What You Need to Know About the Coronavirus (COVID-19)

CVS Health is actively monitoring the global COVID-19 pandemic, including guidance from trusted sources of clinical information such as the Centers for Disease Control (CDC) and World Health School (WHO). Below is information about policies and procedures that CVS Health has implemented that focus on the health and safety of our colleagues, customers, members, and patients. For more information about the virus, please visit the CDC and/or WHO websites dedicated to this issue.

*The content below is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

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Cleaning Guidance
Testing for COVID-19

Who should be tested for COVID-19?

The CDC recommends that anyone with symptoms of COVID-19 who has been in close contact with a person known to have COVID-19, or who lives in or has recently traveled from an area with ongoing spread of COVID-19, should contact their health care provider and be tested.

I asked for a COVID-19 test, but my doctor said I don’t need one. What are my options?

Your doctor is in the best position to advise if testing is needed based on your symptoms. With tests in limited supply, providers are using a strict set of guidelines to determine when testing is appropriate.

If your symptoms change, contact your doctor again.

Is a physician’s order required for coverage of a COVID-19 test?

An order from an authorized health care professional is required for covered COVID-19 tests for Aetna Commercial plans. An order can often take place as part of being tested at a COVID-19 drive-through test site or purchasing a direct-to-consumer/home-based test.

Can a pharmacist order a COVID-19 test?

In effort to expand testing capabilities, U.S. Department of Health & Human Services (DHS) authorized pharmacists to order and administer COVID-19 tests, including serology tests, that the FDA has authorized. Pharmacists, in partnership with other health care providers, are well positioned to aid COVID-19 testing expansion. An order can often take place as part of being tested at a COVID-19 drive-through test site or purchasing a direct-to-consumer/home-based test.

Can you provide information on the diagnosis/CPT codes for serological (antibody) testing?

CPT codes for COVID-19 are available on Aetna’s website.

Is testing done at independent pharmacies covered?

Yes. COVID-19 testing done at independent pharmacies is covered, with no member cost-share.

Aetna Coverage

Will Aetna cover the cost of COVID-19 testing for members?

Aetna is waiving member cost sharing for diagnostic testing related to COVID-19. The test can be done by any authorized testing facility. This member cost-sharing waiver applies to all Commercial of business. The policy also aligns with new Families First legislation and regulations requiring all health plans to provide coverage of COVID-19 testing without cost share. The requirement also applies to self-
insured plans. Per guidance from Department of Labor and the Department of the Treasury, all Commercial plans must cover certain serological (antibody) testing with no cost-sharing.

**Will Aetna cover COVID-19 diagnostic and antibody tests under any circumstance?**

Aetna will cover, without cost share, diagnostic (molecular PCR or antigen) tests to determine the need for member treatment.¹ This applies to direct-to-consumer/home-based diagnostic or antigen tests. Aetna’s health plans generally do not cover a test performed at the direction of a member’s employer in order to obtain or maintain employment or to perform the member’s normal work functions or for return to school or recreational activities, except as required by applicable law.

Aetna will cover, without cost share, serological (antibody) tests that are ordered by a physician or authorized health care professional and are medically necessary. Aetna’s health plans do not cover serological (antibody) tests that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Refer to the CDC website for the most recent guidance on antibody testing.

This policy for diagnostic and antibody testing applies to Commercial plans.²

**Does Aetna’s no-cost share coverage of COVID-19 testing apply to pre-admission testing?**

Prior to COVID-19, testing for infectious diseases were included in the rate for surgical procedures and that policy will continue during the COVID-19 pandemic. Cost to the member will be determined by each individual health plan.

**Does Aetna’s no-cost share coverage of COVID-19 testing apply to provider visits in and out of network?**

Yes. If the plan provides in and out of network coverage, then the cost-sharing waiver applies to testing performed or ordered by in-network or out-of-network providers. The policy aligns with Families First legislation and regulations requiring all health plans to provide coverage of COVID-19 testing without cost share. An order can often take place as part of being tested at a COVID-19 drive-through test site or purchasing a direct-to-consumer/home-based test.

**Will Aetna cover other virus testing if those services are for the purposes of COVID-19 testing?**

Routine testing for influenza, strep, and other respiratory infections without a COVID-19 test will be covered subject to applicable cost sharing under the member’s plan.

We cover, without member cost sharing, a same day office, emergency room, or other provider visit at which a COVID-19 test is ordered or administered. If as part of that visit the provider administers or orders a test for influenza, strep, or other respiratory infection, that additional testing will also be covered without member cost sharing.

¹ Aetna will follow all federal and state mandates for insured plans, as required.

² This policy applies only to Commercial plans.
What's Aetna’s position relative to reimbursement for home-administered tests?

Current home-administered tests are sent to a lab for analysis, and we strongly encourage the lab, rather than the individual, to submit a reimbursement claim for that test. If an individual chooses to submit the claim on behalf of the lab, the submission should include CPT-4 Code, Dates of Service, and receipt for the test.

As new FDA COVID-19 antigen tests, such as the polymerase chain reaction (PCR) antibody assay and the new rapid antigen testing, come to market, will Aetna cover them?

Yes, Aetna will cover both. Testing for COVID-19 is evolving rapidly. Please refer to the FDA and CDC websites for the most up-to-date information.

Does Aetna require that the laboratory test have FDA authorization for payment?

For Commercial plans, the lab tests must be FDA authorized.

Will Aetna health plans cover tests performed by or on behalf of an employer for employment-related purposes?

Aetna’s health plans generally exclude any health examinations required to obtain or maintain employment. This includes testing for infectious diseases such as COVID-19. Unless required by law, neither antigen nor antibody COVID-19 testing will be covered if the test is performed at the direction of a member’s employer in order to obtain or maintain employment or to perform the member’s normal work functions. While there are currently no coding descriptions that differentiate between employer-required COVID-19 tests and those tests ordered for other reasons, we will work to implement the proper coding, as it becomes available. We continue to explore alternative reimbursement arrangements for those customers that require employment-related testing.

Do Aetna plans include COVID-19 testing frequency limits?

At this time, covered tests are not subject to frequency limitations. Subject to applicable law, Aetna may deny tests that do not meet medical necessity criteria.

Does Aetna cover the FDA-authorized at-home antibody testing options available from Quest and LabCorp for COVID-19?

Aetna will cover, without cost share, serological (antibody) tests that are ordered by a physician or authorized health care professional and are medically necessary. Aetna’s health plans do not cover serological (antibody) tests that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Refer to the CDC website for the most recent guidance on antibody testing.

The preferred option for Aetna members is to access this testing at one of the more than 2,000 patient draw centers operated by Quest and LabCorp. This enables the best experience for members by directly
accessing their health benefits, as the lab will submit a claim, and also minimizes the administrative burden for Aetna. When requesting a direct to consumer at-home test, individuals must submit payment when the test is ordered. In some cases, the labs will not submit claims to health plans or the government for reimbursement. Individuals may be able to submit the expenses associated with this testing to their health savings account, flexible spending account, health reimbursement account or to insurance for reimbursement.

**COVID-19 Drive-Thru Testing at CVS Pharmacy Locations**

**How is CVS Health supporting testing efforts in local communities?**

CVS Health is uniquely positioned to play a vital role in supporting local communities and the overall health care system in addressing the COVID-19 pandemic. Our ability to coordinate the availability of COVID-19 testing bolsters states’ efforts to manage the spread of the virus.

In March, CVS Health opened a pilot drive-through COVID-19 test site in a parking lot at a CVS Pharmacy store in Shrewsbury, MA. This pilot provided the company with a number of key learnings, which helped inform the company’s ability to improve on and maximize drive-through testing for consumers.

In April, CVS Health joined forces with the U.S. Department of Health and Human Services and state governments in Connecticut, Georgia, Massachusetts, Michigan and Rhode Island to help increase access to rapid COVID-19 testing at large-scale sites in publicly accessible areas. Each site operated seven days a week, providing results to patients on-site, through the end of June.

Since then, CVS Health has continued to expand access to COVID-19 testing, establishing testing sites at more than 1,800 CVS Pharmacy locations across the country.

**Why are you no longer offering testing at the large-scale rapid sites?**

As we have greatly expanded our testing capacity through an efficient and accessible network of store-based drive-thru testing sites, we have ceased operations at our five large-scale, rapid testing sites, effective Saturday, June 27. CVS Health is currently operating more than 1,800 COVID-19 testing sites across the country at select CVS Pharmacy locations, and is partnering with community schools, long-term care facilities, employers and universities to expand testing for additional populations.

**Where are the stores located in these states?**

For more information on test site locations in a specific state, please visit [CVS.com](https://www.cvs.com).

**Why are you expanding further?**

Our pharmacies and MinuteClinics are uniquely positioned to help address the pandemic and protect people’s health. Building on the company’s comprehensive efforts to help slow the spread of the virus, we can bring safe and effective testing options closer to home and help increase access to testing options for even more individuals. This allows us to continue to help slow the spread of the virus.
Will COVID-19 testing be available at all CVS Pharmacy locations? How are you selecting the CVS Pharmacy locations?

Testing will not be available at all CVS Pharmacy locations. Testing will not take place inside any retail locations, and CVS Pharmacy, HealthHUB and MinuteClinic will continue to serve customers and patients.

CVS Health currently has more than 1,800 drive-thru testing locations across the country offering COVID-19 testing. Through this effort we are hoping to provide access in areas of the country that need additional testing and are selecting CVS Pharmacy locations with this criteria in mind.

How many tests will you be able to do per day at each site?

Based on the availability of supplies and lab capacity, each site can test between 20 to 50 tests per day.

How much will it cost to get a test? Will the test be covered by insurance?

We will be accepting insurance at the drive-thru test sites. However, under the Families First Coronavirus Response Act approved by Congress, patients should not have any out of pocket costs with their insurance. Uninsured patients will be covered under a program funded by the Department of Health and Human Services.

Do people still need to make an appointment on-line to get a test?

Yes, patients must register in advance at CVS.com to schedule an appointment. Patients will need to pre-register, provide their insurance information as appropriate and verify their eligibility for testing. Once they have registered, the patient will be provided with an appointment window for that same day or up to two days out.

What criteria are you using to determine who can get a test?

COVID-19 testing will be available to eligible individuals meeting CDC and state-specific criteria, in addition to age guidelines. A physician’s referral is not required.

Will you make testing available for health care workers and first responders?

Yes, first responders and health care workers will be able to sign up if their local or state health departments have prioritized these groups for testing, if they have a physician’s referral, or if they are symptomatic.

What is the process when people arrive at the store for testing?

Patients will be required to stay in their cars. When patients arrive at the store there will be clear signage to direct them towards the pharmacy drive-thru window.

