COVID-19 Employer FAQs

Updated: July 9, 2020

This policy statement is intended to provide general guidance regarding actions taken by Humana in response to the COVID-19 public health emergency. Please refer to applicable Humana policy (or policies) for additional information. All other coverage rules will continue to apply. Humana reserves the right to make changes to its policy in order to comply with applicable law and to further respond to the COVID-19 public health emergency.

General Questions

Q. Is Humana still waiving all member costs for treatment related to COVID-19?
A. Yes. We will cover all member costs for treatment related to COVID-19 including: member copays, deductibles and coinsurance cost sharing for covered services for COVID-19 related tests and treatments regardless of where they take place. This could include telehealth, primary care physician visits, specialty physician visits, facility visits, labs, home health and ambulance services.
Once there are FDA-approved vaccines and medications, we intend to cover those costs for our members who have our prescription drug coverage, as well.

Continued on the next page...
Q. Are self-funded groups able to opt-out of waiving telemedicine and treatment costs?
A. The First Coronavirus Response Act (HR 6201) states that all group health plans including self-funded and fully insured health plans must now cover the COVID-19 tests and related office visits (in-person or telehealth, urgent care or emergency room care) without cost sharing (including deductibles, copayments, and coinsurance), prior authorization, or other medical management requirements for their employees and covered dependents. While the new Families First Coronavirus Response Act (HR 6201) applies to COVID-related telemedicine, most ASO customers have elected to include broad telemedicine coverage to protect their employees seeking care in a way that supports the health system.

Self-funded plan sponsors have the choice to opt out of waiving cost share fees for COVID-19 treatment and some telehealth visits. Humana strongly encourages self-funded sponsors to join Humana in waiving consumer costs for coronavirus treatment and telehealth, to ensure that employees have access to the care they need during this unprecedented period.

Q. Does this require a confirmed coronavirus diagnosis?
A. No. We will waive all member costs for testing and treatment regardless if a COVID-19 case is confirmed.

Q. When is this effective? Is it retroactive for members who might have already paid cost sharing, etc.?
A. This coverage decision is retroactive to February 4, 2020.

Q. When does this end?
A. Member cost share (deductibles, copayments, and coinsurance) will be waived through the end of 2020. There is no current end date for member cost share waivers related to COVID-19 treatment; we will continue to reassess as circumstances change.

Q. Will these costs be included in or apply to the member’s maximum out-of-pocket (MOOP)?
A. Only a member’s cost share is applied to the maximum out-of-pocket calculation. Since the member cost share for COVID-19-related treatment is being waived, nothing will be applied to a member’s MOOP from COVID-19-related treatment.

Q. Does this impact in- and out-of-network claims?
A. Humana encourages members to continue to see or consult with the healthcare providers they already know. We will cover the member responsibility for member copays, deductibles or coinsurance costs for COVID-19-related services for in-network or out-of-network covered benefits during this time of crisis.

We will also continue to reimburse providers as we do today, consistent with existing contractual arrangements and according to plan benefits, in compliance with state and federal rules. For out-of-network providers, it’s important to note that we may not be able to insulate our commercial insured members from unexpected balance billing. Therefore, we encourage the use of in-network providers.

Q. Will Humana cover diagnostic testing required by employers for employees to return to work?
A. Humana is following CDC guidelines for testing. Those who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.
Q. Will Humana cover COVID-19 antibody testing with no member cost sharing?
A. Humana will cover medically necessary antibody testing that is ordered by a physician. We are closely monitoring research on the accuracy, reliability and clinical value of antibody testing. At this time, it is not known whether the presence of antibodies indicates longstanding protective immunity to COVID-19. Humana will continue to ensure access to essential services for our members during this crisis as we work with health officials to determine the most appropriate use of antibody tests.

- Effective 7/1/2020 Humana will cover, without member cost share, serological testing that is ordered by a physician or qualified healthcare provider, medically necessary, completed via an accredited lab, and completed at a participating provider
- Humana will not cover antibody testing for return to work or school or for general health check purposes, except as required by applicable law

COVID-19 Testing: Pilot program

Q. What is Humana announcing?
A. Humana announced a pilot home-testing program that will enable at-home COVID-19 diagnostic testing for members, making Humana the first insurer to provide LabCorp’s at-home test collection. Humana also announced an innovative new collaboration with Walmart and Quest Diagnostics to help members more easily get tested by offering tests at hundreds of Walmart Neighborhood Market drive-thru pharmacy locations across the country. Humana will continue to waive member costs related to COVID-19 diagnostic tests.

