits FAQs for State Health Plan Members

1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?

- You can talk to your doctor or other health care provider about your need for a COVID-19 test if you think you have the virus.
- Additional resources:
 - COVID-19 Information and Resources for Tennesseans - <https://covid19.tn.gov/>
 - CDC - www.cdc.gov/coronavirus/2019-ncov/index.html.
- Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
- **COVID-19 testing sites:** If you need a test, a list of sites is found here: <https://covid19.tn.gov/testing-sites/>

2. Is COVID-19 testing covered (diagnostic and antibody)?

- Yes. Members won’t have to pay a copay, coinsurance or any money toward their deductible for FDA-approved COVID-19 diagnostic (molecular and rapid) and antibody tests regardless of where the test is performed, as long as it is not related to employment or return to work requirements.
- If you need a test, a list of sites is found here: <https://covid19.tn.gov/testing-sites/>

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

U.S. Public Health Emergency Declarations – <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

3. What if I have to pay for or receive a bill for my in-network visit when I have a COVID-19 test?

- The COVID-19 test must be performed during the in-network visit or on the same date or next date of service, in order for you to not have a cost-share for the visit. The test result (positive or negative) does not affect cost share. Your carrier may need to reprocess a claim, and this may take some time. You can call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your ID card to check on the status of the claim. Some providers may request that members pay up-front for the in-network visit. If this occurs, you will have to request a refund from the provider once the claim is reprocessed.

4. Is COVID-19 treatment covered?

- Regular member cost-sharing now applies for in-network COVID-19 medical treatment.
- Through June 30, 2021, members did not have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room or inpatient/outpatient hospital facility as long as the visit was directly related to a COVID-19 diagnosis.
- If a member was admitted to a hospital for COVID-19 treatment on or before June 30, 2021, the inpatient care received was covered with no member cost share through discharge.
- All medical treatment not directly related to a COVID-19 diagnosis or received out-of-network will be covered under the member's enrolled health plan benefits with applicable member cost share.

5. Are the COVID-19 vaccines covered?

- Members won't have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 vaccinations, boosters and vaccine administration. Office visits associated with receiving a COVID-19 vaccination may have applicable cost share if the visit is not billed as preventive.
 - COVID-19 vaccines are widely available in all 95 counties across the state.
 - Go to [Vaccines.gov](https://www.vaccines.gov) to find vaccination locations in your community through the health department and private providers.

6. What about BlueCross/Cigna-sponsored telehealth?

- Regular cost-sharing now applies for BlueCross or Cigna-sponsored telehealth. Members were not required to pay for telehealth visits through carrier-sponsored telehealth programs (Cigna: MDLive and BlueCross BlueShield: PhysicianNow) from March 17, 2020, through June 30, 2021, even if the visit was for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

7. What will my Explanation of Benefits show?

- Your EOB should show that you do not owe member cost share for COVID-19 tests, in-network outpatient visits that lead to a test, in-network COVID-19 vaccinations, boosters and vaccine administration or in-network medical treatment through June 30, 2021. **After June 30, 2021,**

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

U.S. Public Health Emergency Declarations – <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

regular member cost sharing applies for in-network medical treatment. For eligible member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please call the number on the back of your BlueCross or Cigna ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

8. If I pre-paid at the doctor's office or hospital, will I get that money back?

- If it is an eligible waived in-network COVID-19 charge, you can get your money back. Your carrier, BlueCross or Cigna, may need to reprocess a claim and this may take some time. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross or Cigna at the number on the back of your ID card and ask for help.

9. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?

- The State Group Insurance Program is waiving cost sharing for FDA-approved COVID-19 testing and in-network outpatient visits associated with these tests. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis, COVID-19 treatment received after June 30, 2021, or received out-of-network, which would fall under the current benefit cost-sharing based on the health plan in which you are enrolled.

10. I'm in the CDHP. Will I have to pay for a test? Do I have to pay my deductible first?

- If the eligible COVID-19 testing is FDA-approved, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

11. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S and Network P, Cigna LocalPlus and Cigna OAP?

- Yes, eligible waived cost-sharing applies to all members and retirees in all plans and in all networks.

12. What if I get a bill saying I owe money for a COVID-19 test? What do I do?

- If you get a bill for an FDA-approved test, wait until you have your Explanation of Benefits. If the EOB shows you owe money, then call BlueCross or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

13. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?

- Yes, member cost share for all FDA-approved COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
- If you need a test a list of sites is found here: <https://covid19.tn.gov/testing-sites/>

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

U.S. Public Health Emergency Declarations – <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

14. How many OTC COVID-19 tests can I get each month and is it on a calendar basis?

- The state health plan provides covered health plan members up to eight individual, at-home COVID-19 test kits per month (every 30 days). There are two ways members can get tests; through an in-network, participating pharmacy using their pharmacy ID card, or paying out of pocket and submitting the required information for reimbursement (up to \$12 per test). Instructions are found at the top of this document, or ask your agency benefits coordinator.

15. Are prescriptions for COVID-19 treatment covered?

- Yes. COVID-19 antiviral medications, Lagevrio from Merck and Paxlovid from Pfizer are covered if members meet eligibility requirements listed at the top of this document. Members won't have to pay a copay, coinsurance or any money toward the cost of the prescription.

16. How long will these COVID-19 benefits last?

- The cost waiver for carrier-sponsored telehealth program benefits and in-network COVID-19 treatment ended June 30, 2021. The other COVID-19 benefits will be in effect until Jan. 11, 2023, and may be extended until the national public health emergency ends. Benefit updates will be provided as decisions are made.

State resources:

COVID-19 Information and Resources for Tennesseans – <https://covid19.tn.gov/>

Federal resources:

U.S. Public Health Emergency Declarations – <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>