

WellAway Limited COVID-19 Frequently Asked Questions for individuals, employer groups, brokers & consultant partners

WellAway Limited follows guidance from: the USA Centers for Disease Control (CDC), the USA Food and Drug Administration (FDA), the World Health Organization (WHO), the European Medicine Agency (EMA) and the World Trade Organization (WTO). In the USA, we have adopted the Families First Coronavirus Relief Act (FFCRA) and the CARES Act, along with guidance from the Centers for Medicare & Medicaid (CMS). In other parts of the world, the guidance of the applicable regulatory authorities, countries or regions are followed and adopted. In accordance with the above guidance, we are providing coverage without cost sharing for medically necessary diagnostic testing (PCR or antigen) of patients ordered or administered by a healthcare provider acting within the scope of their license. The basis of whether COVID-19 diagnostic treatment is medically appropriate for a patient should be determined through evaluation by the healthcare provider based on signs and symptoms of COVID-19.

Covered Services: Medical

1. Will WellAway cover COVID-19 screening and testing?

Yes. In these extraordinary times, WellAway Limited will continue to cover COVID-19 testing provided by in-network providers consistent with CDC and WHO guidelines (*determined to be medically appropriate by an individual's healthcare provider in accordance with current accepted standards of medical practice*) and diagnostic testing (*approved by the applicable local laws where the insured person resides*). WellAway Limited will waive cost share amounts such as co-payments, coinsurance, and deductible (with in-network providers in the USA), whether at an approved testing facility, provider's office, urgent care center or via telemedicine until April 15, 2022. Testing will be covered at 100% of Usual, Reasonable and Customary Charges, with a maximum benefit of \$100 per test. Only a health care provider can administer the test and send the sample to an approved lab for results. Diagnostic testing may include testing of symptomatic patients, as well as testing of asymptomatic patients when determined to be medically necessary based on an individualized assessment of the patient, such as for an upcoming procedure or recent known or suspected exposure to an infected individual. This is applicable to all WellAway products. [Locate a Covid Testing Center Near You | UnitedHealthcare® \(uhc.com\)](#)

2. Are all types of COVID-19 tests covered by WellAway?

No. Not all diagnostic tests are covered - only the COVID-19 tests that have received an emergency use authorization under the Federal Food, Drug, and Cosmetic Act enacted in the

United States will be covered. A complete list of the approved tests can be found here: [FDA website](#). There is also a list of clinical laboratories and commercial manufacturers that have notified the FDA that they are offering the test in accordance with FDA guidance. These tests may also be covered; however, WellAway may request that a laboratory or commercial manufacturer provide documentation demonstrating the request for emergency use authorization.

3. Does WellAway cover COVID-19 at-home testing?

If your policy covers outpatient medication through our Pharmacy Benefit Manager, EHIM, we will cover a maximum of 8 over-the-counter at-home COVID-19 tests per insured person per month for the cost of \$12 per test during the public health emergency period. You will need to obtain the at-home tests at one of EHIM's participating pharmacies and present your prescription ID card at time of purchase. [If you prefer to purchase an over-the-counter at-home COVID-19 test\(s\) on your own, you can submit the expense as a paper claim to EHIM for reimbursement.](#) Note: whether you purchase an over-the-counter at-home COVID-19 test(s) or obtain the at-home test(s) at one of EHIM's participating pharmacies, the maximum coverage is 8 tests per insured person per month (*at the cost of \$12 per test*). [Learn more about how to get an over-the-counter at-home COVID-19 test, coverage information and reimbursement details.](#)

Free over-the-counter at-home COVID-19 test are also available through the Federal government. Each household can order a one-time shipment of 4 free over-the-counter at-home COVID-19 tests which are shipped directly from [covidtests.gov](#).

4. Will WellAway limit the number of tests that are covered?

Most Wellaway plans do not limit the number of tests covered which are provided by in-network providers as long as the test is: (i) consistent with the CDC guidelines; (ii) diagnostic; and (iii) determined to be medically appropriate by an individual's healthcare provider in accordance with current accepted standards of medical practice. Testing will be covered at 100% of Usual, Reasonable and Customary Charges, with a maximum benefit of \$100 per test.

5. Are COVID-19 treatments covered?

Yes. For in-network providers, WellAway will cover treatments for COVID-19, subject to any cost-share and maximum benefit amounts in accordance with your policy terms and conditions, including any co-payments, coinsurance, deductible or out-of-network costs. The treatments that WellAway will cover for COVID-19 from doctors, hospitals, and other health care professionals are those covered under Medicare or other applicable state regulations in the United States. The company will reimburse health care providers at WellAway's in-network rates. Providers must use proper diagnosis and procedure codes related to COVID-19. Certain student and short-term plans in any geographic region will only cover screening services and diagnostic testing. Coverage for expatriates will be determined in accordance with the member's policy terms and conditions (as any other illness) when medically necessary. Treatment must be delivered by the proper healthcare professional or facility.

6. Will WellAway Limited cover the cost of treatment for COVID-19 Out of Network?

If the member visits an out-of-network provider, COVID-19 treatment will be covered in the case of a medical emergency and paid as out of network benefits. Members should seek care from in-network providers whenever possible to minimize costs and to avoid higher cost share amounts. Out-of-network providers may charge more than the covered benefit amount; in this case, the member may be responsible for paying the difference and cost share amounts.