Once the patient arrives at the drive-thru window, a CVS Pharmacy team member will verify their appointment and identity and provide them with a test kit and instructions on how to properly perform a self-swab. The patient will also receive a packet of information on next steps to follow when the test
results are available to them. The CVS Pharmacy team member will observe the self-swab process to ensure it is done properly. Once the patient has completed the self-swab, the patient will deposit the sample in a specifically designated, secure container outside the store.

Patient samples are then sent offsite to independent, third-party labs who are responsible for processing and delivering the results, which we then communicate to patients.

In a few locations where there is not a pharmacy drive-thru window, individuals with appointments will be directed to a location in the parking lot where they will be met by a CVS Pharmacy team member with instructions and next steps.

The testing process overall is supervised and managed by a local MinuteClinic provider.

**Is walk-up testing allowed?**

For the safety of our patients and health care providers on site, walk-up testing is not allowed. Patients will be required to pre-register on-line and have an appointment. In addition, patients will need to stay in their cars and utilize the pharmacy drive-thru window for COVID-19 testing.

**Will people have to swab themselves?**

Yes, people will conduct a self-swab to collect the sample for the lab test. This sample collection method is allowed by the Centers for Disease Control and Prevention to support increased access to testing, keep health care providers safe and enable for the conservation of scarce PPE supplies.

CVS Pharmacy team members located inside the store at the drive-thru window will provide patients with information on how to appropriately perform a self-swab and will observe the process to ensure it is done properly.

If patients are unable to self-swab to collect a specimen, they should contact their Primary Care Provider or local department of health to identify other test sites.

**What are you doing to ensure the safety of your team members administering the tests?**

The process is designed to minimize contact with the individual taking the test and each CVS Pharmacy team member involved will be using appropriate personal protective equipment (PPE), which will be refreshed in accordance to the guidelines established by the CDC.

**Will people get their test results on-site at the drive-thru test sites?**

Not at this time. Patient samples collected at the CVS Pharmacy drive-thru testing sites are sent offsite to independent, third-party labs who are responsible for processing and delivering the results, which we then communicate to patients.

**How long will people need to wait for their test results?**

Patient samples collected at our COVID-19 drive-thru testing sites are sent offsite to independent, third-party labs who are responsible for processing and delivering the results, which we then communicate to
patients. The majority of test results are available within 2-3 days, although during times of peak demand, results may be delayed based on lab performance.

**Will you be using the Abbott ID NOW rapid COVID-19 test at the drive-thru test sites?**

Not at this time. Patient samples collected at the CVS Pharmacy drive-thru testing sites are sent offsite to independent, third-party labs who are responsible for processing and delivering the results, which we then communicate to patients.

**What is CVS Health doing to increase testing access for underserved communities?**

More than half of CVS Health’s testing sites are located in counties that serve moderate to high needs communities, as measured by the CDC’s Social Vulnerability Index. The index tracks a variety of census variables including poverty, lack of access to transportation, and crowded housing that may weaken a community’s ability to prepare for and recover from hazardous events like natural disasters and disease outbreaks.

Underserved and multicultural communities are being disproportionately impacted by the pandemic. To help address this issue, CVS Health partnered with national schools such as the National Medical Association; local community groups, including free and charitable clinics and community colleges; state governments and the U.S. Department of Health and Human Services to expand community-based testing in underserved areas in more than 10 cities.

These community-based test sites are located at the facilities of our partner schools, enabling us to tap into their networks to expand testing in areas of greatest need and reach people who may not otherwise have easy access to testing. These testing sites are designed to help reduce barriers that may limit access to testing for local residents, including:

- Appointments are made by phone, so lack of internet access is not a barrier.
- Each site can accommodate walk-up testing, so access to a vehicle is not required.
- Signage is offered in English and Spanish.
- Testing is available to patients at no cost.

**How old must a child be to get a COVID-19 test from CVS Pharmacy?**

Children age 12 years and older are now eligible for testing at the more than 2,000 COVID-19 test sites located at select CVS Pharmacy drive-thru testing locations, effective September 11, 2020. A parent or legal guardian must complete the on-line registration for all minor patients, and patients 12 to 15 years of age must be accompanied by a parent or legal guardian when they come to be tested.

**Why did CVS Health make this change?**

With schools opening across the country, there is a more urgent need to make testing for minors more widely available close to home. To address this, children age 12 years and older are now eligible for a self-swab test.

**What should parents do if their child is less than 12 years old and requires a COVID-19 test?**
Parents or guardians seeking testing for children under the age of 12 should consult with a pediatrician to identify appropriate testing options.

CVS Health Actions & Announcements (Updated)

What is CVS Health doing to prepare for the increase of COVID-19 in the U.S.?

As the pandemic continues to spread, CVS Health is taking steps to address the outbreak and protect member access to medication. The latest steps we are taking will help ensure patients have options available to them when it comes to filling prescriptions. **Steps we are taking include:**

- Waiving charges for CVS Pharmacy home delivery of medications.
- Encouraging members to refill their maintenance medications with a 90-day supply or up to the plan maximum.
- Developing travel, Work from Home, and other HR-related guidance to help students stay safe and healthy.
- Working with external public health schools and other stakeholders, including the CDC, to boost awareness of CVS Health’s emergency preparedness efforts and capabilities.

What is CVS Health doing to help students manage the challenges posed by this pandemic?

- In recognition of the essential role CVS Health students are playing as the country faces the COVID-19 pandemic, the company awarded two rounds of bonuses to students who are required to be at CVS facilities to assist patients and customers in this time of unprecedented need. Bonuses ranged from $150 to $500 and were awarded to pharmacists and certain other health care professionals on the frontlines, store associates and managers, and other site-based hourly students.

- CVS Health also embarked on the most ambitious hiring drive in the company's history, with plans to fill 50,000 full-time, part-time and temporary roles across the country. Roles include store associates, home delivery drivers, distribution center students and member/customer service professionals. The company used a technology-enabled hiring process that included virtual job fairs, virtual interviews and virtual job tryouts. Many roles were filled by existing CVS Health clients who have had to furlough workers, including Hilton and Marriott.

- CVS Health launched an offering to help students with both child and elder or adult dependent care needs. Working with the Bright Horizons network of national in-home and center-based daycare providers, students were able to take advantage of up to 25 fully covered days of backup care. This benefit, which began in early April for both full- and part-time students, concluded on May 8, 2020.

- Full-time CVS Health students have always had access to paid sick leave. Effective March 22, CVS Health made 24 hours of paid sick leave available to part-time students for the duration of the COVID-19 pandemic. This paid sick leave is in addition to the 14-day paid leave the company is providing for any student who tests positive for COVID-19 or needs to be quarantined as a result of potential exposure.

- Student safety has been a focus for CVS Health from the start, and the company has been prioritizing distribution of protective gear to the hardest-hit areas.
CVS Health students have several resources available to help address financial hardships in times of crisis. This includes access to the Student Relief Fund, which provides short-term, immediate financial relief in the form of tax-exempt grants.

More information on steps CVS Health has already taken to address the COVID-19 pandemic, including waiving charges for home delivery of prescription medications and making diagnostic testing and Aetna in-network covered telemedicine visits available with no co-pay, is available at the company's frequently updated COVID-19 resource center.

How will CVS Health educate members about the COVID-19 outbreak?

CVS Health has implemented the following programs to educate members about COVID-19 and help address any associated anxiety and stress:

- Opened Crisis Response Lines for all Aetna Commercial and Caremark members who may be experiencing anxiety related to COVID-19.
- Expanded 24x7 access to the Aetna Nurse Medical Line for all Aetna and Caremark members.
- Provided Aetna plan sponsors with a Resources for Living toolkit with materials specifically developed for members experiencing anxiety related to COVID-19.

What else is CVS Health doing to support Aetna members, Caremark clients and CVS Pharmacy customers? (Updated)

- **Aetna is waiving member cost sharing for diagnostic testing related to COVID-19.** This policy covers the cost of the office, clinic or emergency room visit that results in the administration of or order for a COVID-19 test. The test can be done by any approved laboratory. This member cost-sharing waiver applies to all Commercial lines of business. The policy also aligns with new Families First legislation and regulation requiring all health plans to provide coverage of COVID-19 testing without cost share. The requirement also applies to self-insured plans. Per guidance from the Department of Labor and the Department of the Treasury, all Commercial plans must cover certain serological (antibody) testing with no cost-sharing.
  - We’ve also expanded the health screening benefit included in our supplemental health plans (Accident Plan, Critical Illness Plan, Hospital Indemnity Plan) to include COVID-19 testing.
- **Through December 31, 2020, Aetna has extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for Commercial plans.** Self-insured plans offer this waiver at their own discretion.
- **Aetna is also waiving early refill limits on 30-day prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark.**
- **Through Aetna’s Healing Better program, members who are diagnosed and hospitalized with COVID-19 will receive a care package,** mailed direct to their home, containing useful

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3 Or as specified by state or federal regulation. Available in select states for select conditions. Other restrictions apply. To receive these services, you will be connected to a trusted third-party provider.

information and resources to help recover, as well as personal and household cleaning supplies to help keep others in the home protected from potential exposure.\(^6\)

- **Through existing care management programs, Aetna is proactively reaching out to members most at-risk for COVID-19.** Care managers walk members through what they can do to protect themselves, where to get information on the virus, and where to go to get tested.

- **In addition, Caremark is working with all clients to waive early refill limits on most 30-day prescription maintenance medications.** Most Caremark clients already offer a 90-day benefit for maintenance medications and offer free home delivery from CVS Caremark Mail Service Pharmacy.

- **CVS Pharmacy is waiving charges for home delivery of prescription medications.**\(^7\) With the CDC encouraging people at higher risk for COVID-19 complications to stay at home as much as possible, this is a convenient option to avoid coming to the pharmacy for refills or new prescriptions.

**Will Aetna make available enhanced payment terms or other financial assistance to providers?**

We realize this is a challenging time for health systems, hospitals systems, medical groups, dental providers and caregivers. We thank them for all they are doing on the front lines to assist patients impacted by COVID-19.

Our focus is on our members and participating providers. For our members, we are waiving cost-sharing to encourage testing and use of alternative care such as telemedicine. For our providers, we are working to minimize disruption of critical operations, including utilization management and claims processing.

We continue to assess additional ways to support our providers but have not made decisions about enhanced payment terms or other financial assistance. Should Aetna decide to offer a program, we will provide details regarding our approach.

**What alternative services are you offering customers who would like to limit trips into the store?**

CVS Pharmacy encourages all customers to take advantage of free services that can help limit their time in-store. Customers can:

- **Arrange for free 1-2 day delivery** of prescriptions and other store essentials.
- Add pain relief, allergy relief, skin care, cold relief and digestive care products to a prescription order at drive thru.
- **Make an appointment** with a MinuteClinic® provider for common family health care needs (clinic and video visits available)
- Talk to their pharmacist about 90-day prescription and early refills.
- **Book an appointment** for a no-cost COVID-19 test at select locations.

