

## **Coronavirus (COVID-19) FAQs for Sanford Health Plan Members**

In the midst of the evolving COVID-19 outbreak, we recognize our critical role in making sure 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.

### **What will Sanford Health Plan cover with regard to COVID-19 testing and treatment?**

**Testing:** Members will not pay copays, deductibles or coinsurance for medically necessary tests to diagnose COVID-19. This includes the COVID-19 tests, anti-body tests, specimen collection, and any related rule out tests to make the COVID-19 diagnosis. There is no prior authorization requirement to review for testing, meaning your doctor does not have to ask us for approval to test for COVID-19. Coverage is provided at no-cost at both in and out of network facilities. This policy will remain in effect for testing beginning on March 13, 2020, until the end of the Public Health Emergency.

Beginning on Jan. 15, 2022, Sanford Health Plan is covering the cost of up to eight at-home COVID-19 tests per calendar month per member. To be reimbursed for the cost of tests, members must submit a claim form along with an itemized receipt to Sanford Health Plan through USPS. Members can access the claim form at [www.sanfordhealthplan.com/covid-19](http://www.sanfordhealthplan.com/covid-19).

**Treatment:** Sanford Health Plan covers all treatments related to COVID-19 according to the cost share indicated in the member's plan. This includes home monitoring, inpatient admissions, and outpatient antibody treatments.

**Vaccines:** The vaccine itself will be provided by the government, so there will not be a charge for the vaccine. Sanford Health Plan will waive cost-sharing for administering the vaccine, meaning we will cover 100 percent of the allowed amount. This includes the amount for the office visit to administer the vaccine.

### **I am concerned about the shortage of at-home COVID-19 tests, so I purchased 24 test kits this week when they were available. Can I be reimbursed for this 3-month supply using one claim form?**

Sanford Health Plan can only reimburse for eight tests per month per member. Your receipt indicated the month of purchase, and we can only reimburse for up to eight tests per member per month per receipt.

**What do I need to include with the claim form?**

An itemized receipt must be included when submitting a claim form for reimbursement. The itemized receipt must include the date of purchase, the merchant's name and the description of the items purchased.

**Where do I send the claim form for reimbursement of at-home tests?**

Sanford Health Plan  
P.O. Box 91110  
Sioux Falls, SD 57109-1110

**How often can I submit a claim form for at-home tests?**

Members may submit claim forms on a rolling basis as they purchase tests, or they may send one claim form per month listing up to eight tests for that calendar month.

**Do all Sanford Health Plan members follow the same process to file for reimbursement of at-home tests?**

All members should follow this process, except for Medicare members.

Medicare members can receive free at-home COVID-19 tests through the Department of Health and Human Services (HHS), with no need to file for a reimbursement from Sanford Health Plan.

HHS is providing up to 50 million free, at-home tests to community health centers and Medicare-certified health clinics for distribution to Medicare members. Members can locate a health center at this link: <https://findahealthcenter.hrsa.gov/>

**Can members continue to go to the doctor or the local Sanford testing site to get tested?**

COVID-19 diagnostic tests performed by a laboratory will continue to be covered at 100% and you can continue to use this method for testing as needed.

**Can I be reimbursed for any COVID-19 at-home test?**

Only FDA-approved tests are eligible for reimbursement.

**My employer requires that I test myself multiple times per week and send them the results as a condition of employment. Can I get these tests reimbursed by insurance?**

Plans are not required to provide coverage of testing (including an at-home over-the-counter COVID-19 test) that is for employment/return to work purposes.

**What if I already bought and paid for at-home over-the-counter COVID-19 tests? Can I still get reimbursed for those?**

Plans and insurers are required to cover at-home over-the-counter COVID-19 tests purchased on or after January 15, 2022.

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

Yes. Given that COVID-19 is a communicable disease, you are encouraged to utilize Telehealth/Virtual Care as much as possible instead of going in to your provider's office.

**Update: We were proud to support enhanced access to Telehealth care during the public health emergency. As things return to normal, so will our policies and procedures. On June 15, 2021, this temporary provision expired and Telehealth services are covered per the co-pays indicated on your plan documents.**

Learn more at [sanfordhealthplan.com/virtualcare](https://sanfordhealthplan.com/virtualcare).

### **Who can test for COVID-19?**

Any authorized lab can test for COVID-19.

### **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.

### **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 for treatment 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 [sanfordhealth.org/conditions-diseases/coronavirus-disease-2019-covid-19](https://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.
- With your mySanfordHealthPlan member portal, you have convenient access 24/7 to your insurance plan details and secure messaging tools. If you don't have a MyChart account, get access by visiting mySanfordHealthPlan and clicking "Request Access for Yourself."

**What is antibody testing?**

Antibody tests, also called serological tests, are taken through blood samples to check for proteins in the immune system to indicate immunity against COVID-19. They are not meant to diagnose active coronavirus infections but rather as a check to determine if a person was exposed to the virus and developed antibodies against it. This is covered at no cost to the member when ordered from a qualified physician.

**What is Antibody Outpatient Treatment?**

Antibodies are laboratory-made proteins that mimic the immune system's ability to fight off harmful antigens such as viruses. Antibody treatments are infused into the body through outpatient administration. Because it is treatment, it is covered under a member's normal cost-share.

**Have a question you want to ask us?**

Call our Customer Service department for assistance at (800) 752-5863.