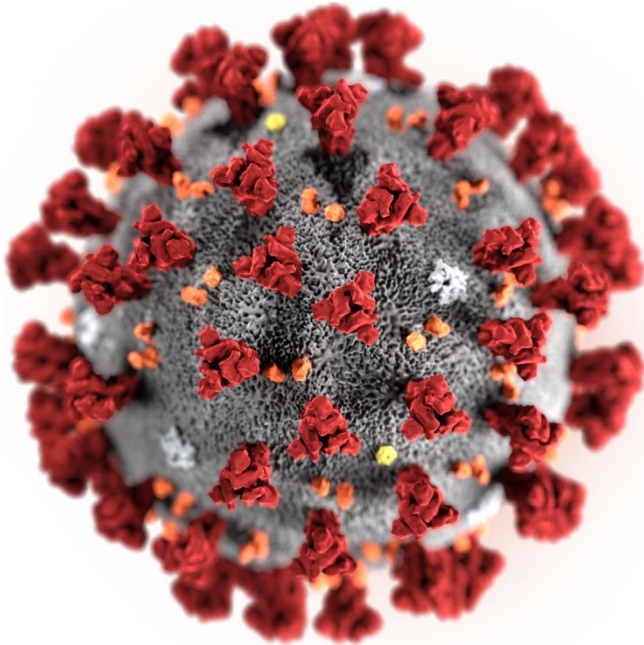




COVID-19

EXTERNAL FAQs

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1 Employer Impact

1.1 How will Anthem address open enrollment over the next several months for clients who do not have online resources?

The team is developing virtual open enrollment options and will share them when available. Members can call the number on the back of their identification card to confirm coverage.

1.2 Why is it important to refer to the CDC for questions related to COVID-19?

The COVID-19 outbreak is an emerging, rapidly evolving situation and CDC provides updated information as it becomes available, in addition to updated guidance.

The CDC is an official, public and national source of information and acts as a clearinghouse for information and reporting on infectious disease as it is constantly evolving. As part of the US Department of Health and Human Services, its mission is to protect America from health, safety and security threats, both foreign and in the United States.

1.3 What can employers do?

Employers should check the CDC page for [interim guidance for businesses and employers](#) for information on strategies that can be used to prevent the spread of COVID-19 and keep employees safe.

1.4 How does the CDC recommend local governments and communities prepare for a pandemic?

The CDC has developed pandemic preparedness resources that are available [here](#).

2 Privacy

2.1 Can Anthem provide my company with information regarding COVID-19 cases within our member population?

Applicable law limits Anthem’s ability to share an individual’s protected health information with an employer absent an authorization or certain extenuating circumstances. As a result, Anthem is limited by law in its ability to disclose individual’s protected health information to an employer.

HIPAA permits limited disclosure of protected health information to group health plan representatives if:

- The requestor is a group health plan representative and,
- The purpose of the request is related to the operations of the health plan.

Under the current circumstances, information regarding COVID diagnoses is unlikely to relate to the health plan’s operations. Nevertheless, when receiving such requests, we will inquire about the nature of the request and the requestor’s role to determine what protected health information, if any can be disclosed.

Most importantly, Anthem may not have records indicating any affirmative medical diagnosis. We recommend that employer groups concerned about the virus work with relevant regional and national public health authorities to remain apprised of any developments.

2.2 Can an employer receive information on the number of claims — but not specific names — for COVID-19 tests and related services?

No. Currently, it may be possible to identify someone specifically even if, for example, their name is not shared. We recommend checking in with local health authorities to understand the total number of cases in any given area.

3 Benefit Coverage Questions

3.1 Will Anthem cover member out-of-pocket costs for testing and related visits for COVID-19?

Out-of-pocket expenses—inclusive of copays, coinsurance and deductibles for COVID-19—are waived for tests and related visits, including visits to determine if testing is needed. Test samples may be obtained in many settings including a doctor’s office, urgent care, ER or even drive-thru testing once available. While a test sample cannot be obtained through a telehealth visit, the telehealth provider

can help you get to a provider who can do so. The waivers apply to members who have individual, employer-sponsored, Medicare and Medicaid plans.