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\(^6\) Distribution is dependent on recent hospital discharge for COVID-19 diagnosis and supply availability.

\(^7\) Free 1- to 2-day Rx shipping applies to orders from March 9, 2020, to December 31, 2020.
What is the current CVS Health guidance about wearing a facemask in our stores and other CVS Health sites?

The CDC has issued guidance that people should wear cloth face coverings when they have to go out in public (for example, to the grocery store). According to the CDC, individuals who may have the virus may not feel sick but could still spread the virus to others. The cloth face cover is meant to protect others in case you are infected. The CDC also urges people to maintain social distancing measures of six feet between themselves and others. (The cloth face cover is NOT a substitute for social distancing and thorough hand washing.)

In an effort to keep our colleagues and customers safe from COVID-19 infection, effective immediately, we are requiring that all CVS Health students wear either a company-issued face mask or cloth face covering while working at a CVS Health site. Colleagues who choose not to wear a company-provided face mask must wear a cloth face covering that meets CDC guidelines and is suitable for the workplace. Additionally, we are encouraging customers to wear face masks or a cloth face covering when inside our stores and requiring they do so in those parts of the country where a face covering is mandated.

We are also requiring all CVS vendors and suppliers, and their associated students, contractors and agents, to follow all relevant COVID-19 guidelines issued by the CDC. These guidelines include, but are not limited to:

- Wearing a mask/cloth face cover
- Maintaining social distancing and personal hygiene (frequent hand washing or use of alcohol-based hand sanitizer)
- Frequently sanitizing any shared surfaces, equipment, or technology, including keys, touchpads, and styluses
- Ensuring students stay home if they show any symptoms of illness

Why did you decide to implement this policy?

For months, we’ve required all store students to wear face coverings, and encouraged our customers to do so as well. In communities with state or local laws mandating the use of face coverings, we’ve made that clear through signage and other reminders. As there is growing evidence that cloth face coverings help prevent people who have COVID-19 from spreading the virus to others, we felt it was our responsibility to broaden the policy to all customers in all stores.

How long will this policy be in place?

At this time, there is no end date. We will continue to monitor the status of the COVID-19 pandemic as well as CDC recommendations to determine how long to keep the policy in place.

How will you make customers aware of this new requirement?

Signage will be posted at entrances that communicate the requirement and show the proper way to wear a mask.
What happens if a customer refuses to wear a mask?

For safety reasons, we are asking our students to avoid escalated confrontations with non-compliant customers. Our colleagues will provide information about other options we have available for their future needs, including free home delivery for prescriptions and our drive-thru window service.

For those who come in for a health care service, such as an immunization or MinuteClinic visit, the service will only be provided if the customer is wearing a mask. Patients can obtain a mask from the pharmacy staff or MinuteClinic provider if they don’t have one.

Will you still require a mask in states where it’s not mandated?

Yes. As a trusted retailer and provider of health care services, it is extremely important to us to continue to do everything we can to maintain the safety of everyone who walks in our doors.

Will you make children accompanying an adult into the store wear a mask?

In accordance with CDC guidelines, children under the age of 2 should not wear a mask or face covering.

Will customers be required to wear a mask when picking up an order at the drive-thru window?

No. The policy only applies to customers who wish to enter one of our stores.

If a customer is unable to wear a mask because of a medical issue, will they be allowed to shop in store?

Yes. A customer with a medical condition that prohibits them from wearing a mask should inform one of our students, and ask for help if needed.

If the customer has a vaccination or MinuteClinic visit scheduled, they should advise their pharmacist or provider about their doctor’s recommendation that they not wear a mask. All waiting areas are closed at this time, and the customer will be asked to wait outside in their car until the pharmacist or MinuteClinic provider is ready for the appointment.

Are you requiring your students to wear a mask at all times while inside the store as well?

Yes, we provide masks to all store students and while at work they are required to wear them or their own mask or face covering.

Medications and Supply Chain

How is CVS Health managing demand for COVID-19 related medications?

We are closely monitoring the global pharmaceutical manufacturing environment and working with our suppliers to ensure we can continue filling prescriptions for our pharmacy patients and plan members at CVS Health. We are actively managing our supply to ensure our ability to continue to fill prescriptions in our retail, mail and specialty pharmacies.
We’re also balancing the growing interest in off-label use of certain prescription medications to treat COVID-19 pneumonia with the ongoing needs of patients and members who are prescribed these drugs to help manage chronic conditions such as lupus, HIV, rheumatoid arthritis and asthma. Our goal is to limit stockpiling of medication that could result in future shortages and gaps in care.

Our retail pharmacies are following dispensing guidelines regarding the use of these medications for COVID-19 that have been established in certain states. In states with no guidelines, our pharmacies are limiting the dispensing for COVID-19 treatment to a 10-day supply with no refills.

With client consent, our PBM CVS Caremark is setting appropriate coverage limits on the quantity of these medications for potential use in treating COVID-19. Plan members who already take these medications for approved uses will be able to bypass the new quantity limits.

**Rx Delivery**

**Is CVS offering free Rx delivery at this time?**

Yes. CVS Pharmacy is waiving charges for home delivery of eligible maintenance and acute prescription medications. Free 1- to 2-day Rx delivery via USPS has been extended through December 31, 2020.

**Is free 1- to 2-day Rx delivery available for both maintenance and acute medications?**

Yes, eligible maintenance and acute medications are free for 1- to 2-day Rx delivery. As of April 3, 2020, select states can also deliver Controlled Substances (CII – CV) and drugs of concern with no signature or ID requirements via 1- to 2-day delivery only.

**If I opt into having my medications delivered through CVS Caremark, CVS Specialty or CVS Pharmacy, does the delivery require a signature?**

Our national delivery partners are also working to implement new policies for deliveries requiring signatures, including for shipped medications, which can help our members adhere to recommended social distancing practices and avoid potential exposure to the virus.

For example, in lieu of obtaining actual signatures, UPS will now enter a code and the name of the recipient so that the member does not have to physically sign via the UPS hand-held device, which can help minimize contact.

**Aetna**

**What’s the phone number for the Crisis Response Line [Aetna Resources For Living]?**

The phone number is **1-800-556-1555 (TTY: 711)**.
Liberalizations

Why is Aetna liberalizing prior authorizations now?

Removing the need for prior authorizations for those members requiring in-patient treatment for COVID-19 allows for delivery of timely and seamless access to care.

What segments does this liberalization apply?

All segments – Commercial where applicable by state regulation.

In what states do prior authorization liberalizations apply?

We are constantly evaluating the needs based on rising instances of COVID-19 to determine when and how we apply this policy. We’ve made this available in states with highest prevalence of confirmed cases as well as where it’s required by state mandate or gubernatorial suspensions of elective procedures.

Aetna Dental

What is considered a dental emergency?

Aetna will allow your dentist to determine what constitutes an emergency and Aetna will cover emergency care for both PPO and DMO members with no referral required.

What if a member’s only option for emergency care is an out-of-network dentist?

Aetna will pay all out-of-network emergency claims as in-network during this time for both DMO and PPO members.

What options are there for members who are losing coverage soon and cannot schedule a cleaning before that termination date?

Aetna will grant an extension once dental offices reopen. More details will be communicated in the coming weeks.

What is Aetna’s policy on telehealth (tele-dentistry) services for dental members?

During this time many dentists are offering tele-dentistry services to facilitate emergency oral evaluations of their patients using telephone and video-conferencing capabilities. We encourage members to contact their current dentist to see if such services are offered.

If they are being offered, Aetna’s policy has always been that any oral evaluation covered under our dental plans will be reimbursed no matter whether it is performed via tele-dentistry or in a traditional practice setting. Aetna will cover all emergency exams at 100% during the COVID-19 pandemic crisis.

Does Aetna provide tele-dentistry services for members if my provider doesn’t offer it?
Yes, Aetna has launched a new tele-dentistry program to provide dental members with a simple, convenient solution to access care from the convenience of their homes.

How it works:

- If a member has a dental emergency and their existing provider is not available, they can contact customer service who will assist them in finding a tele-dentistry provider. Members will not be charged for emergency exams provided via tele-dentistry during the COVID pandemic. Aetna will continue to reassess this policy based on need as circumstances warrant.
- Once the COVID-19 pandemic is over, members will still have access to this tele-dentistry program. Costs for these services will be based on the member’s current benefit plan.

**Aetna Vision**

During this unprecedented time, Aetna is continuing to administer vision benefits with the same dedicated level of customer service members have come to expect. The health and well-being of our members is our top priority, and Aetna is following all COVID-19 guidance and protocols provided by the CDC, as well as state and local public health departments. We recommend that you follow CDC guidelines regarding routine eye exams, including postponing routine visits.

Many of our clients and members have asked questions about vision benefits and eye safety during the COVID-19 crisis. Below is helpful information regarding vision benefits. We will continue to provide updates as more questions come in.

**Can I still use my vision benefits during this time?**

Yes. We recommend you follow CDC guidelines regarding routine eye exams, including postponing routine visits.

However, should you need care, lose or break your glasses or require replacement contacts, we recommend calling your provider directly to verify amended store hours or closing. You have 24-hour access to provider contact information via our [Provider Locator](#). You may also call our Customer Care Center directly at 877-973-3238.

You also have the option of utilizing online in-network options through glasses.com, contactsdirect.com, ray-ban.com, lenscrafters.com, and targetoptical.com. Your Aetna benefits will automatically be applied during checkout, and your glasses or contacts will be mailed directly to your home. Many of these online providers are offering free, expedited shipping and no-cost returns for extra convenience. Check with online providers to verify available offers.

**What if I don’t have a current prescription and cannot leave my home?**

We recommend first contacting your provider to discuss your options. While many states do regulate the expiration timeframe for prescriptions, most providers have the discretion to extend them as they deem necessary.
If you are unable to reach your provider and you need glasses or contacts in the event of an emergency, please contact our Customer Care Center at 877-973-3238. Members may be eligible to receive an emergency pair of replacement Adlens Adjustable Glasses (subject to availability). These temporary, emergency glasses can be adjusted to switch focus for reading, computer and distance.

We are continuing to work closely with the American Optometric Association (AOA) and state optometric departments with the goal of providing prescription relief, and we are actively monitoring Department of the Interior (DOI) orders as they relate to vision. Updates will be made available as we have them.

**As vision offices start to re-open, how can Aetna vision members verify that a vision provider is following safety and cleanliness guidelines?**

Finding the right eye doctor is more important than ever. As providers begin to re-open, members can expect to see a few changes when they head in for their next eye exam. Things like required social distancing, temperature taking or added time in between appointments to allow for deep cleaning may be the norm.

