



Insurers' Offers of Free Care for Coronavirus Are Often Confusing and Limited

Acknowledgments

This report was researched by Public Citizen Health Care Policy Advocate Eagan Kemp, Public Citizen Medicare for All Campaign Director Melinda St. Louis and by Taylor Lincoln and Michael Tanglis, who are Research Directors for Public Citizen's Congress Watch division.

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Public Citizen's Congress Watch
215 Pennsylvania Ave. S.E
Washington, D.C. 20003
P: 202-546-4996
<http://www.citizen.org>

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Summary of Findings

The vast majority of the largest health insurers say they are offering at least some fee waivers for the treatment of COVID-19 patients, but these fee waivers contain significant restrictions and most are set to expire long before the pandemic can reasonably be expected to end.

Most of the fee waivers are set to expire soon. Of the 25 largest health insurers, 21 have announced that they are waiving all costs – such as deductibles and co-payments – for COVID-19 patients, at least for in-network care, and two are offering fee-waivers for some COVID treatment. But 15 of the 23 fee-waiver offers are set to expire by July 1, including 11 by June 1.

Few of the fee waivers appear to cover costs for out-of-network care. Only two of the 25 largest insurers affirmatively state that they will cover patients' costs for care provided by both in-network and out-of-network providers. This distinction is important because many patients might not be able to obtain care from in-network practitioners due to the high rate of hospitalization in some locations.

Up to 60 percent of people in private insurance plans may not be covered by the fee-waivers because they are in self-insured plans. The fee waiver offers universally exclude those in self-insured plans unless the employers that underwrite the plans opt-in. About 60 percent of people who receive insurance through employers are in self-insured plans.

Some insurers are providing few, if any, expanded benefits for coronavirus treatment. Two large insurers – CareSource and WellCare – appear to be offering little beyond their normal coverage.

Descriptions of testing benefits need improvement. Although Congress has mandated free testing for COVID-19 with few restrictions, many of the large health insurers' descriptions of testing benefits are unclear and/or appear to impose restrictions that the recent legislation did not call for.

Introduction

Partly in response to government mandates, health care insurers have to varying degrees announced increased benefits for screening, testing and treatment of COVID-19, otherwise known as coronavirus.

To the extent that insurers are offering increased benefits voluntarily, they are likely seeking to earn good will. But the fine print attached to the increased benefits is apt to reinforce Americans' perception that private insurers' benefits are incredibly difficult to navigate and are riddled with financial hazards and pitfalls.

Aside from putting forth confusing descriptions of the COVID-19 benefits, many insurers simply are not doing their part to help their customers through this crisis. Early indications are that insurers are experiencing lower overall costs during the pandemic due to dramatic

reductions in non-COVID health care services – such as elective surgeries – that are more than compensating for insurers' payments for treatment of coronavirus patients.¹ In a time of shared sacrifice, it would be absurd for health insurers to benefit financially from the greatest health emergency in a century.

Most of the large insurers are offering blanket waivers from deductibles, co-payments and other out-of-pocket costs for coronavirus patients, at least for in-network care. But some insurers have been much stingier in the enhanced benefits they are offering.

Insurers should guarantee free COVID-19 care and stipulate that this offer is retroactive to the beginning of the coronavirus emergency and will last throughout its duration. Employers that underwrite self-insured plans also are likely experiencing reduced health care costs and should ensure that their employees' costs for coronavirus treatment are covered, as well. This is crucial because about 60 percent of Americans with private insurance are in self-insured plans.²

While Americans would welcome blanket protection from costs for coronavirus treatment, this would only serve as a temporary solution to the broader problem that plagues American health care. The system is unfathomably complicated, ridiculously expensive to administer and rations care according to people's ability to pay. This is not only morally bankrupt but, as the spread of coronavirus indicates, it is also dangerous from a public health standpoint because we are all affected by the community's overall health and ability to obtain needed care.

The most sensible way to untangle the thicket of our health care system, protect Americans from crushing costs, and create a healthier and more productive society is to implement Medicare for All, under which patients would receive the care they need for free and providers would be compensated at a fair rate for services rendered.

Lawmakers and some insurers were right to move in the direction of free care for coronavirus, but stopping there would not make sense. There are many health conditions that, although less publicized than coronavirus, are even more deadly. If free care makes sense for COVID-19 patients, the same is true for those suffering from cancer, heart disease, complications at birth and myriad other conditions.

¹ U.S. health insurers benefit as elective care cuts offset coronavirus costs, *Reuters* (April 27, 2020), <https://www.reuters.com/article/us-health-coronavirus-usa-healthinsuranc/us-health-insurers-benefit-as-elective-care-cuts-offset-coronavirus-costs-idUSKCN2291DY>.

² Self-Insured Employers Are Using Price Transparency To Improve Contracting With Health Care Providers: The Indiana Experience, *Health Affairs* (Oct. 7, 2019), <https://www.healthaffairs.org/doi/10.1377/hblog20191003.778513/full/>.

I. Offers of Free Treatment for COVID-19 Are Riddled With Loopholes

This report studies the statements on COVID-19 benefits offered by the 25 largest health insurers in the United States as listed by the National Association of Insurance Commissioners for 2018.³

Most of the large insurers, but not all, say they are offering at least some increased benefits for COVID-19 treatment. But these expanded benefits, or fee waivers, include significant caveats. Most of the treatment waivers cover in-network care only and exclude members whose plans are self-insured unless their employers opt in. Most of the waivers have end dates that will arrive long before the end of the health emergency.

Further, the insurers' descriptions of the fee waivers are often unclear and contain insufficient warnings about exceptions.

Most of the Treatment Waivers Apply to In-Network Care Only, Meaning Many COVID-19 Patients Could Face Huge Medical Bills

The offers of insurers that are waiving COVID-19 treatment costs break down into three categories: 1) costs are waived for both in-network and out-of-network treatment; 2) costs are waived for in-network treatment and out-of-network *emergencies*; and 3) costs are waived for in-network treatment only.

Very few insurers are offering waivers for both in-network and out-of-network treatment. Blue Cross Blue Shield of Massachusetts (BCBS of MA) appears to be an exception. According to its web site, BCBS of MA will cover the costs of: "counseling, supportive care, and treatment, including supportive care at doctor's offices, urgent care centers and emergency departments," as well as "inpatient care at both in- and out-of-network acute care facilities for our fully insured members."⁴ Blue Cross Blue Shield of Michigan has taken a similar tack. "We want you to stay focused on getting better. If you need treatment for COVID-19 symptoms between now and June 30, 2020, we'll take care of the cost. Treatment of symptoms can be on an inpatient or outpatient basis, from both in-network and out-of-network providers,"⁵ BCBS of Michigan says.

A few other insurers, such as Health Care Service Corporation (HCSC), will pay for COVID-19 treatment at "in-network facilities and treatment for out-of-network emergencies."⁶

³ 2018 Market Share Reports for the Top 125 Accident and Health Insurance Groups and Companies by State and Countrywide, National Association of Insurance Commissioners (published in 2019), https://www.naic.org/prod_serv/MSR-HB-19.pdf.

