

Special Broker Update

COVID-19 Treatment Covered with No Member Cost Sharing

Applies to: All lines of business

As we continue to fight the spread of the coronavirus disease known as COVID-19, Medical Mutual has decided to cover COVID-19 treatment with no cost sharing for our fully insured plans through May 31, 2020. Treatment includes hospitalizations and ground ambulance transfers for individuals with a positive COVID-19 diagnosis. This applies to services provided by both in-network and out-of-network providers. In addition, Medical Mutual will permanently cover FDA-approved medications and vaccines when they become available. This is effective retroactively to the beginning of the COVID-19 national public health emergency declared by the US Department of Health and Human Services effective January 27, 2020.

In addition, an Ohio Department of Insurance (ODI) [Bulletin 2020-05](#) mandates that Medical Mutual must cover all treatment related to COVID-19 diagnoses as emergency services effective March 20, 2020. This means services must be covered at the in-network benefit level regardless of whether the healthcare professional or facility is in our network. This bulletin applies to all fully insured groups, MEWAs and self-funded public entities.

Medical Mutual is reaching out via phone and/or email to impacted self-funded groups to notify them of either what is mandated or what is optional for their choices for enhanced coverage. Groups have until April 20, 2020 to respond.

Groups that do not contract with Medical Mutual for stop loss, must contact their stop loss carriers to ensure coverage before making any benefit changes. Mutual Health Services (MHS) groups may contact their MHS account executive to discuss how any benefit changes may impact their stop loss coverage with outside carriers.

As a reminder, Medical Mutual was already covering testing for COVID-19 with no member cost sharing, per the [Families First Coronavirus Response Act](#) signed into law by President Trump on March 18, 2020. Testing covers the cost of the test, as well as the cost of the provider visit, which could include a telehealth (telemedicine), urgent care or emergency room visit, to determine whether the COVID-19 testing is required, and the visit to administer the test. This is a federal mandate, so groups are not able to opt out of this coverage.

Sample [letter](#) to fully insured groups notifying them of the benefit change

Sample [letter](#) to self-funded groups with opt-in for the benefit change and ODI directive

Sample [letter](#) to self-funded groups with opt-in for the benefit change only

Sample [letter](#) to MHS groups with opt-in for the benefit change and ODI directive

Sample [letter](#) to MHS groups with opt-in for benefit change only

Important information for Medical Mutual members about COVID-19 and our response is

available at [MedMutual.com/Coronavirus](https://www.MedMutual.com/Coronavirus).

If you have questions about Medical Mutual's response to COVID-19, please contact your Medical Mutual account representative.