

## Coronavirus and health insurance: What you need to know

By [Les Masterson](#) | Updated on April 3, 2020

In light of the coronavirus (COVID-19), health insurance companies have made changes, including waiving copays and out-of-pocket costs for testing. Many insurers have also made it easier to get telehealth appointments via Skype or FaceTime and have created programs to help people deal with the stress associated with the crisis.

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# Private insurance company coronavirus response

[America's Health Insurance Plans](#) (AHIP) is collecting specifics about how health insurers are responding. Here's a sampling of some of the largest health insurers from AHIP, as well as how UnitedHealthcare, the nation's largest insurer, is handling the situation.

- **Aetna** -- The insurer, owned by CVS Health, is waiving co-pays for all diagnostic testing related to the coronavirus. It's also providing zero co-pay telemedicine visits for any reason. The insurer additionally announced that it's waiving member cost-sharing for inpatient admissions to in-network facilities for coronavirus-associated admissions through June 1. Aetna said it will send a care package to people diagnosed with COVID-19 and is offering programs to help people deal with anxiety and stress.
- **Anthem** -- The company, which provides Blue Cross plans in 14 states, is not charging out-of-pocket costs for coronavirus testing. The insurer is also waiving prior authorization for diagnostic services connected to COVID-19 testing. Insurers use prior authorizations as a way to limit care that they deem unnecessary. However, Anthem is stopping that practice for coronavirus testing. Anthem is additionally waiving cost sharing for telehealth visits, including with mental health providers. Anthem is also relaxing early prescription refills on most maintenance medications.
- **Blue Cross Blue Shield Association (BCBSA)** -- The parent organization of 36 Blue Cross and Blue Shield companies will waive prior authorizations for diagnostic tests and covered services for the disease. The plans are also not charging out-of-pocket costs for those services. They are also waiving prescription refill limits on maintenance medications and expanded telehealth and nurse/provider hotlines.

- **Blue Shield of California** -- The insurer is waiving cost-sharing for hospital, urgent care, emergency room and outpatient services and prior authorization related to coronavirus testing. Blue Shield is removing out-of-pocket costs to use Teladoc Health virtual services for most members, too. The company is additionally expanding telehealth services and is waiving out-of-pocket costs for most members to use Teladoc Health's virtual care services.
- **Cigna**-- The insurer is covering the cost of coronavirus testing and treatment, including waiving co-pays and cost shares at in-network providers or telehealth through May 31. Cigna is waiving prior authorization for "the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network long term acute care hospitals to help manage the demands of increasingly high volumes of COVID-19 patients." Cigna's Express Scripts Pharmacy is additionally giving free home delivery of up to 90-day supplies of prescription maintenance medications.
- **Humana** -- The insurer is waiving out-of-pocket costs for COVID-19 testing and treatment. That includes waiving telemedicine costs for urgent care and allowing members to get early refills for regular prescription medication.
- **UnitedHealthcare** -- The company said it's waiving COVID-19 testing costs at approved locations. The insurer is also allowing members to request early prescription refills. It's additionally expanding telehealth access. [The Wall Street Journal](#) reported that the nation's larger insurer also plans to roll out coronavirus tests that people can administer themselves. The move is a way to try to lessen the burden of health care facilities, which are being overwhelmed in many areas.

Find how dozens of insurers are responding to the crisis by checking out [AHIP's continually updated list](#).

## How public insurers are handling the coronavirus

It's not just private insurers who are making changes. Medicare is also expanding telehealth services.

The [Centers for Medicare and Medicaid Services](#) said it will pay for more telehealth services. The move is a way to get the most vulnerable people to the coronavirus (the elderly and those with chronic conditions) to avoid going to hospitals and doctors offices. They will instead be able to get more care remotely.

[Medicaid](#) and Children's Health Insurance Program (CHIP) plans are state-federal partnerships with their own state regulations. Check with your individual state to see how they are handling testing and treatment payments.

Also, federal government officials said they're working on removing cost barriers for uninsured. During a [recent Congressional hearing](#), Robert Redfield, director of the Centers for Disease Control and Prevention, said the Trump administration is "examining all avenues" for the uninsured to get tested and receive treatment. He suggested people without insurance go to community health centers if they need testing or treatment.

## Paying for care

We reviewed how insurers are waiving costs related to testing, but you may still get a bill for treatment of the disease. In this case, you can expect your health insurer to cover coronavirus treatment just like any other illness. That means they'll pay some of the bill. However, you may have to pay a portion or even a lot of the bill depending on the plan.

How much will coronavirus treatment cost? The Peterson-Kaiser Family Foundation's Health System Tracker used 2018 data for pneumonia hospitalizations to provide an estimate. The tracker suggested that inpatient [coronavirus treatment](#) could cost \$20,000 if you have a comorbidity (more than one chronic illness) or experience a major complication. A coronavirus hospitalization without complications may cost about \$10,000.

How much of that will be your responsibility depends on your health plan. The tracker also looked at costs for large employer plans. It said the average out-of-pocket spending for an inpatient admission for pneumonia in 2018 was at least \$1,300 depending on the condition.

Another potential issue is surprising billing, which is when you get an unexpectedly higher bill because a provider or facility is deemed out of network in your plan. The tracker found that as much as 18% of your hospital bill could be connected to surprise billing. That would mean more out-of-pocket costs.

These health care costs have some experts suggesting the federal government [waive coronavirus treatment costs](#). Other experts have proposed ways [to help the uninsured](#). Senators additionally asked health insurer executives to stop cost-sharing for coronavirus treatments and complications.

## High-deductible health plans

With so much upheaval, paying for care could be another stress for people, especially those with [high-deductible health plans](#) (HDHPs).

