

COVID-19 FAQ - for UMR

Updates as of March 24, 2020



A UnitedHealthcare Company



Coronavirus Update as of March 24

COVID-19 Frequently Asked Questions (FAQ)

Table of Contents

KEY RESOURCES – COVID-19.....	2
CLINICAL.....	4
FEDERAL GUIDANCE.....	7
MEMBER SUPPORT	8
TESTING	9
VIRTUAL VISITS AND TELEHEALTH	11
PHARMACY COVERAGE.....	13
ASO – BUSINESS DISRUPTION AND STOP LOSS SUPPORT	15
FINANCIAL, OPERATIONS AND REPORTING.....	17
SPECIALTY	18

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KEY RESOURCES – COVID-19

External

- [CDC COVID-19 Site](#) - what you should know, situation updates, community impacts and resources
- [CDC Travel recommendations](#)
- [COVID-19 FAQ](#)
- [IRS Notice on High Deductible Plans with HSA](#)
- [Family First Coronavirus Response Act \(H.R. 6201\)](#)

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CLINICAL

INFORMATION IN THE FOLLOWING SECTION IS SOURCED FROM THE CDC. REFER TO THE CORONAVIRUS.GOV AND CDC WEBSITE FOR THE MOST CURRENT INFORMATION.

What is it?

COVID-19 is a respiratory infection. It is caused by an RNA virus called nCoV19 that is part of the SARS lineage of coronaviruses.

What are the symptoms?

The symptoms of COVID-19 are: fever, cough and shortness of breath. Those who develop this serious illness generally are found to have pneumonia.

How does it spread?

COVID-19 can spread from person to person, primarily between people who are in close contact – within about 6 feet of one another, through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then by touching their mucous membranes (mouth, nose, eyes). It is believed it can live on surfaces in the range of hours to days. Some early studies indicate that it may also be passed through stool/feces.

Is there a vaccine?

There is currently NO vaccine to protect against COVID-19. While there are numerous efforts underway to develop a vaccine, (in fact you may have heard the first human trial began on 3/17/2020) historical experience would suggest it will at least a year before one is commercially available. Please refer to www.coronavirus.gov

Who is most at risk?

Most cases of COVID-19 worldwide have been mild and >80%ⁱ of infected individuals have been able to fully recover at home. However some people are at higher risk of getting very sick from this illness and should take additional precautions. Those people include:

- People over the age of 60, particularly people ~~these~~ over the age of 80;
- People who have chronic medical conditions like heart disease, diabetes, chronic lung disease, chronic renal diseaseⁱⁱ, cancer and obesity; and
- **People** who have a suppressed immune system from medications or those that have a compromised immune system.

Early indication is that the cause of death in individuals with COVID-19 is sepsis, ARDS and/or cardiac arrestⁱⁱⁱ. Please refer to www.coronavirus.gov.

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What should I do if I have symptoms?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first CALL a health care professional for medical advice. Please refer to www.coronavirus.gov.

If an employee is immune suppressed due to medication or prior organ transplant, should they be quarantined if they have no other conditions or symptoms (fever, shortness of breath, cough, travel or exposure)?

CDC guidance is for those with high risk to self-quarantine or socially isolate and take other precautions outlined on the CDC site. Please refer to www.coronavirus.gov.

Is it true that people can infect others before they themselves show any symptoms?

Yes. It is believed a person can be contagious several days before symptoms appear and up to 14 days after symptoms have ended. Please refer to www.coronavirus.gov.

Should healthy individuals wear a mask to prevent COVID-19 infection?

The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. Wearing a facemask may cause you to touch your face more often. You should only wear a mask if your health care professional recommends it. A facemask may be recommended for people who have symptoms consistent with COVID-19 to protect others from the risk of getting infected. The supply of face masks are crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility). Please refer to www.coronavirus.gov.

Is COVID-19 more dangerous to the autoimmune compromised than the common flu?

Individuals, who are immune compromised or on immunosuppressive medications, may be at higher risk for getting very sick from the virus. For now there is limited information in comparative data compared to other illnesses. Please refer to www.coronavirus.gov.

Why are diabetics considered a higher risk category?

The CDC outlined areas where individuals may be at higher risk and should take additional precautions. Some people will have no or relatively mild symptoms, but the CDC considers those with heart, lung, blood pressure, diabetes and immune compromised at more at risk. Please refer to www.coronavirus.gov

Are people with asthma at a greater risk?

Yes, adults with chronic respiratory conditions such as asthma may put them at higher risk. Please refer to www.coronavirus.gov

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How dangerous is this virus to pregnant women?

Information at this time is very limited on COVID-19 in pregnancy. It is believed at this time pregnant women may be at a greater risk of getting sick from COVID-19 than the general population. Pregnant women in general may be at increased for some infections as they experience changes in their immune systems as a result of pregnancy. It is advisable that all pregnant women practice social distancing. Please refer to www.coronavirus.gov

Will someone who has had the virus and been on isolation at home need to be retested?

