

Health Benefits and COVID-19

Fact Sheet for State Employers



The Department of Employee Trust Funds is working with state health officials and health plans participating in the State of Wisconsin Group Health Insurance Program (GHIP) to ensure members receive the care they need during the COVID-19 outbreak.

This fact sheet provides a high-level overview of impacts to GHIP coverage and ETF resources related to the COVID-19 outbreak. Employers are encouraged to share this information with their staff. Visit [Your Health Benefits and COVID-19](#) for more information.

Federal Legislation

Two pieces of federal legislation were signed into law in March 2020 in response to the COVID-19 outbreak. These were 1) the Families First Coronavirus Response Act and 2) the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The legislation had the following impacts to GHIP coverage:

COVID-19 Testing

COVID-19 testing, provider visits for testing, and any services or supplies provided as part of testing will be covered at no cost to members. This applies to members with a traditional cost-sharing plan and a High Deductible Health Plan (HDHP).

Telehealth Services

Telehealth services will be covered under an HDHP before the deductible is met for plan years 2020 and 2021.

- Telehealth services covered pre-deductible will not impact a member's eligibility for a GHIP HDHP or the State-sponsored Health Savings Account (HSA).
- Telehealth services are already available to non-HDHP GHIP members at no cost.

Pre-Tax Savings Accounts

Eligible expense provisions for HSAs and Health Care Flexible Spending Accounts (FSA) were permanently changed to allow the following items to be reimbursed pre-tax:

- Over-the-counter drugs and medicines not prescribed by a doctor
- Menstrual care products (pads, liners, tampons, etc.)

These changes to eligible expenses are retroactive effective January 1, 2020. ConnectYourCare (CYC) is working to update their resources and debit card settings to reflect these changes.

- It may take several weeks for CYC's debit card system to be completely updated. If members purchase OTC medications and menstrual care products with their CYC debit card in the near future, the purchase may not be authorized. Members should be prepared to submit a manual reimbursement request for these items.
- Retroactive reimbursement requests must be submitted manually via the member portal or mobile app.

Additional Key Program Changes

The COVID-19 outbreak has resulted in the following additional key changes to GHIP coverage:

Medications

In March 2020, a public health emergency declaration was issued for the State of Wisconsin, resulting in the following impacts to the pharmacy benefit:

- Removes the “refill too soon” (RTS) edits. Members will now be able to get medication refills sooner than they normally would.
 - The RTS edits are also lifted for some Schedule II controlled substances such as opioids. However, they will be monitored closely for fraud and abuse. Members can contact Navitus if they have questions on their specific medication.
 - Other claims processing edits will still apply. These include quantity limits, as well as prior authorization and step-therapy requirements.
- Allows for the maximum extended day supply (90 days) of a medication at the time of refill.
- Navitus will be promoting access to [ServeYou DirectRx](#) mail order pharmacy. ServeYou provides 90-day supplies for only two copays instead of three.

Dependent Day Care Account Elections

The IRS released new guidelines regarding Dependent Day Care Account election changes in response to the COVID-19 outbreak. Members may be eligible to increase or decrease their 2020 election if they experience one of the following election change events:

- Change of daycare provider
- Cost of care changes (unless care provider is a relative)
- Need for care changes due to a job change or change of work hours
- Qualifying life event

Members will have 30 days from the date of the election change event to submit their election change request to their employer.

Potential Future Program Impacts

Continuation Options Due to Layoff/Furlough

ETF is currently exploring continuation options in the event a member is terminated or otherwise ends eligibility for insurance coverage.

State employers are reminded that, should they need to furlough employees during the outbreak, that employees may continue coverage for three months with employer contribution, and may convert their sick leave for use to pay their share of premiums. Employees on furlough that lasts longer than three months will no longer receive their employer contribution, but can continue to use sick leave to pay for insurance benefits.

Draft state legislation (released on March 28, 2020) would prohibit group health insurance plans from terminating members due to non-payment of premiums for at least 90 days following the non-payment.

- ETF will provide additional guidance as it becomes available.

- If any agencies have concerns about members being able to pay premiums, please contact ETF.

ETF COVID-19 Resources

ETF has published the following COVID-19 resources for your reference:

- [ETF Response to COVID-19](#) – Information on the status of ETF operations, services, and administered benefits
- [Your Health Benefits and COVID-19](#) – Information for GHIP members and administrators