National General
Benefits Solutions

# National General Benefits Solutions

# COVID-19 FAQ – Updated March 23, 2020

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To help limit the spread of COVID-19, National General will waive 100% of customers' out-of-pocket costs for COVID-19 diagnostic tests and will ease access for customers seeking diagnostic testing.

As part of the effort regarding COVID-19 diagnostic testing, National General will:

1) Waive all member cost sharing for COVID-19 diagnostic tests and testing-related services, including the associated office visit, emergency room, or urgent care charges. The waiver applies to any out-of-pocket costs, including deductibles, copays, and co-insurance for diagnostic testing related to COVID-19.
2) Waive all prior authorization requirements as it relates to COVID-19 diagnostic testing.
3) Allow early refills and up to a 90-day supply of a member's prescription drugs in the event of hardship related to COVID-19.

Customers concerned about exposure to COVID-19 should contact their healthcare provider or state health department. National General's customer service call center will be available to assist if customers have any questions about coverage for COVID-19 testing-related services.

**In support of employers who are navigating through options for their self-funded health plans, we have prepared the following administrative Frequently Asked Questions list. Please note, since COVID-19 related emergency regulations and treatment landscapes are changing rapidly, the answers below are subject to change, and we will continue to provide updated guidance as necessary.**

## Plan Administrative FAQs:

1. **During this time, will there be any additional grace period applied for employers to pay their bill?**

    - National General will ensure that all state-specific regulatory requirements are followed, as applicable. In general, Employers have a 30 day grace period. During the grace period, claims will pend until payment is received. Plans can be reinstated up to 60 days after the date of non-payment (lapse). Call your Account Manager to request reinstatement.

2. **Can a payment plan be requested?**

    - Your Account Manager can work with you to discuss options for payments outside the grace period. Resources to assist small businesses during this time may be available through the U.S. Small Business Administration (sba.gov) or government agencies in your state.

3. **Can an employer self-adjust their payments?**

    - Employers should avoid adjusting their regular monthly payment to ensure claims continue to be paid. Resources to assist small businesses during this time may be available through the U.S. Small Business Administration (sba.gov) or government agencies in your state.

4. **Can an employer request a mid-year plan change (buy-down) to reduce monthly cost?**

    - We may consider mid-year plan design changes to buy-down monthly cost, once per plan year, however employers must give a 60-day material modification notice to employees advising of any plan changes before they become effective. Groups should talk to their Account Manager regarding this option.

5. **If a company has to lay-off employees who thereby lose coverage, but later re-hires those employees, can employment waiting periods be waived?**

    - Upon request, the employer may waive the waiting period for any previously employed and previously covered person should they return to work within 90 days of termination. Waiver must be applied uniformly to all previously covered employees who have been rehired.

6. **Will actively-at-work requirements be enforced?**

    - During the Emergency Period (currently determined as running through May 31st, 2020) National General Benefits Solutions will not enforce actively-at-work requirements on current plan participants (actively enrolled in coverage), if the employer desires to lessen these restrictions. Monthly plan costs (premium equivalent) must continue to be paid and employer contribution must be maintained.

7. **What if a company wants to continue coverage but enrolled employees no longer meet the minimum hourly requirement?**

    - During the Emergency Period (currently determined as running through May 31st, 2020) National General Benefits Solutions will waive or reduce the minimum hourly requirement for currently covered employees if the employer desires to makes such a change to its eligibility criteria. Any such waiver or change will only apply to enrolled employees who were previously considered eligible for coverage under the prior (standard) minimum hourly requirement. The standard eligibility hourly requirements will apply for all employees who were not previously covered. All other eligibility and payment requirements will still apply.

8. **Employer contributions: will we make exceptions?**

    - The minimum employer contribution requirement is 50%. It is the responsibility of the employer to ensure that the full monthly payment is collected and paid within a timely manner.

9. **If a plan no longer has any enrollees, can the employer suspend the plan and restart with the same population at a later date without new underwriting and new applications?**

    - No, if the group no longer has any active members on the plan, the plan will need to be terminated. The termination of the plan will trigger a Qualifying Life Event for the members to seek coverage during a Special Enrollment Period, pursuant to the Affordable Care Act. In addition, members may potentially be eligible for a subsidy, or to purchase a short term medical policy. We will not allow reinstatement of a terminated plan, except as provided in response to Question 1 above.

10. **Can we extend the open enrollment period when the plan is up for re-issue to a subsequent plan year?**

    - National General Benefits Solutions understands COVID-19 related complications can impact enrollment timelines. Please work with your Account Manager to review available options and flexibility.

11. **How will COBRA premium be handled?**

    - COBRA premium will be administered pursuant to the standard process. The additional fee associated with COBRA administration (2% of premium equivalent) applies. Employees who have elected COBRA will continue to be invoiced for the payment directly; payment will not be accepted from the employer.

12. **Can employers with fewer than 20 employees offer COBRA if they haven't elected to do so?**

    - The Plan's original COBRA election (or waiver) will remain in force. However, employers are encouraged to remind their employees who are losing coverage to review Affordable Care Act options through the exchange (and their eligibility for potential subsidies) based on the loss of coverage Qualifying Life Event.

13. **If a group is in financial hardship, would we consider issuing a refund prior to the end of the run-out period?**

    - Surplus refunds will be made after the end of the run-out period, to ensure claims incurred during the plan year have been paid. Resources to assist small businesses during this time may be available through the U.S. Small Business Administration (sba.gov) or government agencies in your state.

## General COVID-19 FAQs

**Who should be tested for COVID-19?**

As of March 8, 2020, the Centers for Disease Control ("CDC") recommends that anyone with symptoms of COVID-19, returning from a Centers for Disease Control-designated "Level 2" or "Level 3" advisory area, or who has been in contact with someone who is suspected or confirmed of having the coronavirus within the last 14 days, should be tested.

Any individual who suspects that they may have been exposed to the coronavirus or is exhibiting symptoms should consult with their health care provider to make the appropriate testing recommendation, in line with CDC guidelines.

**Can anyone get tested for COVID-19?**

The CDC has outlined clinical criteria to qualify as a candidate which may be approved by a doctor. The CDC clinical criteria for a COVID-19 person under investigation (PUI) have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.

**How can members access COVID-19 testing?**

Members who have concerns that they may have been exposed to COVID-19 or may have symptoms of COVID-19 should contact their health care practitioner or state Department of Health for testing.

**Is there a vaccine or treatment available?**

No vaccine or specific treatment for COVID-19 is available at this time; care for a person who tests positive for the virus is supportive in nature.

**How can I learn more about COVID-19?**

Here are some resources to learn more about COVID-19:

- https://www.cdc.gov/coronavirus/2019-ncov/index.html
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html

**What will my plan member's out-of-pocket costs be for COVID-19 diagnostic testing?**

Cost-sharing will be waived for COVID-19 diagnostic testing-related services. This means the member will not be subject to deductibles, copays, or coinsurance.

**What if my plan member receives a bill for COVID-19 diagnostic testing?**

In that event, National General Benefits Solutions Self-Funded Program members should call the number on the back of their Medical ID card.