Also, Anthem will waive member cost share for telehealth visits, including visits for behavioral health, for our fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans. Self-insured plan sponsors will have the choice to participate.

Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care will be waived for 90 days, beginning March 17. Co-pays for acute and behavioral telehealth visits for health conditions will be waived.

For additional services, members will pay any out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

Self-insured plans no longer have the option not to waive out-of-pocket member expenses for the diagnostic test and the visit associated with the test, as laid out in the [federal mandate](#).

3.2 Is Anthem waiving out-of-pocket expenses when a member needs health care services from a doctor or a hospital related to COVID-19 that doesn't involve diagnostic testing?

No, the waiver of out-of-pocket expenses relates to testing and visits, including visits to determine if testing is needed, that are related to testing. For care unrelated to COVID-19 test or the visit associated with the test, members will pay any out-of-pocket expenses their plan requires, unless otherwise determined by state law or regulation.

There is an exception. Anthem will waive any member cost share for telehealth visits, including visits for mental health, for our fully insured employer, individual, Medicare and Medicaid plans for 90 days as of March 17. Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as

well as telehealth received from other in network providers. Self-insured plan sponsors will have the choice to participate.

3.3 Do the waivers apply to out-of-network providers for testing and non-telehealth visits?

Out-of-network will be covered for any visits up until the allowed amount. Cost shares will be waived and the out-of-network provider will be paid the allowed amount. If there is balance billing, members can appeal.

3.4 Will cost shares associated with testing and related services be waived for members enrolled in high-deductible health plans with HSAs?

Cost shares associated with testing and related services will be waived for members enrolled in high-deductible health plans (HDHP) with HSAs. Such cost share waivers will not jeopardize the status of the plan as an HDHP based on the recent IRS guidance issued March 11, 2020. We are waiting for guidance on any tax impact to members using telehealth visits unrelated to COVID-19 testing or treatment.

3.5 If a member is treated for COVID-19 outside the United States, will coverage apply and will out-of-pocket waivers apply?

Yes, a member's regular coverage would apply for testing and treatment of COVID-19, just like it does in the United States. Out-of-pocket expenses for the focused test used to diagnose COVID-19 and the visit related to the test will be waived for members—specifically, individual, Medicare and Medicaid members and other fully-insured plans. Anthem recommends self-insured customers waive member out-of-pocket costs for the COVID-19 diagnostic test and the related visit.

3.6 What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19?

The CDC has provided [coding guidelines](#) related to COVID-19.

3.7 In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

Anthem is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to

network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

In addition, Anthem's telehealth provider, [LiveHealth Online](#), is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

3.8 Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic?

Our standard contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.

3.9 What is the effective date for the changes in cost-share coverage?

For fully-insured customers impacted by state level public health emergency mandates, the date will be when the mandate became effective. For self-insured customers implementing the recommended approach, the effective date will be retroactive to Jan. 1, 2020 to include COVID-19 services that may have occurred before testing became commercially available in March.

3.10 Are there limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic in Anthem's stop-loss policies?

Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic. Our stop loss policies do not contain provisions that would limit stop loss protection for these services.

- If the group chooses to waive member out-of-pocket cost for testing consistent with Anthem's standard approach for its fully insured policies, the additional plan costs that would result would be covered under the stop loss policy.
- If the group chooses to provide enhanced coverage consistent with state emergency declarations on insurers, such enhanced coverage would be covered under the stop loss policy with revised rates.

4 Pharmacy

4.1 What is IngenioRx doing to address potential drug shortages related to the current COVID-19 outbreak?

- IngenioRx is carefully monitoring the global drug supply for any disruptions related to COVID-19 and, at the present time we have not identified any disruptions that would affect members' abilities to fill their prescriptions through either our mail order facility or our retail networks.
- Additionally, the Food and Drug Administration is closely monitoring medications for any potential supply chain disruptions.
 - The FDA has indicated that it has received notice from a drug manufacturer that production of one drug has been impacted but the name of the drug has not been released. The FDA has been clear that there are several therapeutic alternatives for this drug that have not been impacted.
- Given the evolving nature of the outbreak, we will continue to monitor the situation and will work to address issues as they arise.