Q. Does this apply to all Humana members?
A. Members with medical coverage through Humana are eligible for no-cost COVID-19 diagnostic tests, including Medicare Advantage, Medicare Supplement, commercial (fully insured and self-funded plans), and Medicaid members. Members with only Medicare Part D prescription drug plan coverage, stand-alone vision or stand-alone dental plans, and TRICARE beneficiaries do not qualify for coverage of this test.

Q. How do members qualify for the test?
A. To create a seamless experience for our members, Humana has developed an online Coronavirus Risk Assessment tool to help members navigate COVID-19 testing. The tool, at humana.com/coronavirus, is based on CDC guidelines. Members who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing. If the member qualifies for a test, they will be given the option to request an at-home test or drive-thru testing. Members without access to the internet can call Humana Customer Care at the number located on the back of their member ID card, and a representative will walk them through the Coronavirus Risk Assessment.

Q. Are the tests FDA-approved?
A. Yes, the tests are FDA-approved.
At-home tests (LabCorp)

Q. How can I obtain a test kit?
A. Members can complete Humana’s coronavirus risk assessment on humana.com/coronavirus to determine their eligibility and decide on a preferred testing method. For members who need a test and require or prefer at-home testing, Humana is working with LabCorp™ to provide collection kits through the mail. The test kits enable individuals to collect their nasal swab specimens at home, then return the kit to LabCorp for results.

Q. Is there any cost for the test?
A. Humana will waive all member out-of-pocket costs associated with COVID-19 diagnostic testing.

Q. How long after I order an at-home test can I expect to receive it?
A. The test kit is overnighted to the member as soon as the order is received – so 1-2 days, depending on when the order is placed.

Q. How long will it take to receive test results?
A. Members will receive a phone call with their results within a week after the test kit is returned.

Q. What is the process for self-administering the test?
A. The test is available through LabCorp’s Pixel by LabCorp™ online platform. The test kit is physician-authorized and enables individuals to self-collect nasal swab specimens at home.

The kit includes comprehensive, step-by-step instructions for collecting the sample. The member would open the kit and remove a cotton swab from a container. They insert the swab into each nostril, replace the swab in the container and seal it in a plastic bag before mailing.

Unlike some COVID-19 diagnostic tests, the LabCorp home test does not require someone to insert the swab deep into the nasal passage. Should members have questions about using the test kit, they may call LabCorp at 1-800-833-3935 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern time for assistance. Members also can email their questions to support@pixel.labcorp.com.

For those not comfortable with an at-home test, Humana also has a drive-thru testing option.

Q. Is the test just for people who have COVID-19 symptoms?
A. The test is available for eligible members who meet CDC guidelines. Members who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.

Q. How accurate is the test?
A. The test has a high level of accuracy, according to the FDA. Humana will also continue to monitor the test’s ease of use and any impact that may have on member results.

Drive-thru tests (Walmart/Quest)

Q. How can I know which Walmart Neighborhood Market locations offer the test?
A. A Humana associate will speak with the member to provide the location and hours of operation for the nearest testing site.
Q. Is there any cost for the drive-thru test?
A. Humana will waive all member out-of-pocket costs associated with COVID-19 diagnostic testing administered through the pilot program.

Q. What is the process for administering the test?
A. Members will receive a testing kit from the pharmacist through the drive-thru window tray. The pharmacist will observe as they swab themselves, then the member will seal the test in a container and plastic bag and drop their sample at a drop box as they pull out. Quest will pick up the samples for testing. Pharmacists will be behind the drive-thru window at all times while a patient is testing. No testing samples will enter the pharmacy.

Q. How long will it take to receive test results?
A. Members will receive a phone call with their results within a week after the test kit is dropped off.

Q. Is the test just for people who have COVID-19 symptoms?
A. The test is available for eligible members who meet CDC guidelines. Members who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.

Q. How accurate is the test?
A. The test has a high level of accuracy, according to the FDA. Humana will also continue to monitor the test’s ease of use and any impact that may have on member results.

