

COVID-19 Employer FAQs

Updated: June 30, 2021

This policy statement is intended to provide general guidance regarding actions taken by Humana in response to the COVID-19 public health emergency. Please refer to applicable Humana policy (or policies) for additional information. All other coverage rules will continue to apply. Humana reserves the right to make changes to its policy in order to comply with applicable law and to further respond to the COVID-19 public health emergency.

For additional questions

We are committed to providing you with answers and support in this rapidly changing environment.

Please continue to use your Single Point of Contact as a resource or use the dedicated service line for all of your COVID-19 related questions.

Phone number: 1-800-592-3005

Email: COVIDquestions@humana.com

COVID-19 Vaccines

What you should know about the COVID-19 Vaccine

Vaccines are an important tool to help communities fight the spread of COVID-19 and help people stay healthy. **We strongly encourage all Humana members to consider getting the COVID-19 vaccine when they are eligible.** Talk to your doctor about what is best for you.

It is critically important to continue following the advice of health professionals in order to minimize the chances of catching or spreading the disease. According to the CDC, wearing masks, practicing social distancing, and washing your hands remain the best protections against the virus.

ALERT: As of May 12, 2021, the CDC recommends the expanded use of the Pfizer-BioNTech COVID-19 Vaccine to include adolescents 12 through 15 years of age. The FDA has determined that the Pfizer-BioNTech COVID-19 Vaccine has met the statutory criteria to amend the emergency use authorization (EUA), and that the known and potential benefits of this vaccine in individuals 12 years of age and older outweigh the known and potential risks, supporting the vaccine's use in this population.

Q. Is there a vaccine for COVID-19?

A. Yes. There are currently 3 FDA-authorized COVID-19 vaccines. Vaccines from Pfizer®, Moderna® and Johnson & Johnson® have each received Emergency Use Authorization (EUA) in the U.S., meaning that they can be made available to the public during the pandemic.

Q. How is it administered? How many doses will I need?

A. The COVID-19 vaccines will be delivered via injection. Some will require 2 doses to maximize their effectiveness. The Pfizer vaccine requires 2 shots administered about 21 days apart. The Moderna vaccine requires 2 shots administered about 28 days apart. The Johnson & Johnson vaccine requires 1 shot.

According to the CDC, both the Pfizer¹ and Moderna² vaccines are reported to be 94% to 95% effective in preventing COVID-19. Remember that you will not get maximum protection from just 1 dose of these vaccines. **It is critical that you schedule and receive the second dose in order to receive the most protection possible.**

The Johnson & Johnson³ vaccine is reported to be about 72% effective at preventing COVID-19 in trials conducted in the U.S., 85% effective at preventing severe disease, and was 100% effective in preventing hospitalization and death.⁴

SOURCE: (1) [CDC-Pfizer](#) (2) [CDC-Moderna](#) (3) [CDC-J&J](#) (4) [CDC-FAQ](#)

Q. If someone has already tested positive for COVID-19 antibodies, is a COVID-19 vaccination necessary and why?

A. Yes. Individuals who have tested positive for COVID-19 antibodies should still get the COVID-19 vaccine to prevent potential re-infection and safeguard against false-positive test results. A false-positive antibody test would lead an individual to believe they have COVID-19 antibodies when they, in fact, do not.

In cases where the antibody test is accurate, vaccination is still important because it is unknown how long the COVID-19 antibodies in a person's system may offer protection from the virus - and how high the antibody levels would need to be to offer that protection. Additionally, there have been some reports of people getting re-infected with the virus, which indicates that the natural immunity may wear off over time.¹

SOURCE: (1) [Hackensack Health](#)

Q. How long should someone wait to get vaccinated for COVID-19 if they've already had the COVID-19 virus?

A. Individuals who have previously been infected with COVID-19 should still get the COVID-19 vaccine to prevent potential re-infection. The timing for vaccination should align with CDC-recommendations, which depend upon severity of the infection.

- In COVID-19 cases that are **mild** and do not require hospitalization, an individual should wait through the CDC-recommended isolation period before getting vaccinated. For most people, this means 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications.
- For more **severe** COVID-19 infections that were treated with monoclonal antibodies or convalescent plasma, the CDC is recommending a 90 day wait, so that your immune system is recovered and ready.¹

SOURCE: (1) [CDC](#)

Q. How long will the COVID-19 vaccine be effective? Will people have to receive the vaccine annually, similar to the flu?

A. COVID-19 vaccinations are still being researched and it is too soon to know how long the existing vaccines will be effective and whether annual vaccines will be required. What is known is that, of those who have received the vaccine, protection from COVID-19 has lasted for at least 4 months.¹

SOURCE: (1) [UPenn Medicine](#)

- Q. Once someone is fully vaccinated for COVID-19, does that person still need to take precautions such as mask wearing?
- A. Once fully vaccinated, you will still need to take precautions. The CDC has put out new recommendations for what you can do, and what protocols you should continue to observe after you've been fully vaccinated.

