



COVID-19 BENEFIT UPDATES

BENEFIT AND NETWORK UPDATES FOR CAREPLUS MEMBERS

We have received many questions from providers. Our intent is to communicate frequently about changes as they happen, and quickly update as additional information emerges. Please check this page regularly for new information.

2023 Benefits

- 1. For 2023, during the COVID-19 public health emergency (PHE), CarePlus benefits included no copays, deductibles or coinsurance for US Food & Drug Administration (FDA)-authorized COVID-19 vaccines and their administration.**

During the PHE, members received the COVID-19 vaccine with no out-of-pocket costs when the vaccine was administered by either an in-network or out-of-network provider. After the PHE, out-of-pocket costs for the COVID-19 vaccine vary depending on the member's specific plan. Please refer to CarePlus' COVID-19 Vaccine FAQ for further information.

- 2. For 2023, CarePlus benefits include no member cost share for in-network telehealth visits for primary care, urgent care, and behavioral health.**

CarePlus members will not be responsible for paying copays, deductibles or coinsurance for the telehealth visits outlined above. For specialty telehealth visits, please verify member plan benefits as any applicable member cost-share would apply. Please refer to [CarePlus' Telehealth and Other Virtual Services policy](#) for further information.

- 3. For 2023, during the COVID-19 PHE, member cost share was waived on covered COVID-19-related testing and related services.**

During the COVID-19 PHE, there were no out-of-pocket costs for CarePlus members who received a **FDA or emergency use authorized COVID-19 test** that was performed by a laboratory, when the test was ordered by a physician or other licensed healthcare professional. Medicare covered one lab-performed test per member without an order. Testing locations may have required an order or prescription. It was recommended that members contact the testing location for details.

For covered COVID-19 testing provided after the COVID-19 PHE, please verify member plan benefits as any applicable member cost share would apply. In addition, standard ordering requirements apply to lab-performed COVID-19 tests.

- 4. Members may have several options for prescription delivery.**

- Members may be able to have their prescriptions delivered. Check with CVS, Walgreens and other local pharmacies to see if they offer local prescription delivery.
- As an alternative, providers can support the movement of member prescriptions to CarePlus' preferred mail order pharmacy by sending orders to CenterWell Pharmacy™ mail order via e-prescribe to CenterWell Pharmacy – Miramar Mail (NCPDP# 1099731), by calling 1-800-526-1490 or via fax to 1-800-526-1491. Please visit <https://www.centerwellpharmacy.com/retail-locations> for prescribing information. CenterWell Pharmacy – Miramar Mail hours of operation are Monday through Friday from 8 a.m. to 6 p.m., Eastern time. Please keep in mind that first-time setup takes approximately five days for processing and delivery after prescription orders are received.



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5. **Early prescription refills were allowed during the federally declared PHE.**

CarePlus allowed early refills on prescription medicines for CarePlus members with Part D prescription drug coverage, so they could prepare for extended supply needs—an extra 30- or 90-day supply as appropriate. This did not apply to MA-only members.

2022 Benefits

1. **For 2022, CarePlus benefits included no copays, deductibles or coinsurance for all FDA-authorized COVID-19 vaccines and their administration.** Members received the COVID-19 vaccine with no out-of-pocket costs. This applied when the vaccine was administered by either an in-network or out-of-network provider. Please refer to CarePlus' COVID-19 Vaccine FAQ for further information.
2. **For 2022, CarePlus benefits included no member cost share for in-network telehealth visits for primary care, urgent care and behavioral health.** Members were not responsible for paying copays, deductibles or coinsurance for the telehealth visits outlined above. For specialty telehealth visits, please verify members' plan benefits as any listed member cost-share is applicable. Please refer to [CarePlus' COVID-19 Telehealth and Other Virtual Services policy](#), for further information.
3. **For 2022, CarePlus benefits included no member cost share for COVID-19 treatment.** Members had no copays, deductibles or coinsurance for covered services for treatment of **active, confirmed** cases of COVID-19. Members are encouraged to check their plan documents for details about their 2022 coverage. Please refer to CarePlus' COVID-19 Treatment FAQs for further information.
4. **For 2022, CarePlus benefits included no member cost share on covered COVID-19-related testing and related services.** During the PHE, there were no out-of-pocket costs for members who received a [FDA or emergency use authorized COVID-19 test](#) that was performed by a laboratory, when the test was ordered by a physician or other licensed healthcare professional. Medicare covered one lab-performed test per member without an order. Testing locations may have required an order or prescription. It was recommended that members contact the testing location for details.

