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COVID-19 Benefits Update

The State Health Plan is encouraging members to stay informed, calm and prepared about the global coronavirus outbreak or COVID-19. The Plan wants to assure you that you are covered during this time and reduce any barriers to receiving the care you need when you need it.

80/20 Plan, 70/30 Plan and High Deductible Health Plan Members:



Primary Care Provider (PCP) Visits & COVID-19 Testing

- The Plan is waiving the cost of treatment for members diagnosed with COVID-19, including associated deductibles, copayments, and coinsurance. This is effective through June 1, 2020, at which time the Plan will re-evaluate.
- The Plan previously announced that it was also covering the cost associated with the testing of COVID-19 regardless of site of service (where you receive the test) to ensure there are no cost barriers to testing.
- The Plan is also waiving the copay for in-person and virtual PCP visits to screen for COVID-19. Screening visits will not be subject to your deductible or coinsurance, even if your deductible has not been met.
- Many providers are now offering tele-health or virtual visits. These types of visits are covered under your Plan benefits. The applicable copay for a PCP office visit will apply. If you are outside of North Carolina, please confirm with your provider as each state may have different rules regarding tele-health services.

- You will need to call your provider to determine if these services are offered. Many providers are offering virtual services for behavioral health, physical therapy and wellness visits. Virtual visits are not just for when you're feeling sick, so if your provider offers them, please take advantage of the service.
- In addition, for new Plan members, the Plan is waiving the requirement for tobacco users to visit a CVS MinuteClinic for a tobacco cessation counseling session in order to receive a \$60 premium reduction on their subscriber monthly premium on the 80/20 and 70/30 plans. This is effective through June 1, 2020, at which time the Plan will re-evaluate.

Prescription Medication Reminders

- The Plan is waiving the early medication refill limits on 30-day **prescriptions for maintenance medications only**. Member cost-sharing will apply as normal.
- If you are trying to refill a non-maintenance medication early, it will be denied.
- <u>Click here</u> for a reference list of what is considered a maintenance medication. This is a standard, non-State Health Plan specific list, but it will give you a reference of what drug categories are considered maintenance.
- Several pharmacies have waived home delivery charges for medications, so members do not have to leave their homes to pick up their medications. You are encouraged to check with your pharmacy to find out if they also offer prescription delivery services.
- If you have questions, please call CVS Caremark at 888-321-3124 or your pharmacy.

UnitedHealthcare (UHC) Medicare Advantage Plan Members

- There will be no cost to UHC members for the treatment of COVID-19 through May 31, 2020.
- There will be no cost to UHC members for the COVID-19 test. Copays and coinsurance are also waived for visits associated with the COVID-19 testing, regardless if care is furnished in physician office, urgent care or ER.
- Through June 18, 2020, there will be no cost for in-network, non-COVID-19 tele-health visits for UHC members.
- If you need an early prescription refill, you may request one through your pharmacy. Look at your current supply of medications, as well as what you might need in the near future, to decide if you should

refill early. Check to see if home delivery is an option with local pharmacy or use Optum Home Delivery through UHC.

- The UHC HouseCalls program was suspended for the health and safety of our members and clinicians. However, to ensure that members continue to receive their HouseCalls visits even during the COVID-19 national health emergency, UHC has introduced HouseCalls Virtual Visit. You will need to have an email and proper webcam capability to be offered a virtual visit. To find out more about HouseCalls Virtual Visit, please call Customer Service at 866-747-1014.
- Please note there is a \$0 copayment for each Medicare covered Virtual Doctor visit and a \$20 copayment for each Virtual Behavioral Visit. You may use Virtual Visit through your computer or a mobile device like a tablet or a smart phone any time, day or night. To find a list of participating Virtual Visit providers or Virtual Behavioral Visit providers, go to <u>www.UHCRetiree.com/ncshp</u>. If you have questions, especially about where to get care or making sure you get your prescriptions if you are at risk, please call Customer Service at 866-747-1014.
- UHC is also offering free emotional support for those who feel extra stress or fear due to COVID-19. You can call the Emotional-Support Help Line from Optum at 866-342-6892, TTY 711, 24 hours a day, seven days a week.
- For the most up-to-date information from UnitedHealthcare, please visit the UHC website.