Prescription and Vaccine Coverage

Q. Will Humana waive refill limits to ensure I have access to my regular medications?
A. Yes. Humana is allowing early refills, 30- or 90-day supply, as appropriate, through July 25, 2020, on prescription medicines so members can prepare for extended supply needs. For specialty tier medications, we are waiving early refill limits for a 30-day supply.

Q. Regarding COVID-19 treatment, what medications will Humana cover? Will Humana cover Remdesivir?
A. Once FDA-approved vaccines and medications become available, Humana will cover the medical cost of treatment for our members. However, if a member is prescribed non-FDA-approved medications for the treatment of COVID-19, he or she will be responsible for any cost sharing required per the plan design. Non-FDA approved drugs are excluded Part D drugs and ineligible for any Part D coverage.

NOTE: As of June 19, 2020, the FDA has not approved Remdesivir for the treatment of COVID-19.
Q. Are any of the existing medications that could help treat COVID-19 covered (e.g., anti-RA drugs, HIV/malaria drugs)?
A. Currently, there are no FDA-approved vaccines or medications for the treatment of COVID-19. Once FDA-approved vaccines and medications become available, Humana will cover the medical cost of treatment for our members.

Coverage questions: Eligibility

Q. Am I able to continue to cover employees if part of the workforce is laid-off in response to the COVID-19 pandemic?
A.

<table>
<thead>
<tr>
<th>Fully Insured &amp; Specialty Plans</th>
<th>Self-Funded &amp; Level Funded Premium Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes. We are relaxing the requirement that employees need to be actively working to be eligible for coverage. This will allow you to cover employees who have been laid-off.</td>
<td><strong>If Humana is your stop loss carrier:</strong> Yes. You may continue to cover employees who have been laid-off even though they are not actively at work.</td>
</tr>
<tr>
<td>• Monthly premium payment is required.</td>
<td>• Payment of administrative fees, claims costs and stop loss premium is required.</td>
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<td>• This coverage must be offered on a uniform, non-discriminatory basis.</td>
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**If Humana is NOT your stop loss carrier**
We recommend verifying coverage with your stop loss carrier.

Continued on the next page...
Q. Am I able to continue to cover employees if the *entire* workforce is laid-off in response to the COVID-19 pandemic?

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| Yes. If one person (e.g., owner, manager) remains employed and covered by the plan, you can continue to cover employees who have been laid-off.  
- Monthly premium payment is required.  
- This coverage must be offered on a uniform, non-discriminatory basis. | If Humana is your stop loss carrier:  
Yes. If one person (e.g., owner, manager) remains employed and covered by the plan, you can continue to cover employees who have been laid-off.  
- Payment of administrative fees, claims costs and stop loss premium is required.  
- This coverage must be offered on a uniform, non-discriminatory basis.  
If Humana is NOT your stop loss carrier:  
We recommend verifying coverage with your stop loss carrier. |

Q. Will continuation coverage be available for employees who have been laid-off and as an employer are we able to offer continuation coverage to our employees at their own expense?

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</table>
| If one or more person remains employed and covered by the plan:  
- If you are subject to COBRA, employees can elect to continue coverage under COBRA by following the normal notice and election procedure.  
- If you are not subject to COBRA, employees can elect to continue coverage under the situs state continuation statute, if applicable. Small employers should notify employees of state continuation rights at the time they are laid-off. | If one or more person remains employed and covered by the plan:  
- If you are subject to COBRA, employees can elect to continue coverage under COBRA by following the normal notice and election procedure.  
- If you are not subject to COBRA, state continuation statutes generally do not apply and employees cannot elect to continue coverage.  
If there are no persons employed and covered by the plan:  
- The plan is terminated and neither COBRA nor state continuation is an option, if applicable.  
- Employees have a special enrollment period to enroll in individual coverage or have the option to purchase a short-term plan that is subject to medical underwriting. |
Coverage questions: COBRA

Q. The EBSA Disaster Relief Notice 2020-01 announced extensions on certain timeframes with federal COBRA guidelines. With this effectively extending grace periods for electing and paying COBRA premiums, has Humana made any determinations on how this will affect internal processes around enrollment, eligibility and claims?

A. For qualifying events starting March 1, 2020, members have up to 60 days after the “National Emergency Period” to elect COBRA coverage and make payment. At this time, we do not have an end date for the “National Emergency Period”. This applies only to medical and dental plans, including self-funded and fully insured groups.