2021 Benefits

1. **For 2021, CarePlus benefits included no copays, deductibles or coinsurance for all FDA-authorized COVID-19 vaccines and their administration.**
Members received the COVID-19 vaccine with no out-of-pocket costs. This applied when the vaccine was administered by either an in-network or out-of-network provider. Please refer to the COVID-19 Vaccine FAQ for further information.

The Centers for Medicare & Medicaid Services determined that coverage for COVID-19 vaccines administered to Medicare Advantage plan members was provided through the Original Medicare program in 2021. All claims for vaccines administered to a CarePlus member for dates of service in 2021 should be submitted to the Medicare Administrative Contractors.



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- 2. For 2021, CarePlus benefits included no member cost share for in-network telehealth visits for primary care, urgent care and behavioral health.**

Members had no copays, deductibles or coinsurance for the telehealth visits outlined above. For specialty telehealth visits, member plan benefits including any applicable member cost-share applied. Please refer to [CarePlus' COVID-19 Telehealth and Other Virtual Services policy](#), for further information.

- 3. For 2021, CarePlus benefits included no member cost share for COVID-19 treatment.**

Members had no copays, deductibles or coinsurance for covered services for treatment of **active, confirmed** cases of COVID-19. Members were encouraged to check their plan documents for details about their 2021 coverage.

- 4. For 2021, CarePlus benefits included no member cost share on covered COVID-19 testing and related services.**

There was no out-of-pocket costs for members who received a US Food & Drug Administration ([FDA](#)) [approved or emergency use authorized COVID-19 test](#).

2020 Benefits

- 1. For 2020, CarePlus benefits included no copays, deductibles or coinsurance for all FDA-authorized COVID-19 vaccines and their administration.**

Members received the COVID-19 vaccine with no out-of-pocket costs. This applied when the vaccine was administered by either an in-network or out-of-network provider. The Centers for Medicare & Medicaid Services determined that coverage for COVID-19 vaccines administered to Medicare Advantage plan members was provided through the Original Medicare program in 2020. All claims for vaccines administered to a CarePlus member for dates of service in 2020 should be submitted to the Medicare Administrative Contractors.

- 2. Member cost share for outpatient behavioral health visits was waived for 2020 to encourage members to seek needed behavioral health care.**

We waived all member cost-share on outpatient, non-facility based behavioral health visits with participating/in-network providers. This included psychiatric medication consults, individual therapy and group therapy. These cost-share waivers were retroactively effective as of May 1, 2020.

- 3. Member cost share waivers for in-network telehealth visits was waived for 2020 to give members flexibility to seek and receive care.**

This waiver applied to telehealth visits with all participating/in-network providers, including primary care, behavioral health and other specialist providers. These cost share waivers were retroactively effective as of March 6, 2020.

- 4. Member cost-share waiver on COVID-19-related testing was waived for 2020.**

This applied to COVID-19 testing and related services, including laboratory testing, specimen collection and certain related services that result in the ordering or administration of the test, including physician office or emergency department visits. This cost share waiver applied on a retroactive basis to services delivered on or after Feb. 4, 2020.



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5. Member cost for COVID-19 treatment was waived for some members in 2020.

Members had no copays, deductibles or coinsurance for covered services for treatment of **confirmed** cases of COVID-19. This cost-share waiver applied on a retroactive basis to services delivered on or after Feb. 4, 2020.