

Effective 3/18/2020 legislation passed the following:

Sec. 6001 Coverage of Testing for COVID-19

A group health plan and a health insurance issuer offering group or individual coverage (includes both grandfathered and non-grandfathered plans) **SHALL provide coverage**, and shall not impose any cost share (including deductible, copayments and coinsurance) requirements or prior authorization or other medical management requirements for the following items and services furnished during any portion of the emergency period:

1. In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19.
2. Items and services furnished to individuals during healthcare provider office visits (in person and telehealth), urgent care center visits, and ER visits that result in an order for or administration of an in vitro diagnostic product, but only to the extent such items and services relate to the furnishing or administration of such product or to the evaluation of such individual for purposes of determining the need of such individual for such product.

This bill has also eliminated cost share for testing for Medicaid, Medicare, Medicare Advantage Plans, CHIP, and TRICARE.

This applies to all of our plans including High Deductible Health Plans.

Also, since plan documents contain language to follow federal guidelines, amendments will not be needed.