⁴ Blue Cross Massachusetts Coronavirus Resources (viewed on May 5, 2020), <https://home.bluecrossma.com/coronavirus>.

⁵ Blue Cross Blue Shield of Michigan coronavirus benefits web page (viewed on May 5, 2020), https://www.bcbsm.com/content/public/en/index/common/important-information/covid-19.html?utm_source=VanityURL&utm_medium=Redirect&utm_campaign=GA_102142&utm_term=Covid19.

⁶ Health Care Service Corporation (HCSC) statement (April 2, 2020), <http://www.hcsc.com/newsroom/news-releases/2020/hcsc-waives-member-cost-sharing-covid-19>.

The treatment cost waivers offered by most of the insurers fall into the third and least generous category: covering in-network treatment only. Receiving out-of-network treatment often results in a massive medical bill. The unprecedented circumstances surrounding COVID-19, with overflowing hospitals in some areas, undoubtedly have forced some patients to seek care from providers outside their network. Meanwhile, patients who visit in-network hospitals sometimes unwittingly receive care from out-of-network physicians serving those centers and, thus, find themselves liable for out-of-network costs through no fault of their own.

Members With Self-Insured Plans Could Face Costs Even if Their Insurer Is Waiving Fees

As noted previously, about 60 percent of Americans who receive health insurance through an employer are in plans that are self-insured, meaning that the insurer administers the benefits but the employer pays the claims.

The largest insurers have generally noted that fee waivers do not apply to those in self-insured plans unless the employer opts to offer the expanded benefits. This means that millions of Americans whose plans are administered by insurers that are ostensibly waiving fees for coronavirus treatment may nonetheless face substantial costs.

Insurers Need to Provide More Clarity on Exceptions to the COVID Fee Waivers

Many insurers' references to potential liabilities for out-of-network care and people in self-insured plans express this information in technical terms that their customers would not necessarily understand.

CareFirst provides an exception. The company writes: "If you receive this care from an out-of-network provider, you will have coverage, but that provider may bill you for the balance where allowed."⁷

Most of the insurers that are offering only in-network waivers are less forthcoming about what happens if a member receives out-of-network care. For example, Cigna states that it is "waiving out-of-pocket costs for all COVID-19 treatment through May 31, 2020."⁸ Cigna then says, "the company will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable."

Cigna's statement, which is similar to those of many insurers, likely means that patients will be liable for fees charged by out-of-network providers that are in excess of the in-network or Medicare payments they receive from Cigna. If this is the case, Cigna and the other insurers should say so very clearly.

⁷ CareFirst member updates (viewed on May 5, 2020), <https://individual.carefirst.com/individuals-families/about-us/coronavirus-member-benefit-updates.page#tab=main&accordion=for-members-enrolled-in-a-carefirst-medicaid-plan-how-is-testing-and-treatment-being-covered-by-medicaid>.

⁸ Cigna coronavirus information (viewed on May 5, 2020), <https://www.cigna.com/coronavirus/individuals-and-families>.

The caveat offered by Independence Health Group is particularly cryptic. The company's statements promising cost waivers includes a footnote far removed from the statement that reads, "for employers who are self-insured, coverages may vary. If you have coverage through your employer, please check with them about how these programs apply."⁹

Florida Blue's statement includes the following headline: "Rest assured: the COVID-19 test and treatment are \$0 cost share for our members" and does not warn of exceptions in the paragraphs that follow.¹⁰ In another location on its Web site, Florida Blue provides a similar promise, but with the caveat, in parentheses: "Florida Blue is also working with its self-funded ASO group employers to assist them in meeting the needs of their employees during the health crisis."¹¹ Separately, in a press release touting free care, Florida Blue wrote, "Florida Blue is also working with its self-funded ERISA employers to assist them in meeting the needs of their employees during the health crisis."¹²

Florida Blue's statements are highly flawed. One outright fails to alert policy holders that the free care does not necessarily apply to them. Other Florida Blue statements on free care imply exceptions, but do not expressly state them. Saying that "Florida Blue is also working with" self-funded ASO groups and self-funded ERISA employers does not clearly indicate that members in these groups will not necessarily receive free care. Finally, terms such as "self-funded ASO groups" and "self-funded ERISA employers" are too technical for customers to be expected to understand.

While insurers may not be able to compel employers with self-insured plans to waive treatment costs for their employees, they should explicitly define what a self-insured plan is and provide better guidance on how members can figure out if their plan is self-insured and what benefits are being offered under it.

Some Insurers Are Providing Only Partial Care or No Expanded Benefits for Coronavirus Treatment

While most of the largest insurers are providing complete cost waivers for in-network care, some are offering only partial fee waivers or none at all.

WellCare

WellCare, an insurer that provides Medicare, Medicare Advantage, Medicaid, and prescription drug plans, announced it would waive "cost-sharing for COVID-19 treatments in doctor's [sic] offices or emergency rooms and services delivered via telehealth."¹³ There is no

⁹ Independence Blue Cross coronavirus resources (viewed on May 5, 2020), <https://www.ibx.com/hdocs/custom/covid19/index.html>.

¹⁰ Florida Blue COVID-19 web page (viewed on May 5, 2020), <https://www.floridablue.com/medicare/covid19>

¹¹ A separate Florida Blue COVID-19 web page (viewed on May 5, 2020), https://www.floridablue.com/covid19?utm_source=FBPAGE&utm_medium=Florida+Blue&utm_campaign=coronavirus.

¹² Florida Blue statement (March 30, 2020), <https://www.floridablue.com/newsroom-floridablue-waives-cost-sharing-for-covid19-treatment>.

¹³ WellCare COVID-19 web page (viewed on May 5, 2020), <https://www.wellcare.com/en/Georgia/Providers/Bulletins/coronavirus-Extra-Steps-CARE>

mention of waiving any costs related to inpatient admissions. An extended hospital stay due to COVID-19, potentially involving time in the intensive care unit, could easily cost tens of thousands of dollars.

Independence Health Group

According to its web site, Independence Health Group “will waive members’ cost for in-network, acute inpatient treatment of COVID-19 received between March 30 and May 31, 2020.”¹⁴ This offer does not appear to include costs for care that does not result in acute inpatient treatment.

There are other major exceptions to Independence’s offering. The Independence statement says, “cost sharing will continue to be applied to all post-acute care (e.g. skilled nursing, rehabilitation and long term acute care facilities), outpatient treatment, prescription drugs, ambulance transportation to a post-acute setting, and out of network care.”¹⁵

Emblem Health

On Emblem Health’s COVID-19 FAQ page, the company says, “all normal coverage restrictions and cost-sharing charges will apply for care or treatment, including inpatient hospital admissions.”¹⁶ This suggests that Emblem is not offering expanded benefits.

