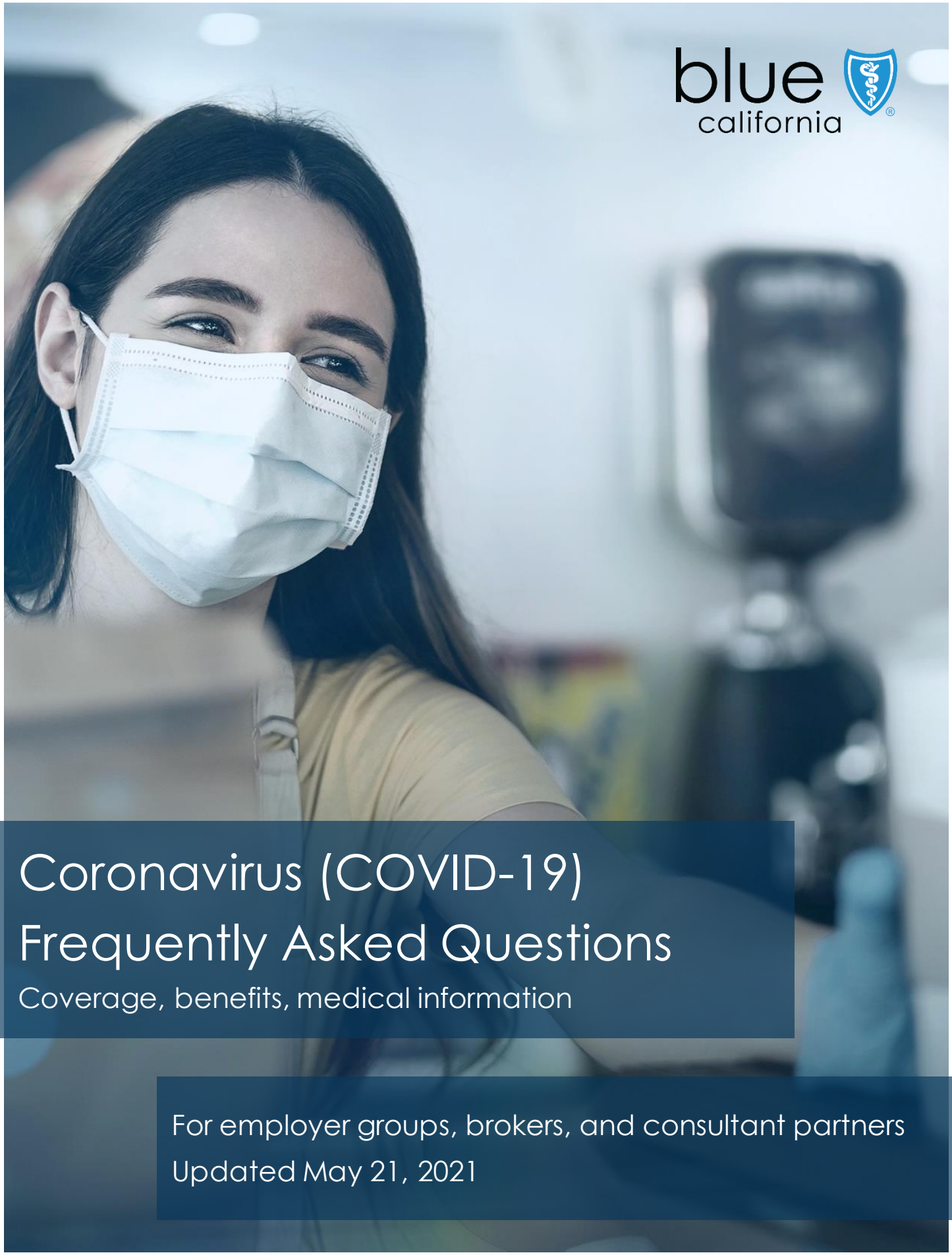

# Coronavirus (COVID-19) Frequently Asked Questions

## Coverage, benefits, medical information

For employer groups, brokers, and consultant partners

Updated May 21, 2021

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## General coverage

### Treatment coverage

1. **Are Blue Shield and Blue Shield Promise covering the cost of treatment for COVID-19?**
   Yes. Blue Shield and Blue Shield Promise will waive out-of-pocket costs for co-payments, Blue Shield will waive co-payments, coinsurance, and deductibles for treatment for COVID-19 received between March 1, 2020 and February 28, 2021.[1]

   This applies to the following plan types:
   - Fully-insured and flex-funded employer-sponsored plans
   - Plans purchased through Blue Shield directly
   - Plans purchased through Covered California
   - Medicare Advantage plans
   - Medicare Supplement plans
   - Self-insured employer-sponsored plans where the plan sponsor elects to pay for copays, coinsurance, and deductibles for COVID-19 testing. These plans are not required to cover these costs. Blue Shield's account teams are working to communicate directly with self-funded clients regarding options for cost-sharing waivers.

   Blue Shield will be ending this program as of the end of February 2021. Treatment cost-sharing therefore will not be waived after February 28, 2021. The cost-share waiver will still be applied to those who were admitted on or before February 28, 2021 as indicated by the date of service on the claim, regardless of length of stay in the case of inpatient treatment. Standard member cost-share for COVID-19 treatment will apply beginning March 1, 2021.

   Note that this will not impact the waiver of cost sharing for COVID-19 diagnostic testing and vaccine administration. Cost sharing waivers for testing and vaccine administration will remain in effect as required under applicable law.

   Please note: self-funded employer sponsored plans may have opted in to waive treatment cost-share beyond February 28, 2021. Please check with your Blue Shield account manager to verify.

   Medi-Cal and Cal MediConnect members have no out-of-pocket costs for covered services.

### Testing coverage

2. **Will Blue Shield and Blue Shield Promise cover COVID-19 screening and testing?**
   Yes. Blue Shield and Blue Shield Promise will waive out-of-pocket costs for co-payments, coinsurance, and deductibles for COVID-19 diagnostic testing and related screening services ordered using telemedicine and for testing and screening services ordered or performed in a doctor's office, urgent care, hospital, or emergency room in accordance with applicable state and federal law[1].

   Coverage is provided for diagnostic testing that is provided by, or with a referral from, a licensed or authorized healthcare provider. This may include testing of symptomatic patients, as well as testing of asymptomatic patients, regardless of whether the patients have a recent known or suspected exposure.

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[1] Please note that COVID guidance is evolving rapidly and this information may be subject to change based on any new legal or regulatory developments.

### 3. Are Blue Shield and Blue Shield Promise covering serology (antibody) testing under the blanket of COVID-19 testing?

Blue Shield of California and Blue Shield Promise will continue to abide by all state and federal rules and regulations, including covering out-of-pocket costs for coronavirus (COVID-19) diagnostic testing as part of the current federal emergency declaration. For purposes of providing coverage of diagnostic testing for COVID-19, Blue Shield and Blue Shield Promise are following federal guidance under the Families First Coronavirus Relief Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, along with guidance from the Centers for Medicare & Medicaid Services (CMS) and All Plan Letter (APL) 21-011 issued by the California Department of Managed Health Care. Blue Shield Promise additionally is following applicable guidance from the California Department of Health Care Services for Medi-Cal managed care plans.