People with COVID-19 who have stayed home (home isolated) can stop home isolation and move to 14 days of home quarantine under the direction of their treating physician, state/local health department and government regulations.^{iv} Generally, home isolation is lifted under the following conditions:

- You received two negative tests in a row, 24 hours apart. AND
- You no longer have a fever (without the use medicine that reduces fevers). AND
- Other symptoms have improved (for example, when your cough or shortness of breath have improved)
 - Please refer to www.coronavirus.gov.

Once you get the virus and recover are you immune or can you get it again?

Human immune response to COVID-19 is being studied. For other coronavirus infections such as SARS reinfections is unlikely to occur after recovery. It is unlikely that a person with a healthy immune system would get re-infected from a virus as long as there has been no viral mutation^v. However it is unknown at this time if similar protection will occur with COVID-19. Please refer to www.coronavirus.gov

Sources

1. China Centre for Disease Control & Prevention, Statistica
2. China Centre for Disease Control & Prevention, Italian Portal of Epidemiology for Public Health
3. medRxiv 2020.02.26.20028191
4. CDC, WHO, Laure, et.al, 2020
5. <https://www.cdc.gov/safewater/effectiveness-on-pathogens.html>
6. National Institute of Allergy and Infectious Diseases
7. CDC, WHO, Laure, et.al. 2020
8. National Institute of Allergy and Infectious Diseases

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FEDERAL GUIDANCE

What information do you have on the Federal Legislation that passed 3/18?

The Families First Coronavirus Response Act (HR 6201) (“Act”) requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered plans) to cover COVID-19 testing and certain COVID-19 testing related items and services without cost sharing (deductibles, copayments and coinsurance), prior authorization or other medical management requirements.

- This coverage includes the COVID-19 diagnostic test and a COVID testing-related visit to order or administer the test. A testing related visit may occur in a physician’s office, via telehealth, in an urgent care center or in the emergency room.
- For plans with in- network and out- of- network benefits cost sharing (copayments, coinsurance and deductibles) will not apply.
- For plans with in- network benefits only, cost sharing (copayments, coinsurance, deductibles) will not apply for emergency services or when an in- network provider is not available.
- Telehealth services apply both in and out-of-network.
- We expect the bill to apply retroactively. Currently our approach will be to have these guidelines in place on April 1 (when the appropriate coding is available)

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MEMBER SUPPORT

What is UMR doing to help members concerned with COVID-19?

UnitedHealthcare, including UMR, has a team of experts closely monitoring COVID-19, formerly known as the Novel Coronavirus or 2019-nCoV. Our top priority is the health and well-being of the people we serve.

As with any public health issue, UnitedHealthcare, including UMR, will work with and follow all guidance and protocols issued by the [U.S. Centers for Disease Control and Prevention \(CDC\)](#), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), and state and local public health departments.

Does UMR provide any support services for those people who have been affected by the virus?

While the CDC is the best place to go to stay up to date on this still developing situation, Optum is offering a free emotional support help line for all people impacted. This help line will provide those affected access to specially trained mental health specialists. The company's public toll-free help line number, **866-342-6892**, will be open 24 hours a day, seven days a week for as long as necessary.

This service is free of charge and open to anyone. Specially trained Optum mental health specialists help people manage their stress and anxiety so they can continue to address their everyday needs. Callers may also receive referrals to community resources to help them with specific concerns, including financial and legal matters.

If an individual is tested and the provider rules out COVID-19, does the employee get any documentation that they can provide their employer for return to work clearance?

This is a policy determined between the employer and employee.

Is UMR able to offer help to employees who are losing their health insurance coverage after being laid off?

UnitedHealthcare offers individuals a range of individual health insurance plans. Interested individuals may contact (800) 827-9990 to speak with an advisor who can assist. They can also visit <https://www.healthmarkets.com> to apply directly.

If a member has a valid prior authorization for a surgery that has been postponed, will the member be required to go through the prior authorization process again?

Approved prior Authorizations received 3/2/2020 or after will be extended through 12/31/2020.

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TESTING

Does UMR cover the test for COVID-19?

UMR's self-funded customers will waive member cost sharing, for COVID-19 testing during this national emergency. Plans are also waiving cost sharing for COVID-19 testing related visits during this same time, whether the testing related visit is received in a health care provider's office, an urgent center, an emergency department or through a telehealth visit.

Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines.

Other costs beyond the test and test-related physician office, urgent care, emergency room, telehealth visit and items and services related to the visit will be covered based on the terms in the medical plan. Therefore, deductibles, copayments and coinsurance would apply to care, services or supplies beyond the test itself and test-related provider visit.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 test prior to reaching a deductible?