CareSource

CareSource’s web page lists eight benefits and services available to its members related to COVID-19. While the list includes items like “no out-of-pocket costs” for testing, it makes no reference to any waivers related to treatment.¹⁷ When CareSource announced it was waiving the out-of-pocket-costs for testing for all members, the company put out a press release announcing the plan.¹⁸ In CareSource’s press releases dating back to early March, the company touts its donations of food and money to help alleviate effects of the pandemic,¹⁹ but no press release mentions enhanced treatment benefits.

The Waivers Include Arbitrary Timeframes

The cost waivers that 11 the large insurers are providing their members are set to end by June 1, while four more have an end date of June 30. Meanwhile, an internal Trump

¹⁴ Independence Blue Cross coronavirus resources (viewed on May 5, 2020), <https://www.ibx.com/htdocs/custom/covid19/index.html>.

¹⁵ *Id.*

¹⁶ EmblemHealth coronavirus questions page (viewed on May 5, 2020), <https://www.emblemhealth.com/content/emblemhealth/home/covid19/coronavirus-faq.html>.

¹⁷ CareSource COVID-19 resource center (viewed on May 5, 2020), <https://www.caresource.com/covid19/>.

¹⁸ CareSource press release (March 9, 2020), <https://www.caresource.com/newsroom/press-releases/no-out-of-pocket-costs-for-coronavirus-testing-for-caresource-members/>.

¹⁹ CareSource press release center (viewed on March 5, 2020), <https://www.caresource.com/newsroom/press-releases/>.

administration analysis concluded that deaths and new cases from coronavirus will be significantly higher in June than in May.²⁰

If deadlines are not extended, those treated on May 31 for COVID-19 may have all their costs covered, while a patient treated on June 2 could face financial ruin. Patients cannot control when they get sick, and it is logically inconsistent to deem expanded benefits as warranted on one date but not another. A fair policy would be to extend the expanded benefits for the duration of the health emergency and also to apply them retroactively to the beginning of coronavirus cases in the United States.

Proposed Model Language

Insurers appear to be saving more from reduced non-COVID-19 claims, particularly concerning elective procedures, than they are paying in COVID-19 claims. To the extent that this is true, insurers should fully cover COVID-19 care. The following language draws on the best of the insurers' offers. We recommend that insurers adopt language like this and display it prominently on the front page of their web sites:

We are committed to ensuring that our members do not face hurdles to receiving the care they need for treatment of COVID-19. Our members will pay zero costs for coronavirus screenings and treatment from any in-network provider and from out-of-network providers if the member initially makes a good faith effort to seek in-network care. This fee waiver applies to doctors' visits, emergency room care, inpatient care, post-acute care, and all other care relating to a COVID-19 diagnosis. Some of our members are in plans that are self-insured by their employers. This means that we administer claims but the employer pays the claims. We cannot mandate that employers offer enhanced benefits. We have established a phone number (xxx-xxx-xxxx) that members may call to determine whether they are in a self-insured plan, and, if so, learn the details of their benefits for care relating to COVID-19.

II. Some Insurers' Promises of Free Testing Are Unclear or Appear to Conflict With Mandates in Law

The Families First Coronavirus Response Act, which became law on March 18, states that health insurers offering group or individual health insurance coverage "shall not impose any cost sharing" for FDA-approved tests to diagnose COVID-19 nor any costs for items and services related to a visit to a health care provider that results in such a test for the duration of the federal health emergency relating to the pandemic.²¹ The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which became law on March 27, broadened the universe of tests to be included in that mandate.²²

²⁰ Models Project Sharp Rise in Deaths as States Reopen, *The New York Times* (May 4, 2020), <https://www.nytimes.com/2020/05/04/us/coronavirus-live-updates.html>.

²¹ H.R. 6201 - Families First Coronavirus Response Act, <https://www.congress.gov/bill/116th-congress/house-bill/6201/text>.

²² Coronavirus Aid, Relief, and Economic Security Act (CARES Act), <https://www.congress.gov/bill/116th-congress/house-bill/748/text>.

This language has been broadly interpreted to mean that Americans with insurance can consult with a doctor on the need for COVID-19 testing and receive a test without paying a penny – and for the most part the law does mean this. However, a nuance in the language did exempt short-term policies – otherwise known as junk policies – that do not meet the minimum requirements under the Affordable Care Act.²³ The Trump administration permitted the sale of these policies in 2018 and estimates that 1.3 million people have them.²⁴

An additional exception to the free testing mandates in the recent bills to address COVID-19 is that they fail to prohibit providers from supplementing the payments they receive from insurers for testing-related care by seeking additional payments from patients. These bills, which would occur when a person visits an out-of-network provider, are known as “balance bills” or “surprise bills.”²⁵ Another exception to mandated free testing is that the law does not stipulate that screenings for testing must be free if the screening does not result in an order for a test.

Many of the insurers' COVID-related statements, which are ostensibly intended to provide clarity to their members, are less clear about the nature of COVID testing benefits than the language in the legislation. In some cases, the insurers' statements of testing-related benefits appear less sweeping than Congress required.

Some of the insurers' statements only promise to cover testing-related costs through certain dates. Other statements suggest a more restrictive universe of covered tests than the legislation calls for. Meanwhile, most of do not clearly warn members that they might be subject to costs if they see out-of-network providers.

The best remedy would be for insurers to interpret Congress's mandate broadly and to articulate prominently on their web sites in clear, unambiguous language that they offer free screening visits and free testing.

Restrictions on Dates of Free Testing Benefits

President Trump declared a national emergency relating to COVID-19 on March 13.²⁶ The subsequent laws passed by Congress call for the free testing benefit to last throughout the national emergency.

But some insurers' representations on their web sites indicate end dates for the offers. For example, Florida Blue writes, “Through June 1, the test is \$0 for all members, and we are

²³ The law required free testing for individual plans. Federal law excludes short-term plans from those defined as individual plans. <https://www.law.cornell.edu/uscode/text/42/300gg-91>.

²⁴ Karen Pollitz, Private Health Coverage of COVID-19: Key Facts and Issues, KFF (March 18, 2020), <https://www.kff.org/private-insurance/issue-brief/private-health-coverage-of-covid-19-key-facts-and-issues/>.

²⁵ *Id.*

²⁶ Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak, President Trump (March 13, 2020), <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

waiving the cost share for all covered services for the treatment of those with a positive COVID-19 diagnosis.”²⁷

Horizon Blue, in an update posted on April 20, wrote, “through June 30, 2020, all fully insured members, [...] will not pay any cost share amounts (copay, coinsurance, deductibles) for covered services related to the testing, diagnosis and treatment of COVID-19.”²⁸

Cigna states that it is waiving out of pocket costs for “coronavirus diagnostic visits” through May 31, 2020, and waiving out-of-pocket costs for coronavirus testing (no end date listed). To the extent that “diagnostic visits” regards consultations leading to testing, however, the May 31 end date conflicts with the law.