Groups and agents should reach out to their COBRA administrator with questions or for further clarification. Humana does not receive payments for COBRA participants. If the employer group has engaged a COBRA vendor to manage their COBRA participants or they manage their own COBRA participants, they, the vendor or employer, are responsible for following the newly communicated federal guidelines. This includes allowing the extensions for the terminated employee to apply for COBRA coverage and to make their payment.

When Humana receives a request to enroll a COBRA applicant, we will follow the new guidelines and, as long as the applicant meets the criteria in the new legislation (see below), they will be enrolled – even if the effective date is retroactive. There will be no lapse in coverage for reinstatement requests when:
• The COBRA ‘Qualifying Event Date’ is not prior to 3/1/2020
• The enrollment request is not received after the National Emergency Period has ended (This date is still to be determined)

Humana is not planning on pending claims. We will continue to process and pay, as the COBRA member will be showing as active in our system. If Humana receives notification to terminate a COBRA employee retroactively from the COBRA vendor or the self-admin employer, we will request a recoupment of any paid claims after the retro-term date.

Q. If a significant number of employees are laid-off today, how long will the employees have coverage?
A. If premiums have been paid for the full month, the employee coverage will continue for the entire month.

Q. Will employees who are laid off temporarily as a result of the COVID-19 pandemic be allowed to rejoin the fully insured plan without a waiting period when they return to work?
A. Yes. Humana will waive the waiting period for employees who are laid off temporarily as a result of COVID-19. However, new hires will still be subject to standard waiting periods.

Coverage questions: Billing

Q. Will my rates/premium be subject to change if enrollment drops by more than 10% as a result of the COVID-19 pandemic?
A. No. If the loss of enrollment is a result of COVID-19, your rates and premiums will not be adjusted until your next renewal date.
Q. As a result of the COVID-19 pandemic, will Humana’s renewal rate actions or quote responses be delayed or impacted?
A. No, we do not anticipate delays. We will continue to meet rate renewals and/or quote expectations in our usual timely manner.

Q. Will Humana allow premium payment flexibility?
A. Yes. Humana will continue to offer a 30-day grace period for premium payments. In accordance with state requirements, additional premium payment flexibility may be available to employers facing financial hardship. If this is the case for your business or you are uncertain if you meet the requirements, call Humana at 1-800-592-3005 with any questions.

Q. What else is Humana doing to provide employers with payment flexibility?
A. We have given employers the option to use Visa, MasterCard or Discover to pay your monthly premium. While there is not a planned end date to this payment option, this is a temporary action that will be made available for a limited time. Humana will continue to reassess as circumstances change.

To take advantage of this option, you can follow these simple steps:
1. Visit the Employer Portal to sign in or register
2. Choose “Go to Billing”
3. Add a credit card to make a one-time payment

Note: ERISA (and/or other) compliance obligations may affect your use of this payment option. For example, if your chosen payment card includes a cashback or other incentive payment, ERISA (or other) may require that the payment be treated as a plan asset that must be used for the benefit of your plan. Consult your tax or legal adviser for further details.

Q. Will Humana allow groups to delay their open enrollment beyond their normal renewal date timing?
A. Yes. To account for the significant disruption caused by the COVID-19 pandemic, Humana will continue to allow employers an additional 30 days from their effective date to complete open enrollment activities.

Coverage questions: Plan flexibility

Q. If my self-funded group (100+ employees) lays off a large portion of our workforce due to the COVID-19 outbreak, will we need to change to fully insured funding?
A. If the layoffs are temporary in response to the COVID-19 outbreak, you will not be required to change from self-funded to fully insured at this time.

Q. Will Humana allow groups to make plan changes?
A. If the plan changes are needed as a result of the COVID-19 outbreak, Humana will allow certain plan changes through August 1, 2020. Please contact your Humana representative to explore plan flexibility options.

The IRS has allowed certain Section 125 plan flexibility to accommodate employers making changes to group plans as a result of the COVID-19 outbreak.
Coverage questions: Specialty

Q. Is Humana doing anything to support group dental and vision clients?
A. Yes. Humana is holding plan renewal rate increases for small business owners with less than 300 enrolled employees who were scheduled to renew their dental or vision group plan from June 1, 2020 through September 1, 2020.

