



# Helping Our Trusted Partners Navigate COVID-19

Community Care Health (CCH) is taking several steps to ensure our broker community receives the information necessary to help address the evolving situation as it relates to coronavirus (COVID-19).

# CCH Will Cover Medically Necessary Screening and Testing Associated with COVID-19 including:

**COVID-19 Screening Visits:** CCH will cover medically necessary COVID screening for hospital (including emergency department), urgent care, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19. Please contact Customer Service for details on costs.

**COVID-19 Testing:** CCH is waiving out-of-pocket costs (see above) for medically necessary COVID-19 FDA-approved testing. Only a health care provider or hospital can administer the test and send the sample to an approved lab for results.



## ALL Copayments Waived for CMP e-Visits through December 31, 2020

To help reduce the risk of exposing you and others to the flu, common cold and COVID-19, and to encourage social distancing, we ask that you take advantage of telehealth options available to CCH members whenever possible.



**Community  
Medical Providers**

Community Medical Providers (CMP) will be seeing patients who have coronavirus, flu, and cold-like symptoms via e-Visits whenever possible.

To learn more, including a list of participating providers, visit:  
[communitycarehealth.org/e-visits](https://communitycarehealth.org/e-visits)



Simply login to the Teladoc web site or Mobile App to be connected with a board-certified provider 24 hours a day/7 days a week via phone, video or app.

For more information:  
[teladoc.com](https://teladoc.com) | 1 (800) Teladoc



## FAQ

# Frequently Asked Questions



- 1. Will you offer any type of grace period, payment leniency or delayed payment to employers?**  
*The standard 30-day grace period will continue to apply. Community Care Health will review on a case-by-case basis.*
- 2. Will you allow employees who drop below 30 hours (full time) to remain on the health insurance without the employer having to add part-time eligibility?**  
*As long as the monthly premium is received, Community Care Health will accommodate employers' needs during this time.*
- 3. If an employee takes a sabbatical or temporary leave of absence (furlough), can they keep their benefits intact for a few months without being paid a salary?**  
*Yes, as long as monthly premium payments are received.*
- 4. In regards to COBRA, how does this impact QE Dates and windows to elect coverage (i.e., employers continuing benefits for employees with reduction of hours or layoff - what happens if they can't bring the people back later)?**  
*COBRA qualifying event date will be based on what the employer shows as the last date worked. Employer may not retroactively terminate benefits. If the employer elects to continue benefits for employees not working or with reduced hours during "shelter in place" the employer is responsible to pay premiums. If employees do not return to work, employer may terminate benefits and COBRA is to be offered.*
- 5. If employees are laid off and later rehired, will you waive the new hire/rehire waiting period?**  
*Yes*
- 6. Will you allow employers to waive their new hire waiting period so employees can access their health insurance quicker?**  
*Waiting periods will remain constant.*
- 7. Would this type of layoff be considered a qualifying event to enroll on individual?**  
*We don't offer individual coverage.*
- 8. Will you allow inforce business to pay their monthly premium with a credit card?**  
*No.*

## Frequently Asked Questions continued

9. If an employer closes their business can the company continue to pay premiums for enrolled members until they are able to re-open?  
*Yes, as long as one employee remains actively employed. All laid off employees may continue coverage as long as premium continues to be paid by the employer. Effective through May 31, 2020.*
10. If employees are left on an employer approved furlough longer than federal guidelines impose, will those employees need to be cancelled and offered COBRA?  
*This will be at the employer's discretion.*
11. If an employer is unable to pay their premiums after the allotted grace period, would they be termed and if so would the term date be retroactive or with a future termination date?  
*CCH will review on a case-by-case basis. If premiums are not paid, termination will take effect after standard grace period of 30 days is exhausted.*
12. Are you considering any subsidy (cost-sharing) with employers?  
*No.*
13. If W-2 employees have to be converted to 1099 due to COVID-19, will you allow them to remain insured?  
*No.*
14. Will you allow mid-year plan downgrades (employer and employee) due to financial hardship? If yes, what documentation is required?  
*Yes. The request must come in writing from the client.*
15. Will you allow mid-year contribution changes? If yes, what documentation is required?  
*This is not monitored by Community Care Health. Groups should contact their tax advisor.*
16. Will you allow mid-year eligibility changes to offer coverage to part-time employees? If yes, what documentation is required?  
*Eligibility is determined by the employer group.*
17. Are you considering relaxed underwriting guidelines at this time?  
*No.*
18. Will you allow a group to re-enroll without completing all new paperwork, if they have to temporarily shut their doors and terminate their coverage?  
*CCH will review on a case-by case basis.*
19. Do you intend to waive Telemedicine fees?  
*We are waiving all copays for CMP e-Visits through December 31, 2020.*
20. Will you allow e-signatures for new business and inforce business?  
*Yes.*
21. Will you allow a group's open enrollment to be extended (i.e., 3/1 anniversary date, extend to 4/30)?  
*No.*
22. Will groups only be certified at renewal for group size? Or, if they fall below 100 FTEs, will they need to move to small group during the plan year? I.e., Group was previously over 100 FTEs, but due to current COVID circumstances falls below 100 FTEs due to reduction in work force.  
*If a large group falls below 100 FTE during the plan year and remains below 100 at renewal they will be moved into a small group plan at that time.*
23. Will these groups be written as new business or will they need to work with the designated carrier account manager?  
*Groups will continue to work with the same account manager.*
24. If a group is less than 100 FTEs at renewal, and they have to move to small group, do they work with the account manager or is it submitted/process as new business?  
*Groups will work with the same account management team to transition.*

## Contact Us

CCH Customer Service Representatives are available to assist members from 8 a.m. to 5 p.m., Monday to Friday. 1 (855) 343-2247. [customerservice@communitycarehealth.org](mailto:customerservice@communitycarehealth.org)

Due to the evolving nature of COVID-19 and frequently updated information, please visit [communitycarehealth.org/coronavirus](https://communitycarehealth.org/coronavirus) and [cdc.gov](https://cdc.gov).