

Coronavirus Benefits Information – October 5, 2020

A message from Governor Lee:

COVID-19 is an unprecedented crisis. It has created both an economic and a health crisis, and the governor's response is working to address both aspects. Our goal is to keep the public, especially vulnerable populations, safe while doing everything possible to keep Tennesseans in a financially stable position.

State resources:

- Tennessee Pledge: Reopening Tennessee Responsibly – <https://www.tn.gov/governor/covid-19/economic-recovery.html>
- Face it. Masks fight COVID-19 – <https://www.tn.gov/governor/covid-19/psa-toolkit.html>
- COVID-19 Media Briefings (typically held once a week) - <https://sts.streamingvideo.tn.gov/Mediasite/Catalog/catalogs/mediasiteadmin-covid-19-media-briefing>

Up-to-date guidance from Tennessee's Economic Recovery Group:

- Universal Guidance for Tennessee Businesses can be accessed here - <https://www.tn.gov/governor/covid-19/economic-recovery/general-guidelines-for-businesses.html>
- COVID-19 Small Business Resources - <https://www.tn.gov/ecd/covid-19-small-business-resources>

Federal resources:

- U.S. HHS Public Health Emergency Declarations – <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

ParTNers for Health Members

Here is some helpful information for our ParTNers for Health plan members. We will immediately update it with any relevant benefits information as decisions are made:

COVID-19 Benefits for State Health Plan Members and Retirees

The State Group Insurance Program has approved:

- Waiving all costs for Telehealth visits through carrier-sponsored Telehealth programs until the national public health emergency ends.
- Waiving all member costs for all FDA approved COVID-19 diagnostic and antibody testing and in-network outpatient visits associated with these tests until the national public health emergency ends. You can talk to your doctor, or other healthcare provider, about your need for a test.
 - **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.
- Waiving all member costs for in-network COVID-19 medical treatment until the national public health emergency ends.

What does this mean for our members?

- These benefit changes apply to health plan members, in all plans: Premier PPO, Standard PPO, Limited PPO, CDHP/HSA and Local CDHP/HSA, with both carriers: BlueCross BlueShield and Cigna.

- Members won't pay for any Telehealth visits from March 17 until the national public health emergency ends, through carrier-sponsored Telehealth programs, (Cigna: MDLive/AmWell and BlueCross BlueShield: PhysicianNow), **even if the visit is for something other than COVID-19.** (See **Telehealth** heading below).
- Members won't have to pay a copay, coinsurance or any money toward their deductible for FDA approved COVID-19 diagnostic and antibody tests regardless of where the test is performed, as long as it is not related to employment or return to work requirements.
- Members won't have to pay a copay, coinsurance or any money toward their deductible for **in-network** outpatient visits when the visit leads to a COVID-19 test, as well as any services performed at the visit during which the COVID-19 test is performed, as long as it is not related to employment or return to work requirements. The COVID-19 test must be performed during the in-network visit or on the **same or next date of service**, in order for the member to not have a cost-share for the visit. The test result (positive or negative) does not impact cost-share. Carriers (BlueCross and Cigna) may need to reprocess a claim and this may take some time. Members can call their carrier to check on the status of the claim. Some providers may request members pay upfront for the in-network visit. If this occurs, members will have to request a refund from the provider once the claim is reprocessed.
- Members won't have to pay a copay, coinsurance or any money toward their deductible for **in-network** COVID-19 medical treatment received regardless of the place of service, as long as it is not related to employment or return to work requirements.

See Frequently Asked Questions below for more member COVID-19 benefit information.

To stay informed on COVID-19, the following resources are available to you:

- For a list of statewide resources, please visit: [tn.gov/governor/covid-19.html](https://www.tn.gov/governor/covid-19.html).
- The Department of Health (TDH) has up-to-date information about the status of COVID-19 in Tennessee at <https://www.tn.gov/health/cedep/ncov.html>.
- Tennessee COVID-19 Dashboard - <https://experience.arcgis.com/experience/885e479b688b4750837ba1d291b85aed>
- CDC has information and guidance available online at www.cdc.gov/coronavirus/2019-ncov/index.html.

Telehealth (BCBST PhysicianNow or Cigna MDLive or Amwell)

- **Cigna members** can use your Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
 - Log into [MyCigna.com](https://mycigna.com)
 - Look for MDLive or Amwell and select the vendor of your choice
 - Or, call 888.726.3171 for MDLive or 855.667.9722 for Amwell
- **BlueCross BlueShield members** can use your PhysicianNow Telehealth (virtual medical services) benefits to keep you out of a provider's office. Go ahead and create your user profile with your current health information.
 - Log into BlueAccess at bcbst.com/members/tn_state/

- Look for and select Talk With a Doctor Now
 - Or, call 888.283.6691
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Pharmacy Benefits

Make the most of your **CVS/caremark Pharmacy Benefit**. Members can prepare ahead and avoid crowds by setting up mail order prescription fills, refilling prescriptions before they run out, and filling 30-day or 90-day supplies on most of prescriptions (excluding controlled substances, like opioids, and specialty medications).

