

COVID-19

Frequently Asked Questions

March 23, 2020

Coronavirus Update as of March 23

COVID-19 Frequently Asked Questions (FAQ)

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KEY RESOURCES – COVID-19

External

- [CDC COVID-19 Site](#) - what you should know, situation updates, community impacts and resources
- [CDC Travel recommendations](#)
- [COVID-19 FAQ](#)
- [IRS Notice on High Deductible Plans with HSA](#)
- [Family First Coronavirus Response Act \(H.R. 6201\)](#)

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CLINICAL

THE INFORMATION IN THE FOLLOWING SECTION IS SOURCED FROM THE CDC. REFER TO THE [CORONAVIRUS.GOV](https://www.cdc.gov/coronavirus) AND [CDC WEBSITE](https://www.cdc.gov) FOR THE MOST CURRENT INFORMATION.

What is it?

COVID-19 is a respiratory infection. It is caused by an RNA virus called nCoV19 that is part of the SARS lineage of coronaviruses.

What are the symptoms?

The symptoms of COVID-19 are: fever, cough and shortness of breath. Those who develop serious illness generally are found to have pneumonia.

How does it spread?

COVID-19 can spread from person to person, primarily between people who are in close contact – within about 6 feet – of one another, through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then by touching their mucous membranes (mouth, nose, eyes). It is believed it can live on surfaces in the range of hours to days. Some early studies indicate that it may also be passed through stool/feces.

Is there a vaccine?

There is currently NO vaccine to protect against COVID-19. While there are numerous efforts underway to develop a vaccine, (in fact you may have heard the first human trial began on 3/17/2020) historical experience would suggest it will be at least a year before one is commercially available to the general public. Please refer to www.coronavirus.gov

Who is most at risk?

Most cases of COVID-19 worldwide have been mild and >80%ⁱ of infected individuals have been able to fully recover at home. However some people are at higher risk of getting very sick from this illness and should take additional precautions. Those people include:

- People over the age of 60, particularly people those over the age of 80;
- People who have chronic medical conditions like heart disease, diabetes, chronic lung disease, chronic renal diseaseⁱⁱ, cancer and obesity; and
- **People** who have a suppressed immune system from medications or those that have a compromised immune system.

Early indication is that the cause of death in individuals with COVID-19 is sepsis, ARDS and/or cardiac arrestⁱⁱⁱ. Please refer to www.coronavirus.gov

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What should I do if I have symptoms?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first **CALL** a health care professional for medical advice. Please refer to www.coronavirus.gov

If an employee is immune suppressed due to medication or prior organ transplant, should they be quarantined if they have no other conditions or symptoms (fever, SOB, cough, travel or exposure)?

CDC guidance is for those people at high risk to self-quarantine or socially isolate and take other precautions as outlined on the CDC site. Please refer to www.coronavirus.gov

Is it true that people can infect others before they themselves show any symptoms?

Yes. It is believed a person can be contagious several days before symptoms appear and up to 14 days after symptoms have ended. Please refer to www.coronavirus.gov

Should healthy individuals wear a mask to prevent COVID-19 infection?

The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. Wearing a facemask may cause you to touch your face more often. You should only wear a mask if your health care professional recommends it. A facemask may be recommended for people who have symptoms consistent with COVID-19. This is to protect others from the risk of getting infected. The supply of face masks are crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility). Please refer to www.coronavirus.gov

Is COVID-19 more dangerous to the autoimmune compromised than the common flu?

People, who are immune compromised or on immunosuppressive medications, may be at higher risk for the virus. For now there is limited comparative data to compare COVID-19 to other illnesses.

Is COVID-19 more dangerous to the autoimmune compromised than the common flu?

Individuals, who are immunocompromised or on immunosuppressive medications, may be at higher risk for getting very sick from the virus. For now there is limited information in comparative data compared to other illnesses. Please refer to www.coronavirus.gov

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Why are diabetics considered a higher risk category?

The CDC outlined areas where individuals may be higher risk and should take more precautions. Some people may have no or relatively mild symptoms, but the CDC considers those people with heart, lung, blood pressure, diabetes, and immune compromised at more at risk¹. Please refer to www.coronavirus.gov

Are people with asthma at a greater risk?