[Click here to learn more](#) from the CDC about when you've been fully vaccinated.

Vaccine coverage

Q. Will I be able to get the vaccine at no charge to me?

- A. Yes. All FDA-authorized COVID-19 vaccines will be covered at no additional cost during the public health emergency. Coverage applies no matter where you get the vaccine -- including at both in-network and out-of-network providers. It also covers instances in which two vaccine doses are required.

How claims are processed: The cost of the vaccine doses will be paid for by the federal government. Humana will cover any cost from vaccine providers for administering the vaccine, and there will be no cost-share for members.

Remember to bring your Humana Insurance member ID card when you get your vaccine in case the vaccine provider requests it.

Q. Can I choose which vaccine I want to get? Is one vaccine better than another?

- A. At this time, due to the limited availability of the vaccines, it's likely not possible to choose which vaccine you'll receive. Fortunately, all vaccines that are out on the market and approved for use have been rigorously reviewed for both efficacy and safety.

As the CDC has reported, the Pfizer and Moderna vaccines did show higher effectiveness at preventing overall incidence of COVID-19 illness in their trials than the Johnson & Johnson vaccine. However, it's important to note that the Johnson & Johnson vaccine was tested during a time with more contagious and virulent disease variants than the ones that existed during the Moderna and Pfizer trials. Despite those conditions, the Johnson & Johnson vaccine significantly reduced all COVID-19 infections, and was 100% effective in preventing hospitalization and death from COVID-19 during the trial.

Given the impressive safety and effectiveness of all the available COVID-19 vaccines, it is most prudent to receive any one of the available approved vaccines at your earliest opportunity, rather than waiting until later when there might be more vaccine choices.

Q. If there is a negative or allergic reaction to the vaccine, will the costs associated with that treatment be covered?

- A. No, costs associated with treatment for an allergic reaction to the COVID-19 vaccine will not be waived. In this instance, standard benefits and cost-share applies.

Q. Will the vaccine administration fee have to be paid for by the claims fund for ASO groups?

- A. Yes. The claims for COVID testing and vaccine administration will be deducted from an ASO group's claims fund.

Q. What if I was charged for my vaccine and need to be reimbursed?

- A. Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. However, vaccination providers may charge an administration fee for giving someone the shots. If you've been vaccinated and you received a bill – either for the vaccine itself or for its administration - you can file for reimbursement directly from Humana.

Note that there are separate claim forms for the Pfizer and the Moderna vaccines.

1. Complete all information requested on the appropriate Health Benefits Claim Form below:
 - **COVAX_Claim_Form_Moderna:** <https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=4274790>
 - **COVAX_Claim_Form_Pfizer:** <https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=4274803>
2. Enclose the original itemized bill(s) you paid.
3. Mail the completed form with the original itemized bill(s) to the address on the back of your Humana member ID card.

Please note it can take up to 30 days to process the claim, and the reimbursement will be sent as a check to the home address we have on file for you

Q. Is Humana going to adjust renewals to accommodate for the impact the COVID-19 vaccine might have on claims?

- A. Every year we evaluate a number of inputs to determine renewal adjustments. The vaccine and any related expenses will all be included in our standard evaluation that informs annual renewal adjustments.

Vaccine eligibility & distribution

Q. When will I be able to get the vaccine?

- A. It's important to note that states are developing their own prioritization plans based on the CDC's recommendations, so eligible groups may vary somewhat from state to state.

Visit our coronavirus home page to [find specific information for your state or territory](#).

Q. Where will I be able to get the vaccine?

- A. Vaccine supply has increased rapidly and securing appointments for vaccinations is less challenging. There are several places to look to receive the vaccine.
- **Visit [Vaccines.gov](https://www.vaccines.gov)** to find vaccination providers near you. In some states, information may be limited while more vaccination providers and pharmacies are being added. Learn more about **COVID-19 vaccination locations on Vaccines.gov**.
 - Text your **ZIP code** to **438829** or call **800-232-0233** to find vaccine locations near you.
 - **Check your local pharmacy's website to see if vaccination appointments are available.** Find out which pharmacies are participating in the **Federal Retail Pharmacy Program**.
 - **Contact your state health department** to find additional vaccination locations in the area.
 - **Check your local news outlets.** They may have information on how to get a vaccination appointment.

For more information, visit [How Do I Get a COVID-19 Vaccine | CDC](#)

(Answer continued on next page)

Remember to bring a government-issued ID with you when you get your vaccination. Because age is an important criterion for eligibility in most states, many vaccine providers are requiring a government-issued ID showing date of birth as proof of age.

Remember to bring your Humana Insurance member ID card when you get your vaccine in case the vaccine provider requests it.

Wherever you get the vaccine, it is important to confirm the source is safe and reputable to avoid becoming a victim of fraud. A recent warning from the FBI provides information on potential indicators of COVID-19 vaccine related fraud and tips on how to avoid it. You can find a [link to the FBI warning here](#).

