Coronavirus (COVID-19) FAQs
for Sanford Health Plan Members

In the midst of the evolving COVID-19 outbreak, we recognize our critical role in making sure you have access to health care services. We are dedicated to keeping you informed about your coverage and empowering you as partners in your care. Here are some things you should know.

What will Sanford Health Plan cover with regard to COVID-19 testing and treatment?

Testing: Members will not pay copays, deductibles or coinsurance for medically necessary tests to diagnose COVID-19. This includes the COVID-19 tests, anti-body tests, specimen collection, and any related rule out tests to make the COVID-19 diagnosis. There is no prior authorization requirement to review for testing, meaning your doctor does not have to ask us for the OK to test for COVID-19. Coverage is provided at no-cost at both in and out of network facilities. This policy will remain in effect for testing beginning on March 13, 2020, until the end of the Public Health Emergency.

Testing-Related Visits: Members will not pay copays, deductibles or coinsurance with in-network providers for visits related to COVID-19, whether at a provider's office, urgent care clinic, emergency room or by telehealth. (Testing must be medically necessary, consistent with CDC guidance and at the direction of a doctor.) Coverage is provided at no-cost at both in and out of network facilities. This policy will remain in effect for testing beginning on March 13, 2020, until the end of the Public Health Emergency.

Treatment: Sanford Health Plan covers all treatments related to COVID-19 according to the cost share indicated in the member’s plan. This includes home monitoring, inpatient admissions, and outpatient anti-body treatments.

Vaccines: The vaccine itself will be provided by the government, so there will not be a charge for the vaccine. Sanford Health Plan will waive cost-sharing for administering the vaccine, meaning we will cover 100 percent of the allowed amount. This includes the amount for the office visit to administer the vaccine.

Should I be using Telehealth/Virtual Care services instead of going into the doctor’s office?
Yes. Given that COVID-19 is a communicable disease, you are encouraged to utilize Telehealth/Virtual Care as much as possible instead of going in to your provider’s office.
As a part of Sanford Health Plan, you have access to Telehealth/Virtual Care services. We are waiving cost-sharing for ALL Telehealth/Virtual Care services - even those unrelated to COVID-19 - through the end of the National Emergency.

Telehealth coverage extends to the following medically appropriate services at no-cost to members:

- Audio-only visits
- Behavioral health and substance use disorder treatment
- Diabetes education
- Nutrition counseling
- Occupational therapy (OT) (plan evaluation and treatment)
- Office visits
- Physical therapy (PT) (plan evaluation and treatment)
- Speech therapy (ST) (plan evaluation and treatment)

Please note, all services count towards plan limits. If you have 30 ST visits, telehealth visits count against that amount.

Learn more at sanfordhealthplan.com/virtualcare.

Who can test for COVID-19?
Any authorized lab can test for COVID-19.

Are supplies like gloves and masks covered?
Supplies, like gloves and masks, are not covered by Sanford Health Plan because they are available over the counter.

Are home tests for COVID-19 covered?
All FDA-authorized tests are covered without cost-sharing for Members.

Does Sanford Health Plan cover emergency transport from foreign countries?
Sanford Health Plan will not cover emergency transport of affected individuals from foreign countries. Sanford Health Plan has no contracts with foreign air ambulance companies, and, therefore, no contractual protection against the balance billing of members for these services.

Will I be subject to higher cost-sharing if I unintentionally receive care from an out-of-network specialist at an in-network facility?
No. Sanford Health Plan will cover all COVID-19 treatment, labs, and diagnostics at an in-network rate whenever services are delivered at an in-network facility regardless of whether the treating specialist is out-of-network. For example, let’s say you go to an in-network facility for COVID-19 testing. Your lab specimen is sent to an out-of-network facility. You will receive in-network coverage for both your visit and your lab because you visited an in-network facility.
Should I fill or refill my prescriptions in case of an emergency?
There are no current concerns about the availability of prescription drugs, but the CDC and American Red Cross recommend that households maintain at least a 90-day supply of any prescription drugs used by household members. Sanford Health Plan has reduced refill restrictions to allow members the ability to maintain the recommended 90-day supply of prescriptions.

What if I go to an out-of-network facility for treatment because I don’t have access to an in-network facility?
If you choose to visit an out-of-network provider when an in-network one is available, you will be subject to out-of-network rates. However, if no in-network provider is available and you must visit an out-of-network one for diagnosis and treatment, you will be billed at in-network rates.

Where can I find more general information about COVID-19?
- mySanfordHealthPlan member portal With your mySanfordHealthPlan member portal, you have convenient access 24/7 to your insurance plan details and secure messaging tools. If you don’t have a MyChart account, get access by visiting mySanfordHealthPlan and clicking “Request Access for Yourself.”

What is antibody testing?
Antibody tests, also called serological tests, are taken through blood samples to check for proteins in the immune system to indicate immunity against COVID-19. They are not meant to diagnose active coronavirus infections but rather as a check to determine if a person was exposed to the virus and developed antibodies against it. This is covered at no cost to the member when ordered from a qualified physician.

What is Antibody Outpatient Treatment?
Antibodies are laboratory-made proteins that mimic the immune system’s ability to fight off harmful antigens such as viruses. The most commonly known antibody treatment, Bamlanivimab, is an antibody that is specifically directed against the spike protein of SARS-CoV-2, designed to block the virus’ attachment and entry into human cells. It is infused into the body through outpatient administration. Because it is treatment, it is covered under a Member’s normal cost-share.

Have a question you want to ask us?
Submit your COVID-19 questions here.