COVID-19 DIAGNOSTIC TESTING and TESTING-RELATED VISITS

**Standard applies to Fully Insured and Self Funded plans:** Federal regulations require waiver of member cost-sharing (copayments, coinsurance, deductibles) for approved and authorized COVID-19 testing and testing-related visits at physician offices, urgent care centers and emergency departments for members enrolled in comprehensive medical plans, and Medicare managed care plans.

Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines.

UnitedHealthcare will only cover testing for employment, education, public health or surveillance purposes when required by applicable law.

- Waiver of cost share applies *in-network and out-of-network* and relies upon accurate COVID-19 coding
- Coverage is effective for dates of service February 4, 2020, through the Public Health Emergency

COVID-19 ANTIBODY TESTING

**Standard applies to Fully Insured and Self Funded plans:** During the national public health emergency period, UnitedHealthcare will cover FDA-authorized COVID-19 antibody tests ordered by a physician or appropriately licensed health care professional without cost sharing (copayment, coinsurance, deductible) in-network and out-of-network.

UnitedHealthcare will only cover testing for employment, education, public health or surveillance purposes when required by applicable law.

- Coverage is effective for dates of service April 10, 2020 (first date coding available) through the Public Health Emergency

COVID-19 SURVEILLANCE TESTING

**Standard applies to Fully Insured and Self Funded plans:** UnitedHealthcare health plans do not cover COVID-19 surveillance testing, which is testing used for public health or social purposes such as employment (return to workplace), education, travel, or entertainment. These tests are only covered when required by applicable law and adjudicated in accordance with the member’s benefit plan.

Testing conducted through a federal, state, or local entity for public surveillance will be paid for by that coordinating entity.

Self-funded customers who wish to implement coverage of COVID-19 surveillance testing claims under the medical plan are required to submit an exception request through their UnitedHealthcare representative.
COVID-19 OVER-THE-COUNTER TESTING

Standard applies to Fully Insured and Self Funded plans: UnitedHealthcare will cover claims for FDA-approved or authorized, at-home, over-the-counter (OTC) COVID-19 tests purchased on or after January 15, 2022, throughout the Public Health Emergency as directed by the Departments of Labor, Treasury and Health and Human Services (Tri-Agencies). This at-home COVID-19 test coverage will include up to eight tests per member per month.

Preferred OTC Retailers available to UnitedHealthcare Clients with Pharmacy benefits administered by OptumRx:
Using UnitedHealthcare’s preferred OTC retailers available for at-home COVID-19 tests, members will be able to obtain an at-home COVID-19 test without an upfront cost, or they may pay out of pocket and submit a claim for reimbursement. If the member purchases an at-home COVID-19 test at any in-store or online retailer other than the Preferred OTC Retailers, they may submit purchase receipt(s) for reimbursement at the UnitedHealthcare member portal for a maximum reimbursement of $12 per test.

COVID-19 TREATMENT

Standard applies to Fully Insured plans: COVID-19 treatment claims incurred after 1/31/2021 will pay according to plan benefits.

COVID-19 VACCINE

Standard applies to Fully Insured and Self Funded plans: Federal regulations require waiver of cost-share (copayments, coinsurance, deductibles) in and out of network for COVID-19 Vaccine Administration incurred through the Public Health Emergency. The COVID-19 vaccine serum will initially be paid by the government:
• Office visits will be subject to plan benefits
• Booster doses are covered the same as any other COVID-19 vaccine

MONOCLONAL ANTIBODIES

Standards apply to Fully Insured plans: The FDA authorizes coverage of the administration of certain monoclonal antibodies when delivered by a network provider in an outpatient setting. Claims for administration of certain monoclonal antibodies incurred after March 31, 2021 will be paid at plan benefits:
• Certain monoclonal antibodies will initially be paid by the government
COVID-19 VIRTUAL VISITS / TELEMEDICINE
through Optum Virtual Care, AmWell, Doctor on Demand or Teladoc

Standard applies to Fully Insured and Self Funded plans:
• Beginning October 1, 2020, virtual visit claims will apply cost sharing
• Cost share for COVID-19 Testing related claims will be reimbursed by the provider through the original payment method through the Public Health Emergency

Non-COVID-19 VIRTUAL VISITS / TELEMEDICINE
through Optum Virtual Care, AmWell, Doctor on Demand or Teladoc

Standard applies to Fully Insured and Self Funded plans: UnitedHealthcare waived cost-share (copayments, coinsurance, deductibles) for non-COVID Virtual Visits incurred through September 30, 2020. Beginning October 1, 2020, virtual visit claims will apply cost sharing.

TELEHEALTH – COVID-19 TESTING RELATED VISITS

Standard applies to Fully Insured and Self Funded plans: Federal regulations require waiver of member cost-share for COVID-19 testing related visits. Eligible in-network and out-of-network medical providers who connect with their patient through live video-conferencing or audio-only (telephonic) may do so.
Coverage is effective for dates of service February 4, 2020, through the Public Health Emergency

TELEHEALTH – Non-COVID-19 RELATED VISITS

Standard applies to Fully Insured plans: UnitedHealthcare previously waived cost-share (copayments, coinsurance, deductibles) associated with in-network telehealth visits for all medical and physical, speech and occupational therapies.
• In-network waiver of cost share applied to dates of service March 31, 2020, and ended September 30, 2020, when services began to pay at plan benefits
• Out-of-network claim payment for expanded telehealth services ended July 24, 2020, at which point claims began to pay at plan benefits