



COVID-19

Telehealth Benefits & Coverage Information

Telehealth visits help limit the spread of the coronavirus disease and provide necessary health care to those in need. Your medical benefits provide access to health care providers from the comfort of your home. HMA has expanded access to telehealth to help you stay in your home and reduce exposure to the virus.

Helpful Benefits Information Surrounding COVID-19



Virtual Telehealth Visits

While telehealth visits cannot be used to test or treat COVID-19, they can be useful in determining if you should call your local healthcare provider regarding COVID-19 testing.

Telehealth visits are also helpful for urgent care treatment of other illnesses, like the seasonal flu, allergies, infections and more. Copayments and coverage applies as determined by your health benefits plan for all telehealth visits.

We encourage members to reach out to your primary health care providers to see if they offer virtual home visits. If they do not, we have a network of providers available to assist.



Behavioral Telehealth Sessions

Behavioral telehealth sessions are available to members and administered in accordance with their behavioral health benefits.

COVID-19 Benefits & Coverages

Testing: Covered in full, no member responsibility

Treatment: Covered in accordance with member's plan and applicable member responsibility

Telehealth Services: Covered in accordance with member's plan and applicable member responsibility

Prior Authorizations: not required for COVID-19 testing but required for any treatment in accordance with member's plan and applicable member responsibility



COVID-19 FAQ

Frequently Asked Questions

Updated on March 27, 2020



If you believe you might have been exposed to COVID-19 or have symptoms such as fever, cough or difficulty breathing, call your health care provider right away. Only health care providers can order a COVID-19 test.

Q: Will my plan cover testing and treatment for COVID-19?

Yes. Your plan will cover testing and treatment for medically-appropriate services related to COVID-19. Your plan will waive copays and deductibles for anyone requiring testing for COVID-19. If you are concerned about whether or not you should be tested, read the guidance from the Centers for Disease Control and Prevention's (CDC) [recommendations for who should be tested \(www.cdc.gov\)](#) and be sure to contact your providers first. Copays and deductibles will still apply if you need treatment.

Q: Is testing free? Is the patient exam free?

Your plan is waiving fees for COVID-19 testing during this national emergency, whether the testing related visit is received in a healthcare provider's office, an urgent care center, or an emergency department. Care or treatment for COVID-19 will be covered in accordance with your health benefits plan. All deductibles, copays and coinsurance will apply.

Before you show up at your provider's office, make sure you have the [symptoms necessary for testing \(cdc.gov\)](#) (the criteria is changing as more tests become available) and contact your provider's office first.

Q: Will my plan waive my deductible since this has been declared an emergency?

Your plan is waiving fees for COVID-19 testing during this national emergency. And we are waiving cost sharing for COVID-19 testing related visits during this same time, whether the testing related visit is received in a healthcare provider's office, an urgent care center, or an emergency department. Care or treatment for COVID-19 will be covered in accordance with your health benefits plan. Your deductibles, copays and coinsurance will apply.

Q: What if I have a high-deductible health plan with a health-savings account?

The co-pay and deductible waiver also applies to all high-deductible health plans with qualifying health savings accounts (HSAs), [according to guidance from the IRS \(irs.gov\)](#).

Q: Will my health plan allow me to refill my prescriptions early so I can have a 30-day supply on hand?

In most cases, your pharmacy benefits shall allow members to refill 30-day and 90-day medication supplies. Members should contact HMA if you have questions about whether or not your health plan and prescription is included.

Q: Could I get a surprise bill if I need testing or treatment for COVID-19?

You should not get a surprise bill for testing for COVID-19. Your plan is covering testing without copays or deductibles when you see an in-network primary care provider or are tested at an in-network facility. If you are tested at an emergency room, you also should not receive a surprise bill from an out-of-network provider. If you have questions about your coverage, contact Advanta at (866) 206-7920 if you believe you have received a surprise bill.

Q: Will my health plan cover telemedicine for testing or treatment of coronavirus?

While telemedicine visits cannot be used to test or treat COVID-19, they can be useful in determining if you should call your local healthcare provider regarding COVID-19 testing. Copayments and coverage applies as determined by your health benefits plan for all telemedicine visits.