5 Telehealth, Sydney Care and 24/7 NurseLine

5.1 Telehealth

5.1.1 Is Anthem encouraging broader use of telehealth assuming the virus spreads?

We are recommending members use telehealth when they can as it reduces the burden on the healthcare system, prevents members from spreading a virus and can help protect them from getting a virus while waiting with others at a physical facility.

We also encourage members to access our SydneyCare app at no cost. The app includes a *Coronavirus Assessment*, that can help members quickly and safely evaluate their symptoms and assess their risk and then communicate with a doctor to address additional questions. Members can download the Sydney Care app on Android or iOS.

5.1.2 Is Anthem's vendor, LiveHealth Online, prepared for the number of visits that will increase to telehealth?

As there is a heightened awareness of COVID-19 and more cases are being diagnosed in the United States, LiveHealth Online is increasing physician availability and stands ready to have doctors available to see the increase in patients, while maintaining reasonable wait times. They have added a call back function available at peak hours?

5.1.3 Why is telehealth a good option to receive individual health guidance related to COVID-19?

We are recommending members use telehealth when they can as it prevents them from spreading a virus to others in a waiting room or clinic and can help protect them from getting a virus while waiting with others at a physical facility.

LiveHealth Online is a safe and helpful way use Anthem benefits to see a doctor to receive health guidance related to COVID-19 without leaving home, using your smart phone, tablet or computer-enabled web cam.

While COVID-19 can't be confirmed through virtual or remote care, care teams can screen members, assign risk, answer questions and recommend the next steps a member should take. Patients with COVID-19 who are at low risk are treated in the home unless they are sick enough to require in-person care.

5.1.4 Is Anthem waiving member copays associated with LiveHealth Online and other telehealth visits for COVID-19?

Anthem will waive member cost share for telehealth visits, including visits for mental health, for our fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans for 90 days, beginning March 17 and ending June 14.

Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care. Co-pays for physical and behavioral telehealth visits for health conditions will be waived. Self-insured plan sponsors will have the choice to participate.

5.1.5 Can members get their out-of-pocket expenses waived to see their own doctor via telehealth?

Members can get their out-of-pocket expenses waived for COVID-19 visits if their doctor uses a telehealth platform. They also can get them waived for other care needs for 90 days beginning March 17th.

5.1.6 Are there tax implications for members with HSA and certain high-deductible plans who get their copays waived for a telehealth visit?

IRS released guidance on March 11, 2020 that allows employers to waive out-of-pocket costs for COVID-19 testing and related services for members enrolled in HSA/high deductible health plans without tax implications to members. We are still awaiting guidance related to telehealth visits unrelated to COVID-19 during the 90-day period.

5.1.7 Are out-of-pocket costs waived for Anthem members who have a telehealth provider other than LiveHealth Online?

Yes. Cost sharing will be waived for members using Anthem's telemedicine service, LiveHealth Online, as well as care received from other providers delivering telehealth. This applies to members who have Medicaid, Medicare, individual and employer-sponsored plans. Self-insured plan sponsors will have the choice to participate.

5.2 24/7 NurseLine

5.2.1 Can members use 24/7 NurseLine if they suspect symptoms of COVID-19?

Yes. 24/7 NurseLine has trained nurses to ask additional probing questions to members with respiratory symptoms and coached nurses to use updated HealthWise Connect COVID-19 information and the CDC web site.

- NurseLine is available to most Anthem members who have Medicaid, Medicare, individual and employer-based plans.
- The number is typically on the back for the member ID card. Most Medicaid members access the service through member services.

