

Summary of Material Modifications to the UVA Health Plan in 2020 and 2021 due to the COVID-19 pandemic

- Beginning March 17, 2020, the UVA Health Plan covers Teladoc visits for general medicine, behavioral health care services, dermatology, and caregiving. Due to the COVID-19 pandemic, there is no participant costsharing for Teladoc or telemedicine visits from March 17 – June 4, 2020. The UVA Health Plan covers these visits at 100%. Beginning June 5, 2020, the costsharing for Teladoc or telemedicine visits is the same as those used for in-network on-site PCP office visits. Those are:
 - Deductible + 15% coinsurance for Choice Health
 - Deductible + 20% coinsurance for Basic Health
 - PCP copayment for Value Health
- Teladoc and telemedicine visits return to their standard costsharing beginning June 5, 2020.
- Temporary additions to the approved telemedicine visits due to COVID-19 will be covered through March 31, 2021.

- FDA-approved testing needed to detect or diagnose COVID-19 and the administration of that testing is classified as a preventive diagnostic test beginning March 18, 2020. The UVA Health Plan covers it at 100%. There is no participant costsharing.
- Services furnished during visits that result in an order for, or administration of, a COVID-19 diagnostic test, but only to the extent that the items or services relate to the furnishing or administration of the test or the evaluation of the participant for purposes of determining the need of the participant for the product will be covered by the UVA Health Plan at 100%. There is no participant costsharing.
- From March 17, 2020 - February 28, 2021, the UVA Health Plan will waive costsharing for inpatient admissions at in-network and out-of-network facilities for treatment of COVID-19 or associated health complications.

- Some deadlines have been extended during the period from March 1, 2020 to February 28, 2021. Deadlines for required actions related to HIPAA special enrollments, COBRA, and claims and appeals extensions that are reached during this time period will be extended to February 28, 2021. These include:
 - HIPAA special enrollment period - requests to add a new dependent due to birth, adoption, marriage, divorce, or loss of coverage due to ineligibility for other health coverage;
 - COBRA election period - requests to enroll in COBRA after a qualifying event;
 - COBRA premium payments – initial or subsequent premium payments;
 - COBRA notices from participants - notification of a COBRA qualifying event by the participant;

- COBRA election notices - group plan notices to participants who experienced a qualifying event; and
- Deadlines for filing a benefit claim, filing an appeal of an adverse benefit determination, filing an external review request, and submitting additional information related to an external review.