

Coronavirus FAQs for Sanford Health Plan Members

In the midst of the evolving COVID-19 outbreak, we recognize our critical role in assuring that you have access to health care services. We are dedicated to keeping you informed about your coverage and empowering you as partners in your care. Here are some things you should know.

Who can test for COVID-19?

The federal Centers for Disease Control and Prevention (CDC) and authorized labs designated by the CDC are currently the only facilities permitted to test for the presence of COVID-19.

Will patients tested by CDC-approved labs incur costs for the testing?

At this time, the CDC is not billing for testing for COVID-19, so you should not incur costs for the actual testing. Commercial labs permitted to do high complexity testing by the CDC may charge testing fees. In addition, hospitals and facilities may charge their own fees for collecting the specimens, which may then be billed to your health insurance issuer.

What will Sanford Health Plan cover with regard to COVID-19 testing at this time?

Sanford Health Plan will cover 100% of the cost of specimen collection and testing for COVID-19. **Testing is covered when indicated as medically necessary by a qualified practitioner.**

Will Sanford Health Plan cover treatments related to COVID-19?

At this time, there is no specific antiviral treatment or vaccine for COVID-19. If you test positive for COVID-19, we will cover the care you receive from your doctor, **per your plan's cost sharing**, to help relieve symptoms as we would with any other viral respiratory infection. If you have questions about your plan, please review your coverage details at the member portal or contact us.

Are supplies like gloves and masks covered?

Supplies, like gloves and masks, are not covered by Sanford Health Plan because they are available over the counter.

Does Sanford Health Plan cover emergency transport from foreign countries?

Sanford Health Plan will not cover emergency transport of affected individuals from foreign countries. Sanford Health Plan has no contracts with foreign air ambulance companies, and, therefore, no contractual protection against the balance billing of members for these services.

Should I be using Telehealth/Virtual Care services instead of going into the doctor's office?

Given that COVID-19 is a communicable disease, you are encouraged to utilize Telehealth as much as possible instead of going in to your provider's office. As a part of Sanford Health Plan, you have access to Telehealth services. Learn more at www.sanfordhealthplan.com/virtualcare.

Should I fill or refill my prescriptions in case of an emergency?

There are no current concerns about the availability of prescription drugs, but the CDC and American Red Cross recommend that households maintain at least a 90-day supply of any maintenance prescription drugs used by household members. Sanford Health Plan is carefully monitoring the situation and is ready to work closely with you and your providers to ensure access to needed maintenance prescription drugs in the event of supply-chain issues related to COVID-19.

What if my prescription's prior authorization will expire soon?

Sanford Health Plan is extending prior authorizations an extra 90 days for all existing prescriptions whose prior authorizations will expire in 90 days or fewer.

Will I be subject to higher cost-sharing if I unintentionally receive care from an out-of-network specialist at an in-network facility?

No. Sanford Health Plan will cover all COVID-19 treatment, labs, and diagnostics at an in-network rate whenever services are delivered at an in-network facility regardless of whether the treating specialist is out-of-network.

For example, let's say you go to an in-network facility for COVID-19 testing. Your lab specimen is sent to an out-of-network facility. You will receive in-network coverage for both your visit and your lab because you visited an in-network facility.

What if I go to an out-of-network facility because I don't have access to an in-network facility?

If you choose to visit an out-of-network provider when an in-network one is available, you will be subject to out-of-network rates. However, if no in-network provider is available and you **must** visit an out-of-network one for diagnosis and treatment, you will be billed at in-network rates.

Where can I find more general information about COVID-19?

Visit <https://www.sanfordhealth.org/conditions-diseases/coronavirus-disease-2019-covid-19> for more facts about COVID-19 and information about how to protect yourself and your family from infection.