



Coronavirus (COVID-19)

FREQUENTLY ASKED QUESTIONS

What it is, how to prevent it, and
what Anthem benefits cover

TABLE OF CONTENTS

General Questions	3
Coverage Questions	7
Telehealth, Sydney Care and 24/7 NurseLine	12
Pharmacy	16
Behavioral Health Questions	27
Underwriting and Financial Questions	29
Flexible Spending Accounts/Other Benefits	30
Benefit Impact for Layoffs/Furloughs	31
Employer Impact	38
Disability, Absence, Life and Supplemental Health Questions	39
Dental Questions	51
Vision Questions	54
Federal Legislation Questions	57
State Mandates Questions	58
Safety and Preparedness	61
Privacy	64

General Questions

What is coronavirus and what is COVID-19?

There are [many types](#) of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease caused by a new coronavirus that has not previously been seen in humans.

How do people become infected and how does it spread?

Current understanding about how the virus that causes COVID-19 [spreads](#) is largely based on what is known about similar coronaviruses. COVID-19 is a new disease and there is more to learn about how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

What are the symptoms of COVID-19?

Current [symptoms](#) reported for patients with COVID-19 have included mild to severe respiratory illness with fever, cough and difficulty breathing.

What if I am sick with COVID-19?

If you think you have been exposed to COVID-19 and develop a fever and symptoms of respiratory illness, such as cough or difficulty breathing, call your healthcare provider immediately. To help prevent the disease from spreading to people in your home and community, follow these [CDC recommendations](#).

We also recommend the use of [LiveHealth Online](#), as well as care received from other providers delivering telehealth, as a safe and helpful way to use Anthem benefits to see a doctor to receive health guidance related to COVID-19 without leaving home using your smart phone, tablet or computer-enabled web cam.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Avoid close contact

- Avoid close contact with people who are sick
- [Stay home as much as possible](#)
- Put distance between yourself and other people.
- Keeping distance from others is especially important for [people who are at higher risk of getting very sick](#).
- Practice good health habits. Everyday preventive actions help to prevent the spread of respiratory viruses.
 - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Always wash hands with soap and water if hands are visibly dirty.
 - Avoid close contact with people who are sick.
 - Avoid touching your eyes, nose, and mouth.
 - Stay home when you are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Cover your mouth and nose with a cloth face when around others

- Follow CDC’s recommendations for using a face [cloth cover](#).

Do I need to wear a face cloth cover?

It’s best to follow the CDC’s recommendations on [how to protect yourself](#), including [who should wear cloth covers and when](#). Also, it’s important to know who should take [extra precautions](#).

Where can a member get tested?

Members should call their provider to see how to get tested.

Are there any prescription drugs that can be used to treat COVID-19?

At the present time, there are no prescription drugs that have been approved to treat this virus. There are several studies underway that are evaluating a variety of drug therapies.

Information is rapidly developing and we are closely monitoring CDC and WHO guidance for updates on the best treatments.

What does the FDA's announcement regarding the emergency authorization of the anti-malaria drugs chloroquine and hydroxychloroquine for the treatment of COVID-19 mean?

- The FDA's emergency use authorization (EUA) does not constitute an approval of these drugs for the treatment of COVID-19 and using these drugs remains an off-label use that does not yet have sufficient safety and efficacy data.
- This EUA allows hospitals to tap into the Strategic National Stockpile of these drugs and use them for the treatment of hospitalized COVID-19 patients for whom a clinical trial is not available, or participation is not feasible.
- In addition, patients must meet certain clinical criteria – specifically that they are adult or adolescent patients weighing at least 50kg and are being treated for COVID-19 in an inpatient hospital setting.
- We will continue to enforce our quantity limits on these drugs to ensure that those who need it for non-COVID 19 treatments can still continue their evidence-based drug therapy as well as to minimize off-label use.
- Should the FDA approve the use of any of these drugs for the treatment or prevention of COVID-19, we will immediately reevaluate our coverage policies.

Dispensing pharmacies will be required to follow any state regulations regarding the dispensing of chloroquine and hydroxychloroquine. State and federal mandates around this issue supersede IngenioRx policies

Are there any vaccines available to prevent COVID-19?

At the present time, no. Reports indicate there are several vaccines being evaluated but they are still in early stage development and have not been through clinical trials.

How is COVID-19 diagnosed?

COVID-19 may be suspected when a person has symptoms consistent with COVID-19, such as fever, cough or difficulty breathing, especially if there are risk factors for exposure to COVID-19, such as close contact with a confirmed COVID-19

patient or travel from affected geographic areas. A diagnosis is confirmed when other causes of respiratory disease, such as the flu, have been excluded, and a laboratory test has detected SARS-CoV-2, the virus that causes COVID-19. Other tests can help determine whether you have been exposed to SARS-CoV-2 (serology tests); these tests should be used to aid in the diagnosis of COVID-19 in conjunction with a medical review of symptoms and results of other laboratory tests.

How are patients tested for COVID-19?

Patients provide test samples in the doctor's office, emergency room or hospital. Some areas may also have drive-through COVID-19 testing sites. There, swabs from patients' nose, (and possibly mucus for those with a cough), will be collected and sent to a special lab to test for SARS-CoV-2, the virus that causes COVID-19. The specimens should be kept cold (2-8°C) and should generally be sent to a lab within three days.

A blood (serology) test can also help determine whether you have been exposed to SARS-CoV-2. These tests should be used to aid in the diagnosis of COVID-19 in conjunction with a medical review of symptoms and results of other laboratory tests.

When testing for COVID-19, should patients also need to test for other respiratory viruses?

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. While the [CDC](#) notes that clinicians are encouraged to test for other causes of respiratory illness, including infections such as influenza, in most cases, only a few other virus types require consideration (for example, influenza A and B with or without Respiratory Syncytial Virus). In most cases, it is unnecessary to test for more than five pathogen types in the specific patient being tested.

Should employers be keeping their own test kits? Should they be bringing in nurses to screen?

Customers should not procure their own tests for COVID-19. Members should contact their regular medical provider, LiveHealth Online, or our 24/7 NurseLine.

If a customer wanted to perform its own screenings, could Anthem provide a nurse or other resource at our locations at a cost?

We recommend that customers not establish screening on their premises. If members need to be screened or tested, we recommend they contact their regular medical provider, use LiveHealth Online, or our 24/7 NurseLine.

Is Anthem setting up any special member service hotlines?

We are using our existing phone numbers because members are used to calling them. We have managers and subject matter experts readily available to respond to questions. Staff also have COVID-19 message prompts on the desktops.

Coverage Questions

Is Anthem waiving member cost share for diagnostic tests, visits and treatments related to COVID-19?

Anthem is committed to help our members gain timely access to care and services. Our actions should reduce barriers to seeing a doctor, getting tested and receiving treatment.

Anthem is waiving:

- cost-sharing for the treatment of COVID-19 from April 1 through May 31, 2020 for members of its fully-insured employer, Individual, Medicare Advantage and Medicaid plans. We encourage our self-funded customers to participate and these plans will have an opportunity to opt in.
- cost-sharing for COVID-19 diagnostic tests for members of our employer-sponsored, individual, Medicare and Medicaid plans.
- cost-sharing for visits to get the COVID-19 diagnostic test, regardless of whether test is administered, beginning March 18 for members of our employer-sponsored, individual, Medicare and Medicaid plans.
- cost-sharing for telehealth visits, including visits for behavioral health, for our fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans for 90 days, beginning March 17. We

encourage our self-funded customers to participate, although these plans will have an opportunity to opt out.

- cost-sharing for FDA-approved medications or vaccines when they become available.

The cost-sharing waiver includes copays, coinsurance and deductibles.

For additional services, members will pay any cost shares their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

For what kind of COVID-19 treatments will member cost shares be waived?

For Anthem's fully-insured employer, Individual, Medicare Advantage and Medicaid members, these treatments include services such as in-patient and out-patient services, respiratory services, durable medical equipment, skilled care needs, and FDA-approved drugs when they become available. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.

Will Anthem waive cost-shares for COVID-19 treatments delivered by out-of-network providers?

Yes, we will waive cost shares for out-of-network providers but we will reimburse out-of-network providers at in-network rates or Medicare rates, as applicable.

Does the cost-share waiver for treatment apply to prescription drugs?

Anthem's waiver of member cost share associated with COVID-19 treatment would apply to FDA-approved medications or vaccines should they become available. At the present time, there are no medications that have FDA approval for use in the treatment of COVID-19.

Because there is insufficient data to fully support the safety and efficacy of using any existing drugs in the treatment of COVID-19, using them in this manner is

considered outside of FDA approval, or “off label,” and members would be responsible for any cost share.

Under what conditions is diagnostic testing covered and cost shares waived?

Tests samples may be obtained in many settings including a doctor’s office, urgent care, ER or even drive-thru testing. Laboratory diagnostic tests for COVID-19 at both in-network and out-of-network laboratories will be covered with no cost sharing for members.

While a test sample cannot be obtained through a telehealth visit at this time, a telehealth provider can help members get to a provider who can do so.

Is Anthem providing Medicare members with post-discharge support?

Anthem will also provide post-discharge care to support Medicare members with complex care needs who may need additional assistance as they transition back to home following hospitalization. Anthem’s care managers can help provide coordination of medications and home health needs, scheduling follow up appointments and transportation and, arranging for post-discharge meal delivery.

Does Anthem cover COVID-19 home or self-administered diagnostic tests? Does it waive cost shares for these tests?

We will cover home and self-administered COVID-19 diagnostic tests when the test meets the following coverage requirements:

- the test or laboratory providing the test has authorization from the appropriate government regulatory body, such as the Food and Drug Administration or a state laboratory authority;
- the test is medically necessary and;
- the test is ordered by a licensed practitioner.

Anthem will waive cost shares for home or self-administered COVID-19 tests when the test meets the coverage requirements.

Are cost shares waived for all providers who offer telehealth?

Cost sharing will be waived for members using Anthem’s telehealth service, LiveHealth Online, as well as care received from other providers delivering virtual

care for 90 days, beginning March 17. Co-pays for physical and behavioral telehealth visits for health conditions will be waived.

How is Anthem covering telehealth?

Telehealth (video and audio)

For 90 days effective March 17, 2020, Anthem will waive member cost shares for in-network and out-of-network telehealth visits, including visits for mental health or substance use disorders, for our fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible.

- Cost sharing will be waived for members using Anthem’s authorized telehealth service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video and audio services.
- Self-insured plan sponsors may opt out of this program.

Note: Telehealth does not include the use of facsimile.

Telephonic-only care

For 90 days effective March 19, 2020, Anthem will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required.

- This includes visits for behavioral health, for our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible.
- Cost shares will be waived for in-network providers only.

If I am incorrectly charged for LiveHealth Online visits, will I be reimbursed?

Members who may have been incorrectly charged for their telehealth visit via LiveHealth Online will receive a refund back to the credit card used at the time of visit.

Do the waivers apply to out-of-network providers for testing and office visits related to testing?

If an in-network provider is not available, Anthem will work with members to find an out-of-network provider and then the waivers would apply.