HDHPs have low premiums, but they have higher out-of-pocket costs and deductibles than other plans like preferred provider organization (PPO) and health maintenance organization (HMO) plans.

An HDHP is a plan with a deductible of at least \$1,400 for single coverage or \$2,800 for family coverage. However, the average single coverage deductible in 2019 was \$2,486 for single coverage, according to Kaiser Family Foundation.

HDHPs also have higher in-network out-of-pocket cost maximums (\$6,900 for single; \$13,800 for family).

Here's what you should know about handling out-of-pocket costs and deductibles:

### Don't delay care

This is especially important now. People with an HDHP should never avoid necessary care because of a high deductible. You may wind up paying more for care later if you delay actions today.

### Stay in-network as much as possible

Try to see providers and visit facilities that are in your plan's network. Health insurance companies contract with providers and facilities. Those providers have in-network rates, which are cheaper than out-of-network rates. Out-of-network providers don't have contracts with your health plan.

Some health plans, such as HMOs, likely won't reimburse for any costs incurred by an out-of-network provider or facility. Your HDHP may or may not reimburse for out-of-network care. Regardless, it's a good idea to stay in-network whenever possible.

### Check your bills and appeal if needed

Having an HDHP may mean you need to review your health care bills closer than if you had a PPO or HMO. Surprise billing is a common problem. You wind up getting a bill much more than expected. These charges often are related to getting care by an out-of-network provider. It might not even be the doctor who worked on your case. It might have an anesthesiologist or another specialist. That's why it's critical to check your bills. If you feel you've been overcharged, you can [appeal to the health insurer. If you still don't get relief, you can talk to your state's insurance department](#).

### Use your HSA

Health Savings Accounts (HSAs) are connected to HDHPs. These accounts let you save tax-free money for your health care. Many employers also contribute to employee HSAs to help you pay for care.

These accounts are only used for health care, so make sure you tap into your HSA when needed.

# People who lose health insurance

With a huge spike in layoffs and people applying for unemployment, millions of Americans are getting dropped off their employer-based health insurance.

A new report from the [Economic Policy Institute](#) estimated that about 3.5 million Americans "likely lost" health insurance during the last two weeks of March.

People who lose coverage have multiple avenues:

- [COBRA insurance](#) -- This will allow you to stay on your former employer's health plan for at least 18 months. However, you have to pay for all the costs; your former employer doesn't chip in.
- Your spouse's health insurance plan -- Losing your job allows you to get added to your spouse's employer's plan if it's allowed.
- [Individual health plan or one through the ACA exchanges](#) -- You can get subsidized ACA plans if your income is 400% below the federal poverty level. That's about \$50,000 for an individual and slightly more than \$100,000 for a family of four. Individual plans sold directly through an insurer aren't eligible for subsidized plans.
- [Short-term plan](#) -- Most people can get a short-term plan, though some states forbid the low-cost, low-coverage plans. The plans last one year and you can renew them two times, so they can last three years. These have limited benefits and can have hefty out-of-pocket costs. Many short-term plans don't provide pharmacy benefits or pregnancy, infant and mental health care. So, make sure you read the fine print before signing up for a short-term plan.
- [Medicaid](#) -- Three dozens states expanded Medicaid eligibility, so millions of more Americans are now eligible for the state/federal health insurance program. Medicaid plans are low-cost and have the same benefits that you'll find in an employer-based plan.

You're likely eligible for many of those options if you lose your job.

California Insurance Commissioner Ricardo Lara said Californians, who lost work because of the coronavirus, can get an individual or a plan through [Covered California](#). California has expanded subsidies that help people who make below 600% of the federal poverty level pay for an ACA plan. That's about \$75,000 for a single person and \$154,000 for a family of four.

# People without health insurance

Whether you can get an ACA plan now depends on your state and your previous health insurance coverage.

Usually, the ACA exchanges open enrollment starts on Nov. 1 and ends sometime between Dec. 15 and Jan. 31 depending on the state. During that period, people can switch or sign up for a new ACA plan.

Normally, the only other time someone can get an ACA plan is if he or she has a special enrollment-qualifying event. These qualifying events include losing your job's health insurance, a spouse dies or you have a child.

However, some states that run their own ACA exchanges have launched a special enrollment period in their ACA exchanges for everyone, including previously uninsured people.

Eleven states and the District of Columbia run their own exchanges. The federal government handles the rest.

States including California, Colorado, Connecticut, Maryland, Massachusetts, Minnesota, Nevada, New York, Rhode Island and Washington have launched their own special enrollment period in light of the coronavirus outbreak. Those states are letting anyone sign up for an ACA plan -- whether you had health insurance before or not.

That's not the case for most Americans, though. The Trump administration has reportedly [decided against launching a special enrollment period](#) in the 39 states with the federal exchanges. In those states, a previously uninsured person can't sign up for an ACA plan at this time.

Remember, though, if you lose your employer-based plan, you can sign up for an ACA plan in those states because you're facing a special enrollment-qualifying event.

However, you can't sign up for an ACA plan if you didn't have health insurance coverage in the first place.

There are two possible options for people in those states:

- Check with your state about Medicaid eligibility
- See about a low-cost, low-coverage short-term plan

A reminder that a short-term offers limited benefits and hefty out-of-pocket costs, so you'll want to read the fine print and understand what a specific short-term plan covers.

The coronavirus has caused upheaval in every aspect of our lives, including health insurance. If you lose your coverage because of job loss, make sure you explore your multiple options. And if you need to get tested or seek treatment for the coronavirus, don't delay your care because you're concerned about a later medical bill. Instead, check with your insurance company to find their specific policies if you need to get tested or receive treatment. If you need more help, contact your state insurance department.