7. Is prior authorization required for COVID-19 screening and testing?

No. Prior authorization is not required for the COVID-19 test. However, please refer to your policy for pre-authorization requirements pertaining to certain medical services.

8. Is WellAway Limited covering COVID-19 serology (antibody) testing?

Yes, but only when it is medically necessary to determine a treatment plan, and the antibody test is provided in line with CDC recommendations. According to guidance from the FDA, CDC and WHO, antibody tests should not be used as the basis for diagnosis, and there are only very limited benefits and medically necessary applications for the use of antibody tests in the treatment of COVID-19. If antibody testing is approved, it will be covered at 100% of Usual, Reasonable and Customary Charges, with a maximum benefit of \$42 per test or based on the rates established by the Centers for Medicare and Medicaid Services.

9. Will WellAway Limited cover costs for COVID-19 testing so members can return to work or for travel?

No. COVID-19 testing performed for non-diagnostic purposes, such as for public health surveillance or social purposes will not be covered (such as employment (return to workplace), education, travel, or entertainment). Specifically, return to work testing is not done to improve the health outcome of the employee being tested; and, therefore, would not be covered as a benefit under a WellAway Limited plan. This is consistent with coverage for other types of testing that might be administered for the benefit of an employer, such as employer-required drug or alcohol testing (which is not covered as a health plan benefit).

10. Is an approved vaccine covered?

Yes. Approved vaccines that are currently available for the treatment or prevention of coronavirus are covered.

Covered Services: Pharmacy Benefits

1. Are members allowed to fill their prescriptions earlier or have larger fill or refill amounts to offset difficulties with getting medications?

Yes. For the duration of the public health emergency, WellAway Limited will waive early refill limits on prescription medications. These refills cannot exceed guidelines for drug administration and no more than a 90-day supply. Please note that WellAway Limited does not recommend stockpiling medications. However, early refill limits have been adjusted so that members can refill an extended supply of their medication according to their benefit. For any questions regarding early refills, members may call the ConciergeCare number on the back of their WellAway ID card or by calling WellAway Limited for further information.

2. What happens if there are shortages of medications due to this pandemic?

In the event of a prescription drug shortage, WellAway Limited has a standard process in place to take immediate steps so that members have access to alternative medications to treat their condition. WellAway Limited's process includes monitoring drug shortage notifications from the FDA, CDC and WHO evaluating and changing formulary coverage, and if necessary, identification of alternative medications to treat the same condition. Affected members and their prescribers will be notified of the shortage and applicable treatment alternatives in the event of a shortage.

3. Can members receive home health infusion by a nurse in their home instead of going to a hospital in order to avoid exposure to COVID-19, and help reduce traffic at the hospital?

Yes. If members normally receive drug infusion services in a facility, they should talk with their doctor about whether their drug infusion services should be continued and if they can be administered at home instead. If the member's physician or authorized prescriber determines he/she can safely receive drug infusions at home, WellAway Limited and members are eligible for physician-ordered and plan authorized home infusion services.

4. How can members practice social distancing and conveniently access their prescription medications?

Members can practice social distancing by:

- Contacting their local retail pharmacy about delivery services.
- Filling extended day supply of maintenance medications.
- Access 90-day supplies of maintenance medications used to treat chronic conditions.
- Contact their physician to switch to a 90-day prescription refill.

Covered Services: Virtual Care

1. Does your plan cover telemedicine?

Yes. Telemedicine and international telemedicine services are covered under WellAway Limited's standard plan designs. In the United States, telemedicine services are available through Teladoc as a covered benefit through those network providers that offer such services.

In addition, WellAway Limited is expanding access to telemedicine services in response to COVID-19 by allowing providers to offer COVID-19 screening services using an expanded range of telehealth platforms when the practitioner is seeing patients via Zoom portal, Microsoft teams or other types of virtual services adopted by the accredited medical practitioner (*when performed appropriately during the COVID-19 public health emergency*). Visits should be billed by the provider using the normal billing process for an office visit. In the United States, this is covered for all in-network providers. If the member uses an out-of-network provider, the service will be paid as out-of-network benefits. Members should seek care from in-network providers whenever possible to minimize costs and to avoid higher cost share amounts. Out-of-network providers may charge more than the covered benefit amount; in this case, the member may be responsible for paying the difference.

2. Will WellAway Limited cover Teladoc COVID-19 visits?

Yes. Copays for any Teladoc visits will be waived for members enrolled in all WellAway Limited plans whether or not related to COVID-19.

3. If a member pays for the co-payment, either through an office visit or Teladoc or International Telehealth, because the provider requested payment at time of service, will they be reimbursed?

Yes. If a member is improperly charged for a co-payment, the member should call the number on the back of his/her ID card and ConciergeCare will contact the provider obtain a reimbursement for the member.

We will keep you updated of any further COVID-19 developments. Click here to [Locate a Covid Testing Center Near You | UnitedHealthcare® \(uhc.com\)](#). We are always available to answer any questions: ConciergeCare U.S. +1-855-773-7810 | ConciergeCare International: +1-786-453-4008 (collect) | Email: conciergecare@wellaway.com