Q. What is the criteria for my business to be part of the COVID-19 Rate Hold Action?
A. The minimum requirements to be part of the COVID-19 Rate Hold action are:
   • Employers with between 2 and 300 enrolled subscribers
   • Employers with renewal anniversaries in the months of June, July, August and September
   • Employers with DHMO, FFS dental or vision plan benefits
   • Employers that are fully insured
   • Employers that are not changing benefits as part of their renewal

Q. As a result of the COVID-19 pandemic, will Humana’s renewal rate for specialty products be held at current rates?
A. Yes, but only if you meet certain requirements. As part of our COVID-19 Specialty Rate Hold Action, employers with enrollment from 2 through 300, with policy anniversaries in the months of June, July, August and September that also meet all additional criteria, will have no increase in their billed premiums for dental or vision, as long as there is no change in benefits.

Q. If I have both dental and medical dental will I be offered the COVID-19 Rate Hold Action for medical?
A. No. The COVID-19 Specialty Rate Hold Action only applies to dental and vision premiums. If you have medical or life benefits they will be renewed as usual.

Q. If I have dental and want to add vision will I still receive the bundling discount as part of the COVID-19 Specialty Rate Hold Action?
A. Yes. When adding vision to an existing dental group, you qualify for a bundling discount.

Q. If I am coming off of a two-year rate guarantee will I still be eligible for the COVID-19 Specialty Rate Hold Action? If so, how long will the rate hold be for?
A. Yes. If you are coming off of a two-year rate guarantee you will be given a new one-year rate guarantee with no increase in your current premium. Vision groups coming off of two-year rate guarantee will be given a new two-year rate guarantee with no increase in your current premium.

Q. Are there any excluded groups in the state of Florida from the COVID-19 Specialty Rate Hold Action?
A. Yes, there are excluded groups. Dental groups 2-50 and vision groups 2-99 are not part of our COVID-19 Rate Hold Action at this time due to Florida OIR rate filing requirements.

Q. Are DHMO plans part of the COVID-19 Specialty Rate Hold Action?
A. Yes. DHMO, (including Liberty, EDS and Beta DHMO) FFS dental plans and all vision plans are part of the COVID-19 Specialty Rate Hold Action.

Q. Are self-funded employers going to get the COVID-19 Specialty Rate Hold Action?
A. No. Our COVID-19 Specialty Rate Hold Actions are only being applied to fully insured plans.
Q. What do I need to do to make sure I am included in the COVID-19 Renewal Rate Action?
A. You are not required to do anything additional. If you fall within the scope of the COVID-19 Renewal Rate Action, you will automatically be included.

Q. I meet the criteria and have already received a renewal notification showing an increase in premium. How will this situation be handled?
A. If you have already received a renewal notification with a rate increase then your renewal rates will be reduced down to your current premium rates. No additional action is required on your part.

If you have already received a renewal notification with a rate decrease, you will not be affected by this COVID-19 Rate Hold Action.

Q. I want to opt out of the COVID-19 Rate Hold Action. Can I do that, and if so, how?
A. Yes, you can opt out of the COVID-19 Rate Hold Action. If you have already received a renewal notification with a rate increase and you do not want to have your rates reduced by the COVID-19 Rate Hold Action, then you need to send an email to SBRenewal@Humana.com. The email subject line must contain “Dental Rate Hold” and the email must be received by the 5th of the month prior to the billing month in order to make the deadline for opting out (Ex: 7/1/2020 Renewal, email must be received by 5/5/2020).

Dental – General

Q. What is Humana’s direction on Teledentistry?
A. We are following the ADA’s suggested guidance in processing teledentistry claims, as outlined below.
   • Humana will allow benefits for teledentistry consultation for limited and problem-focused evaluation and re-evaluation.
   • Physician consultations via teledentistry will be covered.
   • Frequency limits will be waived, so that these covered evaluations do not count toward members’ annual frequency limitations.

Vision - General

Q. Can Humana members still use their vision benefits?
A. Yes. Humana is committed to maintaining service and helping members manage their health through these challenging times. Humana will follow all COVID-19 guidance and protocols provided by the Centers for Disease Control and Prevention (CDC), and state and local public health departments. We recommend members follow CDC guidelines regarding routine eye exams, including postponing routine visits. However, Cybersecurity and Infrastructure Security Agency (CISA) has determined optometry to be an essential service. As a result, circumstances may arise that make it necessary for members to receive new glasses, lenses or contact lenses.

