

HAP is extending its cost-share waivers for the testing and treatment of COVID-19 for services rendered through March 31, 2021

December 7, 2020

HAP has extended the following member cost-sharing waivers for the testing and treatment of COVID-19 for services rendered **through March 31**, **2021**:

- Testing: HAP will waive member cost-sharing for COVID-19 diagnostic tests and testrelated visits during the public health emergency according to state and federal guidelines. Member cost-sharing for all other diagnostic tests will continue to apply.
- Antibody testing: HAP will waive member cost-sharing for the COVID-19 antibody test during the public health emergency if the test is FDA approved and is ordered by a qualified health professional according to CDC recommendations.
- Rapid testing: HAP will waive member cost-sharing for a rapid COVID-19 test during the public health emergency if the test is FDA approved and is ordered by a qualified health professional according to CDC recommendations.
- Home test kits: HAP will waive member cost-sharing for at-home COVID-19 diagnostic
 tests during the public health emergency if the test is FDA approved and is ordered by
 a qualified health professional who has determined that the test is medically
 appropriate for the individual according to CDC recommendations. The accuracy of at-home testing is still uncertain and these are not widely available.
- Treatment: HAP will waive member cost-sharing for inpatient or outpatient treatment of COVID-19 from an in-network provider for services rendered through March 31, 2021.

For visits NOT related to COVID-19:

 Telehealth: As previously announced, HAP will waive all cost-sharing for its individual, fully insured employer group, Medicare, Medicaid and MI Health Link members using telehealth services through Jan. 21, 2021, even if it's not related to COVID-19.

Self-insured employer group customers control their own health benefits; employees of self-funded employer groups should confirm cost-sharing when seeking services.

Also, **testing required by employers**, such as tests necessary to allow employees to return to work, is not a covered benefit. The employer and/or member is responsible for the cost of these tests.