In accordance with this guidance, Blue Shield and Blue Shield Promise are providing coverage without cost sharing for medically necessary diagnostic serological (antibody) testing and diagnostic (PCR or antigen) testing that is provided by, or with a referral from, a licensed or authorized healthcare provider.

According to guidance from the Food and Drug Administration (FDA) and the CDC, antibody tests should not be used as the sole basis for diagnosis, and there are only very limited medically necessary applications for the use of antibody tests in the diagnosis and treatment of COVID-19.

Testing performed for non-diagnostic purposes, such as for public health surveillance or to support return-to-work purposes will not be covered.

### 4. Can employees be covered for multiple COVID-19 tests?

There is no limitation on repeat testing if coverage requirements are met. Coverage will be provided without and the cost-share will be waived for any claim that comes in for COVID-19 testing that is provided by, or with a referral from, a licensed or authorized health care provider through the end of the federal public health emergency.

### 5. Does Blue Shield and Blue Shield Promise cover at-home Coronavirus test kits and will the co-payment be waived?

Blue Shield and Blue Shield Promise require that self-administered tests are ordered by a health care provider, sent to the approved laboratory specified on the kit, and processed in accordance with FDA and other guidance, as applicable to be covered at $0 cost-share. This policy is in accordance with applicable legislation, including the federal CARES Act.

At this time, Blue Shield and Blue Shield Promise only cover self-administered test kits that are FDA-approved, emergency use authorized, or authorized under other guidance from the Secretary of the Department of Health and Human Services consistent with the federal CARES Act. Other self-administered tests available on in the market may not be accurate and are not covered.

### 6. Is Blue Shield and Blue Shield Promise providing and covering the cost of rapid test kits?

Rapid test kits use antigen testing, which allows test samples to be processed at the point of testing, as opposed to the Polymerase Chain Reaction (PCR) testing, which must be processed in a laboratory.

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However, while rapid testing can provide faster results, the accuracy of rapid testing is lower than PCR tests. Read the CDC overview of COVID-19 testing.

Coverage for rapid test kits aligns with coverage for other COVID-19 diagnostic testing under federal law; if rapid testing is provided by, or with a referral from, a licensed or authorized healthcare provider, it is a covered benefit with no member cost sharing.

This coverage requirement applies to both fully-insured and self-funded plans.

7. **Are Blue Shield and Blue Shield Promise providing coverage for testing provided through pop-up/temporary and drive-through testing sites, including sites administered by state, county, or local governments?**
   Yes. Coverage is provided without member cost sharing for COVID-19 diagnostic testing received from a licensed or authorized provider, including licensed or authorized providers offering testing through pop-up/temporary and drive-through testing sites. This includes testing provided through state, county, and locally administered testing sites.

## Vaccine coverage

On April 23, 2021 the CDC and FDA concluded that the temporary pause in the use of the Johnson & Johnson COVID-19 vaccine can be lifted.

For a detailed list of COVID-19 Vaccine FAQs, please view the download here.

8. **Is Blue Shield and Blue Shield Promise covering COVID-19 vaccines?**
   Blue Shield of California and Blue Shield Promise will cover FDA approved or emergency use authorized COVID-19 vaccines without cost sharing, consistent with the requirements of federal law, including the guidelines in the Fourth Interim Final Rule (effective Nov 2, 2020) issued by the US Departments of Labor, Treasury, and Health and Human Services.

   This applies to both self-funded and fully insured plans. Self-funded plans are required to apply the same coverage that applies to any ACA-mandated preventive services. The coverage mandate for the vaccine does not apply to grandfathered plans, but those plans may choose to cover the vaccine without cost-sharing. For grandfathered plans that do not cover the vaccine without cost-sharing, vaccinations will still be available to enrollees without cost. Vaccine providers have other sources of funding for vaccine administration, and providers are prohibited from seeking reimbursement directly from individuals who are being vaccinated.

9. **What is the administrative cost for the COVID-19 vaccination and who is responsible for paying?**
   a. The COVID-19 vaccine and vaccine administration are mandated to be covered as preventive services without cost-sharing or balance billing to the member (grandfathered plans are not subject to this mandate, but may opt to provide coverage). This includes multiple doses, if needed or required.
   b. This coverage applies to both in and out-of-network providers during the COVID-19 Public Health Emergency.
   c. Effective March 15, 2021 the reimbursement rate (paid to the provider) for each vaccine dose is $40.00 whether the vaccine is a single or two-dose vaccine.
   d. Non-grandfathered self-funded plans are required to apply the same coverage that applies to any ACA mandated preventive vaccine.

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e. Blue Shield will cover the administration fee for the COVID-19 vaccine for commercial HMO plans.
f. Once the public health emergency ends, plans may choose to limit coverage to in-network providers.

**10. Will treatment for any vaccine related side-effects and adverse reactions be covered?**
Treatment for vaccine-related side-effects and adverse reactions is a covered benefit under Blue Shield and Blue Shield Promise plans.

### Other coverage

**11. What is the COVID-19 PPE Fee and is Blue Shield covering this fee?**
A COVID-19 Personal Protective Equipment (PPE) fee (sometimes referred to as a "COVID-19 fee") is an additional charge, associated with frequent cleaning and disinfecting, and greater use of PPE in provider offices during the COVID-19 pandemic.

Blue Shield is covering this fee during the duration of the Public Health Emergency. In-network providers are not allowed to bill the member this fee. Both in-network and out-of-network providers will be reimbursed the reasonable and customary amount of $6.50 for a visit.

## Medical

### Treatment

**12. What treatments are covered?**
Any treatments for COVID-19 from doctors, hospitals, and other health care professionals in a plan's network from March 1, 2020 through February 28, 2021 are covered. Providers must use proper diagnosis and procedure codes related to COVID-19 for Blue Shield to waive member deductible, copay, and coinsurance liability for treatment.

**13. Are there any limitations in coverage for treatment of an illness/virus/disease that is part of a pandemic?**
No. Blue Shield standard contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from a pandemic.

**14. Do HMO members still need to go through their allocated primary care provider (PCP) to get COVID-19 testing and treatment?**
Yes, except in emergency situations.

**15. If a member visits an out-of-network provider for COVID-19 treatment, will it be covered?**
In the case of a medical emergency, care provided by in-network and out-of-network providers will be covered for all plans. Outside of an emergency, members should seek care from in-network providers to save money and to prevent having to pay out-of-pocket.

If a member has a plan with out-of-network covered benefits, Blue Shield will cover both in-network and out-of-network copayments, coinsurance, and deductibles for COVID-19 covered benefits. However, out-of-network providers may charge more than the covered benefit amount. In this case, the member may be responsible for paying the difference.

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### 16. Is Blue Shield ensuring that COVID-19 testing and treatment is affordable for members with high-deductible plans?

Blue Shield is waiving co-payments, coinsurance, and deductibles for COVID-19 testing, screening, and treatment in accordance with state and federal law and in the same manner as for other commercial plans. IRS guidance (issued March 11, 2020) clarified that these cost-sharing waivers are permissible for high-deductible health plans and will not cause enrollees to become ineligible for contributions to their health savings accounts or cause a plan to lose its status as a high-deductible health plan.

