

COVID-19 EMPLOYER, BROKER, MEMBER FAQ

PreferredOne continues to review our policies and modify our response as the COVID-19 scenario evolves.

If you or your employees are concerned about possible symptoms or exposure to COVID-19, we strongly encourage you to use [Online Care](#) as your first resource. Please make every effort to not send employees to the emergency room for COVID-19 testing as that could increase the chance of exposure and/or risk spreading the virus.

Additionally, please review the FAQ about screening tests for work, travel, or school below. If you have additional questions or need further assistance, please contact your PreferredOne representative.

Minnesota Department of Health Resources for Employers:

[COVID-19 Testing](#) sites for Minnesota residents through the Minnesota Department of Health.

[COVID-19 Vaccine Employer Toolkit](#) - vaccine communication tools, vaccine connector and information on hosting an on-site clinic to get your employees vaccinated.

COVID-19 TREATMENT & TESTING

Q: What is the coverage for COVID-19 treatment?

A: As of October 1, 2021, coverage for in-network COVID-19 inpatient hospitalization is subject to normal plan benefits.

Q: Can anyone get tested if they think they have COVID-19?

A: Members should contact their provider to determine if they need to be tested. We encourage members to use [Online Care](#) to reduce risk to themselves and others from being exposed to COVID-19. Minnesota residents can also get tested through the department of health: [COVID-19 Testing - Minnesota Dept. of Health](#)

Q: What is the coverage for COVID-19 testing?

A: To make sure access to care is easily available and in keeping with regulations for the duration of the federal public health emergency period, PreferredOne waives cost sharing for COVID-19 laboratory testing ordered by a provider, as well as the related telehealth, office, urgent care, and emergency department visits for all members. In addition to testing ordered by a provider or testing at community testing sites, over the counter home test kits are eligible for coverage as indicated below.

Rapid At-Home OTC Screening Tests

On January 10th, 2022, the U.S. Departments of Health and Human Services, Labor, and Treasury issued guidance in the form of an external [FAQ](#), providing that group health plans must cover – without cost-sharing – over the counter (OTC) COVID-19 at-home tests. These tests, when FDA authorized, must be covered without cost-sharing, prior authorization, or other medical management requirements through the duration of the federal public health emergency.

Q: How do I get an OTC FDA authorized Covid test kit at no cost to me?

A: ClearScript members have the following options to obtain an at-home test kit: 1. Obtain an OTC test kit at a ClearScript network pharmacy [ClearScript Pharmacy Locator](#), 2. Order a free test kit at [COVIDtests.gov](#) or, 3. Purchase an FDA approved OTC test kit from a different retailer and submit for reimbursement. PreferredOne members with other pharmacy benefits, as indicated on their member ID card, should contact their pharmacy benefits manager or PreferredOne customer service for assistance.

Q: I bought a test elsewhere (option #3 above). How do I submit for reimbursement?

A: FDA authorized OTC tests purchased on or after January 15, 2022, are eligible for reimbursement of up to \$12 per test. (Most test kits contain 2 tests, which would qualify for a total of \$24 reimbursement). Instructions for reimbursement through ClearScript can be found at PreferredOne/My account or [here](#). PreferredOne members with other pharmacy benefits, as indicated on their member ID card, should contact their pharmacy benefits manager or PreferredOne customer service for assistance.

Q: How do I know if the test kit is authorized by the FDA?

A: Refer to the FDA authorized tests on this site: [FDA Antigen Diagnostic Tests for SARS-CoV-2](#)

Q: How many tests can I purchase?

A: Your plan will reimburse up to 8 tests per member every 30-days.

Q: Do I need to submit my results for reimbursement?

A: No.

Q: What if my receipt lists other items or my test kit required shipping and handling fees?

A: Only the cost of the test kit, up to \$12 per test, will be reimbursed.

Q: Can I use my HSA, HRA or FSA to pay for the tests in addition to submitting receipt for reimbursement under the plan?

A: The government advises people not to use HSA, HRA or FSA to cover the cost of over-the-counter test kits in their FAQ #52. For more information on tax guidelines addressing savings account reimbursements click [here](#).

Q: I have additional questions about my benefits. Who can I call for more information?

A: Please contact PreferredOne Customer Service at the phone number on the back of your member ID card.

Q: My employer is requiring routine testing for those who are not fully vaccinated to return to work. Are these tests covered under my plan?

A: COVID-19 testing done for employment purposes is not covered under your plan benefits. Please contact your employer or human resources department for direction on where to go for testing and coverage information.

Q: I am planning to travel. How can I get a COVID test prior to leaving and for peace of mind when I return?

A: You can obtain an at-home test kit, per the information addressed above. It is your responsibility to verify the test kit is FDA authorized and what type of testing is required for travel.

Q: Is antibody testing for COVID-19 covered under our plan?

A: When ordered by your provider for diagnostic purposes, antibody testing is covered at 100%, the same as traditional COVID-19 testing.

VACCINES & BOOSTERS

Q: What is the coverage for the COVID-19 Vaccine and COVID-19 booster?

A: In accordance with the federal guidelines in the CARES act, the administration of an FDA approved, or Emergency Use authorized vaccine or booster for COVID will be covered at the no cost sharing level for all members in individual and group plans regardless of the network status of the provider. The vaccine itself is provided by the federal government without any cost to health providers and is not billed through the health plan. This includes all recommended doses of the vaccine or booster.