Yes, adults with chronic medical conditions such as chronic lung diseases may put them at higher risk. Please refer to www.coronavirus.gov

How dangerous is this virus to pregnant women?

Information at this time is very limited on COVID-19 in pregnancy. It is believed that pregnant women may be at a greater risk of getting sick from COVID-19 than the general population. Pregnant women in general may be at increased risk for some infections as they experience changes in their immune systems as a result of pregnancy. It is advisable that all pregnant women practice social distancing. Please refer to www.coronavirus.gov

Will someone who has had the virus and been on isolation at home need to be retested?

People with COVID-19 who have stayed home (home isolated) can stop home isolation and move to 14 days of home quarantine under the direction of their treating physician, state/local health department and government regulations.^{iv} Generally, home isolation is lifted under the following conditions:

- You received two negative tests in a row, 24 hours apart. AND
- You no longer have a fever (without the use medicine that reduces fevers). AND
- Other symptoms have improved (for example, when your cough or shortness of breath have improved)

Please refer to www.coronavirus.gov

Once you get the virus and recover are you immune or can you get it again?

Human immune response to COVID-19 is still being studied. For other coronavirus infections such as SARS reinfection is unlikely to occur after recovery. It is unlikely that a person with a healthy immune system would get re-infected from a virus as long as there has been no viral mutation^v. However it is unknown at this time if similar protection will occur with COVID-19. Please refer to www.coronavirus.gov

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Sources

1. China Centre for Disease Control & Prevention, Statistica
2. China Centre for Disease Control & Prevention, Italian Portal of Epidemiology for Public Health
3. medRxiv 2020.02.26.20028191
4. CDC, WHO, Laure, et.al, 2020
5. <https://www.cdc.gov/safewater/effectiveness-on-pathogens.html>
6. National Institute of Allergy and Infectious Diseases
7. CDC, WHO, Laure, et.al, 2020
8. National Institute of Allergy and Infectious Diseases

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FEDERAL GUIDANCE

What information can you provide on the Federal Legislation that passed on March 18, 2020?

The Families First Coronavirus Response Act (HR 6201) (“Act”) requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered plans) to cover COVID-19 testing and certain COVID-19 testing related items and services without cost sharing (deductibles, copayments and coinsurance), prior authorization or other medical management requirements.

- This coverage includes the COVID-19 diagnostic test and a COVID testing-related visit to order or administer the test. A testing related visit may occur in a physician’s office, via telehealth, in an urgent care center or in the emergency room.
- For plans with in- network and out-of- network benefits cost sharing (copayments, coinsurance and deductibles) will not apply.
- For plans with in- network benefits only, cost sharing (copayments, coinsurance, deductibles) will not apply for emergency services or when an in- network provider is not available.
- Telehealth services apply both in and out-of-network.
- We expect the bill to apply retroactively. Currently our approach will be to have these guidelines in place on April 1 (when the appropriate coding is available) and then work backward to re-adjust the claims to meet the March 18 effective date.

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MEMBER SUPPORT

What is UnitedHealth Group doing to help members concerned with COVID-19?

UnitedHealthcare has a team closely monitoring COVID-19, formerly known as the Novel Coronavirus or 2019-nCoV. Our top priority is the health and well-being of the people we serve.

As with any public health issue, UnitedHealthcare will work with and follow all guidance and protocols issued by the [U.S. Centers for Disease Control and Prevention \(CDC\)](#), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), and state and local public health departments.

Does UnitedHealthcare provide any support services for those people who have been affected by the virus?

While the CDC website is the best place to go to stay up to date on this still developing situation, Optum is offering a free emotional support help line for all people impacted. This help line will provide those affected access to trained mental health specialists. The company's public toll-free help line number, **866-342-6892**, will be open 24 hours a day, seven days a week for as long as necessary.

This service is free of charge and open to anyone. Specially trained Optum mental health specialists help people manage their stress and anxiety so they can continue to address their everyday needs. Callers may also receive referrals to community resources to help them with specific concerns, including financial and legal matters.