## Testing

*Types of tests*

### 17. What types of tests are available? And what's the difference?

There are two types of tests available for COVID-19:

- Diagnostic tests tell if someone has a current infection and is contagious. These tests are done by either spitting into a cup or having a swab inserted into the nose or throat. There are two kinds of diagnostic tests: laboratory-based tests and point-of-care tests (also called rapid tests). Laboratory tests take longer but are more accurate.
- Antibody or serology tests measure the presence of antibodies in the blood. These indicate previous infection but cannot tell if there is an active infection at the time of the test. These tests require blood to be drawn.

### 18. What are the differences between diagnostic tests?

All tests may vary in their accuracy. This can depend on:

- How specimens are collected and handled
- Time between exposure and testing
- How much virus is present
- The lab and manufacturer of the test kit

PCR (polymerase chain reaction) tests done in a laboratory are considered to be the most accurate option. But they generally take longer. This is due to having to send them to the lab and then taking several hours to complete.

LAMP tests are considered to have similar accuracy to PCR tests in most cases.

Antigen tests are the most common type of rapid or point-of-care tests and are typically much faster and cheaper than PCR or LAMP tests. But they also tend to be less accurate when the result is negative, also known as the test specificity. This means that one may get a "false negative" result. For example, the rapid test may show a negative for an active COVID-19 infection, but a PCR test may show a positive.

Members should talk to their doctor before using a rapid antigen test. Members should ask them:

- If it's the right test
- What the results might mean

### 19. What is pooled testing?

Pooled testing entails the collection of samples from multiple people that are run as a combined diagnostic test to generate a single collective result. This option may be used by labs as an alternative to individual testing, which may take longer and require more

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testing resources (such as reagents) than pooled testing. Only the labs will decide if pooled testing can be used or not. It cannot be ordered or requested in advance at this time. Currently, pooled testing is ordered, billed, paid and reported as if it was individual testing.

*Cost*

**20. What is the estimated cost for COVID-19 testing?**
Blue Shield is estimating that the average test cost is $60 based on announced payment policy for Medicare.

**21. For HMO Blue Shield Away from Home Care members in another state: how do they find out what type of testing is covered, cost of coverage, and where to get tested for COVID-19 and antibodies?**
Away from Home Care enables members to receive Guest Membership benefits from other participating Blue Plans while traveling outside their Home Plan service area. The member will need to contact the Blues plan that they are enrolled in by calling the Member Services number on the back of their Blue Shield member ID card.

*Claims and operations*

**22. When did Blue Shield start to process testing claims with no cost-sharing for COVID-19-related services?**
On March 18, 2020, Blue Shield began processing member co-pays, coinsurance, and deductibles at no cost. Any claims received between January 27, 2020 and March 18, 2020 will be re-adjudicated at zero dollars for COVID-19-related *testing and screening* services in accordance with state and federal law.

**23. If a member received a check from Blue Shield of California for their COVID-19 test performed by an out-of-network provider, what should they do with it?**
If the member has paid out-of-pocket, the check is their reimbursement.

If the member has not paid out-of-pocket for the testing, the check will need to be endorsed and forwarded to the provider of service. If the address for the provider is not located on the member's Explanation of Benefits, the member should contact the customer service phone number located on the back of their ID card for assistance with locating the provider's mailing address.

*Other*

**24. For COVID-19 testing to be covered at $0 cost-share, no medical screening criteria or prior authorization is required, but a licensed or authorized provider needs to be involved in providing or ordering the test. How are the two different?**
Prior to the updated COVID-19 testing guidance released on February 26, 2020, for COVID-19 testing to be covered at $0 cost-share, a provider had to determine the test to be medically appropriate based on an individualized assessment of the patient. Medical appropriateness was generally determined based on a provider evaluation which included symptom evaluation or determination of prior known/suspected COVID-19 exposure. The updated testing guidance now prohibits plans from applying these medical screening requirements to claims for COVID-19 diagnostic testing. Plans must provide coverage for claims for COVID-19 diagnostic testing provided or ordered by a licensed or authorized provider, regardless of whether the claim indicates that the patient was symptomatic, exposed, or otherwise evaluated by the provider.

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Prior authorization refers to approval of coverage that is required by the health plan before a health service or procedure is administered by a provider. This can include services such as surgical procedures or CT/MRI scans depending on the plan type. COVID-19 testing does not require prior authorizations from the health plan.

In the case of COVID-19 testing, a licensed or authorized provider needs to be involved in providing or ordering the test. This means that a test must be either ordered or administered by a licensed physician, physician assistant, registered nurse, pharmacists, or other provider that is licensed or authorized to order or provide COVID-19 diagnostic testing. Testing provided through a state- or locality-administered site, such as a "drive-through" site, or a site that does not require appointment, will also generally meet this requirement.

**25. How is Blue Shield responding to the California Department of Industrial Relations (DIR) Emergency Regulation issued on 11/30/2020?**

The California Department of Industrial Relations (DIR) Emergency Regulation issued on November, 30, 2020 does not mandate health plans to cover COVID-19 testing that employers must provide under the regulation.

Blue Shield is providing coverage without cost-sharing for COVID-19 diagnostic testing (including PCR and antigen testing) that is provided by, or with a referral from, a licensed or authorized healthcare provider.

### Vaccine

On April 23, 2021 the CDC and FDA concluded that the temporary pause in the use of the Johnson & Johnson COVID-19 vaccine can be lifted.

For a detailed list of COVID-19 Vaccine FAQs, please view the download here.

### Prior authorization

**26. Will there be an extension to current prior authorizations for elective surgeries or will providers need to resubmit for approval? Will there be a difference between inpatient and outpatient procedures?**

Blue Shield and Blue Shield Promise have extended the timeframes for all prior authorization requests to 180 days from the original request in an effort to mitigate the impact of shelter-at-home protocols and provider office closings. This applies to both inpatient and outpatient procedures but does not apply to urgent/emergent admission stays that may occur during this time.

## Pharmacy

### Medication

**27. Are there any prescription medications to treat COVID-19?**

The drugs chloroquine and hydroxychloroquine had received FDA authorization for emergency use (EUA) to treat hospitalized (inpatient) patients only; however, as of June 15, 2020, these drugs had their EUA revoked and will not be covered for COVID-19 treatment for inpatient members or for prophylactic purposes. Outpatient treatment still consists of symptom treatment and/or supportive care.

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The drug Veklury (remdesivir) has received emergency use authorization from the FDA to include treatment of all hospitalized adult and pediatric patients with suspected or laboratory confirmed COVID-19, irrespective of severity of disease. This drug is NOT approved by the FDA for any other use.

Blue Shield is closely monitoring announcements from the Centers for Disease Control (CDC) and Food and Drug Administration (FDA) for prescription drugs and vaccines that become available for the treatment or prevention of coronavirus to support access for our members.

There are currently two products that have the FDA's Emergency Use Authorization: Carisivimab/ imdevimab, made by Regeneron, and Bamlanivimab, made by Eli Lilly. Both Carisivimab/imdevimab and Bemlanivimab are approved for the treatment of mild to moderate COVID-19 in adults and pediatric patients (age ≥12 years, weight ≥40 kg) with positive SARS-CoV-2 test, and who are at high risk for progressing to severe COVID-19 and/or hospitalization. These medications are currently paid for by the US government. The administration of the drugs will be covered as applicable by the members' health plans.