5.3 Sydney Care

5.3.1 What is Sydney Care?

Sydney Care is a digital care access platform offering a suite of health services via a downloadable app, including:

- **Symptom Checker:** Personalized, AI-driven chat functionality that can understand the symptoms users indicate and provide them with knowledge about how others were diagnosed and treated. Sydney Care offers two options (below) to follow-up on the information provided during the Symptom Checker dialogue.
- **Virtual Text Visit:** Enables consumers to connect directly with a board-certified physician via text chat, should consumers desire to have a chat-based clinical evaluation. When appropriate, these physicians can prescribe medication, order lab work and/or suggest the type of specialist consumers may want to consult.
- **Virtual Video Visit:** Similar to the Virtual Text Visit, the Virtual Video Visit option – through LiveHealth Online – is a secure, two-way video chat with a board-certified doctor. These physicians can also prescribe medication, order labs or make specialist recommendations.

5.3.2 How does the Sydney Care mobile app work in regards to coronavirus?

Anthem is working to accelerate the availability of a *Coronavirus Assessment* on the Sydney Care mobile app, which members can download at no cost.

- The *Coronavirus Assessment* is designed based on guidelines from the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) to help individuals quickly and safely evaluate their symptoms and assess their risk of having COVID-19.
- Inputs provided by individual users include symptoms, recent travel and potential contact with anyone with the disease.
- Based on the results, Anthem members will be able to connect directly to a board certified-doctor via the Sydney Care app who can recommend care options.

5.3.3 How do members find it?

Sydney Care is available for Anthem members to [download now](#) on Android or iOS. This app should accompany their Sydney Health or Engage benefits app. *Coronavirus Assessment* functionality is currently available.

6 Underwriting and Financial Questions

Note: State level information may vary from what is below

6.1 Are customers able to continue employee health benefits if part of the workforce is laid-off in response to the COVID-19 crisis?

Fully Insured Plans	Self-Insured Plans
Yes. Anthem's requirement for employees to be actively working in order to be eligible for coverage will be relaxed through May 31, 2020 as long as the monthly premium payment is received. Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less prior to the layoffs.	Yes. Payment of administrative fees, claims cost and stop loss premium is required to continue coverage for laid-off employees who are not actively at work. Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less prior to the layoffs. If Anthem is not a customer's stop loss carrier, Anthem recommends verifying coverage with the customer stop loss carrier.

6.2 Are customers able to continue employee health benefits if the entire workforce is laid off in response to the COVID-19 crisis?

Fully Insured Plans	Self-Insured Plans
Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage as long as the monthly premium payment is received. Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs.	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage. Payment of administrative fees, claims cost and stop loss premium is required to continue coverage for laid-off employees who are not actively at work. Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs.

	If Anthem is not a customer's stop loss carrier, Anthem recommends verifying coverage with the customer's stop loss carrier.
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6.3 Will continuation coverage be available for a customer's employees who have been laid off and are employers able to offer continuation coverage to their employees at their own expense?

Fully Insured Plans	Self-Insured Plans
If an employer offers COBRA and if one person remains actively employed, employees may elect to continue coverage under COBRA by following the normal notice and election procedures. If there are no active employees, the plan is terminated and COBRA will not be an option. However, employees will have the option to enroll in individual coverage under a special enrollment period or would have the option to purchase a short-term plan that is subject to medical underwriting.	If a customer offers COBRA and if one person remains actively employed, employees may elect to continue coverage under COBRA by following the normal notice and election procedures. If there are no active employees, the plan is terminated and COBRA will not be an option. However, employees will have the option to enroll in individual coverage under a special enrollment period or would have the option to purchase a short-term plan that is subject to medical underwriting. If Anthem is a customer's stop loss carrier, the policy will terminate if the minimum enrollment of active employees threshold is not met. If Anthem is not a customer's stop loss carrier, Anthem recommends verifying coverage and minimum enrollment requires with your stop loss carrier.

6.4 Will my rates/premium be subject to change if enrollment drops by more than 10% as a result of the COVID-19 crisis?

Effective through May 31, 2020, if the loss of enrollment is a result of the COVID-19 crisis, rates and premiums will not change.

6.5 As a result of the COVID-19 crisis, will Anthem renewal rate actions or quote responses be delayed or impacted?

Anthem will continue to meet renewal rate actions and / or quote expectations and do not anticipate delays or impacts.

6.6 If employees are losing their health insurance coverage due to being laid-off, will Anthem be able to offer coverage options?