If you are a victim of a scam or attempted fraud involving COVID-19, you can:

- File a complaint with the [National Center for Disaster Fraud, opens new window](#) or call their hotline at 866-720-5721
- Report it to the FBI's [Internet Crime Complaint Center](#)
- Contact your local FBI field office or submit a tip online at tips.fbi.gov

Q. What if a member waives the initial offer to get the vaccine and reconsiders. What is the process to get “back in line”?

A. Members will not be penalized for passing on their first opportunity to receive the vaccine. Upon reconsideration, the member should use the same state and local resources they used to sign up originally to get back on the appropriate lists.

Q. Will Humana be able to coordinate on-site workplace vaccine distribution, similar to the coordination of on-site flu shots?

A. The COVID-19 vaccination landscape is evolving quickly and we are committed to providing as much support to our clients and members as possible. Humana is exploring options for on-site vaccine distribution, but such decisions are premature at this time as vaccines are not widely available for much of the workforce population.

Vaccine safety

Q. Are the COVID-19 vaccines safe and effective?

A. Yes. In order to receive Emergency Use Authorization from the FDA, vaccines must pass rigorous safety and efficacy trials. According to the CDC, clinical trials of all vaccines must first show they are safe and effective before any vaccine can be authorized or approved for use, including COVID-19 vaccines.

Safety: Per the CDC, “The U.S. vaccine safety system ensures that all vaccines are as safe as possible.” Learn how federal partners are working together to [ensure the safety of COVID-19 vaccines](#).

Note that the CDC and FDA released a statement on the Johnson & Johnson COVID-19 vaccine stating that, “women younger than 50 years old should be aware of the rare risk of blood clots with low platelets after vaccination, and that other COVID-19 vaccines are available where this risk has not been seen.” If you received a Johnson & Johnson vaccine, [here is what you need to know](#).

(Answer continued on next page)

Efficacy: The CDC states that, “All COVID-19 vaccines currently available in the United States have been shown to be highly effective at preventing COVID-19.” According to the CDC, both the Pfizer¹ and Moderna² vaccines are reported to be 94% to 95% effective in preventing COVID-19. The Johnson & Johnson vaccine is reported to be about 72% effective at preventing COVID-19 in trials conducted in the U.S., 85% effective at preventing severe disease, and 100% effective in preventing hospitalization and death.³

[Learn more about the different COVID-19 vaccines.](#)

[Read more from the CDC about the benefits of getting the COVID-19 vaccine.](#)

Q. Are there any side effects?

A. It is possible that you will experience some side effects after receiving the COVID-19 vaccine. According to the CDC, “After COVID-19 vaccination, you may have some side effects. This is a normal sign that your body is building protection”. Common vaccine side effects highlighted by the CDC range from pain at the injection site to flu-like symptoms. For more information from the CDC on dealing with these symptoms and when to call the doctor, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

There have been extremely rare incidents of significant allergic reactions reported. The CDC is working with vaccine providers to put safeguards in place for dealing with severe allergic reactions. [Learn more about COVID-19 vaccines and severe allergic reaction here](#)

After receiving the vaccine, consider signing up for **V-safe** from the CDC. “V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you and get more information. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.” [Learn more about V-safe here.](#)

Q. How can a person identify whether they might have an allergic reaction to the COVID-19 vaccine?

A. An allergy, particularly a severe one, is extremely rare (~0.001%) for both the Moderna and Pfizer COVID-19 vaccines. If a person has an allergic reaction to the first vaccine dose, the second dose should not be administered. If someone has a history of allergic reaction to other vaccines, they should consult their doctor to determine if the COVID-19 vaccine is recommended. The specific component that people have had allergic reactions to are polyethylene glycol (PEG). Anyone with a history of allergy to PEG or polysorbate should not get either of the two vaccines currently on the market. These recommendations may change as new vaccines made with different components become approved for use. Safeguards are in place at injection sites for vaccine recipients to be monitored for at least 15 minutes after injection, as most severe allergic reactions will be seen within that time frame.¹

It is also important to note that an allergy is not the same thing as a side effect. The side effects of the vaccine are fairly common and include pain and redness at the injection site, or fatigue, fever, and muscle aches for a couple of days after receiving the vaccine. These signs actually represent an immune response mounting up which is exactly what the vaccine is designed to do and should not be misconstrued as an allergic reaction.²

SOURCES: (1) [MMWR](#), (2) [CDC](#)

Q. What if I am high risk or have a special medical condition?

A. If you have concerns due to your health status or a specific medical condition, consult with your doctor about whether the vaccine is appropriate for you, and the safest way to get it.

If you have an underlying or chronic medical condition, make sure you are in communication with your doctor during this pandemic. Getting these conditions well-managed, by staying on top of your preventative and regular medical care, will help to manage your health risk during this pandemic. This is one of the best ways to protect yourself while awaiting the availability of the vaccine.