In addition, Optum and UnitedHealthcare members with EAP and behavioral health benefits can access ongoing resources including Critical Incident Response Services (CIRS). We recommend they access through their account-specific support numbers. Emotional-support resources and information are also available online at www.liveandworkwell.com.

Are there any plans to enhance the support materials available on liveandworkwell related to this crisis?

Yes - a COVID-19 portal went live on the liveandworkwell website on March 18.

If an individual is tested and the provider rules out COVID-19, does the employee need any documentation that they can provide their employer for return to work clearance?

This is a policy determined between the employer and employee.

In light of the current situation, is UnitedHealthcare delaying member communications related to preventive campaigns?

Yes. UnitedHealthcare will temporarily delay our preventive care reminders.

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Is UnitedHealthcare offering help to employees who are losing their health insurance coverage after being laid off?

UnitedHealthcare offers a range of individual health insurance plans. Interested people may contact (800) 827-9990 to speak with an advisor who can assist. They can also visit <https://www.healthmarkets.com> to apply directly.

If a member has a valid prior authorization for a surgery that has been postponed, will the member be required to go through the prior authorization process again?

Prior Authorization will remain in effect for 90 days from the date it was initially approved.

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TESTING

Does UnitedHealthcare cover the test for COVID-19?

UnitedHealthcare and its self-funded customers will waive cost sharing for COVID-19 testing during this national emergency. We are also waiving cost sharing for COVID-19 testing related visits during this same time, whether the testing related visit is received in a health care provider's office, an urgent care center, an emergency department or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and fully insured and self-funded employer-sponsored plans.

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

Other costs beyond the test and test-related physician office, urgent care, emergency room, Virtual Visit and telehealth visit and items and services related to the visit will be covered based on terms in the medical plan and applicable state and federal mandates. Therefore, deductibles, copayments and coinsurance would apply to care, and certain services or supplies beyond the test itself and test-related provider visit.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 test prior to reaching a deductible?

Yes. Such plans must cover the COVID-19 test and test-related visit at no cost share prior to the member meeting their deductible. If the member has already reached their deductible there is no additional deductible. Other costs beyond the test and test-related visit and items and services related to the visit will be covered based on terms in the medical plan. Therefore, deductibles, copayments and coinsurance would apply to care, certain services or supplies beyond the test and test-related visit itself.

Will testing for COVID-19 be covered as a preventive service under the Affordable Care Act (ACA)?

The cost of COVID-19 testing is considered an essential health benefit but is not classified as a preventative health benefit.

What should a client do if they wish to cover more than just the test and test related expenses at no cost share?

UnitedHealthcare is able to accommodate a client that wishes to cover certain services above and beyond cost share on diagnostic testing or test-related visit or to cover COVID-19 treatment. The client should discuss with the UnitedHealthcare account team.

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Where can a member go to get a COVID-19 test?

If a primary physician or medical professional thinks the member may have COVID-19, they will contact the CDC or the local public health department for steps to follow on testing. Tests supplied by the CDC and some state public health departments are available at no charge. The Food and Drug Administration (FDA) has also approved testing at designated labs around the country.

The CDC recommends that providers use their judgment to determine if a patient should be tested. The provider may collect a respiratory specimen or in certain situations, the provider may refer a member to one of the approved testing locations and UnitedHealthcare will cover the COVID-19 test and test-related visit at no cost.

Are tests readily available from physicians?

The tests are being made available now, but check with your physician to see if they have the test or where you can go in your area for a test.

What is the process if client requests to opt out of covering the test or test related expenses?

Based on federal legislation passed on March 18, 2020, all plans are required to cover these services without cost sharing during the emergency period.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 test prior to reaching a deductible?

Yes, as required under federal legislation such plans must cover the COVID-19 test and other testing related visits and services and items related to the visit at no cost share prior to the member meeting their deductible. Other costs beyond the test and related visits will be covered based on the terms of the member's medical plan benefits. Therefore, deductibles, copayments and coinsurance would apply to care, services or supplies beyond the test itself.

Will drive-up testing be an option?

As long as the testing place is at an FDA approved facility/location and administered in accordance CDC Guidelines, it will be covered. For temporary testing locations like drive-up clinics, we are still determining how this process will work.