Will cost shares associated with testing and related services be waived for members enrolled in high-deductible health plans with HSAs?

Cost shares associated with testing and related services will be waived for members enrolled in high-deductible health plans, or HDHP with HSAs. Such cost share waivers will not jeopardize the status of the plan as an HDHP based on the recent IRS guidance issued March 11, 2020.

If a member is treated for COVID-19 outside the United States, will coverage apply and will out-of-pocket waivers apply?

Yes, a member's regular coverage would apply for testing and treatment of COVID-19, just like it does in the United States. Member cost shares for the focused test used to diagnose COVID-19 and the visit related to the test will be waived for members—specifically, individual, Medicare and Medicaid members, as well as members in self-insured and other fully-insured plans.

If a member needs to be quarantined, does Anthem cover that?

Anthem health plans will cover reasonable health care costs for members related to COVID-19. Members will pay any cost shares their plan requires, unless otherwise determined by state law or regulation.

In case of mass epidemic, how can you ensure that your contracted providers can still provide services?

Anthem is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

In addition, Anthem's telehealth provider, [LiveHealth Online](#), is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

Medicaid answer only: Anthem is committed to working with and supporting its contracted providers. Our state-mandated benefits already state that if members do not have appropriate access to network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

Is Anthem relaxing prior authorization?

Anthem is suspending select prior authorization requirements to allow care providers to focus on caring for patients diagnosed with COVID-19. This includes suspension of prior authorization requirements for patient transfers, prior authorization requirements for skilled nursing facilities, along with the suspension of prior authorization requirements for use of medical equipment critical to COVID-19 treatment.

Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic?

Our standard contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.

Telehealth, Sydney Care and 24/7 NurseLine

Telehealth

Is Anthem encouraging broader use of telehealth assuming the virus spreads?

We are recommending members use telehealth when they can as it reduces the burden on the healthcare system, prevents members from spreading a virus and can help protect them from getting a virus while waiting with others at a physical facility.

We also encouraging members access our SydneyCare app at no cost. The app includes a *Coronavirus Assessment*, available soon, that can help members quickly and safely evaluate their symptoms and assess their risk and then communicate with a doctor to address additional questions. Members can download the Sydney Care app on Android or iOS.

Is Anthem's vendor, LiveHealth Online, prepared for the number of visits that will increase to telehealth?

As there is a heightened awareness of COVID-19 and more cases are being diagnosed in the United States, LiveHealth Online is increasing physician

availability and stands ready to have doctors available to see the increase in patients, while maintaining reasonable wait times.

Why is telehealth a good option to receive individual health guidance related to COVID-19?

We are recommending members use telehealth when they can as it prevents them from spreading a virus to others in a waiting room or clinic and can help protect them from getting a virus while waiting with others at a physical facility.

LiveHealth Online is a safe and helpful way use Anthem benefits to see a doctor to receive health guidance related to COVID-19 without leaving home, using your smart phone, tablet or computer-enabled web cam.

While COVID-19 can't be confirmed through virtual or remote care, care teams can screen members, assign risk, answer questions and recommend the next steps a member should take. Patients with COVID-19 who are at low risk are treated in the home unless they are sick enough to require in-person care.

Is Anthem waiving member copays associated with LiveHealth Online and other telehealth visits for COVID-19?

Anthem will waive member cost share for telehealth visits, including visits for behavioral health, for members of our employer-sponsored, individual, and Medicare Advantage plans, and where permissible, Medicaid plans for 90 days, beginning March 17.

Cost sharing will be waived for members using Anthem's telehealth service, LiveHealth Online, as well as care received from other providers delivering virtual care. Co-pays for physical and behavioral telehealth visits for health conditions will be waived. Self-insured plan sponsors will have the choice to participate.

If I am incorrectly charged for LiveHealth Online visits, will I be reimbursed?

Members who may have been incorrectly charged for their telehealth visit via LiveHealth Online will receive a refund back to the credit card used at the time of visit.

Are there tax implications for members with HSA and certain high-deductible plans who get their copays waived for a telehealth visit?

IRS released guidance on March 11, 2020 that allows employers to waive member cost shares for COVID-19 testing and related services for members enrolled in HSA/high deductible health plans without tax implications to members. We are still awaiting guidance related to telehealth visits unrelated to COVID-19 during the 90-day period.

Can HSAs and certain high deductible plans offer telehealth with no cost sharing?

Upon passage, in 2020 and 2021 the Coronavirus Aid, Recovery and Economic Stability Act would allow high deductible health plans coupled with health savings accounts to provide telehealth and other remote care services without a deductible.

Are member cost shares waived for Anthem members who have a telehealth provider other than LiveHealth Online?

Yes. Cost sharing will be waived for 90 days, effective March 17, 2020, for members using Anthem’s telehealth service, LiveHealth Online, as well as care received from other providers delivering telehealth. This applies to members who have Medicaid, Medicare, individual and employer-sponsored plans. Self-insured plan sponsors will have the choice to participate.

[24/7 NurseLine](#)

Can members use 24/7 NurseLine if they suspect symptoms of COVID-19?

Yes. 24/7 NurseLine has trained nurses to ask additional probing questions to members with respiratory symptoms and coached nurses to use updated HealthWise Connect COVID-19 information and the CDC web site.

- NurseLine is available to most Anthem members who have Medicaid, Medicare, individual and employer-based plans.
- The number is typically on the back for the member ID card. Most Medicaid members access the service through member services.

How does 24/7 NurseLine work?

NurseLine assesses a member's symptoms, and triages the member to the most appropriate level of care, based on those symptoms.

- NurseLine nurses use HealthWise Connect algorithms for assessment and triage.
- If member has respiratory symptoms, such as fever, cough, and shortness of breath, the NurseLine associate will ask additional probing questions, including the date that the member's symptoms started, and whether the member has been exposed to someone with COVID-19.
- NurseLine may refer members to their provider, urgent care, ER or LiveHealth Online based on the severity of symptoms. Doctors in these other settings also have the ability to prescribe medications for viruses and other ailments—unlike COVID-19—that have treatments.
- If the member's history suggests the potential for COVID-19 infection or exposure, NurseLine nurses will offer an assessment and recommend that they contact their provider for additional recommendations.

An additional option is the use of telehealth. We are recommending members use telehealth when they can as it prevents them from spreading a virus to others in a waiting room or clinic and can help protect them from getting or spreading a virus while waiting with others at a physical facility. While COVID-19 can't be confirmed through virtual or remote care, care teams can screen members, assign risk, answer questions and recommend the next steps a member should take.

[Sydney Care](#)

What is Sydney Care?

Sydney Care is a digital care access platform offering a suite of health services via a downloadable app.

- **Symptom Checker:** Personalized, AI-driven chat functionality that can understand the symptoms users indicate and provide them with knowledge about how others were diagnosed and treated. Sydney Care offers two options (below) to follow-up on the information provided during the Symptom Checker dialogue.

- **Virtual Text Visit:** Enables consumers to connect directly with a board-certified physician via text chat, should consumers desire to have a chat-based clinical evaluation. When appropriate, these physicians can prescribe medication, order lab work and/or suggest the type of specialist they may want to consult.
- **Virtual Video Visit:** Similar to the Virtual Text Visit, the Virtual Video Visit option – through LiveHealth Online – is a secure, two-way video chat with a board-certified doctor. These physicians can also prescribe medication or make specialist recommendations.

How does the Sydney Care mobile app work in regards to coronavirus?

Anthem is working to accelerate the availability of a *Coronavirus Assessment* on the Sydney Care mobile app, which members can download at no cost.

- The *Coronavirus Assessment* is designed based on guidelines from the Centers for Disease Control and Prevention and National Institutes of Health to help individuals quickly and safely evaluate their symptoms and assess their risk of having COVID-19.
- Inputs provided by individual users include symptoms, recent travel and potential contact with anyone with the disease.
- Based on the results, Anthem members will be able to connect directly to a board certified-doctor via the Sydney Care app who can recommend care options.

How do members find it?

Sydney Care is available for Anthem members to [download now](#) on Android or iOS. This app should accompany their Sydney Health or Engage benefits app. *Coronavirus Assessment* functionality is in development and expected to be available within the next week.

Pharmacy

Do drugs exist to treat COVID-19?

- There have been several media reports concerning new and existing antiviral drugs that are being tested for their use in treating COVID-19.
- None of these drugs have been approved for use with COVID-19 and many are still being investigated.
- We are monitoring developments in this area closely and will evaluate coverage of any treatments once approved.

What does the FDA’s announcement regarding the emergency authorization of the anti-malaria drugs chloroquine and hydroxychloroquine for the treatment of COVID-19 mean?

- The FDA’s emergency use authorization (EUA) does not constitute an approval of these drugs for the treatment of COVID-19 and using these drugs remains an off-label use that does not yet have sufficient safety and efficacy data.
- This EUA allows hospitals to tap into the Strategic National Stockpile of these drugs and use them for the treatment of hospitalized COVID-19 patients for whom a clinical trial is not available, or participation is not feasible.
- In addition, patients must meet certain clinical criteria – specifically that they are adult or adolescent patients weighing at least 50kg and are being treated for COVID-19 in an inpatient hospital setting.
- We will continue to enforce our quantity limits on these drugs to ensure that those who need it for non-COVID 19 treatments can still continue their evidence-based drug therapy as well as to minimize off-label use.
- Should the FDA approve the use of any of these drugs for the treatment or prevention of COVID-19, we will immediately reevaluate our coverage policies.

Dispensing pharmacies will be required to follow any state regulations regarding the dispensing of chloroquine and hydroxychloroquine. State and federal mandates around this issue supersede IngenioRx policies

What are we doing to address potential drug shortages related to the current COVID-19 outbreak?

- IngenioRx is carefully monitoring the global drug supply for any disruptions related to COVID-19 and, at the present time we have not identified any

disruptions that would affect members' abilities to fill their prescriptions through either our mail order facility or our retail networks.

- Additionally, the Food and Drug Administration is closely monitoring medications for any potential supply chain disruptions.
- Given the evolving nature of the outbreak, we will continue to monitor the situation and will work to address issues as they arise.

Are there shortages of critical medications like insulin and asthma medications?

- We are in regular contact with drug manufacturers and our retail pharmacy partners regarding availability of prescription drugs and we have been told that there are no concerns about the supply chain at this time.
- Several of the major manufacturers have assured us that there are no issues with the supply of insulin.
- There has been an increase in the utilization of albuterol inhalers and, as a result, retail pharmacies are monitoring supplies closely and restocking more frequently.
- In addition, several manufacturers and wholesalers are applying an "allocation" protocol to select drugs to prevent any individual pharmacy from hoarding drug supply. This does not mean that there is a shortage, it simply means that steps are being taken to prevent a pharmacy from ordering an excessive amount of a given drug and creating unnecessary distribution issues.

What would members do if there is a shortage of a medication that they are currently taking?

In the event that we identify a shortage with a particular drug, we will review its current formulary strategy to identify temporary changes that would allow a member to access an appropriate therapeutic alternative at cost share that is similar to the drug that is experiencing the shortage.