Q. Is it safe to get the COVID-19 vaccine at the same time as the flu or other vaccines?

A. Individuals should not get the COVID-19 vaccine at the same time as any other vaccinations. The CDC recommends that the COVID-19 vaccine be administered at least 14 days before or after any other vaccine.

For example, after getting the COVID-19 vaccine, one should wait at least 14 days before getting any other vaccine, including for the flu or shingles. Similarly, if another vaccination is administered first, one should wait at least 14 days before getting the COVID-19 vaccine. ¹

SOURCE: (1) [CDC](#)

COVID-19 Testing

Q. Is Humana covering COVID-19 testing at \$0 member cost-share?

A. Yes, Humana continues to cover COVID-19 testing at \$0 member cost-share for all members as required by the Public Health Emergency Period regulations established by the federal government.

Q. Are in-home COVID-19 diagnostic tests available?

A. Yes, Humana has enabled at-home COVID-19 diagnostic testing for members. Humana was the first insurer to provide members with access to LabCorp's at-home test collection. Humana has also collaborated with Walmart and Quest Diagnostics to help members more easily get tested by offering tests at hundreds of Walmart Neighborhood Market drive-thru pharmacy locations across the country. Humana will continue to waive member costs related to COVID-19 diagnostic tests.

Q. Does this apply to all Humana members?

A. Members with medical coverage through Humana are eligible for no-cost COVID-19 diagnostic tests, including Medicare Advantage, Medicare Supplement, commercial (fully insured and self-funded plans), and Medicaid members. Members with only Medicare Part D prescription drug plan coverage, stand-alone vision or stand-alone dental plans, and TRICARE beneficiaries do not qualify for coverage of this test.

Q. How do members qualify for the test?

A. To create a seamless experience for our members, Humana has developed an online Coronavirus Risk Assessment tool to help members navigate COVID-19 testing. The tool, at humana.com/coronavirus, is based on CDC guidelines. Members who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing. If the member qualifies for a test, they will be given the option to request an at-home test or drive-thru testing. Members without access to the internet can call Humana Customer Care at the number located on the back of their member ID card, and a representative will walk them through the Coronavirus Risk Assessment.

Q. Are the tests FDA-approved?

A. Yes, the tests are FDA-approved.

At-home tests (LabCorp)

Q. How can I obtain an at-home test kit?

A. Members can complete Humana's coronavirus risk assessment on humana.com/coronavirus to determine their eligibility and decide on a preferred testing method. For members who need a test and require or prefer at-home testing, Humana is working with LabCorp™ to provide collection kits through the mail. The test kits enable individuals to collect their nasal swab specimens at home, then return the kit to LabCorp for results.

Q. Is there any cost for the at-home test?

A. Humana will waive all member out-of-pocket costs associated with COVID-19 diagnostic testing.

Q. How long after I order an at-home test can I expect to receive it?

A. The test kit is overnighted to the member as soon as the order is received – so 1-2 days, depending on when the order is placed.

Q. How long will it take to receive at-home test results?

A. Members will receive a phone call with their results within a week after the test kit is returned.

Q. What is the process for self-administering the at-home test?

A. The test is available through LabCorp's Pixel by LabCorp™ online platform. The test kit is physician-authorized and enables individuals to self-collect nasal swab specimens at home.

The kit includes comprehensive, step-by-step instructions for collecting the sample. The member would open the kit and remove a cotton swab from a container. They insert the swab into each nostril, replace the swab in the container and seal it in a plastic bag before mailing.

Unlike some COVID-19 diagnostic tests, the LabCorp home test does not require someone to insert the swab deep into the nasal passage. Should members have questions about using the test kit, they may call LabCorp at 1-800-833-3935 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern time for assistance. Members also can email their questions to support@pixel.labcorp.com.

For those not comfortable with an at-home test, Humana also has a drive-thru testing option.

Q. Is the at-home test just for people who have COVID-19 symptoms?

A. The test is available for eligible members who meet CDC guidelines. Members who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.

Q. How accurate is the at-home test?

A. The test has a high level of accuracy, according to the FDA. Humana will also continue to monitor the test's ease of use and any impact that may have on member results.

Drive-thru tests (Walmart/Quest)

Q. How can I know which Walmart Neighborhood Market locations offer the test?

A. A Humana associate will speak with the member to provide the location and hours of operation for the nearest testing site.

Q. Is there any cost for the drive-thru test?

A. Humana will waive all member out-of-pocket costs associated with COVID-19 diagnostic testing administered through the pilot program.

Q. What is the process for administering the test?

A. Members will receive a testing kit from the pharmacist through the drive-thru window tray. The pharmacist will observe as they swab themselves, then the member will seal the test in a container and plastic bag and drop their sample at a drop box as they pull out. Quest will pick up the samples for testing. Pharmacists will be behind the drive-thru window at all times while a patient is testing. No testing samples will enter the pharmacy.