Can a member self-refer for the test?

No. A member should call their physician right away if they believe they have been exposed to COVID-19. The provider will have special procedures to follow. If the provider feels a COVID-19 test is indicated, the provider will collect a respiratory specimen. In certain situations, the provider may refer a member to an approved testing location and UnitedHealthcare will cover the test at without cost sharing.

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If the test comes back positive for COVID-19, will my treatment be covered?

Treatment for COVID-19 would be covered in accordance with the terms of the medical plan. Cost share, deductibles, copays and coinsurance, will apply to treatment beyond the test and test-related visit.

Requirements may differ in some states. Discuss with your UnitedHealthcare account representative.

Are more labs, such as LabCorp and Quest, available for testing,?

Yes, per the CDC as of March 23, the total number of public health laboratories that have completed verification and are offering testing is 91. This includes one or more PHL in 50 states plus DC, Guam and Puerto Rico. CDC is updating this information regularly.

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Ftesting-in-us.html

Should children exhibiting symptoms be tested?

UnitedHealthcare encourages members with children to contact their child's pediatrician, who will review the symptoms and determine if a test is recommended.

How long before test results are known?

Test results were taking three to four days early on; however, that is speeding up with the incorporation of more labs. A 24-48-hour turnaround now is more common.

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PHARMACY COVERAGE

Will pharmacy coverage or treatment be impacted by COVID-19?

Eligible fully insured and self-funded UnitedHealthcare and OptumRx members who need an early prescription refill to ensure they have sufficient medication on hand may request one through their current pharmacy. We encourage members to consider their current supply as well as their near term medication needs prior to refilling prescriptions early.

The recent change to the refill too soon edit allows members with active eligibility to obtain an early refill of their prescription medications if they have refills remaining on file at a participating retail, specialty or mail-order pharmacy.

The refill obtained will stay consistent with the standard days' supply previously filled by the member as allowed by their plan (e.g., 30 or 90 day supply).

Delivery options are available through Optum home delivery, which has no delivery fees and through select retail pharmacies including Walgreens and CVS who have waived delivery fees.

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SPECIAL ENROLLMENT

Note: This section applies to fully insured customers. Self-funded customers may choose to amend their eligibility requirements to align with this special enrollment period for fully insured customers, at their discretion. Customer should contact their stop loss carrier.

Is there a special open enrollment period in response to the COVID-19 National Emergency?

To assist members in accessing care in light of COVID-19, UnitedHealthcare is providing its fully-insured small and large employer customers with a *Special COVID-19 Enrollment Opportunity* to enroll employees who previously did not to enroll in coverage. The opportunity will be limited to those employees who previously did not elect coverage for themselves (spouses or children) or waived coverage. See **Notice of Special COVID-19 Enrollment Opportunity** document for details.

- The enrollment opportunity will extend from March 23, 2020, to April 6, 2020. Effective date is April 1.
- Customers are not required to adopt the *Special COVID-19 Enrollment Opportunity*. Because of this, no opt out action is required on their behalf. UnitedHealthcare realizes each situation is unique, and each customer must make their own decisions on the enrollment opportunity.
- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
- Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply.
- For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility.

If an insured customer has multiple plan options and opts into the Special Open Enrollment, can current members change plans?

No. The Special Open Enrollment period is NOT intended to allow members to change plan options.

The Special Open Enrollment is merely waiving policy restrictions on adding new enrollees outside of open enrollment or normal special enrollment period. The employer sponsored group health plan will decide if they want to offer the option for new entrants to the plan

If an insured employer has only a single benefit plan, but wants to change the plan mid-year to a leaner plan design to save money will UnitedHealthcare allow it?

Yes. During the next 90 days, and one time only, if an employer wishes to buy down their benefit plan, UnitedHealthcare will allow it. The group's effective date will not change.

Can an insured employer add an additional leaner plan and have a Special Open Enrollment?

No, because the additional plan would need to be uniformly available to eligible classes of employees, and we are not allowing plan changes mid-year for customers with multiple plan designs, this is not available as an option.