What steps should members take to avoid being impacted by a potential drug shortage?

- It is critically important that members who are on maintenance medications take their prescriptions and continue to refill their medications as prescribed by their doctor.
- IngenioRx has several programs designed to help members remain adherent to their prescription drug therapy but, if a member is concerned about running out of their medication, there are things they can do to be prepared.
 - For members who participate in a plan that offers a 90-day benefit, this is a great time to think about changing any prescription medicines you take on a regular basis from a 30-day supply to a 90-day supply. If you don't have a prescription for a 90-day supply, talk to your doctor to see if a 90-day supply would work for you.
 - In addition, we have announced that we are relaxing our early refill criteria for certain types of medications. Where allowed by local regulations, we will allow you to refill your prescription early through an emergency refill at your local pharmacy. Your pharmacist will be able to submit the request for an emergency refill on your behalf.
- Members can call the pharmacy services number on the back of their health plan ID card to learn more about these programs.

Anthem announced that it is waiving member cost shares related to COVID-19 treatment. Does this apply to prescription drugs?

- Anthem's waiver of member cost share associated with COVID-19 treatment applies to inpatient treatment costs and would apply to FDA-approved medications or vaccines should they become available. At the present time, there are no medications that have FDA approval for use in the treatment of COVID-19.
- Because there is insufficient data to fully support the safety and efficacy of using any existing drugs in the treatment of COVID-19, using them in this manner is considered outside of FDA approval, or (i.e. off label," and members would be responsible for any cost share.

Should members be concerned about long lines and delays in filling prescriptions at retail pharmacies?

- We are in regular contact with each of the major pharmacy chains. While they have reported that they have seen increased foot traffic, they have all stated that they are managing the increased volumes.
- Additionally, each of our retail partners have reassured us that they are monitoring the drug supply and taking steps to ensure that they have adequate supply of critical prescription drugs.
- If members are concerned, and their plan has a 90-day benefit, this is a great time to think about changing any prescription medicines you take on a regular basis from a 30-day supply to a 90-day supply. If you don't have a prescription for a 90-day supply, talk to your doctor to see if a 90-day supply would work for you.

What delivery options do members have through local pharmacies?

- In terms of delivery options from local pharmacies, many of the retail pharmacy chains, as well as local independent pharmacies, offer delivery service.
- Since the services offered at individual retail locations can change often, we do not have any way to monitor whether or not a particular pharmacy offers delivery and what, if any, cost there might be for that service.
- We would encourage any member that is interested in a local delivery service to contact their current pharmacy to determine whether or not they currently offer delivery. They can search for in-network pharmacies using the find a pharmacy tool on your health plan website/app and find contact information for the individual pharmacy there.

Is Walgreens reducing its store hours?

- Walgreens has advised us that they will be limiting the hours of operations for their retail stores to 9am to 9pm local time. While closed, Walgreens will be using the time to spend time on deep cleaning, sanitizing and stocking shelves.
- It is important to note that this applies only to the retail portion of their stores and Walgreens has advised us that pharmacy operating hours are, generally speaking, not impacted.

- At Walgreens locations with a 24-hour pharmacy, the pharmacy drive-thru will remain open 24 hours to assist customers and patients with their prescriptions.
- We have not heard of any changes from other retail pharmacy chains but are monitoring the situation closely. Members should visit their pharmacy's website to stay up to date on their hours as well as any details on delivery services they may offer.

Anthem relaxed the early refill limits for maintenance medications. What does this mean?

As a result of the president's declaration of a national health emergency, we are implementing our standard operating procedures tied to declarations of emergency, including relaxing early refill limits for medications.

- This means that members who wish to refill a prescription earlier than normal should be able to do so.
- Pharmacists are able to submit an override of early refill limits for members who wish to refill a prescription earlier than is indicated based on the day supply they have previously received.
- Also, since the beginning of concerns about COVID-19, Anthem has advised members to consider filling a 90-day supply of maintenance medications, where appropriate, to ensure that they have a sufficient supply of medications that are taken regularly on hand.
- Consistent with CDC recommendations, and to avoid unjustified pressure on the pharmacy supply chain, we have advised members against "stockpiling" medication unnecessarily and will continue to support policies that allow members to obtain their medications in a safe and effective manner. As a result, we are currently limiting members to a single early refill over the next 180 days, where allowed by state regulations.

If a member recently filled their prescription, will IngenioRx allow an early refill of the prescription?

- Yes. For members who are worried about having enough of their prescribed medication on hand, we have relaxed our early refill criteria. This means that we will allow members to refill their prescription early through an

emergency refill at their local pharmacy. The pharmacist will be able to submit the request for an emergency refill on the member's behalf.

- However, consistent with CDC recommendations, we have advised members against "stockpiling" medication unnecessarily. Rather than obtaining multiple 30-day refills, we are encouraging our members to take advantage of their ability to obtain a 90-day supply through our mail order program or one of our approved retail pharmacies.

How long will this policy be in place?

- Given the dynamic nature of the current environment, it is difficult to estimate how long this policy might need to be in effect.
- We will continue to monitor the situation and will make appropriate changes as time goes on.

Does this apply to all members?

Yes. Except where prohibited by local regulations, this will apply to all members.

Is there a member cost for the early refill?

The member will be responsible for the member cost share amount specified by their plan.

Does this apply to all medications?

No. Except where prohibited by local regulations, restrictions will still be in place for controlled substances such as opioids.

Does this apply to specialty drugs?

Yes. Members will be able to refill early and get a 30-day supply if they are concerned about having enough medication on hand.

Isn't this change promoting stockpiling of drugs?

- We continue to reinforce the guidance, as supported by CDC recommendations, that individuals should not stockpile prescription medications.

- That said, we believe that it is critically important that individuals continue to take their medications as prescribed by their doctor. We will continue to take steps to support our members in their efforts to do so in a manner that is safe and effective.
- We believe that this policy, particularly in light of the President's emergency declaration, is consistent with that approach and we will monitor utilization patterns to identify any refill behavior that seems irregular.

Can a client opt out of this?

No. Due to the complexities associated with allowing individual employer groups to opt out of this, along with the need to comply with government policies, we cannot allow individual employer groups to opt out of this decision.

Will the early refill policy increase cost? Who will cover the cost associated with the additional refills?

- While this could increase costs in the short run as a result of people filling prescriptions earlier than anticipated, it is our hope that these costs will be offset by a member not needing to fill a prescription down the road.
- [Fully insured customers] Members will still be responsible for their normal cost share and Anthem will cover the plan costs associated with any prescription refills.
- [ASO customers] Members will still be responsible for their normal cost share and the employer plan will cover the plan costs associated with any prescription refills.

What are you doing to ensure that this policy doesn't get abused?

We will be monitoring utilization to identify any irregular refill patterns among members and pharmacies and will take steps to intervene should any concerns arise.

In addition, where allowed by local regulations, there is a maximum limit of one early refill in a 180-day period.

As a result of COVID-19, the Drug Enforcement Agency is now allowing telemedicine providers to issue prescriptions for controlled substances. What controls does Anthem have in place to prevent abuse?

- On March 16th, the DEA, in coordination with the Secretary of Health & Human Services, announced that it was temporarily waiving the in-person exam restrictions on the prescribing of controlled substances (schedule II-V) via telemedicine.
- Anthem, and its PBM IngenioRx, will follow the directives from HHS and the DEA, as well as any superseding local regulations, related to this issue.
- Anthem was an early leader in the area of implementing pharmacy controls to prevent the misuse and abuse of controlled substances such as opioids and, as a result of our actions, we have reduced opioid utilization among our membership by more than 50 percent since 2015.
- These controls include limiting initial prescriptions for short-acting opioids to no more than a seven-day supply, prior authorization requirements for all long acting opioids and short-acting opioids exceeding a fourteen day supply in a 30-day period, quantity limits on nearly all controlled substances, prior authorizations on stimulants such as ADHD drugs, and more.
- Given the significant positive impact that these, and other controls, have had on managing the use of controlled substances we do not, at the present time, have plans to implement any new, telemedicine-specific controls.

How do members obtain a 90-day supply of their maintenance medication?

- If members do not currently have a prescription for a 90-day supply, they should contact their physician to determine whether a 90-day supply is appropriate for you.
- If their physician believes that a 90-day supply is right for them, they can send IngenioRx home delivery an electronic prescription, fax the prescription to 800-378-0323, or call it in to the home delivery pharmacy at 833-203-1742.

If a plan allows 90-day supplies, can members get a 90-day supply of any medication?

No. We are unable to fill 90-day supplies of specialty medications and controlled substances such as opioids. In addition, to obtain a 90-day supply a member's physician must approve and write a prescription specifically for a 90-day supply.

Why can't members get a 90-day supply of their specialty medication?

- Specialty medications are particularly complex when it comes to dosing and potential side effects. As a result, individuals taking these medications require a higher degree of monitoring to ensure that the therapy is having the intended result and that it is well tolerated.
- Because of this, treatment approaches (dose, medication selected, duration, etc.) can change quickly. As a result, we limit specialty prescriptions to no more than 30-days.
- We continue to monitor for potential disruptions to the pharmacy supply chain and delivery logistics. At the present time, we have not identified any issues and feel confident that our specialty patients will continue to be able to receive those medications. We will continue monitor and should these conditions change we will adjust accordingly.

Do you charge for home delivery?

- No. 90-day prescriptions filled through the IngenioRx Home Delivery pharmacy receive free standard shipping.
- Members can also check with their local pharmacies for delivery options they may offer.

What kind of packaging are your home delivery prescriptions shipped in?

Our existing packaging materials include poly bags and cardboard boxes.

Can coronavirus can live on packages? Is getting prescriptions through the mail safe?

- Although we are still learning about COVID-19 and how it spreads, both the WHO and CDC have stated that the likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a package that has been moved, travelled, and exposed to different conditions and temperature is also low.

- As a general precaution, members should wash their hands for 20 seconds with soap and water after bringing in packages, or after trips to the grocery store or other places where you may have come into contact with infected surfaces.

Who do you use to ship your home delivery prescriptions?

- We primarily use the US Postal Service and UPS to ship our home delivery packages but we have relationships with all of the major carriers.
- In the event that one of our carriers shuts down deliveries, we have redundancy plans in place to move our shipments to another carrier.

Can my home delivery prescription be delivered without requiring a signature?

Given guidance regarding social distancing, we are waiving our requirements for a signature at the time of delivery for home delivery prescriptions except where required by local regulations.

What do you have in place to keep your dispensing facilities “clean” of COVID-19?

- In order to ensure that our dispensing facilities are safe and sanitized to minimize exposure risk, we are following the CDC’s general cleaning guidance, which includes frequently cleaning all commonly touched surfaces, using disposable wipes to disinfect these surfaces, and using Personal Protective Equipment while cleaning.
- Additionally, we are instituting more stringent cleaning protocols in keeping with the recommendations from the CDC. Cleaning crews will be on-site daily to disinfect surfaces in common areas and lavatories.

How are you handling prior authorizations given the current situation with COVID-19?