The Minnesota DOH provides a free [COVID-19 Vaccine Employer Toolkit](#) to provide information on COVID-19 vaccines and how to get employees vaccinated safely and efficiently.

Q: How many shots do I need?

A: Multi-dose vaccine series must be completed as scheduled to provide protection against the SARS-CoV2 virus. Work with your vaccine provider to complete your vaccine series.

Q: What are the side effects?

A: The most common side effects of the vaccine include some pain and slight redness at the injection site. Some people also experience some flu-like symptoms including mild fever and body aches that typically last 1-2 days after the injection. These are usually less with the second dose.

Q: Am I protected after I complete the vaccine series?

It is recommended that you continue to follow the CDC-recommended infection control practices such as wearing a mask and maintaining physical spacing even after you have been vaccinated until there is better control of community spread.

Q: I am fully vaccinated and I'm wondering when I should get the COVID-19 vaccine booster.

A: Talk to your healthcare provider to determine when you are eligible for a booster.

Q: Are online care visits eligible for reimbursement?

A: Yes. [Online Care](#) visits may be done via computer or phone and do not require video. We encourage online care for non-emergent service, including mental health. Online care is part of the normal plan benefits.

Q: Can members go to any provider to get testing or treatment for COVID-19?

A: Yes, however, your benefits may be greater when you see an in-network provider. Members should contact customer service or use the provider look-up tool on their MyAccount to locate an in-network provider. We encourage members to use [Online Care](#) as their first resource to reduce exposure. Please refer to the prior Q/A for an explanation of how testing and treatment are covered.

Q: What is the coverage for other testing for influenza or strep?

A: All other health care services, including other lab testing (influenza, strep), follow-up visits, hospital charges, prescription drugs, x-rays for COVID-19, will be covered under normal plan benefits and subject to cost sharing.

Q: Does PreferredOne require prior authorization for COVID-19 testing or treatment?

A: No, PreferredOne does not require prior authorization for COVID-19 testing or treatment.

Q: Are prevention items such as gloves, masks, and disinfecting supplies covered under the plan benefits?

A: No, charges for the above items are not covered under the plan benefits.

Q: Can members refill their prescriptions early if needed?

A: At the start of the pandemic, PreferredOne has suspended the *refill too soon* policy for medications allowing pharmacies to override the *refill too soon* edits at the pharmacy checkout. Per the Governor's orders these allowances for early refills have been removed as of 9/13/2020.

Q: Will there be a delay in claims payment?

A: PreferredOne does not foresee a delay in claims payment. We have expanded our work from home capabilities to allow our employees to work remotely so there is no interruption in services.

Q: During the pandemic, some hospitals are experiencing lack of bed availability and patients are transferred to another hospital for treatment. How will these "level-loading" transfers be covered?

A: PreferredOne may elect to cover these non-emergent transfers without cost-sharing for Fully Insured and Simplicity members. Prior authorization not required. These transfers are expected to be rare. Self-funded groups may be asked how they would like to provide coverage if necessary.

ELIGIBILITY / PREMIUM PAYMENT

Q: How is coverage affected if employees reduce their hours below the minimum for eligibility purposes?

A: PreferredOne will continue to provide coverage for fully insured and Simplicity group members if premiums are paid on behalf of the members. Employees whose hours fall below the minimum or who are "furloughed" due to the COVID-19 crisis may still have health insurance through their employers. The position is the same for self-insured groups when PreferredOne is the stop loss carrier. If the employer has outside stop loss, PreferredOne will administer the plan per above if the Stop Loss carrier agrees to cover claims under stop loss.

Q: What if COVID-19 causes me to lay off employees?

A: State Continuation or COBRA guidelines will apply to any employees who are laid off.

Q: Can my employees continue coverage if I shut my business down?

A: Continuation of coverage is not available if a group terminates. In this situation, employees will need to purchase a plan on the individual market.

Q: What if I am unable to pay my premiums or my premium is late?

A: Our normal guidelines regarding timely payment of premiums and grace periods apply.

Q: Can rehired employees have coverage on the date they return?

A: We will follow standard guidelines outlined in the rehire provisions of the plan document, which usually allows the waiting period to be waived for employees who return to employment within 6 months. If your plan document doesn't have this language, we are allowing midyear changes to the rehire provisions in 2020.

Q: Can I change our group plan benefits?

A: We are not enabling mid-year plan design changes at the employee or employer level.

FITNESS / WELLNESS

Q. Some gym facilities are giving members access to online workouts to do at home. Can members receive their Fitness Advantage reimbursement for these workouts?

A. PreferredOne is not reimbursing members for online workouts completed. Members should contact their health club to determine their options or see if they are able to suspend their membership temporarily.

Q: What can I provide my employees to help them remain fit during this time if they don't feel comfortable going to their gym?

A: PreferredOne includes Wellbeats virtual fitness for fully insured and Simplicity groups. Wellbeats offers free access to online fitness classes, meditation, and tools to reduce anxiety. Wellbeats is available as a buy-up option for all self-insured groups. Contact your account manager to inquire about adding Wellbeats.

Q: What can I offer my employees to help manage stress or financial issues they might be experiencing?

A: Fairview EAP is included for all fully insured and Simplicity groups. This benefit provides unlimited telephone support and 6 counseling visits to help respond to life's challenges. Self-insured groups have the option to buy-up Vital WorkLife EAP or Fairview EAP. Contact your account manager for additional information.