Q. Will vision provider offices be closed or will office hours be impacted due to COVID-19?
A. Members should expect that numerous provider offices will be impacted due to federal, state and local restrictions, staffing, safety and other conditions. We highly recommend that Humana members call their vision provider directly to verify modified location hours or closing.
Q. Can vision members use their benefits online?
A. Yes. Vision members have multiple options to order prescription eyewear and contact lenses online using their benefits. Online sites will require a valid prescription. This may be an ideal solution to practice social distancing and mitigate outdoor risk. Online, in-network options include: Glasses.com, ContactsDirect, Ray-Ban.com, LensCrafters.com, and TargetOptical.com. Under the circumstances, many of these online providers are offering free, expedited shipping and no-cost returns for extra convenience.

Coverage question: Go365

Q. How will Humana’s Go365 Wellness Engagement Incentive and Points be impacted?
A. Humana has modified requirements to receive the Go365 Wellness Engagement Incentive (WEI) and is exploring alternative point-earning activities. For renewal groups with plan years ending April 2020 through March 2021 whose engagement levels were negatively impacted, Humana will recognize the greatest of prior year Go365 Reward Status, prior year Go365 Earned Status or Current Year Go365 Earned Status as the basis for the WEI. Go365 has introduced a variety of alternative earning options and continues to add safe alternatives for members to earn Go365 points and reach status—including support for stress and anxiety management, virtual group support and remote exercising.

Return to Work

Q. How will I know if we are ready to re-open our business?
A. Below is a tool you may want to use to guide your decision-making process. The purpose of this tool is to assist employers in making (re)opening decisions during the COVID-19 pandemic, especially to protect vulnerable workers. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Continued on the next page...
CDC Workplace Decision Tool

**Should you consider opening?**

- Will reopening be consistent with applicable state and local orders?
- Are you ready to protect employees at higher risk for severe illness?

**Are recommended health and safety actions in place?**

- Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible.
- Intensify cleaning, disinfection, and ventilation.
- Encourage social distancing and enhance spacing between employees, including through physical barriers, changing layout of workspaces, encouraging telework, closing or limiting access to communal spaces, staggering shifts and breaks, and limiting large events, when and where feasible.
- Consider modifying travel and commuting practices. Promote telework for employees who do not live in the local area, if feasible.
- Train all employees on health and safety protocols.

**Is ongoing monitoring in place?**

- Develop and implement procedures to check for signs and symptoms of employees daily upon arrival, as feasible.
- Encourage anyone who is sick to stay home.
- Plan for if an employee gets sick.
- Regularly communicate and monitor developments with local authorities and employers.
- Monitor employee absences and have flexible leave policies and practices.
- Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area.

**OPEN AND MONITOR**

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Continued on the next page...
Q. What are the types of Coronavirus testing?
A. There are two types of Coronavirus testing – Molecular and antibody. Details about each can be found here:

<table>
<thead>
<tr>
<th>Type of test</th>
<th>MOLECULAR TEST</th>
<th>ANTIBODY</th>
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<tbody>
<tr>
<td><strong>Molecular tests detect genetic material from the virus</strong></td>
<td><strong>These tests detect antibodies: Y-shaped molecules made by the immune response to disable a virus or mark it for destruction</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sample collection</strong></td>
<td>A nasal or throat swab collects infected cells</td>
<td>A blood draw collects antibodies produced by immune cells</td>
</tr>
<tr>
<td><strong>What that test tells you</strong></td>
<td>If you are infected now</td>
<td>If you were infected in the past.</td>
</tr>
<tr>
<td><strong>Why it’s helpful</strong></td>
<td>Used to isolate those infected so treatment can be provided and other potential cases of infection can be traced</td>
<td>Identifies people who may have immunity and whose antibodies could be used to treat COVID-19 patients</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>A negative result doesn’t guarantee immunity in the future. Test represents a point in time</td>
<td>Unclear if antibodies provide protection, how long immunity lasts, or what level and kind of antibody response is protective</td>
</tr>
<tr>
<td><strong>Where can you get a test?</strong></td>
<td>State and county testing sites, hospitals, community clinics, retail pharmacies, home testing</td>
<td>Community clinics; also commercially available.</td>
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A. Humana is following CDC guidelines for testing. Those who have symptoms consistent with COVID-19 infection or those without symptoms who may have been exposed to the virus would qualify for testing.