Shipping or Delivery

If you have concerns about picking up your prescription in person, you may want to call your pharmacy and ask about shipping and delivery options. Some pharmacies are offering to mail or deliver prescriptions at no additional cost.

Additional information about your CVS/caremark pharmacy benefit.

You may take advantage of:

Relaxed refill restrictions. We are temporarily waiving early refill limits on 30-day and 90-day prescriptions for maintenance medications such as high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, and asthma/COPD at any in-network pharmacy. You can now fill maintenance medication prescriptions ahead of schedule.

If you have any trouble, your pharmacy staff should check for messaging in their system from CVS/caremark that your plan sponsor is temporarily allowing early refill overrides. If your pharmacy has trouble with the override, they should contact the CVS/Caremark pharmacy help desk (your pharmacy has the phone number).

For more help with your **CVS/caremark pharmacy benefits**, visit info.caremark.com/stateoftn or call 877.522.TNRX (8679) 24/7.

PAYFLEX Information about the CARES Act: Potential impact for HSA and FSA participants

On March 27, Congress passed the CARES (COVID-19 Aid, Relief, and Economic Security) Act, which may benefit members with PayFlex health savings accounts (HSAs) and our state and higher education members with flexible spending accounts (FSAs).

NOTE: These changes are effective for expenses incurred after December 31, 2019. These changes don't have an expiration date.

Over-the-Counter Drugs and Medicines without a Prescription

- The CARES Act allows patients to use HSA and FSA funds to purchase over-the-counter (OTC) drugs and medicines, including those needed in quarantine and social distancing, without a prescription from a physician.
- This law also adds feminine hygiene products to the list of eligible OTC items.

Using a PayFlex Debit Card for Newly Eligible OTC Items:

- HSA members will not be asked to provide substantiation or documentation for their over-the-counter (OTC) drugs and medicines purchased with the PayFlex debit card (though please keep all receipts in case for future reference).

- FSA members who use their PayFlex debit card for OTC drugs and medicines will likely have to provide a receipt for their purchase. However, work is being done to try to auto-substantiate these OTC products at the point of sale.
 - If the PayFlex debit card doesn't work at time of purchase, members can pay out of pocket and request reimbursement from their PayFlex account funds. This potential issue is a result of a new update to the debit card system's verification process. PayFlex does not have control over the update.
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Dental Benefits

Cigna PrePaid Members

Cigna Dental Virtual Care

Cigna Dental Virtual Care is available 24 hours a day, seven days a week at no additional cost to Cigna Dental customers.

Click the link to learn more:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/dental_pre_virtual_care.pdf

Cigna Dental Emergency

In the event of a dental emergency, Cigna suggests patients contact their dentists to service and guide their care options. If the dental office is closed, Cigna can assist you in finding care by calling 1.800.244.6224 or customers can locate care on [mycigna.com](https://my.cigna.com/web/public/guest) at <https://my.cigna.com/web/public/guest>.

MetLife Dental Plan Members

MetLife Teledentistry Benefit

MetLife's teledentistry benefit enables you to talk with your dentist and get necessary treatment, such as emergency care, when you need it. You and your dentist choose the method that works best for you and claims are submitted as usual. Questions? Call 1-855-700-8001; representatives are available 7:00 a.m. - 10:00 p.m. CT, Monday through Friday.

Click the link to learn more:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/dental_dppo_teledentistry.pdf

MetLife Dental Personal Protective Equipment Costs

Members who have services performed by an in-network provider should not incur any additional costs for Personal Protective Equipment (PPE) per our network contracts with our providers. If members are surcharged by in-network providers for PPE upfront, they should follow our standard grievance process to report the concern. If members receive services from out-of-network providers, they may be responsible for any PPE charges billed by the provider.

Disability Benefits

MetLife Short-term Disability (STD) and Long-term Disability (LTD)

Previously, MetLife advised that due to the pandemic if a claimant was unable to secure medical documentation to substantiate a new STD or LTD claim due to the current crisis, MetLife would conditionally approve STD claims for 14 calendar days and LTD claims for 30 days as these situations arose, pending supporting medical evidence. With respect to existing claims, dependent upon the medical evidence already received, MetLife would extend an STD claim for up to 14 calendar days and LTD claims for up to 30 days, pending medical evidence. To the extent a particular jurisdiction mandated additional time, they would comply with such mandate. MetLife would also continue to apply any contractual eligibility provisions.

