



The Health Plan Will Waive Member Costs for COVID-19 Testing

WHEELING—March 11, 2020—The Health Plan announced today it will cover the cost of copays, co-insurance, and deductibles for COVID-19 testing for all Commercial, Medicare and Medicaid lines of business when recommended by a medical professional. Our exclusive independent lab provider, LabCorp is making its NAA test available for ordering by physicians or authorized healthcare providers anywhere in the United States.

For The Health Plan's self-funded (ASO) members, they will also waive cost-sharing for diagnostic testing related to COVID-19, unless they receive notice in writing of the group's intent not to implement this temporary relief option.

The Health Plan wants to provide members with peace of mind. "Supporting the health and well-being of our members is important to us. We want to assure our members that we will do all we can to make health care treatment and services available to them at no additional cost, especially for seniors and people with chronic conditions," said Jeff Knight, Interim President/COO of The Health Plan.

At this time, the Centers for Disease Control and Prevention (CDC) and state labs currently performing the testing are not billing for COVID-19 testing, so members should not incur costs when tested by these labs.

The Health Plan remains committed to ensuring access to medications is available during this time. Members have multiple options to obtain medication through The Health Plan, including the ability for Medicare and fully-insured members to fill 90-day supplies of long-term medications via mail order or local retail pharmacies. The Pharmacy Services Department will be available to assist with any extenuating circumstances such as ensuring formulary flexibility if medication shortages or access issues arise.

The Health Plan recommends contacting your doctor's office first if you suspect you might have a flu or coronavirus infection. But to help reduce potential exposure, The Health Plan also encourages members to utilize telemedicine services if they are available as part of a member's plan. The Health Plan will waive member cost share where applicable for telemedicine visits for the next 90 days. Telemedicine is a safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their homes via smart phone, tablet or computer-enabled web cam.

The Health Plan is providing the latest information on precautions members should take to help prevent the spread of COVID-19 and who should seek medical attention on their website. Visit healthplan.org for more information.