



We're Here for You

Blue Cross and Blue Shield of Texas (BCBSTX) is committed to standing with our customers and members in this changing environment. As part of our commitment, we want to let you know about some of the choices we're making available to all our employer groups and some different ways we can work in partnership to help group members who may need coverage support as we face the COVID-19 pandemic together.

What's Covered

Coverage for COVID-19 Testing and Associated Services

The Families First Coronavirus Response Act (FFCRA), which was effective March 18, 2020, requires groups to provide coverage for COVID-19 testing and related services. The mandated coverage became effective on March 18 and will remain in effect until the federal government declares an end to the public health emergency.

Fully Insured

- No copays, deductibles or coinsurance for **medically necessary lab tests to diagnose COVID-19**
- Applies to in-network and out-of-network services
- Out-of-network services are covered up to the benefit plan's allowable amount and may be subject to balance billing.
- No prior authorization or medical management

Self-Funded - no opt-out option

- No copays, deductibles or coinsurance for **medically necessary lab tests to diagnose COVID-19**
- Applies to in-network and out-of-network services
- Out-of-network services are covered up to the plan's allowable amount and may be subject to balance billing.
- No prior authorization or medical management

Coverage for COVID-19 Treatment

We are waiving copays, deductibles and coinsurance for services to treat COVID-19. Coverage applies to treatment received between April 1, and Aug. 31, 2020.

Fully Insured

- No copays, deductibles or coinsurance related to treatment for COVID-19
- Applies to COVID-19 treatment at in-network facilities and for out-of-network emergencies

Self-Funded - must have opted-in by April 10

- No copays, deductibles or coinsurance related to treatment for COVID-19
- Applies to COVID-19 treatment at in-network facilities and for out-of-network emergencies

Expanded Options for Telehealth¹

We launched an expanded telehealth benefit to give members more health care access and reduce their risk of exposure to COVID-19 or other viruses. Now, doctors and other health care professionals who are already contracted with BCBSTX can provide covered services through telemedicine and telehealth as outlined in the group's plan. If the group plan already includes Virtual Visits¹ powered by MDLIVE², the expanded telehealth coverage is in addition to those benefits. It applies to dates of service on or after March 10, through Aug. 31, 2020.

Fully Insured

- **Expanded telehealth option applies**
- No copays, deductibles or coinsurance on in-network, covered telemedicine or telehealth services
- Covered services are as outlined in the group's benefit plan.
- Out-of-network services are covered according to the group's medical benefit.
- Prior authorization may be required, as outlined in the group's benefit plan.

Self-Funded

- **Expanded telehealth option applies**
- No copays, deductibles or coinsurance on in-network, covered telemedicine or telehealth services, **unless you or the group directed us by April 1, 2020, not to apply this option**
- Covered services are as outlined in the group's plan.
- Out-of-network services are covered according to the group's medical plan.
- Prior authorization may be required, as outlined in the group's plan.

What's Covered continued

Prior Authorization Waived for Transfers to Post-Acute Facilities

We won't require prior authorization to transfer our members from an inpatient hospital to an in-network, medically necessary post-acute site of care – like a long-term acute care hospital or skilled nursing facility. This will allow our members to continue their medically necessary care and help keep acute care hospital capacity available for COVID-19 patients during this Public Health Emergency. This waiver is effective until July 31, 2020.

Fully Insured

- Applies to in-network facilities consistent with the group's benefit plan
- Transfers to behavioral health facilities will require prior authorization.

Self-funded – no election is needed

- Applies to in-network facilities consistent with the group's plan
- Transfers to behavioral health facilities will require prior authorization.

Early Refill Policy on Prescriptions

Members can get early fills on their specialty or non-specialty medications. They can contact their pharmacies directly to ask for an early fill and any delivery options. This exception policy will remain until the federal emergency order has ended. The policy applies to all groups with prescription benefits administered through **Prime Therapeutics**.

Fully Insured

- Member cost share (copays, deductibles or coinsurance) apply as outlined in the group's benefits.
- We encourage members to use their 90-day supply fill benefits (if applies) for non-specialty medications at select retail pharmacies or mail order.
- See bcbstx.com for a list of commonly prescribed non-specialty maintenance medications. Medicare members can view their drug list at myprime.com.
- Members can call the Customer Service number on their member ID cards to ask any question or request assistance.
- All safety measures, prior authorization reviews, and prescribing and dispensing laws still apply.

Self-funded – no election is needed

- Member cost share (copays, deductibles or coinsurance) apply as outlined in the group's plan.
- We encourage members to use their 90-day supply fill benefits (if applies) for non-specialty medications at select retail pharmacies or mail order.
- See bcbstx.com for a list of commonly prescribed non-specialty maintenance medications. Medicare members can view their drug list at myprime.com.
- Members can call the Customer Service number on their member ID cards to ask any question or request assistance.
- All safety measures, prior authorization reviews, and prescribing and dispensing laws still apply.

Eligibility

Relaxed Eligibility Requirements

Groups can maintain employees who were enrolled on their plans as of March 20, 2020 – regardless of their plans' eligibility definition. This includes employees on furlough, reduced work hours, leave of absence or layoffs. It does not include employees who previously waived coverage. This optional eligibility adjustment will remain in effect until Aug. 31, 2020.

Fully Insured

- No paperwork or email is needed. We will accept current and accurate eligibility files from the group or their eligibility vendor.
- If a group wants to change their eligibility guidelines beyond Aug. 31, 2020, a new BPA is required to redefine the group's eligibility requirements effective on or after Sept. 1, 2020.

Self-funded – no election is needed

- No paperwork or email is needed. We will accept current and accurate eligibility files from the group or their eligibility vendor.
- If a group wants to change their eligibility guidelines beyond Aug. 31, 2020, a new BPA is required to redefine the group's eligibility requirements effective on or after Sept. 1, 2020.

We'll Keep You Updated

Get the real-time information you need to guide your clients with our new COVID-19 producer microsite.

Log in at <https://www.bcbstx.com/covid-19-producers>. Then, bookmark the site and check back often for updates.

You can also opt in to text alerts. Just text* NOTIFYX to 33633.

*Message and data rates may apply. See <https://www.bcbstx.com/mobile/text-messaging> for terms and conditions and privacy policy.

Coverage related to the FFCRA mandate will be effective until the federal government declares an end to the public health emergency. For all other temporary options, we will continue to assess the situation and extend the dates as events warrant. As dates are extended, we will continue to administer ASO benefits according to the account's original decision. If you or the account notifies us to change the way we administer their options, the effective date of the change will be future dated.

1. Virtual Visits may not be available on all plans. Virtual Visits are subject to the terms and conditions of your benefit plan, including benefits, limitations and exclusions. Non-emergency medical service in Arkansas and Idaho is limited to interactive audio/video (video only) for initial consultation. Service availability depends on location at the time of consultation.
2. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas and is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Blue Cross and Blue Shield of Texas contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.