Anthem recommends employers work with their employees to assess coverage options and eligibility by going to www.healthcare.gov. Some examples of options include Medicaid or qualifying event for a special enrollment period for an ACA compliant plan. If Medicaid or ACA compliant plans are not a fit for your employee, they may also consider a short-term plan if available in their state.

6.7 For employees who enroll in an ACA compliant health insurance plan, how quickly will their coverage be effective?

The qualifying event for the special enrollment period will determine the effective date of coverage. Please visit www.healthcare.gov or prospective carrier. Premium subsidies are not available for plans purchased outside of the federal exchange.

6.8 If employees chose to enroll in a short-term plan, how quickly will their coverage be effective?

Short-term plans, where available, will typically be reviewed and approved by the plan's underwriters and will be effective the day after formal underwriting approval.

6.9 If temporarily laid-off employees return to work, will they be eligible to obtain coverage without a waiting period?

Employees rehired by May 31, 2020 will not be subject to a waiting period.

7 Life and Disability Questions

7.1 How does the Centers for Disease Control and Prevention define Quarantine and Isolation?

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- Isolation separates sick people with a contagious disease from people who are not sick.

- Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

7.2 Is an individual who is quarantined but not sick or diagnosed with COVID-19 considered disabled?

Generally, we do not consider quarantined workers to be disabled unless they have a medical condition that results in restrictions and limitations that satisfy a policy's definition of disability. Employees who have been diagnosed with COVID-19 and are unable to work will be evaluated like any other injury or illness under the contract, with clinical support/proof of disability required. All contract provisions apply.

7.3 Can employees continue their group disability or group life coverage if their employer closes their facility and employees are unable to work?

Depending upon each group policy, coverage may continue but will be subject to the terms outlined in the policy that relate to temporary layoffs and leaves of absence. Furloughs will be similarly considered. For continuance of coverage, premium must continue to be paid, without interruption.

7.4 Do Anthem's Life, Disability, FMLA/Absence, or Supplemental Health products and services cover COVID-19 related claims?

Some Anthem products cover COVID-19 related claims and will be subject to the provisions in our policies and service agreements.

7.5 What is considered a serious health condition?

The Family Medical Leave Act defines serious health condition as "an illness, injury, impairment, or physical or mental condition that involves: inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider."

7.6 What happens if an employer closes their facility and employees are unable to work?

- Employers who decide to close are responsible for decisions about wages/salary payment;
- Employees who are unable to work solely as a result of their employer's decision to close a facility would not meet the definition of "serious health condition" under the FMLA law.

7.7 Does Anthem administer any state paid leave programs?

We administer the New York Paid Family Leave program for many of our customers that have New York-based employees.

7.8 Is death from COVID-19 covered by Anthem's group life plans?

Each life claim is evaluated individually in accordance to the policy. Anthem's Life coverage does not have any exclusions. Our supplemental and voluntary life plans generally only exclude suicide within two years of the employee's effective date (in Missouri, one year). A life claim for death from COVID-19 will be evaluated the same as any other infectious disease.

7.9 Is isolation or quarantine considered a disability under Anthem's life insurance premium of waiver provisions?

- For fully insured groups, each case will be reviewed on its own merit, subject to the policy provisions of the disability or life policy. Employees who self-quarantine but are not diagnosed with COVID-19 will not be covered.
- For self-insured groups, we will coordinate with the policyholder.

7.10 Can employees continue their group life coverage if their employer closes their facility and employees are unable to work?

Depending upon each group policy, coverage may continue but will be subject to the terms outlined in the policy that relate to temporary layoffs and leaves of absence. Furloughs will be similarly considered.

7.11 Is Accidental Death & Dismemberment coverage affected by COVID 19 related deaths?

No, coverage does not apply to a COVID-19 diagnosis. For continuance of coverage, premium must continue to be paid, without interruption.

- Accident products: Typically, accident products would not provide benefits for the diagnosis or treatment of COVID-19.
- Hospital Indemnity products: There are no policy limitations associated with hospitalization due to a diagnosis of COVID-19. All other provisions of the policy must be met.
- Critical Illness products: COVID-19 is not considered a covered condition under our Critical Illness products.