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FULLY INSURED –BUSINESS DISRUPTION SUPPORT

If a fully insured employer reduces hours for part or their entire workforce in response to the COVID-19 National Emergency can the company continue to cover those employees?

For health plan products: Through May 31, 2020, UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as you pay the monthly premium. Please note that you must offer this coverage on a uniform, non-discriminatory basis.

For Life, Accidental Death & Dismemberment (AD&D), Critical Illness Protection (CIPP), Accident Protection (APP), Hospital Indemnity Protection (HIPP) products: Coverage due to an approved termination is outlined in the Termination of Covered Person Insurance or Termination of Covered Employee Insurance section of these policies. It may vary as some customers may have purchased enhanced coverage. Our standard language (which applies to most customers have) for all of these products allows for coverage to continue due to an approved termination for up to 3 months from the date he/she stopped active work.

For Short Term Disability (STD), Long Term Disability (LTD) products: Coverage due to an approved termination is outlined in the Termination of Covered Person Insurance section of these policies. It may vary by customer as some customers may have purchased enhanced coverage. Standard language allows for coverage to continue due to a temporary termination until the end of the month following the month in which the termination began.

Is UnitedHealthcare considering off-renewal premium changes for small businesses that may be financially impacted?

No, UnitedHealthcare is not changing premium rates off renewal for small business.

Can employers use credit cards to pay premiums?

No, UnitedHealthcare is unable to accept credit card payments for group premium this time.

Will you waive any rehire waiting period for re-hired employees who were terminated due to Covid 19.

Yes.

Will UnitedHealthcare allow fully-insured clients to continue to offer medical benefits to furloughed or with reduced hours due to COVID-19?

Yes, we will temporarily allow it as long as the plan sponsor continues to pay the premiums and offers the option to all furloughed employees on an equal basis.

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What continuation of coverage applies if my plan is fully insured and one or more employees are terminated as a result of COVID-19?

Standard COBRA and state continuation protocols apply.

If I terminate employees in the middle of the month as a result of COVID-19, will my fully insured coverage extend for the terminated employees until the end of the month?

If premiums have been remitted for the month, coverage will continue through the end of that month.

What if employees are terminated and either they do not elect COBRA or there is no COBRA available because the group health plan has been discontinued?

If employees are terminated and either they do not elect COBRA or there is no COBRA available, the employee has the opportunity to enroll in the Exchange in their state. Both small employers and individuals must elect Exchange Market Place Coverage within 60 days of the termination or they will have to wait until the next open enrollment period.

UnitedHealthcare offers individuals a range of individual health insurance plans. Interested people may contact (800) 827-9990 to speak with an advisor who can assist. They can also visit <https://www.healthmarkets.com> to apply directly.

If my group's enrollment drops by more than 10% as a result of the COVID-19 National Emergency, will my rates and premiums on my fully-insured plan be subject to change?

Small group ACR rates will not be adjusted off renewal.

For large group, for the present time, if the loss of enrollment is a result of the COVID-19 situation, rates and premiums will not be adjusted off renewal.

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ASO – BUSINESS DISRUPTION AND STOP LOSS SUPPORT

PLEASE REFER TO OTHER SECTIONS FOR ADDITIONAL INFORMATION.

What should a self-funded employer consider relative to stop loss risk, plan documents, cost projections or other implications concerning COVID-19?

Self-funded clients are considered the plan fiduciary. As such, they are the final authority on plan design provisions and should consult with their professional advisors.

Will UnitedHealthcare Insurance Company (UHIC) and UHIC-BP stop loss policies follow the underlying plan document to determine eligible, or not covered, stop loss insurance claims?

Plans that automatically include coverage for services covered based on the Federal legislation (e.g., Family First Coronavirus Response Act) and follow either UnitedHealthcare's recommended-standard option or Alternative Option 1 will automatically have eligible claims considered eligible charges under our stop loss policy. However, we will not automatically include stop loss insurance coverage for plans electing benefits above those two options.