'Understanding Your Medical Plan Options When You Become Medicare-Eligible' In-Person Meetings Will Now Be Held as Webinars!



Due to the COVID-19 national emergency, the State Health Plan has made the decision to CANCEL all in-person sessions for our "Understanding Your Medical Plan Options When You Become Medicare-Eligible" events. If you have already registered for an on-site training session, you will receive a cancellation notice and will need to re-register for the webinar.

In lieu of these onsite meetings, the Plan will be hosting additional webinars for your convenience, which are posted to the Plan's <u>website</u>. Please take advantage of the webinars to learn more about your health plan options when you become Medicare-eligible.

Date	Time	Registration
4/14/2020	2pm-4pm	Register
4/21/2020	10am-12pm	Register
4/23/2020	6pm-8pm	Register
5/7/2020	10am-12pm	Register
5/13/2020	2pm-4pm	Register
5/19/2020	2pm-4pm	Register
5/27/2020	2pm-4pm	Register
6/10/2020	2pm-4pm	Register
6/15/2020	10am-12pm	Register
6/23/2020	10am-12pm	Register
6/30/2020	10am-12pm	Register
7/28/2020	10am-12pm	Register

The webinar schedule is below. Please sign up for a time that is convenient for you. Space is limited, so register today!

Subrogation, Third-Party Recover and You

(Active and Non-Medicare Members)

Have you recently been involved in a car accident, medical malpractice incident, product defect incident or some other event which resulted in an injury?

The State Health Plan has the right to recover medical and pharmacy expenditures where a third party is liable for an injury incident, such as medical malpractice, worker's compensation, class action suits, product liability cases or auto accidents. The Plan protects member funds by paying only those claims for which it is responsible.

If the Plan pays claims that are the responsibility of a third party, then, by law, the Plan has a right to recover those payments. The Plan's lien will not exceed 50 percent of the total damages recovered by the Plan member, exclusive of the member's reasonable cost of collection. That cost is determined by the Plan.

Please note: If a liable third party pays YOU damages and the Plan is not informed, then YOU may be responsible for reimbursing the Plan. You can avoid this situation by calling Health Management Systems Inc. (HMS), the Plan's contractor to pursue third-party subrogation recoveries.

Contact HMS with any questions at 800-294-2757. You or your duly authorized representative can also send an email to <u>NCSHP@hms.com</u> for a subrogation request. For details, visit the State Health Plan <u>website</u>. Click on "Employee Benefits" and scroll down to find <u>"Subrogation and Recovery."</u>

Did You Know...

April is Autism Awareness Month

April is National Autism Awareness Month. Autism Spectrum Disorder (ASD), according to the Centers for Disease Control and Prevention (CDC), refers to a broad range of conditions that can cause difficulty with social interactions, communication and presents behavioral challenges.



These <u>developmental disabilities</u> can be difficult to diagnose as a medical blood work test does not exist. Instead, diagnosis is made based on behavior and development. People with ASD may communicate, interact, behave, and learn differently than others.

The Plan covers Applied Behavior Analysis (ABA) therapy and is limited to a maximum of \$36,000 per benefit year and is only available in-network, both in-state and out-of-state. More information can be located in your benefit booklet under "Applied Behavior Analysis." If you need help in finding a provider, the online "Find a Doctor Tool" is available.



Eligibility and Enrollment Questions: 855-859-0966

Prescription Questions: 888-321-3124

For questions on this newsletter, e-mail: ppo.inquiries@nctreasurer.com





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A Division of the Department of State Treasurer