

## COVID STM-C 020521 COVID-19 Accommodations Short Term Medical

## ACCIDENT & HEALTH

Both United States Fire Insurance Company and The North River Insurance Company are closely monitoring the spread of novel coronavirus (COVID-19) and are ready to assist our valued customers who have been affected by this recent outbreak.

Throughout the pandemic, we will make the following accommodations to all insureds covered by our short-term, limited duration products:

1. Medically necessary COVID-19 testing and screening must be covered without any cost-sharing (deductible / copay / coinsurance) required. All cost-sharing for office, urgent care center, laboratory, hospital and emergency room visits will be waived when testing for COVID-19 when the purpose of the visit is to test or screen for COVID-19 (or is otherwise related to COVID-19).

2. No preauthorization, prenotification or precertification requirements can apply to COVID-19 testing and screening. However, retrospective reviews for Medical Necessity and any other utilization reviews in the plan still apply.

3. Preauthorization, prenotification or precertification requirements cannot apply to patient transfers from an acute care setting to a postacute facility. This applies to all patients – even those without COVID-19. However, retrospective reviews for Medical Necessity and any other utilization reviews in the plan still apply.

4. Claims cannot be denied solely because the medical services sought to be covered are telehealth services. Telehealth services must be treated the same as any other service for eligible benefits in accordance with the terms and conditions of the plan. This applies to all telehealth services – even those unrelated to COVID-19.

5. For Plans with Networks: If there is no health care provider in-network with the appropriate training and experience to meet the health care needs of a covered person, or if there is not a sufficient number of available health care providers to meet the needs of a covered person, such covered person must have access to an out-of-network provider at the in-network cost-sharing rate. This applies to all covered persons – even those without COVID-19.

6. For Plans with Outpatient Coverage for Prescription Drugs (applicable to all covered persons – even those without COVID-19):

- If a covered person is suffering from a health condition that may seriously jeopardize his/her health, life, or ability to regain maximum function, if a covered person is undergoing a current course of treatment using a non-formulary prescription drug, or if there is a shortage of a formulary drug, expedited formulary exceptions must be made where appropriate.
- The temporary use of out-of-network pharmacies at the in-network benefit level of coverage must be permitted in the event a shortage of medications occurs at network pharmacies.
- A covered person must be able to fill and refill prescription medications for up to a 90 day supply or until the prescription expires, if shorter (with the exception of opioids). In addition, early refills must be allowed without requiring any additional authorization requirements.

Additional accommodations may be available based upon your state of residency. Contact your producer or plan administrator for additional details.

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