Eligibility guidelines under our stop loss policy will follow the underlying plan design eligibility guidelines. This includes Leave of Absence, Temporary Layoffs, Active at Work Provisions and COBRA. Our stop loss will also accommodate the Plan's waiver of rehire waiting periods should the Plan choose to change its eligibility rules to do so. The one exception to this provision is that we will NOT agree to coverage for newly enrolled individuals due to any "Special Open Enrollments".

If a client reduces the hours of part of their workforce in response to the COVID-19 National Emergency, can a self-funded company continue to cover those employees?

Yes. If UnitedHealthcare is your stop loss carrier, as long as you continue to pay administrative fees and claims costs, along with your stop loss premium, you may continue to cover reduced-hour employees even though they are not actively at work during the emergency. Please note that you must administer the plan on a uniform, nondiscriminatory basis. You may not choose only certain people for whom you continue to pay claims.

All clients with a third party stop loss carrier are responsible for confirming with their stop loss insurer* that their stop loss coverage aligns with their plan coverage decision as well as any questions about covering reduced hour employees who are not actively at work for some period.

Although we are communicating our intentions with Optum Stop Loss, **we still require client's to confirm their stop loss coverage direct with Optum Stop Loss.**

What about continuation coverage for self-funded plans?

If your group is subject to COBRA, as long as one person remains actively employed, terminated employees may elect to continue coverage under COBRA under the normal notice and election procedure. If UnitedHealthcare is not your stop loss carrier, be sure to check with your stop loss carrier about any rules it may have regarding minimum enrollment of active employees for stop loss

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coverage. If the plan has no active employees, the plan is terminated and COBRA is not an option. In that case, employees would have a special enrollment period to enroll in individual coverage. You may contact Health Market (800) 827-9990 or <https://www.healthmarkets.com> for individual market coverage options.

Although we are communicating our intentions with Optum Stop Loss, **we still require client's to confirm their stop loss coverage direct with Optum Stop Loss.**

What is the process for a self-funded client on UNET declines to cover the test and test-related expenses at no cost share?

Based on federal legislation passed on March 18, all plans are required to cover these services.

How will your stop loss handle timely filing for stop loss claims?

UHIC and UHIC-BP will ensure coverage for any eligible stop loss claims if the underlying plan covers the claims. Note – please refer clients with third party stop loss to their stop loss insurer for response.

Are you offering fee holidays?

No, we are not waiving administrative fees nor stop loss premium. Our contracts include standard provisions for late payment.

Are furloughed employees eligible for fully insured plans?

Employees remain eligible for coverage if they remain an active employee during periods of temporary layoffs and/or reduction in hours. UnitedHealthcare is reliant on employers to notify us of employment status of their employees. If the employer chooses to pay for their coverage, then you would not notify us of a coverage change and furloughed employees would remain on the plan.

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FINANCIAL, BUSINESS CONTINUITY AND REPORTING

Will renewal rate actions be delayed as a result of the COVID-19 National Emergency?

Renewals and all necessary information will be released on a timely basis.

Can groups that are scheduled to have open enrollments in March or April during business shut downs and/ or have effective dates during these shut downs, push open enrollment out past effective date when employees are back to work?

For large employers, in order to ensure no disruption in benefits to members at this critical time, UnitedHealthcare will automatically enroll members to their existing 2019 plan option updated for 2020 rates and benefits. UnitedHealthcare will allow the group policyholder up to thirty (30) days post renewal to advise us of changes. In some limited instances, the 2019 plan option may no longer exist (e.g. plan discontinuance). In such instances we will map groups and enrollees to the closest equivalent plan options.

Can UnitedHealthcare provide COVID-19 claims reporting?

UnitedHealthcare is working on reports related to COVID-19 and will make those available as appropriate.

Does UnitedHealth Group have a business preparedness (continuity) plan?

Yes. The plan addresses business continuity strategies for all forms of events natural and man-made including pandemics. The strategies focus on our critical business functions and planning for the worst-case scenarios so that we can react quickly and efficiently adding value to our business and customers, members and other stakeholders through effective risk reduction, compliance with industry, contractual and regulatory standards, and safeguarding our operations and assets.

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SPECIALTY

How does COVID-19 work with short term disability?

