



VACCINES

Standard Vaccine Coverage

After the end of the Public Health Emergency, how will COVID vaccines be covered [New 3/8/23](#)

UnitedHealthcare standard for plans that cover Preventive Services will be to cover ACIP recommended and CDC adopted COVID-19 vaccine and booster serum and administration as part of preventive benefits at zero-dollar cost share, when in network.

ASO Options to Non-standard COVID-19 Vaccine Coverage

Can UnitedHealthcare support a request to cover COVID-19 vaccines and booster at no cost share both in network and out of network? [Update 3/21/23](#)

Yes. Self-funded customers may request to cover ACIP recommended and CDC adopted immunizations and administration as part of in-network preventive benefits & out-of-network preventive benefits at zero-dollar cost share.

The customer should notify their UnitedHealthcare representative if they wish to modify coverage as noted above, and update plan documents.

Customers should discuss plan changes with their legal counsel and tax professionals.

Can a grandfathered self-funded customer that does not cover non COVID-19 immunizations choose to cover just COVID-19 vaccines at no cost share? [New 3/14/23](#)

UnitedHealthcare will support a request for a self-funded customer to cover ONLY COVID-19 immunizations and administration where other preventive immunizations are not covered or covered at a different cost share level (INN/OON).

The customer must notify their UnitedHealthcare representative and will need to update plan documents.

Customers should discuss plan changes with their legal counsel and tax professionals.

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Last updated 4/5/23



TESTING

Standard Testing Coverage

After the end of the Public Health Emergency , how will UnitedHealthcare cover COVID testing?

Update 3/21/23

UnitedHealthcare will cover FDA approved or authorized COVID-19 lab-based testing and related services when ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) in accordance with the member's standard medical plan benefit.

This includes diagnostic and antibody testing.

This does not include over-the-counter testing.

UnitedHealthcare recommends self-funded customers follow the standard coverage.

What did the Tri-Agencies clarify on pricing for COVID-19 lab tests? New 4/5/23

The requirement to cover items or services related to COVID-19 diagnostic testing ends after the PHE. In addition, insurers and plans are no longer required to pay the cash price for diagnostic tests posted on the provider's website, or a negotiated amount, after the end of the PHE. If coverage is continued after the end of the PHE, the health insurer or group health plan may impose cost-sharing, apply medical management, and limit coverage to INN providers.

For testing are office visits covered? Are lab facilities covered? New 3/14/23

For standard coverage for COVID-19 tests, UnitedHealthcare will cover FDA approved or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) in accordance with the member's standard medical plan benefit. These tests are generally done in a physician or health care providers office and then sent to a lab for processing.

If the pandemic returns, what will coverage for testing look like? New 3/14/23

UnitedHealthcare will help customers and members understand their benefits if there are future modifications to their coverage resulting from the pandemic and in consideration of any guidance that may be issued.

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If cruise ships or airlines, encourage COVID testing at a lab nearby, who will cover those tests (for personal or business travel purposes)? Does the "60-day outbreak period" mean the PHE actually ends on 7/10/23? Previously it was stated that the coverage changes take effect 5/12/23. What are the implications of the 60- period? New 3/14/23

The Public Health Emergency ends on May 11, and certain requirements related to testing, treatment, and vaccines end as of that date.

Regulations enacted during the pandemic relaxed certain timely filing deadlines for claims and appeals, COBRA, and special enrollment requirements for a time period extending to 60 days after the end of the President's National Emergency, and that 60-day timeframe is referred to as the "Outbreak period". The outbreak period ends on July 10, after which standard timeframes and deadlines will apply.

Testing for travel, whether personal or business, is considered surveillance testing, which is not a covered benefit.

Surveillance Testing

Will UnitedHealthcare cover COVID surveillance testing? New 3/8/23

There is no coverage of in- or out-of-network surveillance testing.

Members may use spending accounts to acquire over the counter tests to purchase this type of testing.

ASO Options for Non-standard COVID-19 Test Coverage

Can a self-funded customer request to cover diagnostic or antibody tests at no cost share?

Update 3/30/23

Yes. Self-funded customers can request coverage of only the FDA approved or authorized physician or health care provider (e.g., pharmacist, nurse, or doctor) ordered lab COVID-19 tests with no member cost share for non-HSA plans only. The customer must notify their UnitedHealthcare representative and will need to update plan documents.

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Due to IRS guidelines, qualified high deductible health plans with health savings accounts (HSA) cannot cover these tests at no cost share. Members are required to meet their deductible prior to coverage.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? [New 4/5/23](#)

Contact your UnitedHealthcare representative before April 19 in order to be claim and service ready on May 12.

