

# Coronavirus (COVID-19) – Health Insurance FAQs

The Connecticut Department of Insurance regulates fully insured health insurance plans issued in the State of Connecticut only. Employer sponsored, self-funded health plans are regulated by the U.S. Department of Labor under ERISA. Those self-funded employer plans do not have to conform to any state insurance law, Insurance Department regulation or other state statute.

## What if I think I have coronavirus (COVID-19)?

The recommendations about getting care for coronavirus (COVID-19) are changing rapidly. Check the [CT Coronavirus Disease 2019 \(COVID-19\) Information page](#) for the most up-to-date information on what you should do. You can also check the [Center for Disease Control's website](#) for more information.

- If you are experiencing symptoms, if possible, you should call your health care provider or local health department before seeking treatment in person.

## What will my health insurance cover for coronavirus (COVID-19)?

**CT Coverage.** If you have individual or group health insurance coverage that you or your employer bought in Connecticut, including through Access Health CT the state's health marketplace, you are covered for the testing and treatment for novel coronavirus (COVID-19) as described below.\* See Insurance Department [Bulletin IC-39](#).

**Out-of-State Coverage.** If your employer bought your policy in another state, contact your employer because the protections described below might not apply.

**Self-Funded Coverage.** If your employer self-funds the coverage, contact your employer because the protections described below might not apply.

**Medicare.** If you have Medicare, check with the Centers for Medicare & Medicaid Services (CMS) at (800) MEDICARE, the Medicare Rights Center at (800) 333-4114, [www.medicare.gov](http://www.medicare.gov), or the [CMS fact sheet](#) because different protections will apply.

**Medicaid/Children's Health Insurance Program/HUSKY Health.** Testing and treatment for COVID-19 is covered without co-pays.

## What benefits will my CT health insurance policy cover?

You should check your health insurance policy, or contact your insurer or employer, to understand the benefits covered under your policy. Health insurance policies typically cover the following services that you may need:

- Lab Tests
- Radiology Services
- Doctor's Office Visits
- Telehealth Services (if offered by your provider) More information is in the [Governor's Executive Order 7G](#).
- Immunizations
- Urgent Care
- Emergency Room Care
- Ambulance Services
- Inpatient Hospital Care
- Home Health Care (if hospitalization would otherwise be needed)
- Prescription Drugs

## Will I have to pay my deductible, copayment, or coinsurance for diagnosis or treatment of COVID-19 under my CT insurance policy?

**Lab Tests - Public Lab.** The COVID-19 test is now done through public health laboratories, including Connecticut's lab, the federal Centers for Disease Control and Prevention (CDC), and there is no charge to you.

**Lab Tests - Other Labs.** The Department of Insurance issued a [Bulletin IC-39](#) strongly encouraging carriers to waive your copayment, coinsurance, or deductible when you go to an in-network laboratory for a test to diagnose COVID-19.

**Diagnosis.** The Department of Insurance issued a [Bulletin IC-39](#) strongly encouraging carriers to waive costs so you will not have to pay your copayment, coinsurance, or deductible when you go to your in-network doctor, an in-network provider at another outpatient setting, an in-network urgent care center, or an emergency room to diagnose COVID-19, including when the services are provided through telehealth. More information is in the [Governor's Executive Order 7G](#).

**Treatment.** You will have to pay your copayment, coinsurance, or deductible for any follow-up care or treatment.

## Do I have to pay my deductible, copayment, or coinsurance for diagnosis or treatment of COVID-19 if I have a high deductible health plan (HDHP) with a health savings account (HSA)?

**Diagnosis.** The Department of Insurance issued [Bulletin IC-39](#) strongly encouraging carriers to waive to waive costs for your co-pay, or deductible when you go to your in-network doctor, an in-network provider at another outpatient setting, an in-network urgent care center, or an emergency room to diagnose COVID-19, including when the services are provided through telehealth. More information is in the [Governor's Executive Order 7G](#). The [Internal Revenue Service \(IRS\)](#) recently released guidance about high deductible health plans.