- To ensure that our members do not experience any interruptions in their medication therapy, we will be extending expiring prior authorizations, where appropriate, on a rolling basis. Extensions will be anywhere from 90-days to one year depending on the duration of the original prior authorization approval.
- This policy will remain in effect until further notice.

- Prior authorizations for individuals who are new to therapy will remain in place.

Behavioral Health Questions

What is Anthem doing to support behavioral health and emotional wellness during COVID-19?

To meet the needs of Anthem members who may be struggling during this time, Anthem is promoting digital solutions to help.

- Anthem's affiliated health plans and Beacon Health Options are collaborating with [Psych Hub](#), mental health advocates and other national health insurers to develop a free digital resource site to help individuals and care providers address behavioral health needs resulting from the COVID-19 pandemic.
- Anthem is providing full access for all members to our [Employee Assistance Program web site](#) with COVID-19 tools and informational resources (click log-in, enter company code: EAP Can Help).
- Anthem is increasing the ability of providers to deliver behavioral health services via the telephone and encouraging members to use existing telehealth services for behavioral health, as well as to embrace services delivered digitally.
- Anthem health plans with Employee Assistance Programs offer individual and employer-sponsored members up to six free sessions with a behavioral health counselor.

Anthem's telehealth provider, LiveHealth Online, offers LiveHealth Online Psychology and LiveHealth Online Psychiatry, a confidential and effective way for members to see a behavioral health professional, such as a therapist, psychologist or psychiatrist, during these stressful times and receive behavioral health support from their homes via smart phone, tablet or computer-enabled web cam.

In addition, myStrength is an app that delivers 24/7 access to personalized online and mobile resources to help members manage symptoms such as stress, anxiety, depression, substance use, chronic pain and sleep. myStrength was already

available to members who have Anthem's Employee Assistance Program, other employer-based programs and Medicaid members in Florida, Texas, Washington and Washington D.C.

What behavioral health services is Anthem offering that have waived cost shares?

Anthem is waiving member cost share for telehealth visits for 90 days, including visits for behavioral health, for members of our employer-sponsored, individual, and Medicare Advantage plans, and where permissible, Medicaid plans for 90 days, as of March 17. Self-insured plan sponsors will have the choice to participate.

How can Anthem's Employee Assistance Programs assist members at this time?

Anthem health plans offer most individual and employer-sponsored members up to six free sessions with a behavioral health counselor that they access through an Employee Assistance Program. EAPs are a good tool to help ease members into behavioral health sessions. After that, their health benefit plans offer standard coverage for behavioral health sessions. EAP can help with assessing symptoms, discussing treatment options, and helping members connect to support and resources, such as [myStrength](#), an app which delivers 24/7 access to personalized online and mobile resources to help members manage symptoms of depression, anxiety, substance use, stress, chronic pain and sleep.

What kind of behavioral health philanthropic or social determinant of health efforts have you been engaged in related to COVID-19?

Through the support of Anthem's philanthropic arm, the Anthem Foundation, a \$100,000 grant was made to Mental Health America, which supports MHA's [Screening to Supports](#) program. The program is an online platform offering free, anonymous mental health screens to nearly 1 million people per year.

Also, Anthem has partnered with [Aunt Bertha](#), a leading social care network providing community support across the country, to help our members identify free and reduced-cost programs to meet their needs. Programs include help with food, transportation, health, housing, job training and a range of other initiatives that can assist individuals and families throughout the COVID-19 crisis.

Underwriting and Financial Questions

If an employee is enrolled in a group plan today and has been furloughed, but has paid towards their annual out-of-pocket expenses (e.g., deductible or out-of-pocket limit), would the employee receive a credit towards their annual out-of-pocket expenses once re-enrolled?

Yes, the employee will receive credit towards the annual out-of-pocket expenses based on what was paid within the current benefit policy period.

Will the probationary period for new hires be waived?

Employees who are rehired by May 31, 2020 will not be subject to the waiting period. Newly hired employees will be subject to the waiting period.

When can a small group complete an off-cycle buy down?

Regardless of the ACA and MEWA Small Group effective date, the group can make one off-cycle buy down to a less expensive plan. Employers must notify Anthem by May 31, 2020 for a future off-cycle buy down effective date. Anthem will implement the off-cycle buy down at a minimum within 10 business days. The group will keep their current renewal date. Plan changes may require a 60-day notice to employees prior to the change taking effect due to the SBC material modification requirements.

Similar to Large Group, Small Group ABF accounts can potentially make off-cycle benefit changes, but these are subject to approval by the state Underwriting RVP. Given the concern with Small Group legacy (non-ACA) business piercing grandmothers status, we will not allow those groups to make off-cycle benefit changes.

Can the small group keep their current plan if they buy down off-cycle?

No, all members must move to the new plan design(s).

If a small group has multiple plan designs, how many can be selected if they buy-down off cycle?

The group must select ONE plan design for all covered employees. At renewal they can add plan designs according to the local guidelines.

Can a small group buy-up and improve their benefits?

Not off-cycle. A group is permitted to buy-up at time of renewal.

What types of products does the small group off-cycle buy down apply to?

This applies to ACA and MEWA plans only.

What is Anthem’s grace period position for state and federal mandates?

Anthem is and will remain compliant with all state and federal grace period mandates.

Flexible Spending Accounts/Other Benefits

How are we handling allowing members to make changes to their FSA for dependent care?

Elections to a dependent care FSA can be increased or decreased when members experience a change in cost or coverage. That is just the IRS term for being allowed to modify your election if daycare becomes more/less expensive or now is/is not needed. Healthcare and Limited Purpose FSAs are more complicated and do not have the change in cost or coverage allowance under Sec 125 cafeteria plans.

Currently, Dependent Care accounts require a signature from the daycare provider. In light of the current signature, we have been asked to remove this requirement while daycare centers are closed. Would this cause any untoward impacts from a regulatory perspective?

Anthem has changed the DCA reimbursement form to not require a signature in most cases. If the member has an invoice from the provider we can use that as evidence for substantiation. However, if no invoice is available then substantiation guidelines would require a provider signature. The federal government has not lifted or suspended any substantiation requirements at this time so one or the other is needed. Members are able to reimburse themselves in the future once centers are open again, and employers are able to extend runout periods, for plan years changing over in the near future, to give employees more time to file claims

Can customers change Dependent Care FSA elections because childcare providers are closed or they are now working from home?

Generally Dependent Care elections cannot be changed mid-plan year unless the subscriber is eligible as part of a qualified life event. Under some circumstances, election changes can be made as the result of a change in cost or coverage. Employers should review their cafeteria plan documents and determine if Dependent Care election changes can be made as a result of a change in cost or coverage due to emergency measures enacted because of COVID-19.

What relief is available for customers unable to submit runout claims because documentation is unavailable due to provider closures?

Spending account runout periods are established by the employer when setting up the plans. As such, plan designs can be amended allowing for extended time to submit prior period claims. In the event the current runout period closes prior to implementing an extension, the employer is permitted to make the plan design changes to reopen the runout period and allow eligible expenses to be resubmitted for reimbursement.

Can customers make changes to FSA elections because elective and nonessential services have been halted?

At this time FSA and cafeteria plan regulations do not allow for election changes due to cost or availability of services. Anthem will continue to provide updates on any regulatory changes that give relief to subscribers that are unable to use their full FSA elections. Employers that currently do not offer grace period or rollover as part of their FSA plans are able to add those features to extend the time period for using FSA funds and lessen some of the impact of FSA forfeitures.

As many gyms have closed due to COVID-19, how will this impact the number of gym visits needed for reimbursement?

We are finalizing a waiver approach with American Specialty Health now to ensure no disruption to members seeking gym reimbursement while they are unable to access their facility.

Benefit Impact for Layoffs/Furloughs

Will Anthem be cancelling policies for members with Individual plans if they can't pay their premium because they lost their job?

As the Coronavirus (COVID-19) continues to threaten public health and impacts the ability for many members to pay their premiums due to loss of employment, we are providing members additional time to pay their premiums. The following applies to members enrolled in the following products:

- Grandfathered: will not have their policies cancelled in March due to non-payment of premiums and those members will be provided another 30 days to pay their premiums (until April 30).
- Grandmothered/Transitional: will not have their policies cancelled in March due to non-payment of premiums and those members will be provided another 30 days to pay their premiums (until April 30).
- ACA (no financial assistance, nonsubsidized): will not have their policies cancelled in March due to non-payment of premiums and those members will be provided another 30 days to pay their premiums (until April 30).
- Dental plans and vision plans will not have their policies cancelled in March due to non-payment of premiums and those members will be provided another 30 days to pay their premiums (until April 30).

ACA subsidized Individual Policies (with financial assistance)

- Individual members enrolled in ACA plans with financial assistance who would normally enter into the first month of their 90-day grace period as of April 1 due to not paying their portion of the premium due on April 1 will receive an additional 30 days to pay their portion of the premiums before actually entering the first month of the 90-day grace period. Members who have not paid their premiums in full by May 1 will enter into the first month of the 90-day grace period. Any members enrolled in ACA compliant plans with APTC who are already in the 90-day grace period are required to pay their portion of the premiums that are due before the end of the 90-day grace period to avoid cancellation.

The duration of this policy will continue to be reviewed. State specific guidance for our Individual members as well as guidance for our members receiving federal financial assistance will be communicated when available.

Are customers able to continue employee health benefits if part of the workforce is laid-off or furloughed in response to the COVID-19 crisis?

Fully Insured Plans	Self-Insured Plans
<p>Yes. Anthem’s requirement for employees to be actively working in order to be eligible for coverage will be relaxed through May 31, 2020 as long as the monthly premium payment is received.</p> <p>Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs.</p>	<p>Yes. Payment of administrative fees, claims cost and stop loss premium is required to continue coverage for laid-off and furloughed employees who are not actively at work. This flexibility will remain in place through May 31, 2020.</p> <p>Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs.</p> <p>If Anthem is not a customer’s stop loss carrier, Anthem recommends verifying coverage with the customer stop loss carrier.</p>

Are customers able to continue employee health benefits if the entire workforce is laid off or furloughed in response to the COVID-19 crisis?

Fully Insured Plans	Self-Insured Plans
<p>Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage as long as the monthly premium payment is received.</p> <p>Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs.</p>	<p>Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage. Payment of administrative fees, claims cost and stop loss premium is required to continue coverage for laid-off employees who are not actively at work.</p> <p>Coverage must be offered on a uniform, non-discriminatory basis to all employees and employee premium contributions must be the same or less than what they were prior to the layoffs.</p> <p>If Anthem is not a customer’s stop loss carrier, Anthem recommends verifying coverage with the customer’s stop loss carrier.</p>

Will continuation coverage be available for a customer’s employees who have been laid off and are employers able to offer continuation coverage to their employees at their own expense?