Highmark wrote of its plans that “most plans will cover coronavirus testing and in-network hospital care.” But it includes the caveat: “*Exclusions may apply. This waiver continues through May 31, 2020.”²⁹ In response to an inquiry from Public Citizen a Highmark spokesman wrote, “You have discovered an error on our website [...] For Highmark members, COVID-19 testing is covered at 100 percent during the duration of the pandemic.”³⁰

CIGNA wrote in a statement issued on March 30 that summarized its previous announcements that it was “waiving cost-sharing for the COVID-19 diagnostic test when recommended by a health care professional” through May 31.³¹

At Least One Insurer’s Statement Conditioned Free Testing on a Patient Being Admitted to a Hospital

Highmark’s web site states under a heading on testing benefits “*This includes testing when recommended by a medical professional and care once you are admitted. While this coverage applies to most Highmark members, every plan is a little different.” In fact, the legislation does not indicate the testing benefit requires admission to a hospital and – with the exception of short-term plans – the mandate does not differentiate between types of plans.

Some Insurers Have Said That Free Testing Is Contingent on Patients Displaying COVID Symptoms

In at least one case, an insurer appeared to condition its provision of free testing on the member exhibiting symptoms of coronavirus.

Horizon BCBS of New Jersey asked in its Q & A coronavirus page, “Will Horizon BCBSNJ cover testing of asymptomatic members who have traveled or were in areas of possible exposure?” The company did not explicitly answer its own question, but it did suggest that it would not

²⁷ Florida Blue COVID-19 web page (viewed on May 5, 2020), <https://www.floridablue.com/medicare/covid19>.

²⁸ Cigna coronavirus information (viewed on May 5, 2020), <https://www.cigna.com/coronavirus/individuals-and-families>.

²⁹ Highmark FAQs on coronavirus (viewed on May 5, 2020), <https://faqs.discoverhighmark.com/coverage-costs/>.

³⁰ Highmark communication office e-mail to Public Citizen (May 1, 2020).

³¹ Cigna press release (March 30, 2020), <https://www.cigna.com/newsroom/news-releases/2020/cigna-waives-customer-cost-sharing-for-covid-19-treatment-and-deploys-clinical-teams-to-increase-virtual-care-capacity>.

pay for tests for those who did not have symptoms. Horizon wrote in response to its question: "Testing asymptomatic individuals is not medically indicated and against the current advice of the CDC and World Health Organization. CDC recommends voluntary home quarantine for those who have traveled to/from countries where COVID-19 has spread or who have been exposed to individuals with the virus."

While it is true that the CDC generally does not recommend prioritizing testing for asymptomatic people – presumably due to the shortage of tests and related resources – the legislation mandating free tests does not indicate that exhibiting coronavirus symptoms is necessary to qualify for this benefit. Many public health professionals have called for surveillance testing of asymptomatic individuals to prevent community spread of the illness once the current lockdown ends.

Most Insurers Fail to Warn Their Customers About Potential Surprise Bills

"Surprise bills," otherwise known as "balance bills," can occur when a patient receives care from an out-of-network provider and the insurer does not pay the entirety of the provider's bill. The provider may then send the patient a bill for the balance due. Surprise bills can be astronomical.

The legislation lays out procedures to determine costs for COVID-19 tests but does not set out a pricing system for related doctors' visits. Analysts have noted that this shortcoming presents the possibility of out-of-network physicians saddling their patients with surprise bills.

CareFirst advises its members that there will be no costs for testing and treatment of COVID-19 with the exception that, "If you receive this care from an out-of-network provider, you will have coverage, but that provider may bill you for the balance where allowed."³² This disclaimer presumably would apply to screening visits to determine whether a COVID-19 test is needed, as well as to other doctors' visits. Other large insurers did not generally include such warnings on their COVID-19 pages discussing free testing benefits. To the extent that those insurers are not offering to pay surprise bills, they should explain the risk to their members clearly.

Patients may receive some protection from balance bills due to conditions laid out by the U.S. Department of Health of Human Services. In guidance pertaining to money the federal government is offering health care providers to treat uninsured Americans, HHS wrote, "As a condition" of accepting such money "providers are obligated to abstain from 'balance billing' any patient for COVID-related treatment."³³

³² CareFirst benefits update page (viewed on May 6, 2020, <https://individual.carefirst.com/individuals-families/about-us/coronavirus-member-benefit-updates.page>).

³³ Note on CARES Act, U.S. Department of Health and Human Services (page last reviewed by HHS on May 4, 2020), <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>.

At Least One Insurers Says Its Free-Testing Benefit Is Limited by the Location at Which Tests Are Received

Independence Health Group wrote, "Independence Blue Cross (Independence) will cover and reimburse member cost-sharing (such as co-pays, deductibles, and coinsurance) for the COVID-19 test and the administration of the test when performed at an in-network physician's office, urgent care center, by a home health agency, or an emergency room."³⁴

This list could confuse patients because many tests are being performed at ad hoc centers, such as football fields and parking lots. The federal government's guidance on the coronavirus legislation explains that the testing "must be covered when furnished in non-traditional settings, as well as when provided in traditional settings."³⁵

Meanwhile, Health Net states that "Medically necessary COVID-19 diagnostic testing and/or medical screening services and the associated physician's visit will be covered when ordered, referred and/or performed in the following In-Network locations ..."³⁶ The law does not distinguish between in-network and out-of-network in its mandate for free testing, although it does exempt insurers from paying out-of-network rates for screening.

Proposed Policy Model Language

To better serve their members, insurers should prominently display on the front page of their web sites that costs for coronavirus testing and related screening are waived retroactive to the onset of testing for coronavirus and throughout the duration of the health emergency. The benefit should be interpreted broadly to include all screenings, especially because the criteria at present to be eligible for a test are ridiculously narrow. A model policy and statement that incorporates the best of what insurers have written would look something like this:

For the duration of the coronavirus national emergency, members will not be charged for screening for COVID-19 conducted by in-network or out-of-network providers, as long as the member makes a good faith effort to see an in-network provider. Members will not be charged for COVID-19 tests received from a federal- or state-approved testing center. This applies to all members, regardless of plan. This benefit is retroactive to the beginning of 2020.

Conclusion

AHIP, the trade association of the health insurance industry, has created a web site that summarizes benefits being offered by insurers for COVID-19 treatment.³⁷ To an extent, this web site provides a service to the public. Perhaps inadvertently, however, AHIP's round up

³⁴ Independence Blue Cross FAQs (viewed on May 6, 2020), [Bhttps://news.ibx.com/coronavirus-faq/](https://news.ibx.com/coronavirus-faq/).

³⁵ Guidance on the CARES Act from the U.S. Departments of Labor, Health and Human Services, and the Treasury (April 11, 2020), <https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf>.

³⁶ Health Net coronavirus information page (viewed on May 6, 2020), https://www.healthnet.com/portal/home/content/iwc/home/articles/coronavirus_COVID-19.action.

