ascend
TO WHOLENESS
HEALTHCARE PLANS

COVID-19 Testing: Who Covers It and What is Covered?

For a Work Requirement – *Employer Pays*: When an employer asks, or makes it a requirement of an employee to obtain a COVID-19 test as a condition of returning to work, it is considered a part of an occupational requirement and should be covered by the employer. By law, the Ascend to Wholeness Healthcare Plans (the Plan) is not required to cover testing for general workplace screening or return-to-work testing and so the Plan will not cover such testing.

For Personal Illness or Diagnosis – *Healthcare Plan Pays*: If an employee or dependent is covered by a healthcare plan, like the Ascend to Wholeness Healthcare Plans, the plan is required by law to cover COVID-19 testing without member responsibility when the test is determined to be medically appropriate for the individual, as determined by the individual's attending health care provider as part of diagnosing or treating the patient. This may include testing due to recent contact with an infected person, when the provider determines that testing is medically appropriate.

What Happens When a Person is Not Enrolled in the Plan? If an employee or dependent is not covered by the Plan, then the employee or dependent may have to pay for testing. If the test is at the request of the employer, then the employer should pay for the test.

What Happens If the Test is Not Covered by the Plan? If the test is not covered by the Plan, then the employee or dependent may have to pay for testing. If the test is at the request of the employer, then the employer should pay for the test. And there are instances in which a test may be covered by a local public health agency, such as for general public health surveillance. If the test is for other reasons, such as a child needs to have testing to participate in sports, or a person needs testing in order to travel, then the employee or dependent will likely have to pay for testing.

What Types of Tests are Covered? The Plan covers COVID-19 tests (including at-home tests ordered by an individual's health care provider) that are approved, cleared or authorized by the FDA, tests for which the developer is requesting emergency use authorization (unless denied or the developer delays submission unreasonably), State-developed and authorized tests with the State's notification to HHS, and other tests that HHS determines appropriate in guidance.

Is Out-of-Network Testing Covered by the Plan? Yes. The Plan will pay the cash price for the covered test that is listed by the provider on the provider's public internet website, or the Plan may seek to negotiate a lower price with the provider. If the provider has not published its cash price, then the Plan will either pay the billed amount or seek to negotiate a lower price. In any event, the enrollee will not be balance billed for a covered test. This out-of-network coverage for testing will also include

facility/provider fees that relate specifically to the administration of the test and the determination of the individual's need for a test that results in a test, and would include services such as a flu test or chest x-ray used to determine that the COVID-19 test should be ordered.

How Long Will the Above COVID-19 Testing Provisions be Effective? Until the end of the public health emergency related to COVID-19 declared under the Public Health Service Act (or longer if the plan administrator so determines).