Fully Insured Plans	Self-Insured Plans
<p>If an employer offers COBRA and if one person remains actively employed, employees may elect to continue coverage under COBRA by following the normal notice and election procedures. Anthem will not change premium through May 31, 2020 as a result of these layoffs.</p> <p>If there are no active employees, the plan is terminated and COBRA will not be an option.</p> <p>However, employees will have the option to enroll in individual coverage during a special enrollment period or would have the option to purchase a short-term plan that is subject to medical underwriting.</p>	<p>If a customer offers COBRA and if one person remains actively employed, employees may elect to continue coverage under COBRA by following the normal notice and election procedures. Anthem will not change premium or admin fees through May 31, 2020 as a result of these layoffs.</p> <p>If there are no active employees, the plan is terminated and COBRA will not be an option.</p> <p>However, employees will have the option to enroll in individual coverage during a special enrollment period or would have the option to purchase a short-term plan that is subject to medical underwriting.</p> <p>If Anthem is a customer’s stop loss carrier, the policy will terminate if the minimum enrollment of active employees threshold is not met. If Anthem is not a customer’s stop loss carrier, Anthem recommends verifying coverage and minimum enrollment requires with your stop loss carrier.</p>

As an employer, are we able to continue to offer health benefits to our employees if their hours are significantly reduced in response to the COVID-19 crisis? In other words, if only employees that work 30+ hours are eligible for coverage, will they still be eligible if they work less than 30 hours per week?

Fully Insured Plans	Self-Insured Plans
<p>Yes. Anthem will continue to provide coverage through May 31st, 2020 in this situation as long as the monthly premium payment is received.</p> <p>Coverage must be offered on a uniform, non-discriminatory basis to all employees that had been offered coverage and employee premium contributions must be the same or</p>	<p>Yes. Payment of administrative fees, claims cost and stop loss premium is required to continue coverage for employees that are no longer working full-time hours. This exception will be made through May 31, 2020.</p> <p>Coverage must be offered on a uniform, non-discriminatory basis to all employees that had been offered coverage and employee</p>

<p>less than what they were prior to the reduction in hours.</p>	<p>premium contributions must be the same or less prior than what they were prior to the reduction in hours.</p> <p>If Anthem is not your stop loss carrier, Anthem recommends verifying coverage with your stop loss carrier.</p>
--	--

Will Anthem allow coverage reinstatement for failure to pay premium?

At this point in time, Anthem’s current reinstatement policies will remain in place.

As a result of the COVID-19 crisis, will Anthem renewal rate actions or quote responses be delayed or impacted?

Anthem will continue to meet renewal rate actions and/or quote expectations and do not anticipate delays or impacts.

If employees are losing their health insurance coverage due to being laid-off, will Anthem be able to offer coverage options?

Anthem recommends employers work with their employees to assess coverage options and eligibility by going to www.healthcare.gov. Some examples of options include Medicaid or qualifying event for a special enrollment period for an ACA compliant plan. If Medicaid or ACA compliant plans is not a fit for your employee, they may also consider a short-term plan if available in their state. Also, COBRA or state continuation should be made available as well.

If an employee is currently covered but dependents do not have coverage, can the dependents enroll during the special enrollment period?

Yes, the special enrollment period from March 23, 2020 to April 15, 2020 is also open to eligible dependents, even if the employee currently has coverage. Paperwork is due April 20th.

For those who enroll in an ACA compliant health insurance plan, how quickly will their coverage be effective?

The qualifying event for the special enrollment period will determine the effective date of coverage. Please visit www.healthcare.gov or prospective carrier. Premium subsidies are not available for plans purchased outside of the exchange.

For those who chose to enroll in a short-term plan, how quickly will their coverage be effective?

Short-term plans, where available, will typically be reviewed and approved by the plan's underwriters and will be effective the day after formal underwriting approval.

If temporarily laid-off members return to work, will they be eligible to obtain coverage without a waiting period?

Employees rehired by May 31, 2020 will not be subject to a waiting period.

How long can an employer keep an employee on the plan if the employee is on a leave of absence?

The duration an employer can keep an employee on the plan while currently on a leave of absence is based on the employer's leave of absence policy.

If an employee is unable to contribute coverage through payroll due to lack of income, will Anthem provide relief to the member?

No. At this point in time, Anthem's current policies will remain in place.

If companies that have to temporarily shut down due to COVID-19 and are in the middle of open enrollment or have an upcoming open enrollment, will Anthem extend their open enrollment period?

Anthem will continue to allow policy changes to be made 60 days after the renewal date.

Are we able to place high dollar claims on hold or stop if the self-insured group believes that it might not have the funding at this time?

We realize these are unprecedented times and want to help and support our clients where possible. However, due to the various impacts to all customers, Anthem will not be able to place high-dollar claims on hold.

Would Anthem be open to delegating decision-making authority on eligibility to the Professional Employer Organization?

Effective through May 31, 2020, we will allow the Professional Employer Organization, or PEO, to have decision-making authority upon request for these arrangements.

Would Anthem be open to allowing groups to cancel members and re-enroll when re-hired without meeting waiting periods?

Anthem's standard policy outlines subscribers/employees rehired within 30 days of termination will be reinstated without a break in coverage. To offer flexibility during this time through May 31, Anthem will allow subscribers rehired within 60 days of termination to be reinstated without a break in coverage.

If the employee is rehired within 61-92 days (61-365 days in Maine) after a break in employment, there will be a break in coverage. However, the probationary or service waiting period will be waived.

If an employee waived coverage for this plan year, would Anthem allow a special open enrollment?

Yes, Anthem will provide Fully Insured Groups, excluding Life and Disability[^], a Special Enrollment Period to enroll employees who previously did not elect to enroll in coverage at the time of open enrollment. This Group Special Enrollment Period will last from March 23, 2020 to April 15, 2020 and is available to both Large and Small groups. Coverage would be effective April 1, 2020. State eligibility guidelines will apply.

Employees needed to be eligible at time of open enrollment for the employer and this Group Special Enrollment will also be applicable to dependents (even if the employee currently has coverage). The employer should follow standard processes of sending updated enrollment to Anthem as they would for any qualifying event or enrollment period via 834s and paper; other electronic formats are not available at this time. Updated enrollment needs to be received by Anthem by April 20, 2020 at the latest.

This is for Fully Insured groups. For ASO groups, it is their decision as to what guidelines they would like to apply. In your discussions with your ASO clients if they ask questions regarding the special enrollment period you can share what Anthem is doing for Fully Insured Groups and inform them that should they chose

to take any action that submitting enrollment files would follow their current process.

^For Anthem's Fully Insured Group Life and Fully Insured Group Disability groups, the Special Enrollment Period will not apply. The existing enrolled Disability and Life population shall remain covered, subject to the all other terms of the policy.

Will Anthem allow mid-year changes to plans for customers who are looking for ways to save money?

For both small and large groups we cannot offer a new plan design mid-year. However, groups can potentially change existing plan designs to make them less rich and will be reviewed on a case by cases basis by Underwriting. Plan changes may require a 60-day notice to employees prior to the change taking effect due to the SBC material modification requirements.

Employer Impact

Why is it important to refer to the CDC for questions related to COVID-19?

The COVID-19 outbreak is an emerging, rapidly evolving situation and CDC provides updated information as it becomes available, in addition to updated guidance.

The CDC is an official, public and national source of information and acts as a clearinghouse for information and reporting on infectious disease as it is constantly evolving. As part of the US Department of Health and Human Services, its mission is to protect America from health, safety and security threats, both foreign and in the United States.

What can employers do?

Employers should check the CDC page for [interim guidance for businesses and employers](#) for information on strategies that can be used to prevent the spread of COVID-19 and keep employees safe.

Should employees be traveling?

That is a decision to be made by each individual business as risk will vary as to the type of business and over time as the virus evolves. The CDC has established a [travelers' health page](#) to keep everyone updated on where travel has its greatest risks.

What is social distancing and where can I find out more about it?

[Social distancing](#) measures are taken to restrict when and where people can gather to stop or slow the spread of infectious disease. The CDC has published a set of recommendations on its [interim guidance for businesses and employers page](#) that can help with that.

How can employers communicate about COVID-19 without causing social stigma?

Stigma is a real concern. Viruses cannot target people from specific populations, ethnicities or racial backgrounds. The CDC has developed a page on [stigma related to COVID-19](#) that may help employers mitigate this issue.

How does my business prepare for a pandemic?

The [CDC pages for interim guidance for businesses and employers](#) have helpful information.

How does the CDC recommend local governments and communities prepare for a pandemic?

The CDC has developed pandemic preparedness resources that are available [here](#).

How will Anthem address open enrollment over the next several months for clients who do not have online resources?

The team is developing virtual open enrollment options and will share them when available. Members can call the number on the back of their identification card to confirm coverage.

Disability, Absence, Life and Supplemental Health Questions

Are premiums required on voluntary (life, AD&D, disability and/or supplemental health products) coverage?

Yes, premiums are required to continue coverage. Employers are required to collect and remit premiums from their employees. Non-payment of premium will result in termination of coverage.

Can the employer pay the premium on behalf of the employee?

Yes.

Are there any imputed income issues?

Plan sponsors are encouraged to address tax and other plan issues with their own legal counsel.

Will Disability or Life rates/premiums be subject to change if enrollment drops by more than 10 percent as a result of the COVID-19 crisis?

Effective through May 31, 2020, if the loss of enrollment is a result of the COVID-19 crisis, rates and premiums will not change solely as a result of the COVID-19 loss of enrollment.

Disability Plans

Is an individual who is quarantined but not sick or diagnosed with COVID-19 considered disabled?

Generally, we do not consider quarantined workers to be disabled unless they have a medical condition that results in restrictions and limitations that satisfy a policy's definition of disability. Employees who have been diagnosed with COVID-19 and are unable to work will be evaluated like any other injury or illness under the contract, with clinical support/proof of disability required. All contract provisions apply.

Is isolation or quarantine considered a disability under Anthem's disability insurance or life insurance waiver of premium provisions?

- For fully insured groups, each case will be reviewed on its own merit, subject to the policy provisions of the disability or life policy. Employees

who self-quarantine but are not diagnosed with COVID-19 will not be covered.

- For self-insured groups, we will coordinate with the policyholder.

Does Anthem have a quarantine rider on its disability plans?

Anthem does not have a quarantine rider on disability plans.

How will Anthem use tele-doctor/virtual doctor office visits to get documentation/medical records/certification of disability?

If LiveHealth Online is used, Anthem disability case managers may be able to access the claimant's summary through Anthem's clinical integration application. When another telehealth is used, Anthem will utilize the summary given to the employee/claimant by the telehealth provider.

What if we are unable to obtain medical documentation to certify or recertify a disability, such as doctor's office is closed, doctor unable to see nonessential or non-emergency patients.

We will make every attempt to obtain medical records. In the event we are unsuccessful, we will review the claim history, utilize duration tools, and interview the claimant to determine next steps. For customers that have Anthem medical and disability coverage, we may be able to utilize in-house medical information, with claimant's authorization.

What happens if an employer closes their facility and employees are unable to work?

Employees who are unable to work as a result of their employer's decision to close a facility do not meet the definition of disability under our policy. Employers remain responsible for decisions related to employee wages.

Can employees continue their group disability or group life coverage if their employer closes their facility and employees are unable to work?