Q. How long will it take to receive test results?

A. Members will receive a phone call with their results within a week after the test kit is dropped off.

Q. Is the test just for people who have COVID-19 symptoms?

A. The test is available for eligible members who meet CDC guidelines. Members who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.

Q. How accurate is the test?

A. The test has a high level of accuracy, according to the FDA. Humana will also continue to monitor the test's ease of use and any impact that may have on member results.

Coverage of tests

Q. Will Humana cover diagnostic testing required by employers for employees to return to work?

A. Humana is following CDC guidelines for testing. Those who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.

Q. Will Humana cover COVID-19 antibody testing with no member cost sharing?

A. Humana will cover medically necessary antibody testing that is ordered by a physician. We are closely monitoring research on the accuracy, reliability and clinical value of antibody testing. At this time, it is not known whether the presence of antibodies indicates longstanding protective immunity to COVID-19. Humana will continue to ensure access to essential services for our members during this crisis as we work with health officials to determine the most appropriate use of antibody tests.

- Effective 7/1/2020 Humana will cover, without member cost share, serological testing that is ordered by a physician or qualified healthcare provider, medically necessary and completed via an accredited lab
- Humana will not cover antibody testing for return to work or school or for general health check purposes, except as required by applicable law

Q. Will Humana consider allowing clients to order a batch of rapid COVID-19 testing kits to keep onsite at manufacturing or other industries where working from home is not an option?

A. No. Humana is unable to provide clients with a batch of rapid COVID-19 tests to keep onsite, as claims are tied to individuals, not groups. Additionally, only individuals with certain qualifying events are eligible for a waived cost-share test, so a batch order would not qualify. However, Humana offers a number of convenient resources for member testing, including at home, drive-thru options, to facilitate COVID-19 testing.

COVID-19 Treatment

Q. Is Humana still waiving all member costs for treatment related to COVID-19?

A. No. Effective January 1, 2021, Commercial group members' standard benefits and cost-sharing will apply for COVID-19 treatment, including labs, hospitalizations, etc.

Q. Regarding COVID-19 treatment, what medications will Humana cover?

A. Humana intends to cover FDA-approved medications when prescribed according to FDA-approved clinical indications. This includes Veklury® (remdesivir), which has been approved by the FDA for the treatment of patients with COVID-19 requiring hospitalization. If a member is prescribed non-FDA-approved medications for the treatment of COVID-19, he or she will be responsible for any cost sharing required per the plan design.

The American Rescue Plan Act (ARPA)

COBRA & State Continuation (mini-COBRA)

Q. What is the COBRA subsidy outlined in ARPA?

A. ARPA's mandatory federally funded COBRA subsidy provision requires insurers and employers to provide "assistance eligible individuals" (AEI) with a 100% subsidy for premiums otherwise owed for COBRA coverage during the period from April 1, 2021 to September 30, 2021. The party who makes the premium payment is eligible for the federal tax credit.

Q. Which employers need to provide the subsidy?

A. ARPA Employers subject to COBRA continuation requirements must provide the subsidy to assistance eligible individuals. COBRA generally applies to all private sector group health plans maintained by employers with at least twenty employees. Several states have mini-COBRA laws that apply to employers that do not meet the twenty-employee threshold.

Q. What plans are subject to the subsidy?

A. The COBRA subsidy is applicable to both fully insured and self-insured plans. The subsidy applies to COBRA coverage under medical, dental and vision plans, but not health flexible spending accounts.

Q. Who is responsible for making the COBRA and mini-COBRA premium payments—the former employer or the insurer?

A. Premium payment responsibility and tax credit eligibility is based on the type of coverage.

COBRA: Humana will bill the Employer Group for the COBRA premium. The former employer is responsible for the subsidized premium payments, which will qualify the employer to receive the tax credit.

State Continuation (mini-COBRA): Humana will not bill the Employer Group for the State Continuation (mini-COBRA) premium. The insurer is responsible for the subsidized premium payments, which will qualify the insurer to receive the tax credit. A process is being established to support this subsidy and will be communicated to the employer group and/or member as soon as possible.

- Q. When enrolling an individual in COBRA, we are currently required to enter the effective date as the 1st of the month following the termination. Under the American Rescue Plan Act (ARPA), it appears that employees can elect COBRA effective April 1, 2021, to take advantage of the subsidy, regardless of when their coverage terminated. Will Humana's online portal allow April 1, 2021 enrollment, even if an employee's coverage terminated prior to March 31, 2021?
- A. ARPA does not alter the COBRA guidelines for timely enrollment.

Example: If an employee terminated effective February 28, 2021, their COBRA effective date would be March 1, 2021. The election for coverage in March 2021 will still be in the Outbreak Period and the employee will not be required to make a final decision on this until the end of the Outbreak Period, or one year from their standard election deadline, if earlier.

