

## **Frequently Asked Questions About Health Insurance During the COVID-19 Pandemic**

### **Q. What if I cannot afford to pay my monthly premium?**

**A.** A deferral of payment for health insurance premiums ran through June 1, 2020. DFS emergency regulations stipulate that insurance providers must be able to develop a 12-month payment plan for those who can demonstrate financial hardship due to COVID-19. If you are in need of a payment plan, please consult with your provider.

### **Q. I have been laid off, am I still covered under my former employer's insurance?**

**A.** You may be entitled to stay on your plan under COBRA (the Consolidated Omnibus Budget Reconciliation Act) for up to 18 months after the conclusion of your employment, but you will have to pay the full cost of the insurance, including those amounts formerly paid by your employer. However, you may be able to find lower cost health insurance on the NY State of Health, but you must apply within 60 days of losing your prior health coverage. As always, consumers can apply for coverage through NY State of Health on-line at [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov), by phone at 855-355-5777 and working with enrollment assistors/navigators.

### **Q. I have recently had a change of employment status (layoff or closure of place of work) due to COVID-19; am I able to apply for health insurance coverage through the marketplace?**

**A.** The loss of employment is a qualifying life event. Open enrollment ended on September 15<sup>th</sup>, 2020, however individuals who are eligible for NY State of Health programs – Medicaid, Essential Plan and Child Health Plus – can enroll year-round. As always, consumers can apply for coverage through NY State of Health on-line at [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov), by phone at 855-355-5777 and working with enrollment assistors/navigators.

### **Q. What is a Qualifying Life Event?**

**A.** A qualifying life event is a change in status that allows an individual or family to purchase health insurance outside of the regular open enrollment period. Examples include marriage, divorce, childbirth, turning 26 or a change of employment. In most cases, you have 60 days after the date of the event to purchase health insurance coverage.

### **Q. As a parent, if I lose my employer-sponsored health Insurance can I enroll my child in a new plan?**

**A.** Yes, your family may be eligible through the Child Health Plus program.

### **Q. Can my insurer deny coverage for my hospital claim?**

**A.** As of April 22, 2020 insurers are prohibited from holding retrospective reviews of hospital claims. This means that your provider cannot go through the process of determining whether or not already administered treatment will be covered. Further, all preauthorization requirements for in-hospital services are suspended until June 18, 2020. This includes lab work and radiology.

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

**A.** Your insurer cannot cancel or non-renew your policy because you get sick, including if you are diagnosed with COVID-19.

**Q. What will my health insurance cover for coronavirus?**

**A.** If you have individual or group health insurance coverage that you or your employer bought in New York, including through the NY State of Health Marketplace or the New York State Health Insurance Program for public employees, you are covered for the testing and treatment for Novel Coronavirus.

**Q. 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)?**

**A.** As long as you receive in-network care you will not be charged for the testing or treatment of COVID-19.

**Q. Am I able to Access Out-of-Network Services?**

**A.** It depends on several circumstances. Insurance Law §§ 3217-d(d), 4306-c(d), and 4804(a) and Public Health Law § 4403(6) provide that if an issuer does not have a health care provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, the issuer must provide access to an out-of-network provider at the in-network cost-sharing. You should follow all usual rules and procedures of your health insurance plan if you are considering obtaining care from a provider outside the network of your insurer.

**Q. Will my health insurance cover telehealth services?**

**A.** Yes. According to DFS regulations effective March 13, 2020 health insurers must cover Novel Coronavirus diagnostic testing, including those done through telehealth. Your insurer must also cover your telehealth visit if that service would have been covered if you went to your provider's office or facility. This includes mental health and substance use disorder treatment if the services would have been covered if you went to your provider's office or facility. Please remember that your insurer may require telehealth services to be provided by an in-network provider. If you have a high deductible health plan with a health savings account (HAS), you may still need to meet your deductible.

**Q. How can I receive mental health services?**

**A.** Your insurer must cover your telehealth service for mental health if the service would have been covered if you went to your provider's office or facility. Those in need of emotional support during this time can call the New York State Office of Mental Health emotional support hotline and speak with trained volunteers at 1-844-863-9314. For essential workers seeking mental healthcare, Governor Cuomo announced May 1, 2020 that New York State regulated insurers must waive out of pocket costs for frontline essential workers.

**Q. Can I get a larger supply of my prescriptions in case I need to stay home?**

A. This service varies by provider. Below are the current policies of several major insurance companies:

**Emblem health (GHI):**

EmblemHealth covers 90-day supplies of long-term medications (or maintenance drugs) through Express Scripts mail order so members can get their medications delivered right to their home. Express Scripts also gives members access to pharmacists 24 hours a day, seven days a week, in case they have questions about their medications.

**Empire Blue Cross/Blue Cross Blue Shield:**

Empire is relaxing early prescription refill limits, where permitted, for members who have Empire pharmacy benefits and wish to refill a 30-day supply of most maintenance medications early. Additionally, members who have a pharmacy plan that includes a 90-day mail-order benefit should talk to their doctor about whether changing from a 30-day supply to a 90-day supply of their prescriptions is appropriate. Members filling 90-day prescriptions can get most of their medications through our home delivery pharmacy. Members can call the Pharmacy Member Services number on their health plan ID card to learn more.

**Unitedhealthcare:**

If you have an OptumRx pharmacy benefit and need an early prescription refill, you may request one through your pharmacy.

**MVP:**

MVP members can obtain an early refill on a 30-day supply of maintenance medications at an in-network pharmacy. Medicaid members who are quarantined or whose provider suggests self-quarantine may contact CVS to request a 90-day supply of maintenance medications during the COVID-19 crisis. MVP Medicare members may request a 90-day supply of medications at an in-network pharmacy.

**Fidelis Care:**

Fidelis Care is covering early refills and up to a 90-day supply of most maintenance medications for members. This includes both prescription and over-the-counter (OTC) medications used for chronic health conditions. Medicare Advantage, Dual Advantage, Qualified Health Plan, and Essential Plan members are also encouraged to use mail-order pharmacy for 90-day refills.

**Q. What if the drug my doctor prescribes is not covered under my insurance?**

A. 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. The process varies slightly by insurer, be sure to consult your policy.

**We understand this a challenging time and you may have more questions. Please contact the Office of Assemblymember Kevin Cahill for further information. Our office is planning on returning to in-person services by appointment only July 13, 2020.**

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**Important Links:**

[DFS Consumer FAQ](#)

[Emblemhealth FAQ](#)

[Fidelis Care FAQ](#)

[Blue Cross Blue Shield FAQ](#)

[New York City COBRA Walkthrough](#)

[New York State of Health](#)