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OVER THE COUNTER TESTING

Will UnitedHealthcare pay for over the counter tests for members at no cost share after the end of the public health emergency (PHE)? [New 3/8/23](#)

No. There is no medical or pharmacy coverage of OTC COVID-19 tests for dates of service starting after May 11, 2023 unless mandated by state regulatory requirements.

Members may use their account plans, such as Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) to purchase OTC tests.

UnitedHealthcare recommends self-funded customers follow the standard coverage.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? [New 4/5/23](#)

Contact your UnitedHealthcare representative before April 19 in order to be claim and service ready on May 12.

TREATMENT

Standard Medical and Pharmacy Treatment Coverage

How will UnitedHealthcare cover medical and pharmacy treatment after the end of the Public Health Emergency on May 11, 2023? [Update 3/21/23](#)

UnitedHealthcare standard will be to provide coverage for FDA approved or authorized COVID-19 medical and pharmacy treatments, including Paxlovid and Molnupiravir (Lagevrio), in accordance with a member's standard plan benefits.

Coverage for FDA approved or authorized COVID-19 treatments when medically necessary include monoclonal antibodies, antiviral Infusions, oral Antivirals, and plasma.

UnitedHealthcare recommends self-funded customers follow the standard coverage.

Are COVID-19 antivirals (Paxlovid and molnupiravir (Lagevrio))covered and if so how are the covered? [Update 3/20/23](#)

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UnitedHealthcare will cover Paxlovid and molnupiravir (Lagevrio), in accordance with a member's standard plan benefits. Tier placement and associated cost shares may vary depending on plan design. Members can find coverage information on myuhc.com.

The Paxlovid and Lagevrio antivirals are covered under the pharmacy benefit

Are other COVID-19 treatments covered when medically necessary? Update 3/21/23

UnitedHealthcare standard will be to provide coverage for FDA approved or authorized COVID-19 medical and pharmacy treatments, including monoclonal antibodies, antiviral Infusions, oral Antivirals, and plasma.

ASO Options for Non-standard Treatment Coverage

Can a self-funded customer cover COVID-19 medical or pharmacy treatments at no cost share? Update 3/21/23

Yes. UnitedHealthcare will support coverage for FDA approved or authorized COVID-19 medical and pharmacy treatments with no member cost share for plans that are not high deductible health plans with HSA.

This includes FDA approved or authorized treatments such as oral antivirals (Paxlovid or Lagevrio), antiviral infusions, monoclonal antibodies, and plasma.

The customer must notify their UnitedHealthcare representative and will need to update plan documents.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? New 4/5/23

Contact your UnitedHealthcare representative before April 19 in order to be claim and service ready on May 12.

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TELEHEALTH

Standard Telehealth Coverage

How will UnitedHealthcare cover telehealth after the end of the Public Health Emergency on May 11, 2023? Update 3/21/23

UnitedHealthcare standard will be to cover telehealth visits in accordance with the member's standard medical plan benefit for in & out of network (subject to cost share).

UnitedHealthcare recommends self-funded customers follow the standard coverage.

How will UnitedHealthcare cover 24/7 Virtual Visits after the end of the Public Health Emergency on May 11, 2023? New 3/8/23

UnitedHealthcare standard will be to cover virtual visits in accordance with the member's standard medical plan benefit, including medical and behavioral.

CAA 2023 and 2024 HDHP Telehealth Guidance

Will UnitedHealthcare's support pre-deductible telehealth for self-funded customers with qualified high deductible health plans (HDHP)? New 3/8/23

Yes, based on the CAA, UnitedHealthcare will support a self-funded customer's request to cover telehealth pre-deductible for plan years 2023 and 2024. The self-funded customer will need to update plan documents.

Self-funded customers interested in taking advantage of this for their members should reach out to their UnitedHealthcare representative.

Non calendar year customers may add this to their plan on renewal in 2023.

ASO Options for Non-standard COVID-19 Virtual Visit Coverage

Can a self-funded customer request waiving cost share for telehealth? New 3/20/23

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A self-funded group may wish to cover telehealth services at no cost share. The customer must discuss this with their UnitedHealthcare representative, who will submit the request for approval. Customers will need to update plan documents

Note: this does not apply to HDHP with health savings accounts (HSA), unless the customer has also taken advantage of the CAA regulation that permits self-funded groups to cover telehealth below the members HDHP deductible for plan years 2023 and 2024.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? [New 4/5/23](#)

Contact your UnitedHealthcare representative before April 19 in order to be claim and service ready on May 12.

24/7 VIRTUAL VISITS

Standard 24/7 Virtual Visit Coverage

How will UnitedHealthcare cover 24/7 Virtual Visits after the end of the Public Health Emergency on May 11, 2023? [Update 3/21/23](#)

UnitedHealthcare standard will be to cover 24/7 Virtual Visits in accordance with the member's standard medical plan benefit.