That’s why Aetna Vision Preferred is offering an easy way for members to locate providers who’ve let us know they follow stringent safety and cleanliness guidelines.

All they have to do is visit the Provider Locator and look for the Safety Ready badge. They can even filter their search results using the “Safety Ready” toggle on the provider locator page.

As always, members can also consider one of our many in-network online option options including:

- Glasses.com
- ContactsDirect.com
- Targetoptical.com
- Ray-Ban.com
- LensCrafters

Members can visit aetnavision.com to find a provider and schedule their eye exam today.

**Are telehealth services available for exams?**

At this point in time, routine exams still require an in-person office visit.

**Who should I contact if I have an emergency?**

We encourage you to contact your optometrist’s office directly to determine if your condition qualifies as an emergency. If so, they will provide instructions on what to do.

**Where do I go if I have more questions?**

Aetna is here to make things easier for you by providing you with different service options.

- Our Customer Care Center is available during normal business hours at 877-973-3238 for information on nearby in-network providers and any changes to their hours of operation.
24/7 service is available via aetnavision.com through our mobile app (available on both iPhone and Android). Use these tools to access to provider contact information, your benefits, eligibility and more.

**Specialty – Voluntary**

**Voluntary – Accident, Critical Illness, Hospital Indemnity Plans**

Is COVID-19 testing covered under the Health Screening Benefit for Aetna’s Accident, Critical Illness and Hospital Indemnity Plans?

Yes. If your plan includes a health screening benefit and it hasn’t been used yet this year, you can use the benefit for COVID-19 testing if needed. The claim can be filed the same way as any other health screening benefit. Aetna will pay claims received after March 1, 2020, regardless of the date of service. COVID-19 will also remain on our list of covered health screening benefits.

Are there other benefits for COVID-19 available in Aetna’s Accident, Critical Illness and Hospital Indemnity Plans?

Please see below for each plan:

- The Aetna Hospital Indemnity Plan includes benefits if you need to be hospitalized due to COVID-19, such as hospital admission and daily stay.
- The Aetna Accident Plan covers accidents and therefore does not pay benefits for COVID-19 or any other illness, unless the plan includes the inpatient sickness rider.
- The Aetna Critical Illness Plan does not include COVID-19 as a covered condition. However, if a covered condition occurs while being treated for COVID-19, these benefits will cover that condition.

I have an Aetna Accident plan. Can I use telemedicine services instead of going to the doctor’s office?

Yes. Aetna’s Accident plans include coverage for Telemedicine visits either as a specific Telemedicine benefit (newer Accident plans) or as an Initial or Follow-up Office Visit benefit (older Accident plans).

If my surgery or other covered service(s) related to a covered accident under my Aetna Accident Plan was postponed due to COVID-19, will Aetna waive the time requirement?

Yes, Aetna will waive the timeframe for care a member receives related to an accident that’s postponed due to COVID-19. Member must be covered at the time of care and care must be received by December 31, 2020.

**Voluntary – Fixed Indemnity Plan**

Does the Fixed Indemnity plan cover COVID-19?
The Aetna Fixed Indemnity Plan includes benefits if you need care and treatment related to COVID-19, such as hospital admissions, daily stays, office visits, telemedicine visits, diagnostic testing, x-ray and laboratory services.

**Cost-Sharing and Co-Pay Waivers Announcement (March 25th) (Updated)**

**Will Aetna cover the cost of COVID-19 treatment for its members? (Updated)**

Aetna will waive member cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured Commercial and plans and is effective immediately for any such admission through December 31, 2020. Self-insured plan sponsors offer this waiver at their discretion.

**For COVID-19 treatment required prior to March 25, 2020, will cost sharing be waived for Aetna members?**

All claims received for Aetna-insured members going forward will be processed based on this new policy. If in-patient treatment was required for a member with a positive COVID-19 diagnosis prior to this announcement it will be processed in accordance with this new policy. In the event a claim has already been processed prior to this policy going into effect, members should contact Customer Service so the claim can be reprocessed accordingly.

**How does this change impact the business going forward? Are premium spikes expected?**

Similar to other COVID-19 waivers previously announced, Aetna-insured plan sponsors can expect the following:

- Current premiums will not change as a result of COVID-19 or the changes we’ve made to cost sharing policies.
- We can identify and isolate the direct costs associated with COVID-19, as well as any cost sharing waiver policies that we implement. These costs can be considered separately from “normal” plan costs.
- We will use sound actuarial principles to set future rates. This may include making adjustments to experience from the COVID-19 outbreak and/or utilizing actuarial and economic models to anticipate future utilization in the wake of the outbreak.

**Caremark**

**How can I continue to access my medications through CVS Caremark or CVS Specialty?**

Despite the uncertainty surrounding COVID-19, our goal is to ensure members have timely, safe access to their medications.

- Effective June 15, select clients elected to continue to waive early refill limits on most 30-day prescription maintenance medications and encourage plan members to take advantage of 90-day benefits where applicable.
• Understanding that it may be harder for members to visit their health care providers during the COVID-19 outbreak, we are working with clients to extend previously approved prior authorizations for most medications set to expire before June 30. For example, if a current prior authorization is set to expire on May 15, the expiration date will be extended to August 15. This will not only provide members peace of mind, but also help to reduce the volume of phone calls and other administrative burdens on physicians’ offices and pharmacies.

• Members can access free home delivery of prescriptions from CVS Caremark Mail Service Pharmacy. We are also encouraging clients to work with their account teams to take advantage of these tools to help improve member access.

• CVS Specialty patients can have their medications delivered to their homes with no delivery charge. Patients with chronic and complex conditions also can get support for their unique needs from our specially trained nurses and clinical pharmacists, using secure messaging online or through our CVS Specialty app.

How is CVS Caremark helping protect supply of medicines potentially useful for COVID-19 treatment?

We are working with clients to implement new measures to balance the burgeoning interest in off-label use of certain medicines to treat COVID-19 pneumonia with the ongoing needs of members who use these drugs for chronic conditions. With client consent, we are setting appropriate limits on the quantity of these medicines—one protease inhibitor and albuterol inhalers—for potential use in treating COVID-19. Members who already take these medicines for approved uses, including treatment of lupus, rheumatoid arthritis, HIV and asthma, will be able to bypass the new quantity limits.

How is CVS Caremark ensuring business continuity?

We have robust business processes in place to help preserve the capacity of our CVS Caremark mail service pharmacies and ensure service continuity.

• Our mail service operations are organized into two main functions that occur in separate physical facilities: receiving orders and processing/filling orders.
• Regional Order Creation Centers (ROCCs) exist to intake new orders that are mailed to CVS Caremark, scanning and electronically imaging these prescriptions. ROCCs, which are located strategically across the country, enable us to electronically transmit prescriptions to the most appropriate mail service pharmacy for dispensing.
• We have implemented robust and flexible business continuity plans within our CVS Specialty pharmacies to ensure continuous service to patients – including accelerating shipment of existing orders and building a backup model to ensure service is not disrupted if we need to temporarily close one of our facilities.

What happens if a CVS Caremark or CVS Specialty facility is closed due to COVID-19 exposure?

To ensure continuity of care and avoid disruption in patient service, if a facility is ultimately closed due to potential exposure to someone with COVID-19, prescriptions will be transferred and filled at another operational site.
How is Accordant continuing to assist members?

We have taken important steps to ensure Accordant members continue to have access to important care as well as information about COVID-19. Since early February, Accordant has been regularly educating and providing guidance to members to help them throughout the COVID-19 outbreak. This includes information about social distancing, infection prevention, helping to address medication refills and coordinating with doctors and care teams on patient care and concerns related to the virus, among many other issues.

Is Coram still providing infusion care to patients and what steps are they taking to protect patients?

Coram is continuing to provide nursing care to patients requiring infusion care in the home and our ambulatory infusion suites (AIS). Coram also has put into place a number of proactive measures and preventive health precautions to help ensure continuity of care for patients while protecting both patients and our Coram providers.

• We are proactively contacting all patients who visit our ambulatory infusion suites before their scheduled visits to screen for possible infection or exposure to COVID-19 and are rescheduling those potentially impacted for home visits when appropriate.
• We have increased the frequency of cleaning services at all infusion suites and have also enacted a patient screening process prior to all home visits
• Coram in-home care providers are also up-to-date and utilizing infection protocols and proactive prevention techniques, including personal protection equipment, to minimize exposure and community-based transmission of COVID-19.
• For those residing in an area with travel restrictions or a curfew, we are working with local officials and law enforcement and have documentation to ensure we are still able to deliver medications and care to our patients.
• Coram providers are also now using video conferencing technology to train, educate and assess your members requiring infusion care in inpatient or home settings when Coram providers are not able to enter a facility and/or when a face-to-face visit is not required.

Coram Announcement (April 17th)

Is CVS doing anything else to support patients, providers, and hospitals during the coronavirus pandemic?

• CVS Health’s infusion care business, Coram, is working with hospitals and providers, including UCLA Health in California, to support solutions for creating much-needed hospital bed capacity during the COVID-19 pandemic.
  o In California, estimates suggest that the state will need to add 50,000 hospital beds\(^1\).
  o Coram is working with UCLA Health to identify and begin transitioning stable patients to home-based nursing care and is scaling this approach in other markets with high rates of COVID-19.
• Coram has enhanced its existing home infusion capacity and capabilities to help transition eligible IV-therapy patients to home-based care. This includes enhanced clinical monitoring,
virtual support and oversight through telehealth to complement existing personalized in-home support, coordination and administration of medications and supplies.

- Coram’s skilled nurses will provide and coordinate care for patients with a range of conditions that may require infusion therapy, including hydration and nutritional support, anti-infectives and/or several specialty medications for chronic condition management.
- Examples of the range of personalized care to be provided by Coram nurses include daily visits and monitoring, medication administration, IV catheter line care, lab draws, and other ongoing care and educational support via telehealth.
- Additionally, Coram is working with home health agencies to enable care for patients with high-acuity needs that may require additional clinical oversight, monitoring and in-person care.

Why are CVS Health and Coram launching this strategy?

Amid the COVID-19 pandemic, hospitals are looking for ways to help create more bed capacity and transition certain patients out of inpatient settings. For decades, Coram has provided important infusion care and nutrition services to patients – at-home or in outpatient ambulatory infusion centers – and now more than ever, our specialized Coram nurses can play a vital role in ensuring important continuity of care for patients requiring IV-therapy at home. That is why we are working with hospitals and providers, including UCLA Health, to help transition eligible IV-therapy patients to home-based care. Altogether, this will help create hospital bed capacity for treating those impacted by COVID-19. In addition, by working to transition patients out of hospital or outpatient settings, we can also help minimize their risk of exposure to COVID-19.

