UPDATE: THE NATIONAL PUBLIC HEALTH EMERGENCY HAS BEEN EXTENDED THROUGH April 15, 2022

COVID-19 Benefits Information
Document updated Jan. 28, 2022

ParTNers for Health Members
Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with additional benefits information.

OTC COVID Tests
Updated Jan. 28, 2022

ParTNers for Health is providing information to members on how to get free COVID-19 tests to perform at home. ParTNers for Health members have multiple options to get access to these tests at no cost to them.

Order online from COVIDtests.gov
The federal government has a website launched Jan. 19, 2022, where Americans may order rapid COVID-19 tests. The free tests are available for every household.

- At this time, each household may order up to four free COVID-19 tests.
- The tests will be mailed to the homes of those who order them. The tests typically ship within 7-12 days of ordering.
- Click here to order or visit covidtests.gov (Internet Explorer may not work)

Get COVID-19 at-home tests from your pharmacy
Starting Jan. 15, 2022, 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 per month (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.
  - 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.
- 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 that you will know what brand you purchased. Reimbursement instructions are found by clicking here.
    - Reimbursement is capped at $12 per test (or the cost of the test, if less than $12)
    - Taxes and shipping costs are not eligible for reimbursement
    - Reimbursement is not available through medical benefits with BlueCross BlueShield or Cigna

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:

Federal resources:

COVID-19 Benefits for State Health Plan Members and Retirees

01/28/22
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 now widely available in all 95 counties across the state.**
  - For a vaccination appointment at a local health department, go to Vaccinate.tn.gov.
  - You can also go to Vaccines.gov for vaccination locations in your community through the health department and private providers.

- Waiving all member costs for all FDA-approved COVID-19 diagnostic (molecular and rapid) and antibody testing and in-network outpatient visits associated with these tests through Jan. 15, 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 Health Department test sites are found here:** https://covid19.tn.gov/testing-sites/

- COVID-19 antiviral medications *Lagevrio* from Merck and *Paxlovid* from Pfizer became available in late 2021/early 2022. 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 either medication in stock and can dispense it.

**What does this mean for our members?**

- These benefit changes 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, as well as 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 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.

See Frequently Asked Questions below for more member COVID-19 benefit information.

To stay informed about COVID-19 and vaccinations, the following resources are available to you:

- 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

Telehealth (BCBST PhysicianNow or Cigna MDLIVE)

- **Cigna members** can use your MDLIVE telehealth (virtual medical services) benefits to keep you out of a provider’s office. Go ahead and create your user profile with your current health information.
  - Go to MyCigna.com - log in and click the Connect Now button, or
  - myCigna app – click the Find Care & Costs button and select Talk to a Doctor 24/7
  - Or, call 888.726.3171

- **BlueCross BlueShield members** can use your PhysicianNow telehealth (virtual medical services) benefits to keep you out of a provider’s office. Go ahead and create your user profile with your current health information.
  - Log in at bcbst.com/members/tn_state/ and select Talk With a Doctor Now, or
  - BCBSTN app – click the Talk with a Doctor button
  - Or, call 888.283.6691

Pharmacy Benefits

Make the most of your CVS Caremark Pharmacy Benefit. Members can prepare ahead and avoid crowds by setting up mail order prescription fills. Members can also refill a 90-day supply on most prescriptions (excluding controlled substances, like opioids and specialty medications) at any participating Retail-90 pharmacy.

Shipping or Delivery

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

For more help with your CVS Caremark pharmacy benefits, visit info.caremark.com/stateoftn or call 877.522.TNRX (8679) 24/7.
Information about the CARES Act: Potential impact for HSA and FSA participants
On March 27, 2020, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) 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. These changes don’t have an expiration date.

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 Newly 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 (though please keep all receipts in case for future reference).
- FSA members who use their FSA debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
- 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.

Dental Benefits
Cigna Prepaid Members
Cigna Dental Virtual Care
Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers.
Click the link to learn more: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/dental_pre_virtual_care.pdf

Cigna Dental Emergency
In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1-800-244-6224 or customers can locate care on mycigna.com at https://my.cigna.com/web/public/guest.

MetLife Dental Plan Members
MetLife Teledentistry Benefit
MetLife’s teledentistry benefit enables you to talk with your dentist and get necessary treatment such as emergency care when you need it. You and your dentist choose the method that works best for you and claims are submitted as usual. Questions? Call 1-855-700-8001; representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.
Click the link to learn more: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/dental_dpbo_teledentistry.pdf
MetLife Dental Personal Protective Equipment Costs
Members who have services performed by an in-network provider should not incur any additional costs for personal protective equipment (PPE) per our network contracts with our providers. If members are surcharged by in-network providers for PPE up-front, they should follow our standard grievance process to report the concern. If members receive services from out-of-network providers, they may be responsible for any PPE charges billed by the provider.

Disability Benefits
MetLife Short-term Disability and Long-term Disability
A message from MetLife:
MetLife continues to monitor the impact of COVID-19. MetLife still 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.

As previously communicated, 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 (1) 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. This process was previously extended until Sept. 30, 2021. We are now extending this process until Dec. 31, 2021.

Partners Health & Wellness Center
The Partners Health & Wellness Center on the 3rd floor of the Tennessee Tower continues to provide services including COVID-19 testing, vaccines and telehealth for state and higher education employees enrolled in the State Group Health Insurance Program. The staff has created a webpage to keep you updated on how coronavirus is changing the way they do 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 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
- 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
• The premium version of the app is available 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
• Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

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 obtain 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 benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

Physical Well-Being Resources
MyActiveHealth: available to all state employees, even if you are not enrolled in the health plan, and enrolled health plan members.
• Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
• Log on to www.myactivehealth.com/wellnesstn to get started

Working for a Healthier Tennessee pulled together links to home workouts (yoga, cardio, body weight training, etc.)
• Microworkouts https://darebee.com/pdf/fitness/microworkouts.pdf
• Indoor Cardio https://darebee.com/workouts/indoor-cardio-workout
• Popsugar Fitness https://www.youtube.com/user/popsugartvfit
• Yoga with Adrienne https://www.youtube.com/user/yogawithadriene
• Quiet Apartment Cardio https://www.youtube.com/watch?v=gke_wunq7Ng

COVID-19 Benefits Frequently Asked Questions 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 or if you think you have the virus.
   - Additional resources:
   - Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
   - **State Health Department test sites:** If you need a test, a list of sites is found here: [https://covid19.tn.gov/testing-sites/](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.
   - **State Health Department test sites:** If you need a test, a list of sites is found here: [https://covid19.tn.gov/testing-sites/](https://covid19.tn.gov/testing-sites/)

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?**
   - 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 is 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 now widely available in all 95 counties across the state.
   - For a vaccination appointment at a local health department, go to [Vaccinate.tn.gov](https://Vaccinate.tn.gov)
You can also go to Vaccines.gov for 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 any 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** 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 contact either BlueCross BlueShield or Cigna by calling the number on the back of your 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, 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 BlueShield 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?
   o 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.
   o **State Health Department test sites**: If you need a test a list of sites is found here: [https://covid19.tn.gov/testing-sites/](https://covid19.tn.gov/testing-sites/)

14. Are prescriptions for COVID-19 treatment covered?
   o 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.

15. When will these COVID-19 benefits take effect?
   o These benefits take effect immediately and could also include prior claims which meet these requirements.

16. How long will these COVID-19 benefits last?
   o 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 April 15, 2022 and may be extended until the national public health emergency ends. Benefit updates will be provided as decisions are made.