Fully Insured: for fully insured Groups, UnitedHealthcare has changed the 247 Virtual Visits benefit to a zero cost share for new business or renewal on or after the effective date as follows:

- Large Groups - July 1, 2023
- Small Business - Jan. 1, 2024.

HSA Plans - Coverage at no cost share will only apply to a qualified high deductible plan for plan years 2023 and 2024 (same effective dates as above).

ASO Options for Non-standard COVID-19 Virtual Visit Coverage

Can a self-funded customer request waiving cost share for virtual visits? [Update 3/20/23](#)

A self-funded group may wish to cover 24/7 Virtual Visits at no cost share. The customer must notify their UnitedHealthcare representative and will need to update plan documents.

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Note: this does not apply to HDHP with health savings accounts (HSS), unless the customer has also taken advantage of the CAA regulation that permits self-funded groups to cover telehealth below the members HDHP deductible for plan years 2023 and 2024.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? [New 4/5/23](#)

Contact your UnitedHealthcare representative before April 19 in order to be claim and service ready on May 12.

ASO RULES OF THE ROAD

What is important for ASO customers to prepare for the end of the PHE? [New 4/5/23](#)

- All self-funded customers will default to the post-PHE standards May 12 unless a plan change has been submitted.
- If the benefit is standard and will follow the UnitedHealthcare standard, no action is needed.
- If the benefit is currently standard but moving to a non-standard option, a plan change is required and must be submitted by April 19. Contact your UnitedHealthcare representative with the option prior to April 19.
- Any submissions after April 19 may result in claim and service impact.

MEMBER COMMUNICATION AND SUPPORT

How will these changes to coverage (e.g., diagnostic testing, vaccinations, virtual health, etc.) be communicated to members in advance of the emergency declaration expiration? [New 3/14/23](#)

Our primary method of member communication during COVID-19 was through the member portal (myuhc.com) and uhc.com.

We are in the process of updating myuhc.com and uhc.com to reflect the impact of the end of the PHE. Updates will be made as information becomes available. When the member logs in to myuhc.com, they will see information according to their standard benefit plan and not necessarily specific to COVID.

It should be noted that while these reflect changes from the PHE period, they are consistent with the terms of the member's benefit plan documents.

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Where appropriate, we will include language in member communications, such as EOBs and COBRA letters, which will let our members know that the Outbreak Period is coming to an end.

Guidance has not been issued by the Tri-Agencies (Department of Labor, Health and Human Services and Treasury) with respect to the timing of communications regarding the end of the outbreak period. UnitedHealthcare is continuing to monitor the release of information from the agencies. In the meantime, information will be available through myuhc.com as soon as practical. UnitedHealthcare will continue to share information about the end of the outbreak period through our normal channels, which include written communications to members when warranted.

Is there a requirement on any employer to notify employees of these impending changes? If not, what are the resources where members will be advised? [Update 3/20/23](#)

Both the Public Health Emergency (PHE) and the President's National Emergency are set to end May 11, 2023. The NE has a built in "outbreak period" of 60 days that extends the date before prior claim and appeal deadlines go back into effect until July 10, 2023.

Our primary method of member communication during COVID-19 was through the member portal (myuhc.com) and uhc.com.

We are in the process of updating myuhc.com and uhc.com to reflect the impact of the end of the PHE. Updates will be made as information becomes available. When the member logs in to myuhc.com, they will see information according to their standard benefit plan and not necessarily specific to COVID.

Communications relative to the end of the NE and Outbreak Period July 11, 2023:

- UnitedHealthcare will render claim, appeal or external review decisions consistent with normal benefit plan timeframes.
- UnitedHealthcare will advise members about the end of the extensions relief on myuhc.com and on uhc.com and on documents that go out to the member.
- UnitedHealthcare will remove language from EOBs regarding the extended timely filing after July 10.
- Certain COBRA letters will alert members that the normal COBRA rules will apply after July 10.
- HIPAA Special Enrollment materials will be distributed through our normal communication channels.
- UnitedHealthcare systems are operationalized to compute and apply the correct tolling period to determine timely filing for claims, appeals and reviews when submitted.

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COVERAGE DOCUMENTS

Do COCs and SPDs have to be updated once the COVID-19 PHE ends? How will members be communicated to about changes to vaccines, testing or treatment? [New 3/20/23](#)

During the COVID-19 public health emergency (PHE), UnitedHealthcare provided temporary alternative notices that the government stated were permissible as notifications rather than changing the COC or SPD. Those alternative notices outlined coverage changes or mandates due to the COVID-19 PHE. These are no longer required effective 5/12/2023. Because of this, there is no impact to the COCs or SPDs.

There will be information for the members on uhc.com and myuhc.com. Member advocates will have talking points to answer member questions.

Employers may remind their employees that some services like testing, treatments and vaccines will be based on plan benefits in place prior to the PHE.

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