³⁷ Health Insurance Providers Respond to Coronavirus (COVID), AHIP (updated May 5, 2020), <https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/>.

offers a jarring reminder of how confusing health care benefits are. This reminder is especially poignant given that these explanations of benefits are being issued at a time when insurers are being uncharacteristically generous.

Insurers should simply offer free coronavirus treatment to their members for the duration of the pandemic. AHIP could assist in this process by offering model language to its members and recommending that they display this information prominently on the front pages of their web sites.

But this would only be a band-aid. Our health care system has lost its way. Its ends are geared toward profit, not care. Medicare has served its population much more efficiently than have private insurers. The current pandemic, and the insurers' byzantine descriptions of their benefits, underscores the wisdom of improving Medicare and expanding it to the entire population.

Under Medicare for All, nobody would have to worry about falling through the cracks of a broken health care system and facing financial ruin. In no other comparably wealthy country do people face the same difficulties to qualify for the care they need. It's time to move beyond wasteful, profit-driven health care system to one that would guarantee health care for everyone who needs it, regardless of ability to pay.

Appendix

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| 1. United Health | <p>Cost-sharing for treatment of COVID-19 is waived for “fully-insured” plans for COVID-19 treatments through May 31.</p> <p>“We are waiving cost-sharing for COVID-19 testing and the testing-related visit for Medicare Advantage, Medicaid, Individual and Group Market health plan members during this emergency period.”¹</p> | <p>Testing for COVID-19 is waived through the duration of the COVID-19 health emergency.</p> <p>“If you need a COVID-19 testing-related visit with a health care provider, UnitedHealthcare has waived cost-sharing for this visit during the national emergency. This includes a visit to a health care provider’s office, an urgent care center, an emergency department or a telehealth visit.”²</p> | <p>We did not find language indicating separate terms for patient liabilities for in-network versus out-of-network care.</p> | <p>For those in self-insured plans, cost-waivers will be offered at the discretion of the employer.</p> <p>United Health writes: “We will also work with self-funded customers who want us to implement a similar approach on their behalf.”</p> |
| 2. Kaiser Permanente | <p>Cost sharing for treatment of COVID-19 is waived, with no date restrictions listed.</p> <p>The company wrote on April 3, “Kaiser Permanente has announced that it will waive all member out-of-pocket costs for inpatient and outpatient services related to the treatment of COVID-19, as of April 1, 2020.”³</p> | <p>Costs are waived for COVID-19 screening and testing.</p> <p>The company’s web site says, “As a Kaiser Permanente member, you won’t have to pay for costs related to COVID-19 screening or testing if referred by a Kaiser Permanente doctor.”⁴</p> | <p>We did not find language indicating separate treatment of in-network versus out-of-network care.</p> | <p>With regard to enhanced care benefits, Kaiser Permanente’s April 3 statement said, “This waiver does not automatically apply to self-funded customers, but Kaiser Permanente will begin contacting all self-funded customers to encourage them to adopt this change.”</p> |
| 3. Anthem | <p>Cost sharing for treatment of COVID-19 is waived through May 31.</p> <p>Anthem’s web site says, “You won’t have to pay for COVID-19 treatment from doctors, hospitals, and other health-care professionals in your plan’s network from April 1 through May 31, 2020.”⁵</p> | <p>Costs are waived for screening and testing.</p> <p>The company’s web site says, “All Anthem plans will cover medically necessary screening and testing for COVID-19 and will waive all cost shares (co-pays, coinsurance and deductibles).”</p> | <p>With regard to care, Anthem restricts the expanded care benefits to care received from in-network providers.</p> | <p>Cost-sharing waivers for self-insured plans depend on the decisions of employers.</p> <p>Anthem’s web site says, “Anthem is strongly encouraging participation by our self-funded employers and will work with them to ensure their employees’ needs are met. These employers will, however, still have the option to opt out of participation.”⁶</p> |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| 4. Humana | <p>Cost sharing for COVID-19 treatment is waived with no date restrictions listed.</p> <p>Humana's web site says, "All out-of-pocket medical costs (deductible, co-pays, and coinsurance) related to covered treatment for COVID-19 – including inpatient hospital admissions – will be waived for enrollees of individual and Group Medicare Advantage plans, fully insured commercial members, Medicare Supplement and Medicaid."⁷</p> | <p>Cost-sharing for COVID-19 testing is waived, and is retroactive to February 4.</p> <p>Human's web site says, "We have expanded our member cost-share waivers for COVID-19-related testing, which includes both the COVID-19 test and viral panels that rule out COVID-19... This change will apply on a retroactive basis to services delivered on or after Feb. 4, 2020."⁸</p> | <p>Cost-sharing waivers apply to in-network and out-of-network providers.</p> <p>Humana's web site says, cost waivers relating to COVID-19 include care from "participating/in-network and non-participating/out-of-network providers."⁹</p> | <p>Cost-sharing waivers for self-funded plans depend on the decisions of employers.</p> <p>Humana's web site says, "Self-funded ASO clients bear the financial risk for coverage decisions, and we are not able to make coverage policy changes without their approval. We are reaching out to these clients to confirm whether they will follow our approach."¹⁰</p> |
| 5. CVS (includes Aetna) | <p>Cost-sharing for COVID-19 treatment is waived through June 1.</p> <p>Aetna's web site says, "Aetna will waive member cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial plan sponsors and is effective immediately for any such admission through June 1, 2020."¹¹</p> | <p>Cost-sharing for COVID-19 tests is waived. It is unclear if screenings for COVID-19 that do not result in a test will be covered after the firm's cost waivers for treatment end.</p> <p>Aetna's web site says, "Aetna is waiving member cost-sharing for diagnostic testing related to COVID-19."¹²</p> | <p>We did not find language indicating separate treatment of in-network versus out-of-network care.</p> | <p>Cost-sharing waivers for self-insured plans depend on the decisions of employers.</p> <p>Aetna's web site says, "Self-insured plan sponsors offer this waiver at their discretion."¹³</p> |
| 6. Health Care Service Corporation | <p>Cost sharing for COVID-19 treatment is waived through May 31.</p> <p>Health Care Service Corporation (HCSC) "is waiving member cost-sharing, including deductibles, copayments and coinsurance, related to treatment for COVID-19. The waiver applies to costs associated with COVID-19 treatment at</p> | <p>Cost sharing for COVID-19 tests and for screening by in-network providers is waived.</p> <p>The company's web site says, "If you're a member of an HCSC plan ... You won't pay copays, deductibles or coinsurance for medically necessary lab tests to diagnose COVID-19 ... You won't pay</p> | <p>The fee waivers appear to apply to in-network care for treatment and screening, except for emergencies.</p> | <p>Waivers for those in self-insured plans are at the discretion of employers.</p> <p>"Many of our members are covered under a health plan that is self-insured by their employer. We are helping employers in making decisions about their health plans."¹⁶</p> |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| | in-network facilities and treatment for out-of-network emergencies." ¹⁴ | copays, deductibles or coinsurance with in-network providers for visits related to COVID-19. ¹⁵ | | |
| 7. Centene | <p>Cost sharing for COVID-19 treatment is waived through June 30.</p> <p>The company's web site says that through June 30, it will "waive COVID-19 related prior authorizations and member cost sharing for related screening, testing and treatment for all Medicare, Medicaid and Marketplace members."¹⁷</p> | <p>Cost sharing for COVID-19 testing is waived.</p> <p>The company's web site says, "Centene intends to cover COVID-19 testing and screening services for Medicaid, Medicare and Marketplace members and is waiving all associated member cost share amounts for COVID-19 testing and screening."¹⁸</p> | The Centene statement does not distinguish between in-network and out-of-network care. | <p>Unclear. Centene's waiver applies to "Marketplace" members.</p> <p>Public Citizen wrote to Centene and did not receive a response.</p> |
| 8. Cigna | <p>Cost sharing for COVID-19 treatment is waived through May 31.</p> <p>The company's web site says, "Cigna is waiving out-of-pocket costs for all COVID-19 treatment through May 31, 2020."¹⁹</p> | <p>Cost sharing for COVID-19 testing costs is waived. It is unclear if costs for COVID-19 screening will be waived after the company's waiver of treatment costs elapses.</p> <p>"Cigna is waiving out-of-pocket costs for COVID-19 FDA-approved testing."²⁰</p> | <p>Cigna's waiver of cost sharing applies to in-network care.</p> <p>Cigna writes, "The company will reimburse health care providers at Cigna's in-network rates or Medicare rates, as applicable."²¹</p> | <p>Waivers for those in self-insured plans are at the discretion of employers.</p> <p>The company's web site says, "Cigna will also administer the waiver to self-insured group health plans and the company encourages widespread participation, although these plans will have an opportunity to opt-out of the waiver option."²²</p> |
| 9. WellCare | <p>Cost sharing for COVID-19 treatment is waived with no date restrictions listed for care provided by doctors' offices and emergency rooms but not, apparently, inpatient care.</p> <p>The company's web site says that it is "waiving cost-sharing for COVID-19 treatments in doctor's [sic] offices or emergency rooms."²³</p> | <p>Cost sharing for COVID-19 screening and testing is waived.</p> <p>The company's web site says that it is "waiving all associated member cost share amounts for COVID-19 testing and screening."²⁴</p> | We did not find language from WellCare discussing whether the COVID-19 testing and treatment benefits are different for in-network and out-of-network treatment. | We did not find relevant language. |
| 10. Molina Healthcare | Cost-sharing for COVID-19 treatment is waived with no date restrictions listed. | Cost-sharing for COVID-19 screening and testing is waived. | The Molina statements on fee waivers did not distinguish between in- | Unclear. The Molina statements applied fee waivers to its Medicare |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| | <p>The company write in an April 2 press release: "Molina Healthcare, Inc. (NYSE: MOH) today announced that it is waiving all COVID-19-related out-of-pocket expenses for its Medicare, Medicaid, and Marketplace members nationwide."²⁵</p> | <p>The company's website says, "Medicare and Marketplace members will not be charged a co-pay or cost share for COVID-19 related testing or medical care"²⁶</p> | <p>network and out-of-network care.</p> | <p>and Marketplace members. Public Citizen wrote to Molina and did not receive a response.</p> |
| <p>11. GuideWell Mutual Holding (GuideWell owns Florida Blue, which is discussed here.)</p> | <p>Cost sharing for Florida Blue members is waived through June 1. Florida Blue's website says, "Rest assured: the COVID-19 test and treatment are \$0 cost share for our members... Through June 1, the test is \$0 for all members, and we are waiving the cost share for all covered services for the treatment of those with a positive COVID-19 diagnosis."²⁷</p> | <p>Florida Blue's statement on fee waivers indicates that testing is free, but suggests that benefit is only offered through June 1.</p> | <p>The Florida Blue statements on fee waivers did not distinguish between in-network and out-of-network care.</p> | <p>Self-insured plans do not appear to be included in the fee-waiver. Florida Blue's website says, "Florida Blue is also working with its self-funded ASO group employers to assist them in meeting the needs of their employees during the health crisis." This statement strongly implies that those in self-funded ASO plans do not automatically receive the fee waivers.</p> |