How many patients does CVS Health expect to move from hospital to home-based care?

Individual hospitals and health systems face different challenges, and we are working to create additional bed capacity based on their needs and the changing landscape. At UCLA Health alone, we are scaling our capabilities to help transition upwards of 100 patients to home-based care.

How quickly can CVS Health implement this program and begin transitioning appropriate patients to quality home-based care?

We are already mobilized and engaging with UCLA Health, among others.

As the landscape and need continues to evolve, we are also actively working to scale, or shift, this strategy to other geographies with high rates of COVID-19 – leveraging our relationships with local home health agencies, when appropriate.

What precautions are being taken to ensure that Coram nurses entering patient homes operate safely and minimize possible disease transmission risk to and from patients?

Coram in-home care providers are up-to-date and utilizing infection protocols and proactive prevention techniques, aligned to CDC guidance, to minimize exposure and community-based transmission. In addition to protective precautions, we are leveraging virtual care to help keep our health care providers and patients safe, while ensuring continuity of care. For example, we are conducting proactive outreach to each patient prior to being seen to understand potential COVID-19 infection or exposure and to
ensure continued safety for our clinicians and our patients. In addition, we have provided appropriate PPE to all Coram clinical personnel and are working to ensure we continue to have adequate supply of PPE on hand.

**Return Ready Announcement (June 24th)**

**What is Return Ready™?**

As state and local governments continue to relax stay-at-home orders and reopen economies, employers and universities are looking to us for support in returning students to worksites and students, faculty and staff to campuses. Central to our solution is COVID-19 testing for ongoing business continuity. With flexible options for testing, including drive-thru testing at CVS Pharmacy locations and/or bringing testing onsite, schools can design a customized testing strategy to meet their unique needs.

At the core of Return Ready’s comprehensive, end-to-end solution is configurable COVID-19 testing that allows employers or universities to choose who, how, where and when to test their students or students. In addition to testing, the solution includes:

- Clinician-informed protocols and guidance for symptom checking and temperature screenings;
- Onsite licensed professionals for COVID-19 testing and support;
- Turnkey student and student communications toolkit;
- Digital tools for test scheduling and sharing of results;
- Integrated reporting and analytics across testing locations;
- Onsite immunization clinic with CDC-recommended vaccination services, such as the seasonal flu vaccine; and
- Access to add-on solutions such as thermal scanners, digital symptom monitoring and contact tracing technology.

**How does the testing component of the solution work?**

Schools have the flexibility to choose from a number of COVID-19 testing options. The testing technology options include point-of-care testing with results in a few minutes or third-party lab processed testing with results in a few days. The school can choose to offer testing onsite – and in a safe testing environment set up by CVS Health – or in the local community at one of the 1,800 CVS Pharmacy drive-thru testing locations. For example, some schools with high-density populations working in close proximity that need rapid results may choose on-site, point-of-care testing overseen by licensed CVS Health professionals to receive immediate alerts of positive results for contact tracing. Others may prefer lab-processed tests, with results in a few days, conducted either onsite or at a nearby CVS Pharmacy testing location, which enables schools to test a large number of individuals quickly and/or ensures convenience for those with a distributed workforce.

Return Ready also includes an analytics dashboard for ongoing oversight and trends across worksite location(s), along with state and federal reporting of test results, as required.

**MinuteClinic**
What is MinuteClinic doing to protect patients from COVID-19?

In order to support efforts to reduce the spread of COVID-19 in our communities, and in line with CDC and State Health Department guidance for infection control and prevention, MinuteClinic is making the following temporary changes to help keep our patients, customers and colleagues safe during this time:

- While you can easily make an appointment online, we are also accepting walk-in patients at many of our clinics.

- To follow social distancing guidelines, we’ve eliminated the waiting room. After you check-in at the kiosk, you will need to wait in your car or outside the store until the provider calls you in.

- You will also be asked to wear a mask throughout your visit, which we can provide, if you do not have one of your own.

- Whether you register for an appointment or walk-in for care, you will be asked some questions to determine your risk for COVID-19. If your symptoms or exposure history suggest you may be at risk, we will share information about how to find the most convenient location for COVID-19 testing.
  - Although we are not testing for COVID-19 inside our MinuteClinics right now, no-cost testing is available at pharmacy drive-thru windows at more than 1,800 CVS Pharmacy locations across the country.

- We’re adding steps to further clean and disinfect the kiosk and the clinic between visits, and ensuring our providers have the appropriate PPE, including gloves, masks and protective eyewear.

What should patients do if they suspect they may have COVID-19?

At this time, we are not able to test for the COVID-19 virus inside MinuteClinic.

People with symptoms of a respiratory illness, including a high fever, cough and shortness of breath, or have been in close contact with someone who meets these criteria, should not schedule a visit at MinuteClinic. These patients should consult with their primary care provider or local health department about testing. CVS Health offers drive-through testing in certain states. Click here and see the “Accessing Testing at CVS Locations” section for more information.

If someone suspects they may have COVID-19, telemedicine services can be an effective option for screening. Telemedicine and virtual care services enable patients to talk with a health care provider and have a basic screening to determine their risk for COVID-19, without having to leave home. MinuteClinic offers two telemedicine options including E-Clinic visits and MinuteClinic Video Visits. For more details, visit www.minuteclinic.com.

If a patient develops emergency warning signs for COVID-19 they should seek out medical attention immediately. Emergency warning signs include*:
• Difficulty breathing or shortness of breath
• Persistent pain or pressure in the chest
• New confusion or inability to arouse
• Bluish lips or face

*This list is not all inclusive.

Why can’t patients wait for their appointment in the store?

Our goal is to provide safe, high-quality care and to ensure our patients and providers are protected. In line with CDC and State Health Department guidance for infection control and prevention, and in the interest of keeping our providers, store colleagues and patients safe during this time, MinuteClinic has eliminated the waiting room to follow social distancing guidelines. After you check-in at the kiosk, you will need to wait in your car or outside the store until the provider calls you in.

What happens if a patient comes to MinuteClinic and might have COVID-19?

Our goal is to provide safe, high-quality care and to ensure our patients and providers are protected. At this time, we are not able to test for the COVID-19 virus inside MinuteClinic.

Whether you register for an appointment or walk-in for care, you will be asked some questions to determine your risk for COVID-19. If your symptoms or exposure history suggest you may be at risk, we will share information about how to find the most convenient location for COVID-19 testing. Although we are not testing for COVID-19 inside our MinuteClinics right now, no-cost testing is available at pharmacy drive-thru windows at more than 1,800 CVS Pharmacy locations across the country.

If you have a suspected case of COVID-19 in the clinic, how will you help keep the store and clinic safe for other customers?

Our goal is to provide safe, high-quality care and to help protect our patients and providers. In alignment with CDC and CMS recommendations, and in the interest of keeping our providers, store colleagues and patients safe during this time, MinuteClinic has developed a temporary COVID-19 waiting room protocol. The purpose of this protocol is to further enhance our infection control procedures for patients prior to them being seen in the clinic.

If one of our providers does see a patient who meets the criteria for COVID-19 risk, we take the appropriate precautions to protect our providers, other patients and customers. During the exam the provider will wear protective gear (e.g., appropriate masks, gloves, gown and goggles) and will provide the patient with a mask.

After the visit, the provider will disinfect the clinic exam room following CDC health care precautions for communicable infections, which includes the thorough disinfection of all clinic surfaces (including the sign-in kiosk). The provider may also close the disinfected clinic for a two-hour period if needed and move to another room in the clinic to continue patient care.

Near the sign-in kiosk, we have masks available, as well as signage to encourage patients who are displaying lower-respiratory symptoms (fever, cough, shortness of breath) to don masks while they wait.
for their appointment in their personal vehicle. We also have hand sanitizer and disinfecting wipes available near the sign-in kiosk and encourage patient use.

**Does MinuteClinic® offer telemedicine services?**

Yes. MinuteClinic offers two telemedicine options including E-Clinic visits and MinuteClinic Video Visits. For more details, visit www.minuteclinic.com.

**Does MinuteClinic offer behavioral health services either through Video Visits or e-Clinic visits?**

No, not at this time. MinuteClinic supports acute and chronic conditions, but not behavioral health.

### E-Clinic

**What type of services are available via an E-Clinic visit?**

E-Clinics offer many of the same services as the retail MinuteClinic locations. They can evaluate, diagnose and treat common injuries, illnesses and skin conditions. They can also help manage chronic conditions like diabetes and high blood pressure for established patients. Providers can also assess a patient's symptoms and risk factors for COVID-19 and provide guidance on how to access testing or treatment if infection with the virus is suspected. For more information, members can visit www.minuteclinic.com.

**What types of health services are available through an E-Clinic?**

MinuteClinic providers are available to evaluate, diagnose and treat common injuries, illnesses and skin conditions. These conditions can include seasonal allergies, colds and coughs, flu, sore throat, earaches, minor injuries such as a sprained ankle, sinus infections, skin conditions, upset stomach, UTIs and bladder infections. Providers can also help manage chronic conditions such as diabetes or high blood pressure for established patients during an E-Clinic visit.

During an E-Clinic visit, the provider can also assess the patient's symptoms and risk factors for COVID-19 and provide guidance on how to access testing or treatment if infection with the virus is suspected. For more details about the specific conditions that can be evaluated during an E-Clinic visit, please visit www.minuteclinic.com for more information.

**Are E-Clinic visits covered by insurance? If yes, do they apply for current telehealth copay/cost share waivers?**

Yes, E-Clinic visits are covered by most insurance plans and may be eligible for existing cost-share and copay waivers currently in place for telehealth services during the COVID-19 pandemic.

**How does the E-Clinic visit process work? How long will a patient typically need to wait for their E-Clinic visit after submitting their information?**
To connect with a provider, patients can visit www.minuteclinic.com and request an E-Clinic visit. The patient will be prompted to enter their information and reason for requesting a visit through the Epic MyChart portal. After verifying the patient’s insurance, a MinuteClinic provider in the patient’s state will be notified of the request and will connect with the patient to set up a convenient appointment time for an E-Clinic visit within 24 hours of the request.

**Will the MinuteClinic provider be able to prescribe medication if needed during an E-Clinic visit?**

Yes, when clinically appropriate.

**If after an E-Clinic visit the patient develops further symptoms or needs additional assessment, can they connect with the same provider?**

Not necessarily, but the information related to the patient’s E-Clinic visit will be included as part of their patient record, which can be accessed by any of our providers to help ensure continuity of care.

