Coronavirus Benefits Information – April 6, 2020

A message from Governor Lee:
COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor’s response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position. Here are some resources:

- Do Your Part. Stay Apart. - tn.gov/health
- Essential Businesses and Services - https://www.tn.gov/governor/covid-19/essential-services.html

ParTNers for Health Members
Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

COVID-19 Benefits for State Health Plan Members and Retirees
The State Group Insurance Program has approved waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs from March 17 – May 31.

The State Group Insurance Program has also approved waiving all costs for COVID-19 in-network testing and in-network outpatient visits associated with these tests. Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.

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 pay for any Telehealth visits from March 17 – May 31 through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), even if the visit is for something other than COVID-19. (See Telehealth heading below).
- Members won’t have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network 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 in the following:
  - Provider’s office
  - Urgent care facility
  - Convenience clinic
  - Telehealth
  - Emergency Room
The benefit does not include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the benefit cost-sharing the health plan members are currently enrolled in.

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

To stay informed on the status of COVID-19 in Tennessee, the following resources are available to you:

- For a comprehensive list of statewide resources, please visit: tn.gov/governor/covid-19.html.
- The Department of Health (TDH) continues to be a primary resource for up-to-date information for the status of COVID-19 in Tennessee found by going to https://www.tn.gov/health/cedep/ncov.html.
- Review the COVID-19 symptoms found on the CDC website by clicking here.
- The CDC has updated information and guidance available online at www.cdc.gov/coronavirus/2019-ncov/index.html.

### Telehealth

- **Cigna members** can use your 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 into MyCigna.com
  - Look for MDLive or Amwell and select the vendor of your choice
  - Or, call 888.726.3171 for MDLive or 855.667.9722 for Amwell

- **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 into BlueAccess at bcbst.com/members/tn_state/
  - Look for and select Talk With a Doctor Now
  - 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, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

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.

Additional information about your CVS/caremark pharmacy benefit. You may take advantage of:

**Relaxed refill restrictions.** We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy
has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your CVS/caremark pharmacy benefits, visit info.caremark.com/stateoftn or call 877.522.TNRX (8679) 24/7.

PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

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

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 (OTC) 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 a PayFlex Debit Card for Newly Eligible OTC Items:

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).
- FSA members who use their PayFlex 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 the PayFlex debit card doesn’t work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system’s verification process. PayFlex does not have control over the update.

Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3rd floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The center is not a COVID-19 testing site, but 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.

Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

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 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, 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. Dependents 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.

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 (WFHT) pulled together links to home workouts (yoga, cardio, body weight training, etc.)
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 (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?
   - Not everyone needs to be tested for COVID-19. Talk to your doctor, or other healthcare provider, about your need for a test.
   - Additional resources:
     - The Tennessee Department of Health - www.tn.gov/health/cedep/ncov.html
   - Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.

2. What exactly is covered?
   - Members won’t have to pay a copay, coinsurance or any money toward their deductible for in-network COVID-19 tests and in-network visits in a provider’s office, urgent care, convenience clinic, emergency room and by Telehealth. For Telehealth, from March 17 through May 31, members won’t pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow) even if the visit is for something other than COVID-19.

3. What will my Explanation of Benefits (EOB) show?
   - We are working closely with our carriers so that your EOB shows that you do not owe member cost share for in-network COVID-19 tests and in-network outpatient visits that lead to a test. However, 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.

4. What if I pre-paid at the doctor’s office or hospital, will I get that money back?
   - If it is an eligible in-network COVID-19 charge, you can get your money back. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

5. 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 in-network COVID-19 testing and in-network outpatient visits associated with these tests. The benefit does not include waiving member cost-sharing for subsequent treatment associated with COVID-19, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in. So, members will only have to pay their share for the hospitalization and other inpatient services. Generally, these services require you to pay a deductible and coinsurance amount based on the health plan you are enrolled in.

6. 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 in-network, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

7. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?
   • Yes, it applies to all members and retirees in all plans and in all networks.

8. What if I use Telehealth?
   • Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow) are available for members and require NO payment for the visit at the time of service if the visit occurs between March 17 – May 31. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

9. 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 a test or a visit, wait until you have your Explanation of Benefits (EOB). 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.

10. 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 in-network COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.

11. When will these COVID-19 benefits take effect?
    • This benefit takes effect immediately and could also include prior claims, which meet these requirements.

12. How long will these COVID-19 benefits last?
    • The cost waiver for carrier-sponsored Telehealth program benefits goes through May 31, 2020. There is no specific end date at this time for the other COVID-19 benefits. Benefit updates will be provided as decisions are made.