Depending upon each group policy, coverage may continue but will be subject to the terms outlined in the policy that relate to temporary layoffs and leaves of absence. Furloughs will be similarly considered.

For continuance of coverage, premium must continue to be paid, without interruption.

Is an employee eligible for life and/or disability benefits if their hours are reduced below the minimum hours required for eligibility as defined in the policy?

If an employee's hours fall below the minimum, these employees will be treated as if they are on an approved leave of absence and will remain eligible for coverage within the plan they were in prior to the reduction in hours. Premiums must continue to be remitted to Anthem for the original amount of insurance prior to the reduction in hours.

Coverage eligibility will be based on the number of the hours working as of the end of the month prior to the date of the reduction in hours. For those benefits based on salary or wages as of the last date worked, we will utilize the salary or wages as of the end of the month prior to the date of the reduction in hours. This accommodation will be effective March 1, 2020 through April 30, 2020. We will continue to monitor this situation and will provide additional guidance as it becomes available.

If an employer or owner elects to reduce or take no salary, is he/she still eligible for benefits at the rate prior to the elected reduction in salary?

Yes, premiums must continue to be remitted to Anthem for the original amount of insurance prior to the reduction in salary. Coverage eligibility will be based on the salary as of the end of the month prior to the date of the reduction. Benefits we will be based on the salary as of the end of the month prior to the date of the reduction. This accommodation will be effective March 1, 2020 through April 30, 2020. We will continue to monitor this situation and will provide additional guidance as it becomes available.

How long can I furlough an employee before I have to terminate them from my plan?

Depending upon each group policy, coverage may continue but will be subject to the terms outlined in the policy that relate to temporary layoffs and leaves of absence. Furloughs will be similarly considered.

For continuance of coverage, premium must continue to be paid, without interruption.

What happens if an employee becomes disabled or dies while out on leave or furlough? How will this work?

- Depending upon each group policy, coverage may continue but will be subject to the terms outlined in the policy that relate to temporary layoffs and leaves of absence. Furloughs will be similarly considered.
- For continuance of coverage, employee and employer premium must continue to be paid, without interruption.
- Benefits will be determined based upon the policy provisions

Will you reinstate the Short-term Disability, Long-term Disability and or Life coverage for a terminated employee without requiring a new Eligibility Waiting Period or Evidence of Insurability?

For employees who are terminated and are rehired within 12 months at an equivalent plan design we will not require a new Eligibility Waiting Period or EOI. We will credit any amount of time you were previously insured under your Anthem policy toward the satisfaction of policy time limits.

Will we be extending the layoff provision of the Continuation of Coverage benefit due to COVID-19?

Not at this time. However, we will continue to monitor the situation and provide additional guidance as it becomes available.

If changing life and disability carriers, are employees who were actively at work prior to a furlough or layoff on a prior carrier's policy, eligible for coverage at takeover while on furlough or laid off status?

Yes, as long as coverage would have continued had there not been a change of carrier. Coverage will continue based on the leave of absence provision in our policy. Payment of premium required.

If changing life and disability carriers, are employees who are below the minimum numbers of hours required on a prior carrier’s policy, eligible for coverage at takeover?

If an employee’s hours fall below the minimum, these employees will be treated as if they are on an approved leave of absence and will remain eligible for coverage within the plan they were in prior to the reduction in hours. Premiums must be remitted to Anthem for the original amount of insurance prior to the reduction in hours. Coverage eligibility will be based on the number of the hours worked as of the end of the month prior to the date of the reduction in hours. For those benefits based on salary or wages as of the last date worked, we will utilize the salary or wages as of the end of the month prior to the date of the reduction in hours. This accommodation will be effective March 1, 2020 through April 30, 2020. We will continue to monitor this situation and will provide additional guidance as it becomes available.

Is the insurance company allowing a longer grace period for me to pay my premiums?

Our grace period is included in the policy. However, we will adhere to mandates and/or any regulatory direction regarding grace period.

California Insurance Commissioner Ricardo Lara issued a notice on March 18, 2020 requesting that all insurance companies provide their policyholders with at least a 60-day grace period to pay insurance premiums. This applies to any insurance coverage in California including, life, health, auto, property, casualty, and other types of insurance. We are working with our administration teams to support this request.

State-Mandated Disability Plans (e.g. CA SDI, NY DBL, NJ TDB, HI TDI)

Does Anthem administer state-mandated disability plans for our customers?

We administer the NY DBL (Disability Benefits Law), NJ TDB (Temporary Disability Benefits) and HI TDI (Temporary Disability Insurance) for a number of our customers. We do not administer the CA SDI program for any customers.

Are there any changes to how we are administering these programs due to COVID-19?

Yes, New York recently enacted changes to New York DBL and PFL related to COVID-19. New York added emergency sick-leave for COVID-19 quarantine and expanded PFL and DBL for related considerations. Changes were effective immediately as of March 18, 2020 and we are administering the DBL and PFL accordingly. Additional information about these changes will be forthcoming.

Yes, New Jersey recently enacted changes to its statutory disability (TDB) and PFL law related to COVID-19. New Jersey expanded the law to allow benefits for COVID-19 quarantine and expanded PFL and TDB for related considerations. Changes were effective immediately as of March 25, 2020 and we are administering the TDB and PFL accordingly. Additional information about these changes will be forthcoming.

As of the publication of this communication, Hawaii (TDI) has not issued any changes as to how we should be administering its programs but we continue to monitor the situation.

In California, Governor Newsom issued an Executive Order on March 13, 2020, to waive the one-week elimination period for CA SDI benefits for people who are disabled as a result of COVID-19. As mentioned above, we do not administer CA SDI for any customers.

What does the state of New York qualify as quarantine?

In accordance with the COVID-19 related changes to DBL and PFL, employees must have an order of quarantine from the state of New York, Department of Health, local board of health, or any government entity authorized to issue such an order. It's important to note that school closures and requests for non-essential personnel to remain at home may not qualify as quarantine under the program's definition.

Who is required to pay the initial New York COVID-19 sick leave benefits (up to 14 days) outlined in the COVID-19 related changes?

Employers are required to pay the initial sick leave benefits according to the number of employees they have.

Is COVID-19 infection considered a disability under these state disability programs?

Employees who have been diagnosed with the COVID-19 and are unable to work will be evaluated like any other illness under the contract, with clinical support/proof of disability required. All contract provisions apply.

Is isolation or quarantine considered a disability under these state disability plans?

We administer NY DBL, NJ TDB and HI TDI in accordance with state regulations. We are continuously monitoring to comply with any regulatory changes related to COVID-19.

Is Anthem waiving the elimination period for our Short-term Disability plans to match what California Short-term disability is doing?

Not at this time but we continue to evaluate the situation.

Absence Management, Family Medical Leave (FMLA)

Is COVID-19 infection considered a covered leave under Anthem's FML administration plans and state leave administration plans?

Anthem administers plans in accordance with Federal and State mandates. To be covered under the Family Medical Leave Act, an employee or family member for whom they are caring would need to have official documentation that certifies that they have a serious health condition. COVID-19 could be considered a serious health condition. The following would not qualify as a serious health condition:

- A COVID-19 diagnosis without certificate by a doctor of serious health condition. An employee must have a certification by a doctor.
- An official quarantine order,
- A need to self-quarantine due to lowered immunity,
- An employee's need to care for a child due to school closure.

In regards to the employees' needs to care for a child due to school closure, the recently passed Families First Coronavirus Response Act includes the Emergency Family and Medical Leave Expansion Act. This act will expand coverage to employees who are unable to work or telework due to the need to care for a child whose school or child care provider has been closed due to the COVID-19 emergency. Employers with fewer than 500 employees must comply with the Expansion Act, although the Secretary of Labor may exclude certain health care providers and emergency responders from the definition of employee and may also exempt small businesses with fewer than 50 employees. Additional information about the Families First Act, the Emergency Family and Medical Leave Expansion Act and the Emergency Paid Sick Leave act will be forthcoming.

At this time, employees who have a diagnosis without certification or are quarantined with no symptoms are not eligible for coverage. However, we continue to monitor potential changes in each state.

What is considered a serious health condition?

FMLA defines serious health condition as "an illness, injury, impairment, or physical or mental condition that involves: inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider."

What happens if an employer closes their facility and employees are unable to work?

- Employers who decide to close are responsible for decisions about wages/salary payment;
- Employees who are unable to work solely as a result of their employer's decision to close a facility would not meet the definition of "serious health condition" under the FMLA law.

What if an employee is unable to work because their child's school is closed for an extended length of time?

The recently passed Families First Coronavirus Response Act includes the Emergency Family and Medical Leave Expansion Act will expand coverage to

employees who are unable to work or telework due to the need to care for a child whose school or child care provider has been closed due to COVID-19 emergency.

Employers with fewer than 500 employees must comply with the Expansion Act, although the Secretary of Labor may exclude certain health care providers and emergency responders from the definition of employee and may also exempt small businesses with fewer than 50 employees. Additional information about the Families First Act, the Emergency Family and Medical Leave Expansion Act and the Emergency Paid Sick Leave act will be forthcoming

How long can an employer keep an employee on the plan if FMLA has been exhausted and the employee is still on disability?

Anthem administers FMLA in accordance with Federal regulations associated with it. Qualification for disability benefits under the disability plan are considered independently from FMLA leaves and are governed by our Disability contract (insured) or employer plan document (self-insured). For an individual who is an active, approved insured disability claimant, their benefit will continue as long as they meet the definition of disability and other provisions under the policy until the maximum benefit period under the policy is reached.

State Paid Leave Programs

Does Anthem administer any state paid leave programs?

We administer the New York Paid Family Leave (PFL) program for many of our customers that have New York-based employees.

Is COVID-19 infection considered a covered leave under the New York PFL program?

Anthem administers New York PFL in accordance with New York PFL regulations, which permit paid leave associated with caring for a qualified family member under the law. Please refer to the New York DBL/PFL changes under the state mandated disability plan section. Additional information related to COVID-19 will be forthcoming.

Life & Accidental Death and Dismemberment Plans

Is death from COVID-19 covered by Anthem's group life plans?

Each life claim is evaluated individually in accordance to the policy. Anthem's Life coverage does not have any exclusions. Our supplemental and voluntary life plans generally only exclude suicide within two years of the employee's effective date (in Missouri, one year). A life claim for death from COVID-19 will be evaluated the same as any other infectious disease.

Is isolation or quarantine considered a disability under Anthem's life insurance waiver of premium provisions?

For fully insured groups, each case will be reviewed on its own merit, subject to the policy provisions of the disability or life policy. Employees who self-quarantine but are not diagnosed with COVID-19 will not be covered.

For self-insured groups, we will coordinate with the policyholder.

Can employees continue their group life coverage if their employer closes their facility and employees are unable to work?

Depending upon each group policy, coverage may continue but will be subject to the terms outlined in the policy that relate to temporary layoffs and leaves of absence. Furloughs will be similarly considered.

Is Accidental Death & Dismemberment coverage affected by COVID 19 related deaths?

No, coverage does not apply to a COVID-19 diagnosis.

Supplemental Health (Accident, Critical Illness & Hospital Indemnity) Plans

For continuance of coverage, premium must continue to be paid, without interruption.