**28. Can Blue Shield and Blue Shield Promise members receive home health infusion by a nurse in their home instead of going to a hospital in order to avoid exposure to COVID-19, and help reduce traffic at the hospital?**

If members normally receive drug infusion services in a facility, they should talk with their doctor about whether their drug infusion services should be continued and if they can be administered in home instead. If the member's physician or authorized prescriber determines they can safely receive drug infusions at home, Blue Shield and Blue Shield Promise members are eligible for physician-ordered and plan authorized home infusion services. To find a home infusion provider, members can search our Find a Doctor website or call Member Services at the number on the back of Blue Shield member ID card.

- Blue Shield Commercial and Medicare Advantage Find a doctor tool
- Blue Shield Promise Medicare Find a doctor tool
- Blue Shield Promise Cal MediConnect Find a doctor tool
- Blue Shield Promise Medi-Cal Find a doctor tool

## Monoclonal antibodies

**29. What are monoclonal antibodies? What are the monoclonal antibodies used to treat COVID-19 and when can they be used?**

Monoclonal antibodies are laboratory-produced molecules engineered to serve as substitute antibodies that can restore, enhance or mimic the immune system's attack on cells. The monoclonal antibodies are designed to block viral attachment and entry into human cells, thus neutralizing the virus. It is designed to limit viral replication and may be effective for the treatment of COVID-19 in patients who are at high risk for progressing to severe COVID-19 and/or hospitalization.

There are currently two treatments that have the FDA's Emergency Use Authorization: Carisivimab/ imdevimab, made by Regeneron, and bamlanivimab with etesevimab, made by Eli Lilly.

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Both Carisivimab/imdevimab and Bemlanivimab with etesevimab, are approved for the treatment of mild to moderate COVID-19 in adults and pediatric patients (age ≥12 years, weight ≥40 kg) with positive SARS-CoV-2 test, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

**30. Are monoclonal antibodies given at the hospital? How are they given?**

No, they are given in the outpatient setting by a home infusion nurse in the home, physician's office, or an outpatient infusion center. Neither drug is authorized for patients who are hospitalized or require oxygen therapy.

The products are given as a one-time dose. They are given intravenously through a needle that is placed in the patient's vein by a nurse or doctor. Patients will only need to take one of these drug regimens

**31. How are the monoclonal antibodies being distributed for use? What is the availability in CA?**

The Department of Health and Human Services (HHS) is coordinating with both manufacturers to ensure that all states receive an allocation of the drugs based on the number of confirmed COVID cases and number of hospitalized patients on a weekly basis. Supply of the drugs is limited and CA has received a supply of the medications.

More information may be found at the following website: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/cas_imd/Pages/faq.aspx

**Prescription refills**

**32. Are members allowed to fill their prescriptions earlier or have larger fill or refill amounts to offset difficulties with getting medications?**

For the duration of the public health emergency, Blue Shield and Blue Shield Promise will waive early refill limits on prescription medications. This applies to our commercial, Medicare, Cal MediConnect, and Medi-Cal members.

Blue Shield does not recommend stockpiling medications. However, early refill limits have been adjusted so that members can refill an extended supply of their medication according to their benefit. For any questions regarding early refills, members may call the Members Services number on the back of their Blue Shield member ID card.

**33. What happens if there are shortages of medications due to this pandemic?**

In the event of a prescription drug shortage, Blue Shield has a standard process in place to take immediate steps so that members have access to alternative medications to treat their condition. Blue Shield's process includes monitoring drug shortage notifications from the FDA, evaluating and changing formulary coverage, and if necessary, identification of alternative medications to treat the same condition. Affected members and their prescribers will be notified of the shortage and applicable treatment alternatives in the event of a shortage.

**34. How can a member practice social distancing and conveniently access their prescription medications?**

Members can practice social distancing by:

- Contacting their local retail pharmacy about delivery services. Many pharmacies are offering free delivery service during this time of social distancing.

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- Filling their medications at pharmacies with drive-through pick-up options.
- Filling extended day supply of maintenance medications.
- Commercial members can access 90-day supplies of maintenance medications used to treat chronic conditions through our mail-service pharmacy, CVS Caremark. Members can contact their doctor to switch to a 90-day prescription.
- Medicare and Cal MediConnect members can also fill a prescription for a 90-day supply of maintenance medications at retail pharmacies in addition to our mail service pharmacy. Call the local pharmacy to ask about delivery or use the drive-thru window when picking up prescriptions, when possible.
- Medi-Cal members can also fill a prescription for up to 100-day supply of their medications at retail pharmacies and through our mail service pharmacy.

For more information on how to fill extended day supply prescriptions through CVS Caremark, visit our website at and select "Mail Service Pharmacy" under the "Pharmacy Networks" section. Members can also call CVS Caremark directly at (866) 346-7200.

## Virtual care

### 35. Does your standard employer group plan contract cover telemedicine?

Telemedicine services are covered under Blue Shield's standard plan designs for fully insured and self-funded (ASO and Shared Advantage/Shared Advantage+), as follows:

- For all plans, telemedicine services are available as a covered benefit through those network providers that offer such services, including Mental Health Service Administrator participating providers.
- For fully-insured plans, telemedicine services are also available through Teladoc and Nurse Help 24/7.
- For self-funded plans, telemedicine services may also be available through Teladoc and Nurse Help 24/7, if the plan sponsor has elected to offer those programs.

In addition, Blue Shield is expanding access to telemedicine services in response to COVID-19 by allowing providers to offer COVID-19 screening services using an expanded range of telemedicine platforms, performed appropriately during the COVID-19 public health emergency. Please visit the website for further detail regarding the availability of telemedicine services.

### 36. Will Blue Shield cover Teladoc COVID-19 services?

In 2020, during the public health emergency, copays and co-insurance for any Teladoc visits, medical and behavioral health[2], were waived for members enrolled in all Blue Shield commercial plans and all employer-sponsored plans that offered Teladoc, whether or not related to COVID-19.

In 2021, we are continuing to offer Teladoc services at $0 cost-share for all fully-insured group health plans and non-grandfathered IFP for both medical and behavioral health services. ASO groups interested in offering this coverage to members can reach out to their account team.

Members enrolled in Blue Shield's Medicare Advantage and Medicare Supplement plans already enjoy $0 out-of-pocket costs for Teladoc medical services and members enrolled in Trio and Tandem enjoy $0 out-of-pocket costs for Teladoc medical and behavioral health services.

[2] For Blue Shield plans that offer Teladoc dermatology services, the waiver of cost sharing did not apply to those services.

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**37. If a member pays for the co-payment, either through an office visit or Teladoc, because the provider requested payment at time of service, will they be reimbursed?**

If a member is improperly charged for a co-payment, the member should call the number on the back of their member ID card and Customer Care will work with them to get a reimbursement issued.

## Behavioral health

**38. What behavioral health services does Blue Shield offer for members during this public health emergency?**

Through December 31, 2020, Blue Shield made Teladoc health, including behavioral health services, available with no member cost sharing for all members with access, including all Blue Shield fully-insured commercial plans.