**If after a MinuteClinic E-Clinic visit, the patient requires follow-up care at a MinuteClinic, will their insurance be billed a second time?**

If a patient is seen the next calendar day in a MinuteClinic setting their insurance will be billed for both visits. If a patient is seen through an E-Clinic visit and in clinic at MinuteClinic on the same calendar day, only one visit will be billed.

**MinuteClinic Video Visits (Updated)**

**MinuteClinic Video Visits** are available on-demand or by appointment 24 hours a day, 7 days a week in 43 states and Washington, DC, including states where there is no MinuteClinic physical presence. Video Visits leverage Teladoc's technology platform and are initiated through the patient’s computer or mobile device, at MinuteClinic.com or through the CVS Pharmacy app. A Video Visit costs $59 and is an affordable cash-pay option for people who do not have health insurance, or whose health insurance does not provide a telehealth benefit. Video Visits are covered by select insurance plans, including most Aetna plans, and are payable by credit, debit, FSA or HSA cards.

**Can you describe the process during a MinuteClinic Video Visit if COVID-19 is suspected?**

If a patient requests a MinuteClinic Video Visit and is concerned about COVID-19, or if a Video Visit patient presents with symptoms of a lower-respiratory tract illness (e.g., fever, cough and/or shortness of breath), we follow CDC-recommended screening protocol to ask about their recent travel history (e.g., timeframe and location), potential community exposure, and other relevant risk factors to determine their risk of exposure to COVID-19.
If it is determined the patient may be at risk for COVID-19, the Video Visit provider will connect with the local health department to determine the appropriate next steps and will connect the patient with the health department if testing for the virus is recommended.8

How can individuals access MinuteClinic Video Visits?

Individuals can access MinuteClinic Video Visits through the CVS Pharmacy mobile app as well as www.minuteclinic.com.

Are MinuteClinic Video Visits covered by Aetna health plans and associated member cost share waivers? (Updated)

MinuteClinic Video Visits are covered by most Aetna Commercial plans and member cost share was waived through June 4, 2020. Going forward, normal cost shares apply. Aetna self-insured plan sponsors offered this waiver at their discretion.

Are MinuteClinic Video Visits considered part of the Aetna No-Cost/Low-Cost benefit?

No. Telemedicine, including MinuteClinic Video Visits are not part of the Aetna No-Cost/Low-Cost benefit.

Do MinuteClinic Video Visits replace Aetna’s Teladoc® offering?

No. MinuteClinic Video Visits are another telemedicine option for most Aetna Commercial plans. Those plans that cover MinuteClinic Video Visits will do so whether they offer a Teladoc® benefit or not.

Do other health care payers provide coverage for MinuteClinic Video Visits?

At this time, Aetna is the only national health care payer covering MinuteClinic Video Visits.9

Will Aetna members have to pay for covered MinuteClinic Video Visits up front?

At this time, no payment will be taken from covered Aetna members at the time of the visit. MinuteClinic will bill members for any applicable member cost share after the visit.10

Will my plan cover MinuteClinic Video Visits but not Teladoc®? How do I figure this out?

MinuteClinic Video Visits and Teladoc® are a covered benefit under most Commercial plans. However, there are situations where an Aetna member may have MinuteClinic Video Visit coverage and not Teladoc®. If you have questions about your coverage, call the Aetna Member Services number on the back of your member ID card.

Will my plan cover Teladoc® but not MinuteClinic Video Visits? How do I figure this out?
No. Aetna Commercial members who have Teladoc® also have MinuteClinic Video Visits as a covered benefit.11

**What is the difference between a Teladoc® visit and CVS MinuteClinic Video Visit?**

There are a few differences:

- MinuteClinic Video Visits are video only. Teladoc® offers care by phone and video.
- MinuteClinic Video Visits are for general medical care only. Where covered by plans, Teladoc® offers care for general medical, behavioral health, and dermatology.
- MinuteClinic Video Visits are available in 43 States and Washington, D.C. Teladoc® is available in all 50 states.
- Providers for both services are all board certified and credentialed and could be a doctor or nurse practitioners, both of whom are licensed in your state and are able to prescribe medications as appropriate.

**What's the difference between a MinuteClinic Video Visit and E-Clinic visit?**

Here’s a side-by-side comparison of these services:

<table>
<thead>
<tr>
<th>E-Clinic</th>
<th>Video Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides support for over 150 services, similar to services provided in retail clinic setting</td>
<td>Cover smaller subset of services related to minor illnesses and conditions</td>
</tr>
<tr>
<td>Staffed by MinuteClinic nurse practitioners and physician assistants</td>
<td>Staffed mainly by Teladoc® physicians</td>
</tr>
<tr>
<td>Available in Washington, D.C., and the 33 states where MinuteClinic operates (see list <a href="#">here</a>)</td>
<td>Available in 43 states and Washington, D.C., including states where there is not a physical MinuteClinic presence. (see list <a href="#">here</a>)</td>
</tr>
<tr>
<td>Available between 9 a.m. and 5 p.m. local time.</td>
<td>Available on-demand or by appointment, 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>Offers patients the opportunity to connect with a local MinuteClinic provider via video conferencing.</td>
<td>Uses Teladoc's technology platform and is initiated through the patient’s computer or mobile device, at MinuteClinic.com or through the CVS Pharmacy app.</td>
</tr>
</tbody>
</table>

**Aetna Better Health**

**What is telemedicine?**

Telemedicine is health care delivery, evaluation, diagnosis, consultation, or treatment, conducted through audio, video or data communications by a health care practitioner who is physically separated from their patient.
Is telehealth and telemedicine the same thing?

Yes. These terms are often interchangeable.

- Live videoconferencing with providers
- Telephone-only consultations with providers
- Services provided by telemedicine vendors like Teladoc®

What's the difference between telehealth/telemedicine and Teladoc®?

Telehealth/telemedicine refers to a type of care – health care that is delivered remotely, such as over the phone, through video or via other communications platforms. Aetna policies have been relaxed to allow any in-network provider to deliver telemedicine and to be reimbursed at the same rate as an in-office visit. Many in-network providers are offering telemedicine services; they will evaluate, diagnose and consult with patients remotely.

Teladoc® is a multinational health care company that uses a group of doctors, therapists and specialists to provide telemedicine and virtual health care 24 hours a day, seven days a week. Aetna customers can elect to include the Teladoc® benefit in their benefit plans.

What can telemedicine providers do?

Telemedicine providers help with non-emergency health issues like respiratory infections, flu symptoms, and many other illnesses. They evaluate symptoms and provide medical advice and treatment, which may include a prescription if medically appropriate. Some also provide behavioral health and specialized support such as dermatology, physical therapy, and more.

For COVID-19, telemedicine physicians can answer questions about the virus, assess a member’s risk and provide support to help relieve symptoms.

When seeking virtual care, we encourage members to reach out to their current providers first.

Are providers (behavioral health and primary care) required to see a member face-to-face before being able to provide telemedicine services?

No. A prior face-to-face visit is not required for a provider to provide telemedicine services.

Can members gain immediate access to health care providers through telemedicine?

In most cases, yes.

Can telemedicine providers diagnose COVID-19 or order a COVID-19 diagnostic testing service?
No. Telemedicine providers are unable to conduct COVID-19 diagnostic testing or order diagnostic testing and, therefore, cannot confirm a COVID-19 diagnosis. Telemedicine providers can assess patient risk and provide the appropriate direction and next steps to access testing, as appropriate.

**Can telemedicine providers send COVID-19 test kits to patients?**

No. The FDA has, however, approved test kits that can be used by individuals at home who have been screened using an online questionnaire reviewed by a health care provider. Contact your health care provider to determine if this test is right for you.

**Should I use telemedicine if I experience COVID-19 symptoms?**

Individuals who are showing signs of upper or lower respiratory infection or fever should stay home and contact their primary care provider either by phone or through a virtual visit.

If you suspect you may have contracted COVID-19, **call** your primary care provider first or consult the guidance provided by your state’s Department of Health for how best to receive an assessment of your symptoms.

**Can a telemedicine provider treat COVID-19?**

No. While no vaccine or specific treatment for COVID-19 is available at this time, telemedicine providers may be able to provide evidence-based supportive care to help relieve symptoms or to recommend next steps.

**Why are CVS Health and Aetna recommending that we use telemedicine during the pandemic?**

Government agencies are strongly encouraging the use of telemedicine to help contain the spread of the COVID-19 virus and to protect critical healthcare providers. We encourage members and colleagues to use telemedicine as a first line of defense for appropriate symptoms or conditions, to limit potential exposure.

The federal government has indicated that, during the COVID-19 national emergency, which also constitutes a nationwide public health emergency, it will not impose penalties for HIPAA noncompliance against health care providers who provide telehealth services in good faith through remote communications technologies that may not be HIPAA-compliant, such as FaceTime or Skype.

**How can members access services without going to a provider’s office?**

Members can use Teladoc® or their provider may be able to offer them services over the phone or through a telemedicine platform where they have a real-time visual connection. Members can check availability by accessing Aetna online DocFind directory, contacting their provider or visiting the Coronavirus Resource page on Aetna.com.

MinuteClinic offers two telemedicine options, including E-Clinic visits and MinuteClinic Video Visits. For more details, visit www.minuteclinic.com. These visits are covered by most Aetna Commercial plans.
How can patients find telemedicine providers and seek their care?

Aetna members can:
- Contact in-network providers to find out if they offer real-time virtual care and follow their process for making a telemedicine appointment
- Search Aetna DocFind® to find providers who offer virtual care; an indicator was added that will identify providers who offer telemedicine
- Connect with Teladoc® anytime (24 hours/day, seven days/week) at 1-855-TELADOC (1-855-835-2362), through their app, or at www.Teladoc.com/aetna
- Schedule a MinuteClinic® Video Visit or E-Clinic virtual visit through the MinuteClinic® app or website. These visits are covered by most Aetna Commercial plans (and associated member cost waiver).
- Visit the Aetna Coronavirus Resource page on aetna.com for more options.

If a client doesn’t currently offer telemedicine, can they add that benefit now?

Any member/client can seek telemedicine services from providers that offer them. Commercial clients who do not offer Teladoc®, can add the benefit now through the standard implementation process (a minimum commitment duration may apply).

Can telemedicine be delivered through telephone or is a synchronous audiovisual connection required? Where can providers access Aetna’s telemedicine policy?

For Commercial plans, Aetna will cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone until December 31, 2020. For general medicine and some behavioral health visits, a synchronous audiovisual connection is still required.

Aetna’s Telemcine Policy is available to providers on the Availity portal.

What happens if an student uses telemedicine multiple times in a day/week? Are ASO clients still obligated to pay for all these costs?

No. Aetna’s medical policy (one claim/member/service/day/provider) would still apply and limit the use of telemedicine to the policy.