Based on the current status of the pandemic, and now that the country's medical offices have begun to re-open and most hospitals are in a steadier state, MetLife is not seeing medical record delays and has lifted the conditional approval process effective June 8th. Going forward, medical documentation will be required within the standard 90 business days and claim decisions will be communicated within 2 business days from receipt of all necessary information. On a case by case basis, should any claimant experience medical record delays due to the pandemic, MetLife will work with those claimants as needed. ***Please note we will continue to comply with all state and federal guidance that impacts our claims process.***

Partners Health & Wellness Center

The Partners Health & Wellness Center on the 3rd floor of the TN Tower is continuing to provide limited services for state and higher education employees enrolled in the State Group Health Insurance Program. The staff has created a webpage to keep you updated on how coronavirus is changing the way they do business. Regular updates can be found at <https://www.partnershealthcenter.com/covid19>.

Mental Health and Emotional Well-Being Resources (EAP and Behavioral Health Benefits)

Online and Virtual Resources

Virtual Visits: available for EAP and behavioral health

- Schedule a visit with a psychiatrist or therapist using secure video-conferencing
- Go to [Here4TN.com](https://www.here4tn.com) to learn more

Talkspace online therapy: available for all members with behavioral health benefits

- Download the Talkspace app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- Communicate safely and securely with a therapist from your phone or desktop
- Message a licensed therapist 24/7 – includes text, audio or video messages within the secure app

Sanvello: on-demand app to help with stress, anxiety and depression – available anytime

- Download the Sanvello app on your mobile device or computer through [Here4TN.com](https://www.here4tn.com)
- The premium version of the app is available free to all with behavioral health benefits. Register using your behavioral health ID card.
- Members with EAP-only benefits have access to the free, standard version of the app
- Clinical tools and techniques to help manage the symptoms of stress, anxiety and depression

EAP services: Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services.

- Preauthorization is required to utilize your Employee Assistance Program. Simply call 855.437.3486 or go to [Here4TN.com](https://www.here4tn.com) to obtain your preauthorization. If you prefer to access services over the phone, telephonic counseling is available as well as face-to-face appointments. **Call 855-Here4TN (855-437-3486) for more information.**

COVID-19 Resources On-Demand Video

A pre-recorded video of a COVID-19 resources webinar, held in partnership with Optum and ActiveHealth, is posted for you to watch at your convenience.

About the webinar: While people may be impacted from COVID-19 in different ways, support resources are available. Here4TN EAP offers several coping resources. In this webinar, members will learn about the

COVID-19 benefit information offered through the State Health Plan, the various digital resources available including Virtual Visits, Talkspace, Sanvello and more. ActiveHealth reviews basic ways to prevent the spread of germs, helps you understand social distancing and explores ways to cope with isolation during this time.

- Video is also found on the ParTNeers YouTube page: <https://youtu.be/K3zMbp9Sf5g>.

EAP Eligibility

State and Higher Education Employees: EAP services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

Local Education, Local Government, COBRA and Retirees: EAP services are available to those who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

- **Note** – The five EAP visits per year, per issue are per individual. Members are ineligible for EAP visits while they are currently receiving Behavioral Health services.

Optum Emotional Support Help Line Available to Anyone

The Optum Emotional Support Help Line is available 24/7 to anyone in need, even if they are not enrolled in the benefit plan. The help line 866-342-6892 is staffed by professionally trained mental health experts and free of charge.

Physical Well-Being Resources

MyActiveHealth: available to all state employees (even if you are not enrolled in the health plan) and enrolled health plan members

- Access to health education topics, activity trackers for sleep and exercise as well as other tools to keep your physical health on track
- Log on to www.myactivehealth.com/wellnesstn to get started

Working for a Healthier Tennessee (WFHT) pulled together links to home workouts (yoga, cardio, body weight training, etc.)

- Microworkouts <https://darebee.com/pdf/fitness/microworkouts.pdf>
- Indoor Cardio <https://darebee.com/workouts/indoor-cardio-workout>
- Popsugar Fitness <https://www.youtube.com/user/popsugartvfit>
- Yoga with Adrienne <https://www.youtube.com/user/yogawithadrienne>
- Quiet Apartment Cardio https://www.youtube.com/watch?v=gke_wunq7Ng

COVID-19 Benefits Frequently Asked Questions (FAQs) for State Health Plan Members

1. What should I do if I think I might have the COVID-19 virus? Should I go to the emergency room?

- You can talk to your doctor, or other healthcare provider, about your need for a COVID-19 test or if you think you have the virus.
- Additional resources:
 - The Tennessee Department of Health - www.tn.gov/health/cedep/ncov.html
 - CDC - www.cdc.gov/coronavirus/2019-ncov/index.html.