In 2021, Blue Shield is continuing to offer Teladoc services at $0 cost-share for all fully-insured group health plans and non-grandfathered IFP for both medical and behavioral health services.

Blue Shield Promise Medicare Advantage, Cal MediConnect, and Medi-Cal members will be able to leverage tele-behavioral health services through Teladoc as well as Beacon Health Options.

Members can log in to their online account to see if they have access to Teladoc.

For all plans that include Teladoc behavioral health, services include encounters with psychiatrists, psychologists, licensed clinical social workers, and marriage family therapists.

Not all ASO only and other self-funded groups offer Teladoc services. Members in self-funded plans can verify the availability of Teladoc services with their employer or by calling Blue Shield's Customer Care.

Mental health services also continue to be available from providers other than Teladoc. If the Evidence of Coverage (EOC) or Certificate of Insurance (COI) states that mental health services are available through the Mental Health Services Administrator (MHSA) network, members can search for providers in the MHSA network through the provider directory. The standard office visit copay applies to MHSA tele-behavioral health appointments.

Blue Shield also provides our LifeReferrals 24/7 ℠ Employee Assistance Program (EAP) to all fully insured large (101+) groups and it is available as an optional buy-up for self-funded employers. The LifeReferrals 24/7 program offers access to support services 24 hours a day, seven days a week, including assessments and referrals for consultations for health and psychosocial issues. Professional counselors can provide confidential telephone or in-person support by appointment.

## Specialty

**39. Will Blue Shield cover the cost of personal protective equipment (PPE) required by the American Dental Association?**

After careful consideration it was determined that we will discontinue our $10 PPE benefit after 8/31/20. This decision was based on programs now available to Dental Providers,

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including a $10M relief package offered by Dental Benefit Provider (DBP). Our program was intended to serve as a stop-gap while other programs were being established.

For dates of service on or before 8/31/20, the provider will include the PPE charge on the claim for reimbursement. Blue Shield's dental plan administrator is notifying network providers of this program so members should not be billed. Should a member visit an out-of-network provider and receive PPE charges, they can submit a claim to be reimbursed for the charge.

**40. Will there be a special enrollment period for dental and vision plans?**

Yes. For Small Group (1-100), employer groups may enroll new members off-anniversary through a Special Enrollment Period (SEP) through November 30, 2020, with December 1, 2020 as the latest effective date. This SEP is for employees who previously declined dental and vision coverage for themselves or their dependents. Enrollment requests must be received on or before the 1st of the month for which enrollment is being requested.

This applies to all fully insured employers; self-funded plan sponsors typically determine eligibility of group coverage, which is described in their plan document.

**41. How are Blue Shield of California Dental members being served during the COVID-19 outbreak?**

Most dental offices have resumed normal in-office hours with enhanced COVID-19 protocols.

All dental plans include tele-dentistry codes to allow for virtual dental visits if someone does not feel comfortable going into the office.

To take advantage of tele-dentistry, a provider would need to submit either one of 2 covered codes (D9995and D9996). These benefits are covered in full to the member. The member can call the customer service number on the back of their ID card for tele-dentistry or provider information.

## Eligibility and enrollment

### Special Enrollment Period

**42. Will there be a special enrollment period for individuals who wish to enroll at this time?**

Yes. For Small Group (1-100), employer groups may enroll new members off-anniversary through a Special Enrollment Period (SEP) through November 30, 2020, with December 1, 2020 as the latest effective date. This SEP is for employees who previously declined coverage for themselves or their dependents. Enrollment requests must be received on or before the 1st of the month for which enrollment is being requested.

This applies to all fully insured employers, and includes enrollment for medical plans, dental plans, and vision plans. Self-funded plan sponsors typically determine eligibility of group coverage, which is described in their plan document.

Blue Shield will also align with Covered California and have a Special Enrollment Period for Individual and Family as a result of the current COVID-19 outbreak.

### Eligibility

**43. Is Blue Shield enforcing active-at-work and minimum work hours?**

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**Fully insured groups:** The terms of the group service agreement continue to apply to employee eligibility for coverage. Please refer to your agreement, and note that there are provisions in most group service agreements that may allow for continued coverage for members who are impacted by a temporary suspension of work or temporary reduction of hours in certain circumstances (such as a layoff, furlough, or approved leave of absence), if permitted under the employer's policies regarding coverage, under the following conditions:

- If the subscriber ceases active work because of a disability due to illness or bodily injury, or because of an approved leave of absence or temporary layoff, payment of dues for that subscriber shall continue coverage in force in accordance with the employer's policy regarding such coverage.
- If the employer is subject to the California Family Rights Act of 1991 and/or the Federal Family & Medical Leave Act of 1993, and the approved leave of absence is for family leave pursuant to such Acts, payment of dues for that subscriber shall keep coverage in force for the duration(s) prescribed by the Acts. The employer is solely responsible for notifying employees of the availability and duration of family leaves.

**ASO/SA+:** Self-funded groups/Plan sponsors typically determine eligibility and continuation of group coverage, which should be described in the plan document. If the plan document does not detail furlough or reduction-in-force situations, the plan sponsor would have to make a determination of how to proceed with employees in these situations. For example, employees (and their dependents) who lose eligibility for coverage due to a furlough or reduction in force may be eligible to elect continuation coverage under COBRA or Cal-COBRA.

If the employer/plan sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off/furloughed and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

## COBRA/Unemployment benefits

### 44. What is the COBRA subsidy provision in the American Rescue Plan Act of 2021 and how does this impact COBRA coverage?

The American Rescue Plan Act (ARPA), signed on March 11, 2021, is a $1.9 trillion economic relief bill in response to the ongoing COVID-19 pandemic. A key component of this Act is a COBRA subsidy for qualifying individuals as outlined under Section 9501 Preserving Health Benefits for Workers.

Under this provision, a temporary subsidy is being offered to offset the cost of COBRA (and Cal-COBRA) coverage for qualifying individuals who have lost employer-sponsored health coverage due to involuntary termination or reduction in hours.

For qualifying coverage months between April 1, 2021 and September 30, 2021, assistance-eligible individuals will be required to pay $0 for COBRA/Cal-COBRA premiums. Individuals who experienced a qualifying loss of coverage and have not yet exhausted available COBRA continuation coverage, based on the original event date, may be eligible to enroll effective April 1, 2021 with this subsidy – even if they are not currently enrolled in COBRA coverage.

Plan sponsors (employer groups responsible for Federal COBRA coverage) are generally required to fund the premium subsidy but will be able to recover the cost through a

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quarterly payroll tax credit. For CalCOBRA plans, Blue Shield will fund the premium subsidy for eligible members.

This subsidy program also requires plan sponsors and their COBRA administrators to notify potentially eligible individuals of their ability to elect the COBRA subsidy.

To learn more about the COBRA subsidy and eligibility information, please visit our resource page where you will find additional details, FAQs, and copies of the notices for eligible employees.

### 45. How is Blue Shield responding to the COBRA Subsidy provision of the American Rescue Plan Act of 2021?

In scenarios where Blue Shield is the CalCOBRA administrator, Blue Shield will be responsible for sending election notices to potentially eligible individuals and covering premium costs for eligible members. This notice will include additional details on subsidy criteria and provide information on how qualified individuals can enroll.