No-Cost Telemedicine Benefit

Is the no-cost telemedicine benefit limited to COVID-19-related care?

No, members with a telemedicine benefit can take advantage of this no-cost telemedicine benefit for any reason, include general medical, behavioral health and dermatology visits.12

Does the no-cost telemedicine benefit apply to behavioral health as well?
Yes, the no-cost benefit applies to telemedicine visits for behavioral health.\textsuperscript{13}

**Does the no-cost telemedicine benefit apply to non-participating providers?**

No, this no-cost benefit only applies to real-time virtual care delivered by an in-network provider. Non-participating provider coverage is based on the member’s benefit/plan design for out-of-network benefits.\textsuperscript{14}

**Can Aetna self-funded plans continue to opt out of our offer of zero co-pay telemedicine visits?**

Yes. Aetna self-insured plan sponsors offer this waiver at their discretion.

**Finding Telemedicine Solutions**

**Is there a way to check online to see if an Aetna provider offers telemedicine?**

Yes. A telemedicine indicator was added to the DocFind tool on aetna.com, the Aetna member website and on the Aetna app, for participating providers who offer telemedicine services.

Other telemedicine options are offered on the Aetna Coronavirus Resource page.

**Telemedicine Cost Sharing Waivers (Updated)**

**How long are Aetna’s liberalized coverage of telemedicine services and cost share waivers in effect? (Updated)**

Aetna’s liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will now extend through December 31, 2020.\textsuperscript{15}

Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through December 31, 2020.\textsuperscript{16} Aetna self-insured plan sponsors offer this waiver at their discretion.

Cost share waivers for any in-network covered medical or behavioral health services telemedicine visit for Aetna Student Health plans, are extended until September 30, 2020.

Please refer to the Telemedicine Policy for services covered.

**Although the member cost-share waiver for medical care for Commercial plans ended on June 4,\textsuperscript{17} does Aetna continue to cover telemedicine delivered through telephone only?**

\textsuperscript{15} Or as specified by state or federal regulation

\textsuperscript{16} Or as specified by state or federal regulation.

\textsuperscript{17} Or as specified by state or federal regulation.
Yes. For Commercial plans, Aetna will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone, until December 31, 2020. Please see Aetna’s Telemedicine Policy for specific coverage.

**Mental Wellness Using Telemedicine (Updated)**

**Does Teladoc® offer behavioral health services? (Updated)**

Teladoc® offers support for behavioral/mental health services to Aetna Commercial plans. Through December 31, 2020, Aetna is waiving member cost-sharing for telemedicine visits for outpatient behavioral/mental health counseling services. Self-insured customers offer this waiver at their discretion. Under this waiver, Commercial members can access behavioral/mental health services through Teladoc® at no cost, as long as their plan covers Teladoc® benefits.

**About MDLIVE and Teladoc® Telemedicine Services (Updated)**

**How can a member confirm they are eligible to use Teladoc®?**

Members should call Aetna Member Services on the back of their Member ID card to learn if the Teladoc® benefit is included in their benefits.

**Can a member who has Teladoc® benefits register another adult dependent (such as a spouse or child) for Teladoc®?**

No. Due to HIPAA restrictions, adult members can only register dependents who are minors (below the age of 18). Adult dependents must register themselves for Teladoc®.

**Does Teladoc® have a protocol in place whereby they are able/willing to provide a ‘fitness of duty’ release to students who have been quarantined (specifically people who are a-symptomatic but precautionary quarantined)?**

No

**Can Teladoc® issue return-to-work notes for patients with non-COVID related symptoms?**

No. Given high demand for medical care during this outbreak, Teladoc® is not able to re-evaluate healthy patients and issue return-to-work notes at this time.

**Can Teladoc® doctors send COVID-19 test kits to members or order them on their behalf?**

No. If patients would like to pursue in-person COVID-19 diagnostic testing, they should call their doctor or their state’s public health hotline to verify test availability.

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18 Or as specified by state or federal regulation.

19 Disclaimer: Regulations regarding telehealth services and care package availability for Aetna Medicaid members vary by state and, in some cases, are changing in light of the current situation. Aetna Medicaid members with questions about their benefits are encouraged to call the member services phone number on the back of their ID cards.
How will Teladoc® handle individuals who have already received a positive COVID-19 diagnosis?

While no specific treatment for COVID-19 infection is indicated at this time; Teladoc® care providers will provide up-to-date, evidence-based supportive care to relieve symptoms for affected patients, addressing both physical and mental health needs. For cases where in-person care is needed, Teladoc® will navigate patients to appropriate resources (in-network, where possible) and encourage patients to “let them know before you go” so that the in-person care facility can direct them appropriately and minimize potential exposure for others.

If a fully insured group opts out of Teladoc® at point of sales/implementation, does this group still have access to Teladoc® due to COVID-19?

If a group opted out of the Teladoc® solution during implementation, it would not have Teladoc® access today. However, eligible providers can perform telemedicine services, bill telemedicine codes and will have cost share waivers.

Can Teladoc® issue a 14-day self-quarantine excuse note for suspected COVID-19 patients?

Yes. Consistent with CDC recommendations, if the doctor observes symptoms and risk factors that suggest COVID-19, they can add a notation to the ‘excuse note’ advising the patient to self-quarantine for 14 days.

Can we provide our self-insured plan sponsors with weekly Teladoc® reporting so they may know the volumes?

Due to elevated call volumes, Teladoc® is not able to provide our plan sponsors with weekly utilization reports. However, the utilization report that is provided by Teladoc® to all self-insured plan sponsors on a monthly basis will continue to be produced.

Is Aetna or Teladoc® reporting diagnosed cases of COVID-19 to public health authorities?

Neither Aetna nor Teladoc® diagnose COVID-19, and, therefore, is unable to make a report. It is the responsibility of the diagnosing physician to report cases to public health authorities, not Aetna or Teladoc®.

Does Aetna have any plans to make specific member flyers on free Teladoc®?

Aetna will not be creating or distributing any communications (flyers, emails or otherwise) that are Teladoc®-specific for COVID-19. However, should a plan sponsor request material related to Teladoc®, they are available to them through the normal channel, the Teladoc® Engagement Center, for use at their own discretion. Aetna will not distribute them proactively.

Is Aetna requiring the use of Teladoc®?

No. In-network providers may deliver telemedicine from any location during this national emergency, subject to their state practice acts, and the guidance issued by state and federal authorities for the provision of telehealth services.
Telemedicine Information for Providers

Can providers use video chat platforms such as Skype® and FaceTime® to complete telemedicine visits?

Yes. Providers can temporarily use non-public facing synchronous video chat platforms, such as Skype® and FaceTime®, to complete telemedicine visits as long as these platforms are allowed in their states and they are able to meet the standard of care via a telehealth encounter. Health care providers should not, however, use public-facing video applications, such as Facebook Live®, Twitch® or TikTok®. For more information, refer to the temporary Federal guidelines concerning use of these platforms during the COVID-19 pandemic.20

Telemedicine Overflow Strategy

Ensuring our members have access to care is our number one priority. We continue to encourage our members to use telemedicine as their first line of defense, as appropriate, in order to limit potential exposure in physician offices.

In wake of the coronavirus pandemic, there is unprecedented demand for telemedicine. To help our members receive the telemedicine care they need, we have developed a telemedicine overflow strategy that provides a solution if a member is unable to obtain care from either their primary care provider or their plan’s telemedicine provider. This overflow strategy includes multiple provider groups across many of the states we serve.

Aetna members are encouraged to seek telemedicine as follows during the pandemic:

1. **FIRST** Contact their primary care provider (if that provider offers telemedicine visits)
2. **NEXT** Use Teladoc® or MinuteClinic Video Visit services (if their plan offers it)
3. **THEN** Find virtual care providers in their state using our telemedicine overflow directory

With the telemedicine overflow directory as their third option, we do not anticipate high call volume at the start of the program.

What volume should providers participating in the telemedicine overflow program expect?

As a third-tier option for many of our members, we do not anticipate a significant call volume. However, we are in an ever-changing environment, and based on the evolving hot spots, call volume may increase.

When does the program start? When will it end?

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20 Disclaimer: Regulations regarding telehealth services and care package availability for Aetna Medicaid members vary by state and, in some cases, are changing in light of the current situation. Aetna Medicaid members with questions about their benefits are encouraged to call the member services phone number on the back of their ID cards.
The program began on April 16, 2020, for Commercial plan members. We will continue to keep all parties updated with new information as we have it. Providers participating in our telemedicine overflow program will be considered in-network.

**Where do members go for the Telemedicine overflow program?**

Members should click on [this link](#) for more information.

**What types of services will providers participating in the overflow telemedicine program offer to patients?**

Telemedicine providers in the overflow program can provide many of the same services as our primary telemedicine providers, including help with non-emergency minor acute health issues, like respiratory infections, flu symptoms, and many other illnesses. They can evaluate symptoms and provide medical advice and treatment, which may include a prescription if medically appropriate. For COVID-19, they can answer questions about the virus, assess a member’s risk and provide support to help relieve symptoms.

These providers will not offer routine care, behavioral health services or tele-dentistry. Members may seek these types of services from their primary providers.

**What code would be used if a physician performs a telehealth visit?**

All telemedicine coverage and codes for COVID-19 and acute care are stated in the Aetna telemedicine policy, which is available to providers on the [Availity](#) portal.

**What place-of-service code should telemedicine providers use?**

To process claims related to telemedicine visits, providers should use place-of-service code 02 for patients enrolled in Commercial plans.

**How will payments be processed for telemedicine overflow providers?**

Aetna reimburses all in-network providers for telemedicine visits at 100% of their negotiated rate.

**Is Aetna requiring providers who are credentialed in one state but offering to support patients in another state to become credentialed in those states?**

No. To the extent the providers are permitted to practice in other states under applicable law, we are waiving out-of-state credentialing and contracting policies to offer access to care for patients across state lines. Providers cannot write prescriptions for patients out-of-state due to federal law.

**How can providers refer patients to other provider types, or a provider in another state, if the patient is not in my state and needs additional care?**

Providers and members can find in-network providers in all states through our [online provider directory](#). Members can also visit their [member website](#) which will help them find in-network providers accepting their plan.

**Will telemedicine overflow providers have access to patient medical records?**
No. Telemedicine overflow providers will not have access to patient medical records.

**The Families First Coronavirus Act as It Relates to Telemedicine**

**What is the Families First Coronavirus Response Act and how do the requirements pertain to telemedicine?**

The Families First Coronavirus Response Act signed into law on March 18, 2020 provides a range of benefits that address the needs of individuals and families related to the COVID-19 outbreak. It provides paid leave, protects public health workers, delivers important benefits to children and families and establishes no-cost COVID-19 testing nationally.