- Accident products: Typically, Accident products would not provide benefits for the diagnosis or treatment of COVID-19.
- Hospital Indemnity products: There are no policy limitations associated with hospitalization due to a diagnosis of COVID-19. All other provisions of the policy must be met.
- Critical Illness products: COVID-19 is not considered a covered condition under our Critical Illness products.

Will COVID-19 testing be covered under health screening benefit of Critical Illness and Hospital Indemnity?

COVID-19 testing is covered by major medical plans including Anthem. Our Critical Illness product covers the diagnosis of 18 named critical diseases. Viruses, like COVID-19, are not diseases and are therefore not covered by Anthem's Critical Illness policy. Our Hospital Indemnity covers admissions and related confinements due to a sickness; therefore, a hospital stay for a virus, including COVID-19, would be covered.

Is Anthem expanding the list of covered illnesses in Critical Illness plans to cover the diagnosis of an infectious disease (like COVID-19) and pay a benefit?

COVID-19 is not included as a covered illness under Critical Illness plan. Admission and confinement would be covered for a COVID-19 related illness under a Hospital Indemnity plan.

Will Anthem offer premium forgiveness or extended grace periods?

Our grace period is included in the policy. However, we will adhere to mandates and/or any regulatory direction regarding grace period.

What is the process for portability of Anthem's supplemental plans?

Upon termination of active employment the employer as part of their administrative duties would be responsible for notifying the employee of their right to extend coverage. The employee would complete the documentation and submit to Anthem to extend coverage.

Other Resources

What resources can Anthem offer to help employees and their families?

- Member Assistance Program/Resource Advisor: Groups with an Anthem Life or Disability plan have access to our Resource Advisor member assistance program. Employees have access to a licensed counselor 24/7. Resource Advisor telephone counselors can also arrange up to three visits via LiveHealth Online video counseling.

- Travel Assistance: Employees and their family members who are away from home can connect to medical, legal and other services 24/7, and can receive travel support during this pandemic. It's included with Anthem's group Life Insurance.

Dental Questions

Is Anthem closing its dental customer service offices?

Our offices remain open. To protect our internal associates, many of our customer service representatives have successfully transitioned to work at home during the COVID-19 crisis. Our service standards remain unchanged and we remain committed to excellence in serving the needs of our members, groups, brokers, providers, internal associates and all constituents. Dental customer service is available from 7 a.m. to 7 p.m. CT.

How are Anthem and dental providers handling the temporary closure of dental offices?

The health and safety of our members and providers is our top priority. As of March 16, 2020, many dental clinics and offices are following the advice of the American Dental Association and local health authorities to limit routine dental care for the next three weeks. This is to help redirect emergency dental care, such as toothaches, away from hospital emergency rooms, as well as protect the health of patients and dentists alike.

What if members have a dental emergency?

Should members have a dental emergency, they should contact their dentist and explain their situation.

- Their dentist will advise them of the appropriate care and place of treatment.
- If a dental office visit is required, they may be asked to practice "social distancing," such as remaining in their vehicle while waiting for their appointment to begin to limit the potential spread of the virus.

- If they are unable to obtain care, members should call the number on the back of your ID Card for assistance or access (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca) and select “Contact Us.”

What is the definition of non-essential or non-emergency care?

Non-essential services include but are not limited to new patient and continuing patient examinations, routine visits and cleanings, periodontal maintenance and root planing, non-urgent restorative care such as fillings and endodontic treatment such as root canals.

What if members have a DHMO plan, and the office they are assigned to is closed and they need Essential Dental Services?

All dental offices, including DHMO offices, have been advised by the American Dental Association to provide only Essential Dental Services at this time for urgent or emergency appointments. If members require Essential Dental Services, which include urgent, emergency appointments due to pain, swelling and infection as well as complications from completion of treatment in progress, our Customer Service team will assist them in locating another in-network provider and arrange for a referral from their assigned dentist after the provider’s office re-opens. We will provide benefits for emergency relief of pain, swelling, infection and complication of treatment in progress if the procedure would be covered at members’ assigned office during this time. If customer service is unable to locate an in-network dentist during this time, Anthem will provide benefits for emergency relief of pain, swelling, infection and complication of treatment in progress if the procedure would be covered at their assigned office during this time.

What if I have a dental treatment already in progress? Will I have to wait?

For dental treatment already in progress, members should contact their dentist directly and inquire about next steps. Their dentist will advise them of appropriate care and may ask you to reschedule any follow-up appointments based on the type of treatment in progress, such as orthodontic care vs. placement of a crown. If they have a dental emergency and their provider is not available, they should contact us at the number on the back of their ID card for

assistance or access (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca) and select “Contact Us.”

If members receive an EOB that states Anthem needs more information to process a claim and their dental office is closed, is there a time limit on their provider returning information?

We will accept the information and process the claim whenever the provider is able to submit information.

If a member’s dentist office is closed and has not submitted the claim prior to closing, when will the claim be processed?

We will process the claim as soon as the dental office submits it to us.

Will Anthem honor dental care through teledentistry?

Yes. Many dental providers already use teledentistry for different types of dental care, including routine preventive services, assessing restorative care like fillings and crowns, and it is especially effective for emergency care and consultations.

- Teledentistry, including online and mobile-phone enabled care, are eligible for coverage.
- Mobile options such as employer-sponsored near-site and onsite visits are also eligible.
- For coverage to apply, services must be covered under members’ dental plan. Members should call the number on the back of their ID card for assistance or access (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca) and select “Contact Us.”

Can members continue dental coverage if their employer closes their facility, reduces hours or furloughs employees and they are unable to work or my hours are reduced?

We are relaxing our policy through May 31, 2020, to allow for coverage in this scenario if part or all of an employer’s workforce is laid off or not working in response to the COVID-19 crisis. Please check with their employer group for additional details.

If dental offices are closed, how can members check on a claim or view their dental benefits?

Members can check the status of a claim, access their ID card, and review benefits online 24 hours a day, 7 days a week by accessing (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca). Click “Log-In” and follow the prompts to access your account.

- If they need to register, they should have their ID card ready and click “Register Now.”
- They may also access our mobile app, “Sydney Health” through the Google or Apple Store.
- If they are unable to register, or need additional assistance, they should call the number on the back of your ID Card for assistance or access (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca) and select “Contact Us.”

Vision Questions

How are Anthem and vision providers handling the temporary closure of vision offices?

The health and safety of our members and providers is our top priority. Many vision clinics and offices are following the advice of the Centers of Disease Control and Prevention and local health authorities to postpone routine vision care for the coming weeks, effective March 16, 2020. This is to protect the health of patients, staff and providers alike. If members are unable to reach their vision office or need additional assistance, they should call the number on the back of your ID card for assistance.

What if members have ordered eyewear? Will they have to wait to pick them up?

For eyeglass or contact lens orders in progress, members should contact their provider’s office for next steps. Their provider will advise you of their office policy whether amending store hours or closing.

What if providers' offices are closed and members need additional eyewear?

An alternative to visiting a local store is to get new glasses or contacts online. The Blue View Vision network includes 1800Contacts.com, Glasses.com, Ray-Ban.com, LensCrafters.com, TargetOptical.com and Contactsdirect.com as in-network providers. Member benefits are applied on these sites during checkout and glasses/contacts are mailed directly to a member's home. To locate these or other providers, members should refer to the provider locator on (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca).

We have also been working with 1800Contacts.com, which is partnering with doctors to create a solution to renew members' contacts prescription from home if they are seeing well with their current or recently expired prescription. ExpressExam is a free, online vision acuity test works with a phone or computer, 10 feet of space and members' current contact lens parameters. During the test, ExpressExam will take a picture of member eyes, read several letters and answer health-related questions. An eye doctor licensed in the member's state will review member results and issue members a renewed prescription so they can purchase contacts without interruption. To access the test, visit 1800Contacts.com and click "learn more about ExpressExam."

If a vision office is closed, how can members check on a claim or view vision benefits?

Members can check a claim, access an ID card, and review benefits online 24 hours a day, 7 days a week by accessing (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca). Click Log-In and follow the prompts. If they need to register, they should have their ID card ready and click Register Now. They may also access our mobile app Sydney Health through the Google or Apple Store. If they are unable to register, or need additional assistance, please call the number on the back of your ID card for assistance or access (www.Anthem.com, www.empireblue.com, or www.Anthem.com/ca) and select "Contact Us."

What if members are unable to visit a provider and they experience an eyewear emergency?

If members have lost, broken or damaged their eyewear, they should contact customer services so they can discuss benefit options with them. Alternatively, if members are unable to leave their home or locate an open provider and they do not have a valid prescription, they can also contact customer service. They may be eligible to receive an emergency pair of replacement Adlens Adjustable Glasses at no cost, subject to availability. These temporary, emergency glasses can be adjusted to switch focus for reading, computer and distance.

Can members continue vision coverage if their employer closes their facility, reduces hours or furloughs employees and they are unable to work or their hours are reduced?

We are relaxing our policy through May 31, 2020, to allow for coverage in this scenario if part or all of an employer's workforce is laid off or not working in response to the COVID-19 crisis. Members should check with their employer for additional details.

How can members prepare for going to the eye doctor?

Here are a few reminders for members with an eye appointment:

- If members or their family members are not feeling well, they should stay at home. They should contact their provider to cancel and reschedule your appointment.
- If members have any questions about an upcoming appointment, they should contact their providers.
- Many providers are asking additional screening questions related to COVID-19 such as if members have traveled overseas or if they have any respiratory symptoms. Providers may also take members' temperature.
- As a reminder, health professionals including dentists and vision providers follow infection control procedures in their practice as required by state law and as currently directed by the Centers for Disease Control and Prevention.

What is the role of the vision practitioner in maintaining a safe environment for staff and patients?

The American Academy of Ophthalmology, also known as the AAO, has issued a detailed guide for optical providers, which will help members understand the

steps and precautions vision professionals are being asked to take to ensure their health and safety. Offices are being asked to follow the same stringent cleaning and disinfection strategies used during flu season.

Providers are receiving recommendations for ways to decrease risk through no-touch receptacles reducing potential exposure in small or crowded waiting rooms by offering patients the option to wait in their car or somewhere else in close proximity and then receiving a phone call or text message when it is their turn for treatment, as well as extra care when assisting patients who may have a cough or other respiratory symptoms. According to the United States Department of Health and Human Services, telehealth options for services can apply whether or not patients have COVID-19 symptoms.

How can care be ensured in a safe setting?

While we believe strongly in the quality of care provided by the providers in our network, members should let us know if they experience anything in a provider's office that causes concern. In such a case, members can let us know immediately by calling the phone number on their ID card.

Federal Legislation Questions

How does the CARES Act apply to fully-insured and self-funded plans?

The CARES Act:

Requires coverage without cost sharing of COVID-19 diagnostic tests that are in addition to the test required by the Families First Act.