To learn more about the COBRA subsidy and eligibility information, please visit our resource page where you will find additional details, FAQs, and copies of the notices for eligible employees.

### 46. Will Blue Shield allow customers to continue employee health benefits if part of the workforce is laid-off in response to the COVID-19 crisis?

**Fully insured groups**: Yes, assuming the employer continues to remit premium payments for workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

**Self-funded groups:** Yes, assuming the plan sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

### 47. If my employees are laid off, what are their options for continued medical coverage?

- Employees can remain on group plan under the conditions described above; *or*
- Employees can elect Cal-COBRA/COBRA, if eligible, and will be liable to pay the full costs of coverage (unless their employer chooses to subsidize Cal-COBRA/COBRA premiums); *or*
- Employees can enroll in the individual marketplace (e.g., through Covered California). Blue Shield and Covered California open enrollment has been extended through June 30th as a result of the current COVID-19 outbreak. Employees may benefit from government subsidies to help pay for these premiums.

### 48. If an employee is laid off and then re-hired, how long is the waiting period before they can join the medical plan?

**Fully insured groups:** Blue Shield standard provision allows for waiving of waiting period if rehired within six months of cancellation of coverage. Check your contract for further details.

**Self-funded groups:** The plan sponsor/employer is responsible for eligibility determinations and should refer to the applicable provisions of their plans regarding eligibility and waiting periods for employees who are re-hired.

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**49. Can groups temporarily suspend their medical plans if they shut down, rather than cancel and re-write?**

Groups may not temporarily suspend their plans.

**50. Can Blue Shield provide a group with a COBRA plan that is different from the plan the group offers to its active employees?**

Groups are responsible for COBRA administration. In general, COBRA enrollees cannot be offered a plan that is different from the plan(s) offered to active employees, and a COBRA qualified beneficiary is entitled to elect COBRA continuation coverage only in the plan in which they were enrolled at the time of their COBRA qualifying event. If the employer offers multiple plans, a COBRA enrollee generally must wait until open enrollment to change plans. However, Blue Shield is currently offering a special enrollment period that may allow a COBRA enrollee to make a plan change outside of open enrollment if the employer offers multiple plans. Any plan options made available to COBRA enrollees would also need to be available for active employees, who would also be eligible for the special enrollment opportunity that is being offered by Blue Shield. See other FAQ for details on the special enrollment opportunity.

**51. Is Blue Shield allowing a special enrollment period as a result of the Taxpayer Certainty and Disaster Tax Relief Act?**

Blue Shield is not offering additional flexibility for mid-year election changes based on the new guidance under the Taxpayer Certainty and Disaster Tax Relief Act and will continue to abide with existing rules that define when mid-year election changes are permissible.

**52. Is Blue Shield providing plan election changes in response to the IRS guidance issued in May 2020?**

Blue Shield is no longer offering downgrades in plan designs off-cycle, unless determined otherwise, on a case-by-case basis. Blue Shield will continue to offer plan election changes that were in place prior to this guidance at renewal.

In addition, Blue Shield was previously offering a Special Enrollment Period (SEP) for Small Group which ended on November 30, 2020. Blue Shield's COVID-19 SEP allowed individuals who previously declined coverage for themselves and/or their dependents to enroll without any of the standard qualifying life events. This COVID-19 SEP applied only to fully insured groups; self-funded plan sponsors typically determine eligibility of group coverage themselves.

**53. What is the DOL guidance on the extension of certain COBRA and other deadlines during the "Outbreak Period"?**

The DOL guidance provides an extension of certain standard deadlines related to COBRA continuation coverage, special enrollment, claims submissions, and appeals during the period from March 1, 2020 until 60 days after the announced end of the National Emergency, or such other date announced by the Agencies* (the "Outbreak Period"). The length of the deadline extension is one year, or until the end of the Outbreak Period - whichever comes first. Under the guidance, group health plans that are subject to ERISA must disregard the Outbreak Period in determining the following periods and dates:

- Deadlines for requesting special enrollment following qualifying life events
- Deadlines to elect COBRA and pay COBRA premiums
- The date for individuals to notify the plan of a qualifying event or determination of disability

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- The dates within which individuals may file a benefit claim under the plan's claims procedures
- Deadlines for appealing an adverse benefit determination and requesting external review

The DOL guidance also permits plan sponsors and administrators to disregard the Outbreak Period when determining the deadline for providing eligible employees and qualifying beneficiaries a COBRA election notice.

*Employee Benefits Security Administration, Department of Labor, Internal Revenue Service, and Department of the Treasury (the Agencies).

**54. What does the DOL guidance on the extension of certain COBRA and other deadlines during the "Outbreak Period" mean for employees/Blue Shield members?**

Under this guidance, for the duration of the Outbreak Period, all of the special enrollment, COBRA, claim submission, and appeals deadlines identified above will be extended. The length of the deadline extension is one year, or until the end of the Outbreak Period - whichever comes first. This means that for any member who would have otherwise been subject to one of these deadlines during this period, that member will have the deadline extended. This would provide the member with additional time to, as applicable, elect special enrollment, elect COBRA and pay COBRA premiums, notify their plan sponsor of qualifying events* and determinations of disability, file benefit claims and appeals, and submit requests external review.

*Refer to Department of Labor's Employers Guide to Group Health Continuation and Coverage Under COBRA for list of qualifying events.

**55. How is Blue Shield responding to the Department of Labor guidance regarding the extension of certain COBRA deadlines during the COVID-19 Outbreak Period?**

The U.S. Department of Labor (DOL) announced on April 28 guidance for regulatory relief providing for "extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak." The DOL notice requires that from March 1, 2020 until 60 days after the announced end of the National Emergency, or such other date announced by the Agencies* (the "Outbreak Period"). The length of the deadline extension is one year, or until the end of the Outbreak Period - whichever comes first, standard regulatory timeframes related to COBRA continuation coverage, special enrollment, claims, and appeals should be disregarded. This guidance applies to all health plans subject to the Employee Retirement Income Security Act of 1974 (ERISA).

The following Blue Shield plans are subject to ERISA:

- Small business (1-100) plans
  - Note: Federal COBRA does not apply for groups under 20 employees
- Large group (101+) fully insured plans
- Large group (101+) self-funded/Administrative Services Only (ASO) plans
- Shared Advantage and Shared Advantage Plus plans

Non-ERISA plans include government and church-sponsored plans.

For more information, please refer to our DOL guidance FAQs and the DOL website.

**56. How is Blue Shield responding to the guidance regarding the extension of certain COBRA deadlines during the COVID-19 Outbreak Period?**

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According to the guidance, the Outbreak Period must be disregarded when calculating a qualified beneficiary's 60-day election period for COBRA continuation coverage, as well as when determining the date on which a qualified beneficiary is required to make COBRA premium payments. COBRA administration is generally the employer group's obligation, and Blue Shield cannot provide legal or compliance advice on how to satisfy applicable COBRA requirements. We are providing the information below to address how Blue Shield will handle retroactive enrollment and disenrollment requests related to a group's implementation of the extended COBRA deadlines.