The legislation contains a mandate, requiring all health plans to cover COVID-19 testing without member cost sharing. This is a national requirement that is similar to those recently applied by many states.

In addition to the cost of the COVID-19 test, plans must cover the cost of a health care visit that results in the ordering or administration of a test for COVID-19, *including a telemedicine visit*. Coverage must be provided with no cost-sharing by the member.

**What type of plans and networks are included in the Families First Coronavirus Response Act mandate?**

The legislation requires all health plans to provide full coverage of COVID-19 testing. The requirement also applies to the self-funded plans Aetna administers. Self-funded plans are not able to opt out.

If the plan provides in and out of network coverage, then the cost-sharing waiver applies to testing performed or ordered by in-network or out-of-network providers.

**Can plan sponsors opt-out of the telemedicine cost share waiver for COVID-19 testing?**

No. The cost share waiver for COVID-19 testing and the office visit, telehealth visit, urgent care visit or ER visit that resulted in the test is part of the Families First Coronavirus Relief Act and therefore is a federal law.

It might be confusing that telehealth is included in this list since telehealth professionals can’t diagnose COVID-19 through the phone. However, since it is included in the law, self-insured plans sponsors may not waive this coverage even if they waive telemedicine cost share waivers using the opt-out form.

**The Coronavirus Aid, Release, And Economic Security (CARES) Act as It Relates to Telemedicine**

**How did the Coronavirus Aid, Relief, and Economic Security (CARES) Act signed on March 27 address telemedicine cost waivers for high deductible health plans?**

The CARES Act clarified that for plan years beginning on or before December 31, 2021, covering telehealth before a deductible has been met will not disqualify a high deductible health plan (HDHP).
Members do not need to take any action in response to this legislation.

If a plan sponsor previously opted out of telemedicine cost share waivers because they were concerned about HDHP rules, they can complete Aetna’s opt-out form again, indicating that they are reversing their previous opt-out decision.

Since the CARES Act clarified that covering telehealth without cost sharing before the deductible has been paid would not disqualify a HDHP for the plan years that begin on or before December 31, 2021, will Aetna be extending the 90-day telemedicine cost share waiver until December 31, 2021?

No. The legislation does not mandate that waivers extend to that date. Aetna will continue to monitor and evaluate the current situation when making any decisions regarding the timeline for telemedicine cost-share waivers.

**Telemedicine Cost-Sharing and Co-Pay Waiver Announcement (March 6th) (Updated)**

**What are the start and end dates for the telemedicine cost share waiver? (Updated)**

For Commercial plans, the cost share waiver for any in-network covered telemedicine visit—regardless of diagnosis—began on the day of the CVS Health press release, March 6, 2020, and ended on June 4, 2020. Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through December 31, 2020. Aetna self-insured plan sponsors offer this waiver at their discretion.

Cost share waivers for any in-network covered medical or behavioral health services telemedicine visit for Aetna Student Health plans are extended until September 30, 2020.

**What happens to the telemedicine cost-share waiver after the effective period? Can my self-insured plan sponsor extend it?**

CVS Health and Aetna will continue to monitor the situation with COVID-19 as it unfolds. Any updates or changes to the policies and procedures will be communicated through the appropriate channels. Plan sponsors cannot make independent extensions at this time.

**Do the cost share waivers for telemedicine apply to all providers or just Teladoc®? What about MD Live? What about third-party custom telemedicine arrangements?**

Yes, this benefit for telemedicine cost share waiver is at the CPT code level and any in-network provider can bill for telemedicine using the appropriate telemedicine codes. One caveat to note is that MD Live is not able to apply the waiver at the point of care. However, the claim will adjudicate without a cost share and members will receive a refund.

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21 Or as specified by state or federal regulation.
Are visits with AbleTo covered under the telemedicine cost-share waiver? (Updated)

Yes. AbleTo behavioral health services are delivered via telemedicine and therefore would follow our liberalized policy where cost share, including the deductible, is waived for behavioral health visits through December 31, 2020.

Does the zero copay apply to the plan sponsors who have opted-in to the caregiver services through Teladoc®?

No, as this is not a benefit for the member.

Will a customer who is currently opted out of Teladoc® get access to all channels of telemedicine at $0 cost share to the member, if they opt into the recent 90-day initiative to support COVID-19 services?

No. Plan sponsors who opted out of Teladoc® would not have Teladoc® during the 90-day initiative but would have the $0 cost share for telemedicine through in-network providers.

If plan sponsors remain opted in to ALL channels of telemedicine – Teladoc® and providers doing virtual care – would all have a $0 cost share? It’s all or nothing, right?

Yes. If plan sponsors remain opted in for the $0 telemedicine co-pay offering, it will apply to all visit types.

Can plan sponsors opt-out of the telemedicine cost share waivers for just behavioral health?

No. The only cost-share waiver opt-out options are provided on the form. Examples of designs that cannot be administered include:

- Applying cost share for behavioral health, dermatology, care giver, etc. only. $0 cost share must apply to all types of telemedicine visits or to federally mandated COVID-19 diagnosis.
- Applying different cost share levels for types of telemedicine visits (i.e., behavioral health, dermatology, care giver, etc.).
- Steering members to designated telemedicine vendors by using different levels of cost sharing.
- Any option not listed as Acceptable.

What is the cost for a Teladoc® or telemedicine visit that would now need to be covered by the self-insured plan sponsor if they chose to opt-in to waived cost-share?

The retail cost of a Teladoc® visit that would need to be covered by the self-insured plan sponsor is $45 for those plan sponsors that opted into 2020 pricing, and $40 for plan sponsors that remained on 2019 pricing.

For a telemedicine visit, which can be billed by any network provider and will be covered with no cost sharing to the member, Aetna’s policy is that we reimburse all providers at the same rate as in-person visits.
Who will pay the member cost share for telemedicine visits?

Self-funded plan sponsors will be responsible for covering their students’ member cost share for all covered in-network general medical, mental health and dermatology visits while the Aetna cost share waivers are in effect, unless they have opted out. Aetna will cover member cost shares for covered in-network fully insured telemedicine visits.

What kind of Teladoc® visits are covered by the COVID-19 cost share waiver? (Updated)

Member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for Commercial plans has been extended through December 31, 2020. Self-insured plans offer this waiver at their own discretion.

Some employers (plan sponsors) do not have Teladoc® and are confused. How does the telemedicine cost share waiver work?

In order to help members avoid unnecessary exposure to COVID-19, Aetna is encouraging the use of telemedicine for appropriate symptoms or conditions to limit potential exposure in physician offices.

Teladoc®, MD Live, and other third-party telemedicine vendors, are one way for members to receive a telemedicine visit. Member cost sharing will be waived on any of these visits, subject to claim processing rules and any other requirements in their benefit plan, including whether the vendor’s providers are in-network.

Telemedicine CPT codes can be found in the internal provider FAQs. Keep in mind, some self-insured plan sponsors may not offer the telemedicine cost share waiver, which would apply to any telemedicine visits (Teladoc® or otherwise), except those mandated by the Families First Coronavirus Response Act (resulting in COVID-19 testing).

Do the cost sharing waivers for telemedicine and diagnostic testing apply to Aetna Funding Advantage products?

Yes.

How is Aetna’s 90-day waiver for member out-of-pocket fees for all telemedicine services compliant with a High Deductible Health Plan?

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law on March 27, 2020, indicates that a plan shall not fail to be treated as a high deductible health plan for failing to have a deductible for telehealth and other remote care services.

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22 Or as specified by state or federal regulation.
23 Or as specified by state or federal regulation.
CVS Health’s March 6th press release states that Aetna will proactively reach out to members most at-risk for COVID-19. How are those at-risk members being identified?

Care management outreaches to high risk impactable members to support with a range of medical and social determinants of health needs. This includes discussion of COVID-19, as appropriate. Care management outreaches to members who are identified by:

- Utilization management or Inpatient Management discharge planning clinicians, the member’s provider or CVS clinicians including retail pharmacists have identified the individual as being at-risk or in need of additional clinical support
- Predictive algorithms that indicate future health risk or health care costs including specific risk of admissions, readmissions or frequent utilization
- Predictive algorithms that indicate end-of-life resource needs or advanced illness-related needs.

In addition to these care management identification approaches, all individuals hospitalized with a confirmed or presumptive case of COVID-19 receive outreach from a care manager upon discharge to support their transition of care needs.

Additional Resources

What support is Aetna providing to the community regarding coronavirus?

Aetna Resources For Living (RFL) is offering support and resources to students and schools who have been impacted by Coronavirus. Through this liberalization, those in need of support can access RFL services whether or not they have it as part of their benefits.

- Students and schools who don’t have RFL can contact RFL at 1-833-327-AETNA (1-833-327-2386).

What is included with Resources For Living liberalized services?

Support to students and schools that don’t have RFL includes:

- In-the-moment phone support to help callers cope with the emotional impact of the COVID-19 outbreak
- Informational brochures about dealing with a crisis
- Community resource referrals, including local support services in the local area
- Management consultation to help schools respond to the needs of their students, even if they’re not RFL customers
  - Students may contact our specialized support line at 1-800-243-5240.
  - Group support services may be available telephonically or onsite where appropriate on a fee-for-service basis to help schools manage the disruption and distress of this situation.

Are there benefits that can be extended to non-Aetna members?
While the cost share waivers do not apply to non-members, crisis support is available. Resources For Living® (RFL) has liberalized its phone lines, offering support and resources to students and schools who have been impacted by the COVID-19. Through this liberalization, those in need of support can access RFL services whether or not they have it as part of their benefits. For those students without Aetna benefits, RFL can be reached at 1-833-327-2386. For more details on RFL’s offerings, click here.

**What other RFL resources are available to the public?**

RFL has also developed several articles, webinars and other materials to help members experiencing stress and anxiety related to COVID-19. These resources are now available publicly here.

**Has RFL been liberalized to include international coverage?**

No, not currently. We don’t currently have the ability to manage international but are working to explore options.

**Where can I get more information about COVID-19?**

You can find more information on COVID-19 at these links:


**Cleaning Guidance**

**What is CVS doing to ensure its locations employ cleaning best practices to minimize exposure risk?**

CVS follows CDC general cleaning guidance, which includes frequently cleaning all commonly touched surfaces, using disposable wipes to disinfect these surfaces, and using Personal Protective Equipment while cleaning, including wearing nitrile gloves and safety goggles/glasses when using bleach/water solutions. This applies to all locations, including our stores.

**What cleaning practices does CVS undertake when there is a confirmed case or an exposure situation?**

A deep cleaning will be performed, which consists of wiping down all horizontal and high contact touch points using Shockwave disinfectant cleaner and Steramist spray.

*The information contained in this FAQ is subject to change at the discretion of CVS at any time, for any reason and without advanced notice.*