| <p>12. California Physicians Service, also known as Blue Shield of California</p> | <p>Costs for COVID-19 treatment are waived through May 31. The company's website says, "Blue Shield will waive copays, coinsurance, and deductibles for COVID-19 treatments received between March 1- May 31, 2020."²⁸</p> | <p>Costs for COVID-19 screenings and tests are waived. The company's website says, "Blue Shield will waive out-of-pocket costs for copays, coinsurance, and deductibles for: COVID-19 screenings performed virtually using telehealth (including Teladoc) or in a doctor's office, urgent care center, or emergency room (ER) [or] COVID-19 testing that's recommended by a doctor."²⁹</p> | <p>Blue Shield will cover out-of-network care, at least for some members, but only compensate providers at its in-network rate. Therefore, members who see out-of-network providers may receive a bill for costs charged in excess of what Blue Shield agrees to pay. The company's website says, "Outside of an emergency situation, you should seek care from network providers to save money and make sure you don't have to pay more out-of-pocket." "If you have a plan with out-of-network covered benefits, Blue Shield will</p> | <p>Cost sharing waivers do not apply to self-funded plans in which the employer does not opt in. The company's website says that the cost-sharing waivers apply only to "self-insured and flex-funded employer-sponsored plans where the plan sponsor has elected to pay for copays, coinsurance, and deductibles for COVID-19 treatment (These plans are not required to cover these costs)."³¹</p> |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| | | | cover both network and out-of-network copays, coinsurance, and deductibles for COVID-19 covered treatment benefits during this time. However, it's important to note that out-of-network providers may charge more than the covered benefit amount. In this case, you may be responsible for paying the difference" ³⁰ | |
| 13. Independence Health Group | <p>Costs for COVID-19 treatment are waived through May 31 for "in-network, acute in-patient treatment" but, apparently, not other treatment for COVID-19.</p> <p>The company's website says, "Independence will waive members' cost for in-network, acute in-patient treatment of COVID-19 received between March 30 and May 31, 2020. Cost sharing will continue to be applied to all post-acute care (e.g. skilled nursing, rehabilitation and long term acute care facilities), outpatient treatment, prescription drugs, ambulance transportation to a post-acute setting, and out of network care."³²</p> | <p>Costs for COVID-19 tests are waived with somewhat narrower site restrictions than those laid out by most other large insurers.</p> <p>The company's website says, "Independence will cover and reimburse member cost-sharing (such as co-pays, deductibles, and coinsurance) for the COVID-19 test and the administration of the test when performed at a physician's office, urgent care center, or an emergency room."³³</p> | Discussion of waived costs for treatment regards in-network care. | The insurer provides the following guidance regarding self-insured plans: "For employers who are self-insured, coverages may vary." ³⁴ |
| 14. Anthem Blue Cross of California (a subsidiary of Anthem, above) | Same as Anthem, above. | Same as Anthem, above. | Same as Anthem, above. | Same as Anthem, above. |
| 15. Highmark Group | <p>Costs for in-network, inpatient treatment of COVID-19 are waived through May 31. Costs for other forms of COVID-19 treatment do not appear to be waived.</p> <p>In a statement issued April 2, Highmark wrote,</p> | Highmark's web site indicates some exclusions on its offer to cover the costs of testing. For instance, it says that its offer of free services "includes testing when recommended by a medical professional and care once you are | Statement on free care refers to care from in-network providers. | Highmark's statement that cost-sharing would be waived for COVID-19 treatment included the caveat, "self-funded groups may elect to opt into the program." ³⁷ |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| | <p>“Members who require in-network, inpatient hospital care for COVID-19 will not incur any deductibles, co-insurance and co-pays, effective immediately.” Highmark said the waiver would continue through May 31.³⁵</p> | <p>admitted.” The recent federal legislation does not require a person to be admitted to a hospital to receive free testing.³⁶</p> <p>In a May 1 e-mail to Public Citizen, a Highmark spokesman wrote that restrictions were listed in error. “For Highmark members, COVID-19 testing is covered at 100 percent during the duration of the pandemic,” he wrote.</p> | | |
| 16. Blue Cross Blue Shield of Michigan | <p>Costs for COVID-19 treatment are waived through June 30.</p> <p>The company’s website says, “We want you to stay focused on getting better. If you need treatment for COVID-19 symptoms between now and June 30, 2020, we’ll take care of the cost. Treatment of symptoms can be on an inpatient or outpatient basis, from both in-network and out-of-network providers.”³⁸</p> | <p>COVID-19 testing is free. It is unclear if the company is offering free screening for COVID-19 after its fee-waiver on COVID-19 treatment ends.</p> <p>“We stand behind you. Blue Cross is waiving all member copays, deductibles and coinsurance for COVID-19 testing. The lab tests must be physician-authorized, and testing and associated services must be consistent with CDC guidelines.”³⁹</p> | <p>The company indicates that its fee waivers apply to care from both in-network and out-of-network providers.</p> <p>The company’s website says, “We’ll take care of the cost. Treatment of symptoms can be on an inpatient or outpatient basis, from both in-network and out-of-network providers.”⁴⁰</p> | <p>Fee waivers do not apply to those in self-insured groups unless the employer opts in.</p> <p>The company’s website says, “BCBSM will work with employer group customers that are self-insured to make decisions regarding their own benefits.”⁴¹</p> |
| 17. Blue Cross Blue Shield of New Jersey, also known as Horizon. | <p>Costs for COVID-19 treatment are waived through June 30.</p> <p>The company’s website says, “Effective immediately and through June 30, 2020, all fully insured members, including those covered through Medicaid, Medicare Advantage, Individual and Small Group policies, as well as members covered by the State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP) will not pay any cost</p> | <p>Testing and related screenings will be free through at least June 30, as indicated in the column to the left.</p> | <p>The terms vary depending on the services rendered but the statement referring to the most fundamental care for COVID-19 says the fee waiver applies to “all covered benefits associated with inpatient and outpatient care when delivered by in-network professionals and facilities, and when your claim indicates treatment was related to COVID-19.”⁴³</p> | <p>Fee waivers for self-funded groups appear to depend on the decisions of employers.</p> <p>Horizon’s website says, “The Company will continue to work with other self-insured customers that provide coverage for their employees on their specific plan designs.”⁴⁴</p> |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| | <p>share amounts (copay, coinsurance, deductibles) for covered services related to the testing, diagnosis and treatment of COVID-19 for ...”</p> <ul style="list-style-type: none"> - in-network or out-of-network primary care; - or urgent care center or Emergency Room (ER) for evaluation of symptoms; - All in-network and out-of-network labs for charges for CDC approved studies or tests for at-risk people; - All covered benefits associated with inpatient and outpatient care when delivered by in-network professionals and facilities, and when your claim indicates treatment was related to COVID-19.⁴² | | | |
| <p>18. CareSource</p> | <p>We did not find statements indicating that CareSource is offering enhanced benefits for COVID-19 treatment.</p> | <p>COVID-19 tests are free, but it is unclear if screening for the tests is free.</p> <p>The company’s web site says, “CareSource will waive member cost sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing. The testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines.”⁴⁵</p> <p>This statement does not indicate whether fees are necessarily waived for evaluations for testing. Federal law requires that insurers cover the cost for screening for testing when it results in a doctor ordering a test.</p> | <p>We did not find instances where CareSource drew a distinction between enhanced benefits for in-network versus out-of-network care. Given that the company does not appear to be offering enhanced benefits other than those required by federal law, there would be little, if any, need for such a distinction.</p> | <p>We did not find relevant language.</p> |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| <p>19. Blue Cross and Blue Shield of North Carolina</p> | <p>Costs for COVID-19 appear to be waived, without an end date listed.</p> <p>In a statement issued on April 1, "Blue Cross and Blue Shield of North Carolina (Blue Cross NC) announced it is waiving member cost-sharing – including deductibles, copayments, and coinsurance – for treatments related to COVID-19 if a member is diagnosed with the virus."⁴⁶</p> | <p>Costs for COVID-19 screening and testing are waived.</p> <p>The company's website says, "Blue Cross NC will provide coverage and waive cost-sharing (including deductibles, copayments, and coinsurance) for COVID-19 testing or for a doctor visit or call to determine if testing is necessary. Specifically, there will be no member cost-share for COVID-19 testing or screenings to determine if a testing is needed through virtual care visits, outpatient office visits, urgent care visits and ER visits."⁴⁷</p> | <p>Blue Cross and Blue Shield of North Carolina is limiting its cost-waivers to the extent of in-network rates, meaning that members who visit out-of-network providers could be billed for the difference.</p> <p>The company's website says, "Blue Cross NC will waive member cost-sharing for COVID-19 related treatments for both in-network and out-of-network providers. The company will reimburse providers in full at its in-network or Medicare rates..." The company also said, "Blue Cross NC will also work to shield members from balance billing and will work with providers to ensure access to affordable care during this crisis. Blue Cross NC encourages out-of-network providers to accept our payment in full and to work together to shield North Carolinians from financial harm."⁴⁸</p> | <p>Fee waivers for self-funded groups appear to depend on the decisions of employers.</p> <p>The company's website says, "Self-funded employer groups will be given the option to apply these changes to their employees' plans."⁴⁹</p> |
| <p>CareFirst</p> | <p>Costs for treatment of COVID-19 appear to be waived without date restrictions.</p> <p>The company's website says, "If you need testing or treatment related to COVID-19, you will not pay anything* for the care you need. If you receive this care from an out-of-network provider, you will have coverage."⁵⁰</p> | <p>Costs for testing are covered. When coupled with the company's fee waivers, costs for screening are presumably covered as well.</p> <p>"CareFirst will cover, with no cost share to the member (including our members enrolled in high deductible health plans), the appropriate medically necessary diagnostic testing for COVID-19."⁵¹</p> | <p>CareFirst will pay the rate it has negotiated with providers. If a member sees an out-of-network provider for care, "that provider may bill you for the balance where allowed."</p> | <p>Fee waivers for self-funded groups appear to depend on the decisions of employers.</p> <p>The company's website says, "Note: Some employers may offer customized health benefits. Please contact your HR department for your specific coverage."</p> |