Q. Will the subsidy apply retroactively, for individuals who enrolled in COBRA coverage between March 1, 2020 and March 31, 2021?

- A. The subsidy and/or tax credit applies beginning April 1, 2021 and cannot be applied retroactively. As long as the individual is active and is still within their COBRA coverage eligibility period, the Employer Group should qualify for the tax credit beginning on April 1, 2021.

Q. Can a member still enroll if they previously declined COBRA coverage?

- A. Yes. As long as the member is still within their COBRA eligibility period, the member can still enroll in COBRA coverage to be effective on April 1, 2021. The expiration date of COBRA coverage is calculated based on the original termination date. The subsidy would begin on April 1, 2021 and end on September 30, 2021, or at the end of their COBRA eligibility, whichever comes first.

If the individual newly elects COBRA coverage the individual is entitled to the COBRA subsidy beginning April 1, 2021, without having to elect and pay for COBRA coverage retroactively for any months prior to the Subsidy Period.

Q. When does the subsidized premium expire?

- A. The subsidy will continue until the COBRA maximum coverage period expires, the COBRA participant becomes eligible for another group health plan or Medicare, or on September 30, 2021, whichever comes first.

Q. Is the 18 months of COBRA eligibility based on the member's original termination date or on the April 1, 2021 effective date?

- A. The 18 months of COBRA eligibility is based on the member's original termination date from their employer group plan.

Q. Does ARPA change the State Continuation eligibility for LFP groups with less than twenty employees?

- A. No. The members associated with LFP groups with less than twenty employees are not eligible for State Continuation or COBRA coverage. These members may qualify for subsidies being offered for the Marketplace plans.

Coverage questions: Eligibility

- Q. If a significant number of employees are laid-off today, how long will the employees have coverage?
- A. If premiums have been paid for the full month, the employee coverage will continue for the entire month.
- Q. Will employees who are laid off temporarily as a result of the COVID-19 pandemic be allowed to rejoin the fully insured plan without a waiting period when they return to work?
- A. Yes. Humana will waive the waiting period for employees who are laid off temporarily as a result of COVID-19. However, new hires will still be subject to standard waiting periods.

Coverage questions: Billing

- Q. Will my rates/premium be subject to change if enrollment drops by more than 10% as a result of the COVID-19 pandemic?
- A. No. If the loss of enrollment is a result of COVID-19, your rates and premiums will not be adjusted until your next renewal date.
- Q. Will Humana allow premium payment flexibility?
- A. Yes. Humana will continue to offer a 30-day grace period for premium payments. In accordance with state requirements, additional premium payment flexibility may be available to employers facing financial hardship. If this is the case for your business or you are uncertain if you meet the requirements, call Humana at 1-800-592-3005 with any questions.
- Q. Will Humana allow groups to delay their open enrollment beyond their normal renewal date timing?
- A. Yes. To account for the significant disruption caused by the COVID-19 pandemic, Humana will continue to allow employers an additional 30 days from their effective date to complete open enrollment activities.

Coverage questions: Telemedicine

- Q. Is Humana waiving member cost-share for telemedicine visits?
- A. Consistent with the timeline and extensions that have been previously communicated to employers and members, the expanded Doctor on Demand (DOD) coverage Humana offered throughout the pandemic crisis at \$0 cost share ends on June 30, 2021. Effective July 1, 2021, normal benefits and member cost share will apply to all DOD visits.

Coverage questions: Specialty

Dental – General

Q. What is Humana’s direction on Teledentistry?

- A. We are following the ADA’s suggested guidance in processing teledentistry claims, as outlined below.
- Humana will allow benefits for teledentistry consultation for limited and problem-focused evaluation and re-evaluation.
 - Physician consultations via teledentistry will be covered.
 - Frequency limits will be waived, so that these covered evaluations do not count toward members’ annual frequency limitations.

Vision - General

Q. Can Humana members still use their vision benefits?

- A. Yes. Humana is committed to maintaining service and helping members manage their health through these challenging times. Humana will follow all COVID-19 guidance and protocols provided by the Centers for Disease Control and Prevention (CDC), and state and local public health departments. We recommend members follow CDC guidelines regarding routine eye exams

Q. Can vision members use their benefits online?

- A. Yes. Vision members have multiple options to order prescription eyewear and contact lenses online using their benefits. Online sites will require a valid prescription. Importantly, members may not need to visit a vision provider in person to be able to use their vision benefits online. To help support vision health in light of COVID-19, many states are allowing extensions on prescription expiration dates.

Members should contact their vision provider to determine their prescription status. Online, in-network options include: [Glasses.com](https://www.glasses.com), [ContactsDirect](https://www.contactsdirect.com), [Ray-Ban.com](https://www.ray-ban.com), [LensCrafters.com](https://www.lenscrafters.com), and [TargetOptical.com](https://www.targetoptical.com). Under the circumstances, many of these online providers are offering free, expedited shipping and no-cost returns for extra convenience.

