COVID-19 coverage

high deductible health plan basic (HDHP Basic)

effective march 27, 2020

administrative clarification published as of january 1, 2022

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective March 27, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **High Deductible Health Plan Basic (HDHP Basic)**. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or by calling the HR Service Center at **1-888-825-5247**.

The High Deductible Health Plan Basic (HDHP Basic) has been amended as required by the Families First Coronavirus Response Act (FFCRA) effective March 18, 2020 *and* the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) effective March 27, 2020. **This March 27, 2020 SMM contains the current plan provisions as a result of FFCRA and the CARES Act and a new, temporary extension of online visit services. It also includes an administrative clarification published as of January 1, 2022, regarding medical necessity for COVID-19 testing covered charges.**

COVID-19 testing

Effective **March 18, 2020** the following temporary plan rules apply under the HDHP Basic:

- The **network or out-of-network annual combined deductible** does not apply to covered charges related to medical care services and items purchased for COVID-19 testing as required by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act. As a reminder, the HDHP Basic has one combined deductible for medical, prescription drugs (both retail and mail-order), mental health and substance use disorder services.

- The HDHP Basic will pay **100%** of the provider's **contracted rate** for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, when you see a **network provider**.

- When you see an **out-of-network** provider for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, the HDHP Basic will pay **100%** of the cash price as listed by the out-of-network provider on a public Internet website, *or alternatively*, a lower price the HDHP Basic claims administrator negotiates for covered charges.

- In accordance with existing plan rules and federal law, except for preventive care, the HDHP Basic does not provide coverage for charges, services or supplies that aren't **medically necessary**. For purposes of COVID-19 testing, this means that the plan coverage described here applies to individualized diagnosis or treatment of COVID-19 or another health condition and *not* for any other purpose including, but not limited to, public health surveillance or employment purposes (such as screening for general workplace health and safety).

This temporary plan rule for COVID-19 testing will be in effect beginning on **March 18, 2020** until the end of the COVID-19 emergency period. (As of the date of this updated publication, the emergency period ends January 16, 2022, but is subject to change.)

COVID-19 treatment

The following rules apply to treatment under the HDHP Basic:

- Covered charges related to medical care services and items purchased for COVID-19 treatment will be subject to the **annual combined deductible**.
- After meeting the applicable network or out-of-network annual combined deductible, the HDHP Basic will pay:
  - **70%** of the provider's **contracted rate** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see a **network provider**.
  - **50%** of the provider's **billed charges** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see an **out-of-network provider**.

COVID-19 preventive service

The HDHP Basic currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. Effective **March 27, 2020** the HDHP Basic includes the following new rule for qualifying coronavirus preventive services:

- Any **qualifying coronavirus preventive service** will be considered eligible under existing preventive care coverage rules 15 business days after being designated as such.
- A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:
  - An evidence-based item or service that has in effect a rating of *A* or *B* in the current recommendations of the United States Preventive Services Task Force.
  - An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.

This updated publication notes that as of December 11, 2020, qualifying coronavirus preventive services are now available and included under the HDHP Basic preventive care coverage. You can read more about the plan rules for this coverage in these SMMs:

- Medical Coverage: COVID-19 Preventive Services and Immunization Update (December 11, 2020)
- Prescription Drug Coverage: Coverage for Immunizations (February 15, 2021)

online visits

Member cost sharing for LiveHealth Online visits will be waived for HDHP Basic participants from March 19, 2020 through June 17, 2020. Anthem provides access to online visits through the LiveHealth Online service for participants of the HDHP Basic. **LiveHealth Online** is a safe and effective way for you to receive medical guidance, including guidance for COVID-19, from your home using a smartphone, tablet or computer with a web cam. You're encouraged to use this service when possible to help prevent the spread of infection and improve access to care.

Online visits temporarily extended to include non-LiveHealth Online providers

Online visits are not covered outside of the LiveHealth Online provider group. However, in recognition of current physical distancing requirements during the COVID-19 pandemic, effective **March 18, 2020** the following temporary rules apply to **online visits** under the **HDHP Basic**:

- The HDHP Basic coverage rules for Online Visits will be extended to include covered charges for online visits from a **non-LiveHealth Online provider.**
- **Covered Charges** include medical consultations via telephone or using your network or out-of-network provider's virtual platform with a smartphone, tablet or computer with a webcam, where state laws allow.
- This temporary extension for online visits from a **non-LiveHealth Online provider** will be in effect beginning on **March 18, 2020** until the end of the COVID-19 emergency period. (As of the date of this updated publication, the emergency period ends January 16, 2022, but is subject to change.)
- Online Visits from a **non-LiveHealth Online provider** will follow the HDHP Basic rules for **Office Visits**, as follows:
  - **Network** 70% of contracted rates after deductible.
  - **Out-of-Network** 50% of the maximum allowed amount after deductible.

contact

Contact **Anthem** directly at **1-844-627-1632** to discuss claims, coverage under your plan, or to find a network provider. For medical-related questions and concerns, please contact your provider directly before visiting the office. **As always call 911 or go to the emergency room if you think you need care right away.**