| Insurer | Waived cost of care for COVID-19 treatment? | Waived testing related costs for COVID-19? | Discussion of potential out-of-network costs | Policy on self-insured |
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| <p>21 CA Health Net Of California</p> <p>Note: HealthNet is a subsidiary of Centene.</p> | <p>CA Health Net Of California appears to waiving costs for COVID-19 treatment without date restrictions.</p> <p>Its web site says, "Health Net is waiving all COVID-19 related prior authorizations and member cost sharing for screenings, tests and treatment."⁵²</p> | <p>Costs are waived for COVID-19 screening and testing.</p> <p>The company's web site says, "When medically necessary diagnostic testing or medical screening services are ordered and/or referred by a licensed health care provider, we will cover the cost of medically necessary COVID-19 tests and the associated physician's visit."⁵³</p> | <p>How HealthNet will treat cost waivers for in-network versus out-of-network care is unclear.</p> <p>HealthNet warns that its free screening benefit is restricted to in-network care. "Medically necessary COVID-19 diagnostic testing and/or medical screening services and the associated physician's visit will be covered when ordered, referred and/or performed in the following In-Network locations ..."⁵⁴</p> <p>But Health Net expresses an interpretation that providers may not engage in balance billing, which regards the types of bills often associated with out-of-network care.</p> <p>"Balance billing is strictly prohibited by state and federal law and Health Net's PPA. Providers may not bill members for any fees related to screening and testing for COVID-19."⁵⁵</p> | <p>We did not find language discussing circumstances for members in self-insured plans.</p> |
| <p>22. UPMC Health System</p> | <p>Costs for treatment of COVID-19 are waived through June 15.</p> <p>The company writes, "Now through June 15, we are waiving all deductibles, coinsurance, and copays for in-network, inpatient COVID-19 treatment for members in a fully insured group plan as well as those in an ACA or Medicare Advantage plan."⁵⁶</p> | <p>Costs for COVID-19 testing are waived.</p> <p>UPMC states, "We are waiving deductibles, copayments, and other cost-sharing for coronavirus testing when ordered by your medical provider."⁵⁷</p> <p>Note: the statement previously included a footnote indicating that this benefit does not apply to self-funded groups.</p> | <p>The treatment waiver language applies fee waivers for in-network care.⁵⁸</p> | <p>With regard to waivers for treatment, UPMC writes, "Self-insured employer groups can opt out of this coverage."⁵⁹</p> <p>With regard to free testing, UPMC writes, "For members of ASO/self-funded employer plans that have opted out of 100 percent coverage, standard cost sharing under the plan will apply."⁶⁰</p> |
| <p>23. Blue Cross Blue Shield of Massachusetts</p> | <p>Costs for treatment of COVID-19 are waived</p> | <p>COVID-19 testing is free. The company's broader</p> | <p>Out-of-network costs appear to be entirely covered, at least for</p> | <p>Fee waivers for those in self-insured plans depend</p> |