Coverage question: Go365

Q. How will Humana’s Go365 Wellness Engagement Incentive and Points be impacted?

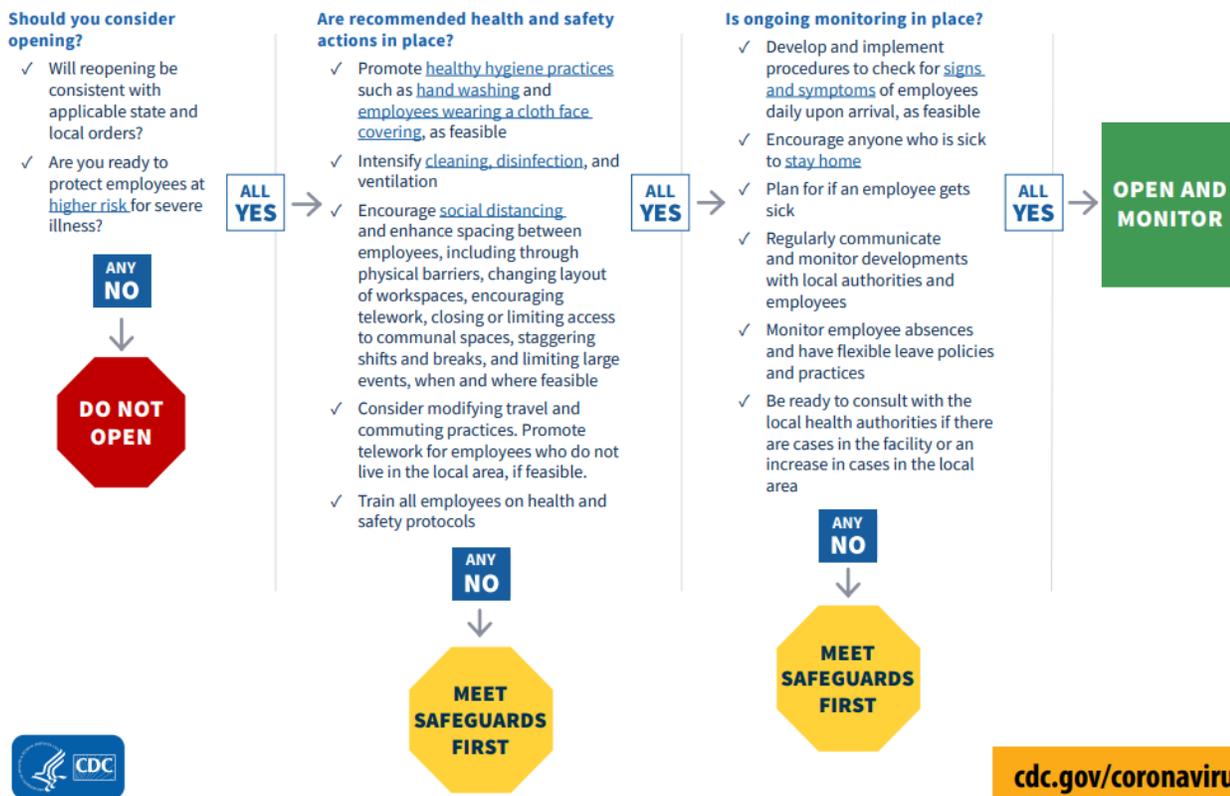
- A. Humana has modified requirements to receive the Go365 Wellness Engagement Incentive (WEI) and is exploring alternative point-earning activities. For renewal groups with plan years ending April 2020 through March 2021 whose engagement levels were negatively impacted, Humana will recognize the greatest of prior year Go365 Reward Status, prior year Go365 Earned Status or Current Year Go365 Earned Status as the basis for the WEI. Go365 has introduced a variety of alternative earning options and continues to add safe alternatives for members to earn Go365 points and reach status—including support for stress and anxiety management, virtual group support and remote exercising.

Return to Work

Q. How will I know if we are ready to re-open our business?

A. Below is a tool you may want to use to guide your decision-making process. The purpose of this tool is to assist employers in making (re)opening decisions during the COVID-19 pandemic, especially to protect vulnerable workers. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

CDC Workplace Decision Tool



Q. What are the types of Coronavirus testing?

A. There are two types of Coronavirus testing – Molecular and antibody. Details about each can be found here:



MOLECULAR TEST



ANTIBODY

These tests detect antibodies: Y-shaped molecules made by the immune response to disable a virus or mark it for destruction

Type of test	Molecular tests detect genetic material from the virus	Antibody tests detect antibodies: Y-shaped molecules made by the immune response to disable a virus or mark it for destruction
Sample collection	A nasal or throat swab collects infected cells	A blood draw collects antibodies produced by immune cells
What that test tells you	If you are infected now	If you were infected in the past.
Why it's helpful	Used to isolate those infected so treatment can be provided and other potential cases of infection can be traced	Identifies people who may have immunity and whose antibodies could be used to treat COVID-19 patients
Limitations	A negative result doesn't guarantee immunity in the future. Test represents a point in time	Unclear if antibodies provide protection, how long immunity lasts, or what level and kind of antibody response is protective
Where can you get a test?	State and county testing sites, hospitals, community clinics, retail pharmacies, home testing	Community clinics; also commercially available.