- Generally speaking, people should seek care if they experience a high fever, significant cough, shortness of breath or fatigue.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

2. Is COVID-19 testing covered (diagnostic and antibody)?

- Yes. Members won't have to pay a copay, coinsurance or any money toward their deductible for FDA approved COVID-19 diagnostic and antibody tests regardless of where the test is performed, as long as it is not related to employment or return to work requirements.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

3. What if I have to pay for, or receive a bill for my in-network visit when I have a COVID-19 test?

- The COVID-19 test must be performed during the in-network visit or on the same date or next date of service, in order for you to not have a cost-share for the visit. The test result (positive or negative) does not affect cost share. Your carrier may need to reprocess a claim and this may take some time. You can call your carrier, BlueCross BlueShield or Cigna, at the number on the back of your ID card to check on the status of the claim. Some providers may request that members pay upfront for the in-network visit. If this occurs, you will have to request a refund from the provider once the claim is reprocessed.

4. Is COVID-19 treatment covered?

- Members won't have to pay a copay, coinsurance, or any money toward their deductible for in-network COVID-19 medical treatment received in a provider's office, urgent care, convenience clinic, emergency room, or inpatient/outpatient hospital facility as long as the visit is directly related to a COVID-19 diagnosis. All medical treatment not directly related to a COVID-19 diagnosis or received out-of-network will be covered under the member's enrolled health plan benefits with applicable member cost share.

5. What about BlueCross/Cigna-sponsored Telehealth?

- Members will not be required to pay for any Telehealth visits through carrier-sponsored Telehealth programs, (Cigna: MDLive/Amwell and BlueCross BlueShield: PhysicianNow), from March 17 until the national public health emergency ends, even if the visit is for something other than COVID-19. If you have questions, call BlueCross BlueShield or Cigna at the number on the back of your ID card and ask for help.

6. What will my Explanation of Benefits (EOB) show?

- Your EOB should show that you do not owe member cost share for COVID-19 tests, in-network outpatient visits that lead to a test, and in-network medical treatment. However, for member cost share to be waived, the claim must be coded with a COVID-19 diagnosis code. If your EOB shows you owe a cost share, please contact either BlueCross BlueShield or Cigna, by calling the number on the back of your ID card for help. They will be able to explain the status of your claim and provide you with more information. Your provider may need to resubmit your claim with updated coding.

7. What if I pre-paid at the doctor's office or hospital, will I get that money back?

- If it is an eligible in-network COVID-19 charge, you can get your money back. Your carrier, BlueCross or Cigna, may need to reprocess a claim and this may take some time. Once you have your EOB, you can contact the provider or hospital and request a refund, or you can call BlueCross or Cigna at the number on the back of your ID card and ask for help.

8. What if I go to the emergency room for a test and then I am hospitalized? What will I have to pay for?

- The State Group Insurance Program is waiving cost sharing for FDA approved COVID-19 testing, in-network outpatient visits associated with these tests, and in-network medical treatment for a COVID-19 diagnosis. The benefit does not include waiving member cost-sharing for treatment that is not related to a COVID-19 diagnosis or received out-of-network, which would fall under the current benefit cost-sharing based on the health plan you are enrolled in.

9. I'm in the CDHP, will I have to pay for a test? Do I have to pay my deductible first?

- If the eligible COVID-19 testing is FDA approved, then no, you would not have to pay anything toward your deductible for testing and in-network outpatient visits associated with the test.

10. Does this apply for all health plan members, in all networks, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP?

- Yes, it applies to all members and retirees in all plans and in all networks.

11. What if I get a bill saying I owe money for a COVID-19 test? What do I do?

- If you get a bill for a FDA approved test, wait until you have your Explanation of Benefits (EOB). If the EOB shows you owe money, then call BlueCross BlueShield or Cigna at the number on the back of your card and ask for help. If the EOB shows you do not owe money for the test, then contact your provider to request a bill correction.

12. What if I get a test and it's negative, and then I need to go and get another test? Is the second test covered?

- Yes, member cost share for all FDA approved COVID-19 testing and in-network outpatient visits associated with these tests is waived even if you need to get an additional test.
- **State Health Department test sites:** If you need a test, you can go and get one for free, Monday – Friday, at all local county health departments in Tennessee. A list of sites is found here: <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>.

13. Are prescriptions for COVID-19 treatment covered?

- Currently, the FDA has not approved any prescription medications for the treatment of COVID-19. Medications prescribed by your provider and obtained at a pharmacy will still have applicable member cost share.

14. When will these COVID-19 benefits take effect?

- This benefit takes effect immediately and could also include prior claims, which meet these requirements.

15. How long will these COVID-19 benefits last?

- The cost waiver for carrier-sponsored Telehealth program benefits and the other COVID-19 benefits will be in effect until the national public health emergency ends. Benefit updates will be provided as decisions are made.