If a group wants to keep a COBRA enrollee's coverage in force, the group is required to pay the applicable premium. If the group has not received the premium payment from the COBRA qualified beneficiary, Blue Shield will not make an exception to this requirement. In this case, the group would have two options:

(1) Pay the premium on behalf of the COBRA enrollee to keep the coverage in force and try to collect the premium from the COBRA enrollee; or
(2) Disenroll the COBRA enrollee until the COBRA enrollee pays the applicable COBRA premium, at which point the group could seek to retroactively enroll the individual.

If a group follows option (1) and the COBRA enrollee fails to timely pay the required COBRA premium, the group may want to retroactively disenroll the individual and obtain a refund of the premium paid on the individual's behalf. A group's ability to request retroactive disenrollment and obtain a premium refund is defined in the group agreement. Blue Shield's group agreements generally limit retroactive disenrollment requests to a period of 60 or 90 days (groups should check their agreements for the applicable limitation). Blue Shield will not make exceptions to permit retroactive disenrollment going back further than what is permitted under the group's agreement, even if the retroactive disenrollment is related to the extended COBRA deadlines.

For option (2), Blue Shield will extend retroactive enrollment timelines beyond the current limitations in our group agreements to permit employers to make retroactive enrollments that are required to comply with the extended COBRA deadlines. For example, if an employer delays enrollment of a COBRA qualified beneficiary who has elected COBRA continuation coverage until the individual provides timely payment of the applicable COBRA premiums, Blue Shield will permit retroactive enrollment even if requested going back further than the retroactive enrollment period stated in the applicable group agreement.

Similarly, if an employer group chooses to disenroll an individual who has delayed payment of COBRA premiums based on the extended premium payment deadline, and the group later wants to re-enroll the individual retroactively after receipt of the applicable COBRA premium payments, Blue Shield will permit the retroactive enrollment even if it exceeds the retroactive enrollment period stated in the applicable group agreement.

In all cases, for Blue Shield to process the retroactive enrollment, the group would need to pay all applicable premiums for the period of retroactive enrollment.

The information provided above is for informational purposes and is not an attestation that any of the options discussed above will satisfy a group's COBRA compliance obligations. Groups may have additional COBRA compliance obligations related to the extended COBRA deadlines and should consult their attorneys or compliance advisors regarding any legal or compliance questions.

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For more information, please refer to our DOL guidance FAQs.

## Business operations

**57. Will there be any disruption or delay in processing claims?**
Over the last several years, Blue Shield has made significant investments in its technological infrastructure and contingency planning. We are happy to report that there have been no material changes in claim reporting lag, claim processing lag, or other claim-payment related procedures as a result of new business protocols resulting from the pandemic.

**58. With Blue Shield transitioning to teleworking, what will be the impact for Customer Operations, including call centers?**
We have augmented staff through cross-training and are actively working with our vendors to increase their staffing levels. As a result, there has been no material changes in processing or service levels in our call centers, utilization management, or case management.

**59. Will medical management be impacted?**
We are pleased to share that we have no disruptions for medical management, and we will continue to monitor the situation so that our members have access to care. The Blue Shield of California team is assessing current practices and reviewing service level trends for both utilization management and case management and actively adjusting practices as needed.

**60. Are Blue Shield's claim processing times going to be affected by COVID-19? This includes claim lag times (which affects a group's IBNR reserves, paid claim projections and cashflows) and stop loss reimbursement times?**
There is no anticipated impact to Blue Shield's claim processing times and advance funding groups with Blue Shield Life stop loss.

**61. Is Blue Shield prepared to address any appeal that may come in if a provider or patient believes the claims were not processed correctly according to new requirements?**
Blue Shield is preparing its grievances and appeals divisions (for providers and enrollees) to address any appeal that may come in if a provider or patient believes the claims were not processed correctly in the implementation of new regulatory requirements.

**62. Does Blue Shield expect to keep their timelines for renewal delivery?**
Yes. Blue Shield expects to keep our timelines for renewal delivery.

**63. Will Blue Shield and Blue Shield Promise allow the use of electronic signature services?**
Blue Shield and Blue Shield Promise will accept the use of electronic signature services (such as DocuSign) for policy documents, if initiated by the policyholder/producer. We are also working to operationalize the use of such services when sending signature requests to policyholders/producers.

**64. Will the new Summary of Benefits and Coverage (SBCs) include COVID-19 related coverage?**
Blue Shield has provided members and plan sponsors with notice of COVID-19 related coverage changes that would affect the content of previously issued SBCs for the current plan year. This notice has been provided in various forms, including direct email communications and postings on Blue Shield's website.

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Blue Shield's approach for providing this information is consistent with the applicable SBC regulations and other guidance regarding the provision of required notices of coverage modifications that would affect the content of previously issued SBCs. Blue Shield therefore does not intend to issue revised SBCs for current plan years to address COVID-19 related coverage changes. For SBCs provided for future plan years, Blue Shield will incorporate information regarding any applicable COVID-19 related coverage changes, consistent with the requirements of the SBC rules.

## Administrative Services Only (ASO) and Shared Advantage

### ASO: Testing

**65. How is Blue Shield of California applying federal mandates to self-funded business for COVID-19 testing?**

Consistent with all Blue Shield plan types, self-funded plans are subject to both the CARES Act and FFCRA. Blue Shield will waive out-of-pocket costs for co-payments, coinsurance, and deductibles for COVID-19 diagnostic testing and related screening services ordered using telemedicine and for testing and screening services ordered or performed in a doctor's office, urgent care, hospital, or emergency room in accordance with applicable federal law. Coverage is provided for diagnostic testing that is provided by, or with a referral from, a licensed or authorized healthcare provider. This may include testing of symptomatic patients, as well as testing of asymptomatic patients, regardless of whether the patients have a recent known or suspected exposure.

### ASO: Eligibility

**66. Is Blue Shield enforcing active-at-work and minimum work hours for self-funded groups?**

Self-funded groups/Plan sponsors typically determine Eligibility and Continuation of Group Coverage which should be described in the plan document. If the plan document does not detail furlough or reductions-in-force situations, ultimately, it is up to the plan sponsor to determine how to proceed with employees in these situations.

**67. What is the rate/claims implications of decisions regarding paid/unpaid leave, shared work, partial work, reduced hours and furloughs?**

Effective through May 31, 2020, Blue Shield will not make off-anniversary changes to stop loss premiums due to change in employee work status.
If an employer/plan sponsor elects to lay off/furlough employees but continue to pay stop loss premiums as if they were active, we will continue coverage.

### ASO: Stop loss

**68. How does COVID-19 testing, treatment, and other related services affect my stop loss coverage through Blue Shield?**

COVID-19 is treated like any other illness under our standard stop loss policy. For a plans with Blue Shield Life stop loss, Blue Shield Life will not require plan document changes to incorporate the COVID-19 benefit changes listed below and will accept the related charges as "covered expenses" under the stop loss policy without requiring mid-year changes to the current policy's aggregate factors and/or premiums. This would include changes in eligibility criteria. If you have stop loss coverage with any other plan than Blue Shield, please check with your stop loss carrier.

