

## 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?

1. **Testing:** Members will not pay copays, deductibles or coinsurance for medically necessary tests to diagnose COVID-19. This includes the COVID-19 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. This policy will remain in effect for testing beginning on March 13, 2020, until the end of the year.
2. **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.) This policy will remain in effect for testing beginning on March 13, 2020, until the end of the year.
3. **Treatment:** Treatment(s) related to a COVID-19 diagnosis will be covered at the cost share according to the member's plan.

### 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](https://sanfordhealthplan.com/virtualcare).

### **Who can test for COVID-19?**

The federal Centers for Disease Control and Prevention (CDC) and authorized labs designated by the CDC are currently the only facilities permitted to test for the presence of 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.

### **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 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?**

- Visit [sanfordhealth.org/conditions-diseases/coronavirus-disease-2019-covid-19](https://sanfordhealth.org/conditions-diseases/coronavirus-disease-2019-covid-19) for more facts about COVID-19 and information about how to protect yourself and your family from infection.
- [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.

### **How much does it cost?**

Antibody tests are classified as an Essential Health Test and are available at no-cost to Members with insurance under the COVID-19 National Emergency.

### **Have a question you want to ask us?**

Submit your COVID-19 questions [here](#).