**Treatment.** You will have to pay your copayment, coinsurance, or deductible for any follow-up care or treatment.

## What if I get charged a deductible, copayment, or coinsurance?

**Contact your insurer.** Let your insurer know if you were charged a deductible, copayment, or coinsurance.

**Contact the Department of Insurance.** If you are unable to resolve the issue after contacting your insurer, [file a complaint online](#) or contact Consumer Affairs by email at [insurance@ct.gov](mailto:insurance@ct.gov) or by calling 860-297-3900.

## Will my health insurance cover telehealth services?

**If Covered at Your Provider's Office.** Your insurer must cover your telehealth service if the service would have been covered if you went to your provider's office or facility. However, your insurer may require telehealth services to be provided by an in-network provider.

**No Cost-Sharing for COVID-19 Diagnosis.** The Department of Insurance issued [Bulletin IC-39](#) strongly encouraging carriers to waive your copayment, coinsurance, or deductible when you receive in-network telehealth services to diagnose COVID-19. More information is in the [Governor's Executive Order 7G](#).

**Telephone Calls and Videos Included in Telehealth.** Governor Lamont issued [Executive Order 7G](#) that explained the ways you may receive telehealth services. During the State of Emergency declared by Governor Lamont for COVID-19,

telehealth includes telephone calls or video visits with your in-network provider (including when you use your smart phone or other device) when medically appropriate if all other requirements for a covered health care service are met under your policy.

**Contact Your Provider.** You should check with your provider to see if your provider offers telehealth services.

## Can I receive mental health and substance use disorder treatment through telehealth?

**If Covered at Your Provider's Office.** Your insurer must cover your telehealth service for mental health or substance use disorder treatment if the service would have been covered if you went to your provider's office or facility. However, your insurer may require telehealth services to be provided by an in-network provider.

## What if there isn't an in-network provider who can treat me?

**Access to Out-of-Network Provider.** If there isn't an in-network provider with the training and experience to meet your health care needs, you can go to an out-of-network provider at your in-network cost-sharing as stated in Department [Bulletin IC-39](#).

**Ask for Approval.** You must ask your insurer for approval before you see the out-of-network provider. Your insurer must make a decision within the time required by law.

**Appeal.** If your insurer denies your request, you have a right to appeal that denial with your insurer and then to request an independent external appeal. Consumers can contact the Insurance Department by email at [insurance@ct.gov](mailto:insurance@ct.gov) or by calling 860-297-3900 for more information.

## What if there isn't a prescription drug on my insurer's formulary?

**Formulary Appeal.** If you have coverage for prescription drugs, and your insurer's formulary does not include a prescription drug that your doctor thinks you need, you can use your insurer's formulary exception process to request coverage of an off-formulary prescription drug.

## What if I want more than a 30-day supply of my prescription?

**Check your Insurance Policy.** Many insurance policies cover a 90-day supply of prescription drugs if you use their mail order pharmacy.

**Contact Your Doctor.** Your doctor or health care provider may need to write your prescription a certain way so that the pharmacy can fill a 90-day supply. The Department of Insurance issued [Bulletin IC-39](#) strongly encouraging health insurers to authorize payment to pharmacies for a ninety (90) day supply of maintenance prescription medications for individuals.

### **What if my insurer denies treatment as not medically necessary?**

**Internal Appeal.** If your insurer denies your treatment, including for COVID-19, as not medically necessary, or as experimental or investigational, you can appeal the denial with your insurer. Your insurer must make a decision within the time required by law.

**External Review.** If your insurer upholds a denial of coverage for treatment, you have the right to file a request for an External Review through the Connecticut Insurance Department. Consumers can contact the Insurance Department by email at [insurance@ct.gov](mailto:insurance@ct.gov) or by calling 860-297-3900 for more information.

### **Can my insurer cancel or refuse to renew my insurance policy if I get COVID-19?**

**Cancellation Not Permitted.** Your insurer can't cancel or non-renew your policy because you get sick, including if you are diagnosed with COVID-19.

**Contact the Department of Insurance.** Consumers can file a complaint online or contact Consumer Affairs by email at [insurance@ct.gov](mailto:insurance@ct.gov) or by calling 860-297-3900.