Q. Will Humana cover diagnostic testing required by employers for employees to return to work?

A. Humana is following CDC guidelines for testing. Those who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.

Q. Will Humana cover COVID-19 antibody testing required by employers for employees to return to work?

A. Humana will cover medically necessary antibody testing that is ordered by a physician. We are closely monitoring research on the accuracy, reliability and clinical value of antibody testing. At this time, it is not known whether the presence of antibodies indicates longstanding protective immunity to COVID-19. Humana will continue to ensure access to essential services for our members during this crisis as we work with health officials to determine the most appropriate use of antibody tests.

- a. Effective 7/1/2020 Humana will cover, without member cost share, serological testing that is ordered by a physician or qualified healthcare provider, medically necessary, completed via an accredited lab, and completed at a participating provider
- b. Humana will not cover antibody testing for return to work or school or for general health check purposes, except as required by applicable law

Q. We are bringing employees back to work. What is the process?

- A. If you did not request a member termination, you do not need to take any action when they return to work (RTW). Coverage will remain in place until changes are reported by the group. However, if you need to rehire/reinstate, please use the following methods:

Submission Options:

- Written correspondence (letter, fax, etc.)
- Enrollment form
- General Spreadsheet (can be used for 1-25 rehire reinstatements)
- 1xSS (can be used for 26+ rehire reinstatements)

External Submission Methods:

- Fax (866-584-9140)
- Secure email through Humana.com portal
- Mobile app (for agent use only)
- Phone call to Customer Care
- Email to Account Services
- RTW/New Hire Renewal spreadsheet (Expanding Use of 1XSS for RTW situations)

Rehire rules:

- If employee RTW within 13 weeks, waiting periods can be waived.
- If employee RTW after 13 weeks but within 12 months, rehire provisions apply, if applicable. If no rehire provisions, waiting periods can be waived.
- If a group would like to waive waiting periods, please use one of the submission methods noted. If a group would like to apply the standard waiting periods, HRBA can be used to process rehire enrollment.
- RTW requests should be submitted within 30 days of the RTW date. If additional time is required, please work with your SPOC or Humana contact for further assistance.

Q. How will Humana implement the expanded enrollment period for qualifying events due to the recent IRS/DOL notice.

- A. Effective 5/4/2020, as a result of COVID-19, the federal government has expanded the enrollment period for qualifying events. For qualifying events that occur on or after 3/1/2020, members have up to 30 days after the “Public Health Emergency Period” to elect coverage. At this time, we do not have an end date for the “Public Health Emergency Period”. This applies only to medical and dental plans and includes both self-funded and fully insured groups.

For example, Individual B is eligible for, but previously declined participation in, her employer sponsored group health plan. On March 31, 2020, Individual B gave birth and would like to enroll herself and the child into her employer’s plan, however open enrollment does not begin until November 15. Individual B may exercise her ‘special enrollment’ rights for herself and her child and enroll into her employer’s plan until 30 days after the “Public Health Emergency Period”, provided she pays the premiums for any period of coverage. For this example, the effective date of coverage would be the newborn’s birth date, 03/31/2020.

IRS Ruling 2020-29

Q. How is Humana complying with the IRS ruling 2020-29 for FSA/FSD?

A. The IRS ruling from 5/12/2020 applies to Cafeteria Plans - medical, FSA's & dependent care benefits and do not require an insurer to comply with the all concessions spelled out. This ruling helped the IRS rules to catch up with some of the concessions that Humana and our competitors are doing already in response to COVID-19. As it relates to this ruling, Humana is doing the following:

For FSA/D at group request:

1. We will allow members who passed on opting into a FSA/D to now elect coverage. This allowance is tied to calendar year 2020 only.
2. We will allow members with FSA/D to change their election amounts. However, they can't reduce election to the point the member would get a refund
3. We will allow groups to extend the grace period – The GSU team must be notified so they can adjust manually. Opting into an FSA grace period makes HSA contributions for current year incompatible
4. We will allow groups to change their carryover amount from \$500 to \$550 – The GSU team must be notified so they can adjust manually. Group level changes will require an update to the plan document.

What if I have more questions?

Q. I have more questions. Who can help?

A. Please continue to use your Single Point of Contact as a resource or use the dedicated service line for all of your COVID-19 related questions. Phone number: 1-800-592-3005 and Email: COVIDquestions@humana.com

This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional. If you are in a life-threatening or emergency medical situation, please dial 9-1-1 and seek medical attention immediately.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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