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| | <p>without date restrictions listed.</p> <p>The company's web site says, "For the duration of the Massachusetts health emergency, we're removing copayments, co-insurance, or deductibles for all medically necessary COVID-19 related care, including ... COVID-19 related inpatient care at both in- and out-of-network acute care facilities for our fully insured members."⁶¹</p> | <p>fee waiver suggests that screening is free, as well.</p> <p>The company's web site says, "We're covering the full cost of diagnostic tests for COVID-19 for all who meet Centers for Disease Control and Prevention (CDC) guidelines for testing."⁶²</p> | <p>inpatient care at acute care facilities.. "For the duration of the Massachusetts health emergency, we're also removing member cost share (copayments, co-insurance and deductibles) for COVID-19 related inpatient care at both in- and out-of-network acute care facilities for our fully insured members."⁶³</p> | <p>on the decisions of employers.</p> <p>The company writes, "Note: Self Insured accounts make their own plan cost share decisions and may have chosen not to waive this inpatient cost share. Call member service with any questions about your plan."⁶⁴</p> |
| <p>24. Blue Cross Blue Shield of Tennessee</p> | <p>Costs for treatment of COVID-19 are waived through May 31.</p> <p>Blue Cross Blue Shield of Tennessee's web site says, "If a BlueCross member is diagnosed as having COVID-19, they will not have to pay any out-of-pocket costs for testing and treatment administered through in-network providers, including at a doctor's office, urgent care facility and emergency room, as well as related inpatient hospital stays, through May 31, 2020."⁶⁵</p> | <p>Blue Cross Blue Shield of Tennessee statement of fee waivers in the column to the left covers testing.</p> | <p>Blue Cross Blue Shield of Tennessee statements of fee waivers apply to in-network care.</p> | <p>Fee waivers for those in self-insured plans depend on the decisions of employers.</p> <p>The company's web site says, "BlueCross will encourage its self-funded employer group customers to participate in waiving cost sharing for COVID-19 treatments for their employees during this health crisis. However, self-funded groups will have the ability to opt-out of this decision."⁶⁶</p> |
| <p>25. Emblem Health</p> | <p>We did not find language suggesting that Emblem Health is offering enhanced benefits for the treatment of COVID-19.⁶⁷</p> | <p>Costs for COVID-19 screening and testing are waived.</p> <p>The company's web site says, "Your test and visit to diagnose COVID-19 (whether in-person or a virtual telehealth visit) will be covered by your plan. There will be no cost-sharing, including copays, coinsurance, or deductibles. Virtual visits include video and/or phone visits."</p> | <p>Emblem Health indicates that a visit to diagnose COVID-19 will be covered with no cost-sharing whether if the visit is to an in-network or out-of-network provider. However, the company warns that if a person is subsequently "admitted to a facility not in our network, your treatment may NOT be covered by your plan."⁶⁸</p> | <p>We did not find language discussing circumstances for members in self-insured plans.</p> |

- 1 <https://www.uhc.com/health-and-wellness/health-topics/covid-19/coverage-and-resources>
- 2 <https://www.uhc.com/health-and-wellness/health-topics/covid-19/coverage-and-resources>
- 3 <https://about.kaiserpermanente.org/our-story/news/our-perspective/costs-waived-for-members-receiving-covid-19-treatment>
- 4 <https://healthy.kaiserpermanente.org/southern-california/health-wellness/coronavirus-information/help-with-coverage-and-costs>
- 5 <https://www.anthem.com/coronavirus/individual-and-family/>
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