Q. Will Humana cover COVID-19 antibody testing with no member cost sharing?
A. Humana will cover medically necessary antibody testing that is ordered by a physician. We are closely monitoring research on the accuracy, reliability and clinical value of antibody testing. At this time, it is not known whether the presence of antibodies indicates longstanding protective immunity to COVID-19. Humana will continue to ensure access to essential services for our members during this crisis as we work with health officials to determine the most appropriate use of antibody tests.

- Effective 7/1/2020 Humana will cover, without member cost share, serological testing that is ordered by a physician or qualified healthcare provider, medically necessary, completed via an accredited lab, and completed at a participating provider.
- Humana will not cover antibody testing for return to work or school or for general health check purposes, except as required by applicable law.
Q. We are bringing employees back to work. What is the process?
A. If you did not request a member termination, you do not need to take any action when they return to work (RTW). Coverage will remain in place until changes are reported by the group. However, if you need to rehire/reinstate, please use the following methods:

Submission Options:
- Written correspondence (letter, fax, etc.)
- Enrollment form
- General Spreadsheet (can be used for 1-25 rehire reinstatements)
- 1xSS (can be used for 26+ rehire reinstatements)

External Submission Methods:
- Fax (866-584-9140)
- Secure email through Humana.com portal
- Mobile app (for agent use only)
- Phone call to Customer Care
- Email to Account Services
- RTW/New Hire Renewal spreadsheet (Expanding Use of 1XSS for RTW situations)

Rehire rules:
- If employee RTW within 13 weeks, waiting periods can be waived.
- If employee RTW after 13 weeks but within 12 months, rehire provisions apply, if applicable. If no rehire provisions, waiting periods can be waived.
- If a group would like to waive waiting periods, please use one of the submission methods noted. If a group would like to apply the standard waiting periods, HRBA can be used to process rehire enrollment.
- RTW requests should be submitted within 30 days of the RTW date. If additional time is required, please work with your SPOC or Humana contact for further assistance.

Q. How will Humana implement the expanded enrollment period for qualifying events due to the recent IRS/DOL notice.
A. Effective 5/4/2020, as a result of COVID-19, the federal government has expanded the enrollment period for qualifying events. For qualifying events that occur on or after 3/1/2020, members have up to 30 days after the “National Emergency Period” to elect coverage. At this time, we do not have an end date for the “National Emergency Period”. This applies only to medical and dental plans and includes both self-funded and fully insured groups.

For example, Individual B is eligible for, but previously declined participation in, her employer sponsored group health plan. On March 31, 2020, Individual B gave birth and would like to enroll herself and the child into her employer’s plan, however open enrollment does not begin until November 15. Individual B may exercise her ‘special enrollment’ rights for herself and her child and enroll into her employer’s plan until 30 days after the “National Emergency Period”, provided she pays the premiums for any period of coverage. For this example, the effective date of coverage would be the newborn’s birth date, 03/31/2020.
IRS Ruling 2020-29

Q. How is Humana complying with the IRS ruling 2020-29 for FSA/FSD?
A. The IRS ruling from 5/12/2020 applies to Cafeteria Plans - medical, FSA's & dependent care benefits and do not require an insurer to comply with the all concessions spelled out. This ruling helped the IRS rules to catch up with some of the concessions that Humana and our competitors are doing already in response to COVID-19. As it relates to this ruling, Humana is doing the following:

For FSA/D at group request:

1. We will allow members who passed on opting into a FSA/D to now elect mid-year coverage
2. We will allow members with FSA/D to change their election amounts. However, they can’t reduce election to the point the member would get a refund
3. We will allow groups to extend the grace period – The GSU team must be notified so they can adjust manually. Opting into an FSA grace period makes HSA contributions for current year incompatible
4. We will allow groups to change their carryover amount from $500 to $550 – The GSU team must be notified so they can adjust manually. Group level changes will require an update to the plan document.

What if I have more questions?

Q. I have more questions. Who can help?
A. Please continue to use your local representative as a resource or use the dedicated service line for all of your COVID-19 related questions. Phone number: 1-800-592-3005 and Email: COVIDquestions@humana.com

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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