- Tests approved by the FDA, a state, or other methods approved by the Secretary of Health and Human Services must be covered. In addition, a test that is or will be under an active emergency use authorization request to the Food and Drug Administration must also be covered.
- Plans must cover testing at the in-network provider negotiated price or, if the plan does not have a negotiated price with the provider, the cash price as listed by the provider on a public Internet website.

Requires coverage without cost sharing of any qualifying preventive service for COVID-19.

- Coverage required 15 business days after a favorable recommendation from the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- A qualifying preventive service includes an item, service, or immunization intended to prevent or mitigate COVID-19.

Amends the Health Savings Account, or HSA rules.

- A high deductible health plan with an HSA beginning on or before December 31, 2021, can cover telehealth services and other remote care services prior to an HSA-eligible individual reaching the deductible.
- This change only extends to 2020 and 2021 plan years.

Allows over-the-counter medicines and drugs to be paid for with HSA, health flexible spending accounts, FSA, FSA, and health reimbursement accounts (HRA).

- Additionally, menstrual care products are treated as qualified medical expenses and can be paid for with HSA, FSA, and HRA dollars.
- These changes are effective for purchases beginning in 2020 and apply indefinitely.

State Mandates Questions

How are Anthem health plans addressing public health emergency mandates?

As always, Anthem health plans will follow mandates from public health emergency mandates, which generally apply to fully-insured, Medicaid and Medicare plans.

How do the mandates in the state of New York impact members and plan sponsors?

The New York Department of Financial Services (DFS) has issued a [circular letter](#) dated March 20, asking all insurers to suspend certain utilization management review and notification requirements to free up staff for clinical support. Effective March 20, Empire has implemented the following responses for

Individual, employer-based fully-insured and self-insured (ASO)*, Medicare** and Medicaid plans. This impacts all New York Empire members, inclusive of national accounts. Sales representatives from the National account department will contact these groups separately.

Will Empire be removing prior authorization requirements for scheduled surgeries or admissions at hospitals?

Empire is committed to working with and supporting hospitals. As of March 20, Empire is removing prior authorization requirements for scheduled surgeries or admissions at hospitals for the next 90 days to allow hospitals to utilize needed staff in clinical roles. Hospitals should continue admission notification to Empire in an effort to verify eligibility and benefits for all members prior to rendering services and to assist with ensuring timely payments. Empire may review any applicable cases retrospectively upon the resumption of retrospective review.

Will Empire be suspending concurrent review of inpatient hospital services?

Empire is suspending concurrent review requirements for 90 days effective March 20. Hospitals should continue admission notification to Empire in an effort to verify eligibility and benefits for all members prior to rendering services and to assist with ensuring timely payments. This will help reduce the amount of communication with Empire to allow hospitals to focus on patient care. Empire shall review any applicable cases retrospectively upon the resumption of retrospective review.

How will retrospective reviews for inpatient hospital services and emergency services be handled?

Empire is suspending retrospective reviews for inpatient hospital services and emergency services provided at in-network hospitals for 90 days. The effect of this change is these claims will be paid without being reviewed for medical necessity for 90 days effective March 20. The Circular Letter explains that hospitals should not enforce any contractual limitations regarding the permissibility of retrospective review or overpayment recovery.

Will hospitals be required to obtain prior authorization for home health care and inpatient rehabilitation services following an inpatient hospital stay?

In an effort to allow hospitals to increase inpatient capacity by quickly discharging patients to subacute or home settings, Empire is suspending for 90 days prior

authorization requirements for home health care services and inpatient rehabilitation stays (including inpatient rehabilitation services for mental health or substance use disorder treatment) following an inpatient hospital admission. Home health care services may be reviewed concurrently and retrospectively. This applies to concurrent and retrospective reviews for home health care services. This will allow members to be discharged more quickly and into services that will aid in their recovery from inpatient services. Hospitals must make every effort to transfer patients to in-network rehabilitation facilities. Empire shall review any applicable cases retrospectively upon the resumption of retrospective review.

How are notification requirements for emergency hospital admissions impacted?

Empire is suspending requests for medical records as part of the notification for emergency hospital admissions for 90. Hospitals should continue admission notification to Empire in an effort to verify eligibility and benefits for all members prior to rendering services and to assist with ensuring timely payments.

Will Empire be suspending its hospital payment and overpayment recovery audits?

Empire is suspending for 90 days non-essential audits of hospital payments. This will allow hospitals to focus on patient care during this crisis. The Circular letter indicates that hospitals should toll contractual time limits on audits and overpayment recoveries while these audits are suspended.

* Because ASO plans are not insured, these customers have the option to opt out of the following provisions if they so choose.

** For Medicare plans, please note:

- A shorter timeframe or changes in action may be necessary where required by federal law.
- Medicare reserves the right to perform post-payment reviews for all services.
- Medicare appeals timeframes are dictated by CMS.
- Audits/Recovery: Medicare is exempt from that statement.

Safety and Preparedness

What is Anthem doing to prepare?

Anthem is committed to help provide increased access to care, while eliminating costs and help alleviate the added stress on individuals, families and the nation's healthcare system.

These actions are intended to support the protective measures taken across the country to help prevent the spread of COVID-19 and are central to the commitment of Anthem's affiliated health plans to remove barriers for their members and support communities through this unprecedented time.

Anthem is committed to help our members gain timely access to care and services in a way that places the least burden on the healthcare system. Our actions should reduce barriers to seeing a doctor, getting tested and maintaining adherence to medications for long-term health issues.

Anthem is waiving:

- cost-sharing for the treatment of COVID-19 from April 1 through May 31, 2020 for members of its fully-insured employer, Individual, Medicare Advantage and Medicaid plans. We encourage our self-funded customers to participate, although these plans will have an opportunity to opt out.
- cost-sharing for COVID-19 diagnostic tests for members of our employer-sponsored, individual, Medicare and Medicaid plans.
- cost-sharing for visits to get the COVID-19 diagnostic test, regardless of whether test is administered, beginning March 18 for members of our employer-sponsored, individual, Medicare and Medicaid plans.
- cost-sharing for telehealth visits, including visits for behavioral health, for our fully-insured employer, individual, and Medicare Advantage plans, and where permissible, Medicaid plans for 90 days, beginning March 17. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.
- cost-sharing for FDA-approved medications or vaccines when they become available.

The cost-sharing waiver includes copays, coinsurance and deductibles.

For additional services, members will pay any cost shares their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

Telehealth (video and audio):

For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits, including visits for mental health or substance use disorders, for our fully-insured employer plans, Individual plans, Medicare plans and Medicaid plans, where permissible. Cost sharing will be waived for members using Anthem's authorized telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video and audio services. Self-insured plan sponsors may opt out of this program.

Note: Telehealth does not include the use of facsimile, telephone-only, or email.

Telephonic-only care

For 90 days effective March 19, 2020, Anthem will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required. This includes visits for behavioral health, for our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost shares will be waived for in-network providers only.

Prior authorizations

COVID-19 related prior authorizations are suspended.

Prescription Coverage

Anthem affiliated health plans are also providing coverage for members to have an extra 30-day supply of medication on hand. And, we are encouraging that when member plans allow that they switch from 30-day home delivery to 90-day home delivery.

For other covered services, members will pay cost shares their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers

should continue to verify eligibility and benefits for all members prior to rendering services.

How is Anthem employing strategies to protect employees and reduce the likelihood of them contracting COVID-19?

The health and safety of Anthem associates and the various stakeholders we serve is a top priority for our business every day. Anthem is monitoring developments related to COVID-19 in accordance with the Centers for Disease Control and Prevention.

We are taking steps to ensure our operations remain uninterrupted, while ensuring the health and safety of our associates. We are employing social distancing strategies, using teleconference and video conferencing capabilities whenever possible and encouraging work at home where appropriate. Anthem sends out regular communications to its associates and maintains a resource page on our associate-facing intranet site that provides resources including the recommendations from the CDC to reduce the likelihood of contracting COVID-19. Anthem also maintains a dedicated internal mailbox for questions from our Anthem associates about COVID-19.

How is Anthem communicating with consumers, customers, employees and vendors to deliver important news and take in questions?

The health and safety of Anthem associates and the various stakeholders we serve is a top priority for our business every day. Anthem communicates to our members, employers, and producers on our Anthem.com website at www.Anthem.com/coronavirus. On this blog there are both general information about COVID-19 and prevention and treatment and information about how Anthem members' coverage covers testing and treatment for COVID-1

Additional resources, like the Sydney Care mobile app and LiveHealth Online, are listed as well. Anthem associates have dedicated email addresses for submitting both internal questions as well as external questions from our members and producers and providers.

How is Anthem monitoring COVID-19?

Anthem’s comprehensive enterprise wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and Anthem’s Virtual Command Center for Emergency Management command, control and communication. In addition, Anthem has established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

Does Anthem have a business continuity plan in the event of a pandemic?

- Anthem maintains a comprehensive enterprise wide business continuity program that aligns business requirements of our operating units and related support areas to help us meet our commitments following an “unplanned event.”
- This plan includes strategies for a “People Unavailable” event, including a pandemic, to help us continue critical business processes to meet our customer commitments.
- Response to and mitigation of such an event can include leveraging our broad geographic footprint, work from home capability, increased personal hygiene and additional building hygiene measures and frequency, travel restrictions, isolation of personnel, and limiting access to and travel between our facilities.
- All of this is documented in established policies and procedures to support crisis response measures, such as during a pandemic threat.

Privacy

Can Anthem provide my company with information regarding COVID-19 cases within our member population?

Applicable law limits Anthem’s ability to share an individual’s protected health information with an employer absent an authorization or certain extenuating circumstances. As a result, Anthem is limited by law in its ability to disclose individual’s protected health information to an employer.

HIPAA permits limited disclosure of protected health information to group health plan representatives if:

- The requestor is a group health plan representative and,
- The purpose of the request is related to the operations of the health plan.

Under the current circumstances, information regarding COVID diagnoses is unlikely to relate to the health plan's operations. Nevertheless, when receiving such requests, we will inquire about the nature of the request and the requestor's role to determine what protected health information, if any can be disclosed.

Most importantly, Anthem may not have records indicating any affirmative medical diagnosis. We recommend that employer groups concerned about the virus work with relevant regional and national public health authorities to remain apprised of any developments.

Can an employer receive information on the number of claims — but not specific names — for COVID-19 tests and related services?

No. Currently, because the virus is relatively rare, it may be possible to identify someone specifically even if, for example, their name is not shared. We recommend checking in with local health authorities to understand the total number of cases in any given area.

What information can Anthem provide to a self-insured group looking to potentially expand its benefit coverage amid the COVID-19 response?

Anthem can provide self-insured groups with information, including protected health information where necessary, for the plan's payment and health care operations purposes.

For example, Anthem may provide an authorized health plan representative with information regarding current claims experience so that the plan can evaluate the possible expansion of benefits from a scoping, cost and coverage standpoint. However, it is important to distinguish between an authorized group health plan representative acting on behalf of and in furtherance of the ASO group health plan and the employer as sponsor of a group health plan. Anthem cannot make

such disclosures of PHI to an employer for the employer's purposes, such as a general interest in determining if their associate has been diagnosed/treated for COVID-19.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.