If an insured files a claim and after exposure to a person suspected or confirmed with a COVID-19 diagnosis and being placed in a medically recommended quarantine or isolation **with the ability to work remotely**, then the loss of earnings definition of disability is not met.

If an insured files a claim after exposure to a person suspected or confirmed with a COVID-19 diagnosis and being placed in a medically recommended quarantine or isolation **without the ability to work remotely**, then generally speaking the definition of disability is met.

If an insured files a claim for a confirmed diagnosis of COVID-19, and **the insured is too ill to work**, the claim is administered according to standard disability claim administration guidelines.

If I layoff part of my workforce in response to the COVID-19 crisis, how long will their coverage continue under our group disability plan?

Continuation of coverage due to an approved temporary layoff is outlined in the *Termination of Covered Person Insurance* section of the employer's disability policy. It may vary by customer and you should refer to your actual Certificate(s) for plan specifics. Our standard disability policy language (which applies to most customers have) allows for coverage to continue due to a temporary layoff – through the end of the month following, the month in which the layoff began.

- For example: If a temporary layoff began March 17, 2020, coverage does not end until April 30, 2020.

Do basic or supplemental life policies have an exclusion for death from a pandemic?

There are no exclusions for pandemics in UnitedHealthcare's basic or supplemental life policies.

Do critical illness policies cover illness due to COVID-19?

COVID-19 is not a covered Critical Illness under our Critical Illness plans.

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ALL SAVERS

INFORMATION IN THIS SECTION IS SPECIFIC TO ALL SAVERS.

Is there a Virtual Visit option for members?

Virtual Visit options are available to members in many plans. Where available, and if covered under the member's plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers **Teladoc^R**, **HealthiestYou**, **AmWell^R** and **Doctor On DemandTM** have developed guidelines for members who think they may have been infected by COVID-19.

A member's Virtual Visit is a good place to discuss concerns and symptoms. Where indicated, the Virtual Visit provider may refer the member to their physician.

When a COVID-19 test is done, the test and test-related virtual visit will be covered at no cost share when billed with the appropriate codes. Please note that claims for treatment will pay according to the member's plan benefits.

How does this change apply to All Savers?

All Savers level-funded members already have access to \$0 Virtual Visits through our partnership with HealthiestYou. For the All Savers fully insured membership that does not currently have access to this benefit, this service will be available to them for the next three months at no cost to the group or member.

Has UnitedHealthcare changed telehealth guidelines for All Savers?

To increase system access and flexibility when it is needed most, we are expanding our telehealth policies to make it easier for people to connect with their healthcare provider. People will have access to telehealth services in two ways:

- **Designated Virtual Visit Providers** – Members can access their existing telehealth benefit offered through one of UnitedHealthcare's designated partners for free. UnitedHealthcare Virtual Visit providers include **HealthiestYou**, **Teladoc**, **Doctor on Demand** and **AmWell**,
- **Expanded Provider Telehealth Access** - Effective immediately, through June 18, 2020, all eligible in-network medical providers who have the ability and want to connect with their patient through synchronous virtual care (live video-conferencing) can do so. We will waive member cost sharing for COVID-19 testing-related visits.

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Is there a special open enrollment period in response to the COVID-19 National Emergency?

To assist members in accessing care in light of the COVID-19 National Emergency, UnitedHealthcare is providing its fully-insured small and large employer customers, along with All Savers, a *Special COVID-19 Enrollment Opportunity* to enroll employees who previously failed to enroll in coverage. The opportunity will be limited to those employees who previously did not elect coverage for themselves (spouses or children) or waived coverage. See **Notice of Special COVID-19 Enrollment Opportunity** document for details.

- The enrollment opportunity will extend from March 23, 2020, to April 6, 2020. The effective date for this special enrollment is April 1, 2020.
 - Customers are not required to adopt the *Special COVID-19 Enrollment Opportunity*. Because of this, no opt out action is required on their behalf. UnitedHealthcare realizes each situation is unique, and each customer must make their own decisions on the enrollment opportunity.
 - Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
 - Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply.
 - For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility.
 - **Note:** Self-funded customers may choose to amend their eligibility requirements to align with this special enrollment period for fully insured customers, at their discretion.
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