We will waive deductible and/or out-of-pocket charges for:

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- COVID-19 testing and screening when a licensed or authorized provider is involved in providing or ordering the COVID-19 test
- Telemedicine or virtual doctor visits when a COVID-19 test is ordered
- Paying for out-of-network COVID-19 testing as required under applicable law
- Treatment of COVID-19 thru May 31, 2020 until February 28, 2021. Standard member cost-share for COVID-19 treatment applies beginning March 1, 2021.
- Waiving prior-authorization requirements on diagnostic testing or treatment of COVID-19 that may have otherwise applied.
- Allowing early refills of prescription medications.

The services listed above will accumulate towards the stop loss coverage.

**69. Does your standard contract contain an exclusion or limitation for pandemics?**
No. Our standard stop loss contract does not have an exclusion or limitation for pandemics.

**70. Are you planning any changes to coverage terms, conditions or rates due to COVID-19, either midterm or at renewal, including renewal delay or extension?**
At this point in time, we are monitoring the situation closely and have no plans to delay or extend renewals.

**71. Will Blue Shield Life consider changes in deductibles mid-year for stop loss?**
No.

**72. What is Blue Shield Life's position regarding the stop loss contract, terms, provisions, and rates if there are any temporary (or long term) reductions in the group's enrollees?**
To maintain coverage under the stop loss policy, the employer/plan sponsor would need to continue to pay stop loss premiums for laid off/furlough employees. We would anticipate any furlough/laid off employees to be covered under the plan as an active employee or offered COBRA and the plan sponsor would continue to cover them under stop loss. For current in-force Blue Shield Life stop loss groups where employer continues to pay premiums for laid-off/furloughed employees, we will waive the Active at Work provision.

**73. Will there be any delays or changes to the process of stop loss claim reimbursement?**
Blue Shield Life does not see any impact to our process in advance funding for ASO/SA+ groups with Blue Shield Life stop loss.

**74. If clients are changing their leave policies, will Blue Shield Life update contracts to mirror language? Will there be a cost impact? What are your requirements for notification?**
Self-funded groups/Plan sponsors typically determine Eligibility and Continuation of Group Coverage, which should be described in the plan documents. If the plan document does not detail furlough or reductions-in-force situations, ultimately, it is the plan sponsor to determine how to proceed with employees in these situations. Groups with Blue Shield Life stop loss would need to notify us of the proposed change in leave policy. If approved, no update to stop loss contract would be required, but we would document the decision to allow for the updated leave policy.

**75. Will there be an introduction of, or change to, a minimum premium or floor?**
For ISL, Blue Shield does not have a minimum premium or floor. Please note there is a +/- 15% change in enrollment provision. Effective through May 31, 2020, Blue Shield will not make off-anniversary changes to stop loss premiums due to enrollment drops. For ASL, a minimum annual aggregate deductible continues as per stop loss policy.

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**76. For self-funded groups with stop loss coverage from Blue Shield Life that are electing to provide special open enrollment under new federal guidelines, what does the plan sponsor need to provide Blue Shield?**

1. Plan amendment and terms/conditions of the special enrollment period, including effective date
2. An updated census outlining the new enrollees, term enrollees, and any enrollee changes (movement to new plan or plan tier)
3. Completed health questionnaire for each new enrollee

Blue Shield Life reserves the right to rerate, apply lasers, or add aggregating specific corridors depending on the information provided above. Enrollees without a completed questionnaire will not be covered by the stop loss policy. All changes must be consistent with the applicable IRS guidance and other law and applied in a nondiscriminatory manner.

### ASO: Telemedicine

**77. If a self-funded employer currently has not purchased Teladoc but wants to add Teladoc, off anniversary, will Blue Shield allow a mid-year change?**

Yes. A group may elect to purchase Teladoc from Blue Shield and can customize copays at their discretion (including $0). Teladoc General Medical is required as a base product in order for Teladoc Mental Health to be purchased. Please contact your Blue Shield account team for more information.

## Payments and finances

### Rates

**78. How have renewals been impacted due to lower than normal claims as a result of COVID-19?**

We are applying an adjustment factor to normalize 2020 – 2021 data as a result of COVID-19, but are not adding any additional loading for increased claim levels in 2022 onwards.

### Premium payments and credit

**79. What are Blue Shield's policies for termination of benefits on delinquent payments? Will you consider a flexible payment schedule, such as an extended grace period for those who may be struggling due to COVID-19?**

In 2020 Blue Shield introduced a flexible payment program for the Individual and Family Plan and Medicare Supplement plan members, and Small Business groups. These members and groups were able to use the flexible payment program for up to two months during the months of April, May, June, July, August, and September 2020. Details of this program are available here. For customers who are having difficulty paying their monthly premiums in 2021, please contact your Blue Shield account team for more information.

**80. Is Blue Shield offering premium credits to employer groups and individual & family plans?**

Blue Shield is applying a one-time premium credit to the following market segments for the November or December* billing cycle:

- Medicare Supplement medical, dental, and/or vision plan subscribers
- IFP dental plan and/or vision plan subscribers (not IFP medical plans)

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- Fully insured group medical, dental and/or vision plan employers (Flex-funded excluded)

Blue Shield will apply a 10% credit on medical premiums and a 30% credit on dental and/or vision premiums for all customers eligible to receive premium credits through this program. The premium credit is based on the October premium for the medical, dental, and/or vision plan(s) and does not include any pass through charges.

There may be some variance in the exact percentages, resulting from plan changes or enrollment changes. The credit will be shown on customers' November billing statement (CCSB in December*). Customers receiving the credit are not obligated to continue their coverage with Blue Shield, and no repayment will be required of customers discontinuing coverage at any time.

The Premium Assistance Program and Premium Payment Plan Program have concluded. Enrollment in either of these programs does not impact this new Premium Credit Program.

*Blue Shield On-exchange small groups (CCSB) will have premium credits applied through this program for their December billing cycle. All other market segments included in the program will have credits applied for November billing cycle.

**Other**

**81. How is Blue Shield is working with providers to let members know their cost sharing is waived? Will members be reimbursed if they are incorrectly charged?**

Blue Shield is taking steps to keep providers informed about cost sharing changes related to COVID-19. In addition, our Appeals and Grievance teams are included in the implementation of these new regulatory requirements and will be able to assist members in resolving any incorrect cost-sharing charges.

**82. Does Blue Shield anticipate any pharmacy price impacts?**

There are many factors that influence the price of drugs and our pharmacy benefits. Drug shortages due to disruption to the supply chain and increased utilization of prescription medications to treat COVID-19 symptoms could increase our costs. The pharmacy team works with the actuary team to model out potential impacts to pharmacy pricing.

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## Online resources

### Blue Shield resources

- Member COVID-19 resource page
- Employer and Broker COVID-19 resource page
- Blue Shield News Center
- 4 things to know about the COVID-19 vaccine flyer

### Government resources

- CDC Coronavirus updates page
- CDC COVID-19 Testing
- California Testing Task Force
- California Department of Insurance (CDI) Bulletin re: COVID-19 Screening and Testing
- CDC COVID-19 Vaccination Resources
- California Department of Public Health COVID-19 Vaccine Resources
- CA.gov Industry Guidance to Reopen Your Business Safely
- CDC Resources for Businesses and Employers
- U.S. Chamber of Commerce - Financial Assistance for Small Businesses
- CA.gov Financial Assistance for Small Businesses and Employers

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