Yes. Such plans must cover the COVID-19 test and test-related visit at no cost share prior to the member meeting their deductible and if the member has already met their deductible there is no additional deductible. Other costs beyond the test and test-related visit will be covered based on terms of the medical plan. Therefore, deductibles, copayments and coinsurance would apply to care, certain services or supplies beyond the test and test-related visit itself.

The test-related visit includes a physicians' offices, urgent care centers, emergency rooms, and through telehealth visits.

Will testing for COVID-19 be covered as a preventive service under the Affordable Care Act (ACA)?

The cost of COVID-19 testing is considered an essential health benefit but is not classified as a preventative health benefit.

Where can a member go to get a COVID-19 test?

If a primary physician or medical professional thinks the member may have COVID-19, they will contact the CDC or the local public health department for steps to follow on testing. Tests supplied by the CDC and some state public health departments are available at no charge. The Food and Drug Administration (FDA) has also approved testing at designated labs around the country.

The CDC recommends providers use their judgment to determine if a patient should be tested. The provider may collect a respiratory specimen or in certain situations, the provider may refer a member to one of the approved locations and our customer's plans will cover the COVID-19 test and test-related visit at no cost.

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Are tests readily available for physicians?

The tests are being made available now, but check with your physician to see if they have the test or where you can go in your area for a test.

What is the process if a client requests to opt out of covering the test or test related expenses?

Based on federal legislation passed on March 18, 2020, all plans are required to cover these services without cost sharing during the emergency period.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 test prior to reaching a deductible?

Yes, as required under the federal legislation such plans must cover the COVID-19 test and other testing related visits at no cost share prior to the member meeting their deductible. Other costs beyond the test and related visits will be covered based on medical plan benefits. Therefore, deductibles, copayments and coinsurance would apply to care, services or supplies beyond the test itself.

Will drive-up testing be an option?

If your health care provider determines you should be tested for COVID-19 and orders the test, they should work with local and state health departments to coordinate testing. As long as the testing place is at an FDA approved facility/location and administered in accordance CDC Guidelines, it will be covered.

Can a member self-refer for the test?

No. A member should call their physician right away if they believe they might have been exposed to COVID-19. The provider will have special procedures to follow. If the provider feels a COVID-19 test is indicated, the provider will collect a respiratory specimen. In certain situations, the provider may refer a member to one of the approved locations and UMR customer plans will cover the test without cost sharing.

If the test comes back positive for COVID-19, will my treatment be covered?

Treatment for COVID-19 would be covered in accordance with the terms of the medical plan. Cost share, deductibles, copays and coinsurance, will apply to treatment beyond the test and test-related visits.

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Are more labs available for testing, such as LabCorp and Quest?

Yes, per CDC as of March 23, the total number of public health laboratories that have completed verification and are offering testing is 91. This includes one or more PHL in 50 states plus DC, Guam and Puerto Rico. CDC is updating this information regularly.

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Ftesting-in-us.html

Should children with symptoms be tested?

UMR encourages members with children to contact their child's pediatrician, who will review the symptoms and determine if a test is recommended.

How long before test results are known?

Test results were taking three to four days; however, that is speeding up with the incorporation of more labs. A 24-48-hour turnaround now is more common.

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VIRTUAL VISITS AND TELEHEALTH

What is the role to Telehealth/Virtual Visits?

With the help of communication technologies, many members can now interface with health care providers from the comfort of their own home. This may be especially helpful during a pandemic. It can help individuals know if they should get a COVID-19 test for the virus while supporting social distancing.

UMR customers have access to two models for digital access to providers:

Virtual Visits, which are included in many of our customer's self-funded plans, allow members to contact Teladoc, (or other customer vendors) that provides access to physicians, and offers a range of services for acute non-emergent needs. To start a Virtual Visit, the member may login to Teladoc.com. Where necessary, the Virtual Visit provider may refer the patient to be seen by their own provider or specialist.

Telehealth services provide the member with the ability to contact their own choice of physician in the network rather than going through a Virtual Visit provider. The physician must have the appropriate technology to provide live, two-way audio and visual communication with the patient. If you are experiencing symptoms or think you might have been exposed to COVID-19, please call your health care provider right away and ask what telehealth options may be available.

When available, either telehealth services or the Virtual Visit benefit may be a preferred option to an in-person visit, allowing faster support and reducing exposure to the virus or exposing others to the virus. Telehealth and Virtual Visits both help reduce demand on the health care system as it addresses the needs created by the virus.

When a COVID-19 test is done, the test and test-related virtual visit will be covered at no cost share. Please note that claims for treatment will pay according to the member's plan benefits.

Members should consult their plan and/or their provider for information on and access to either Virtual Visit or Telehealth options.

Is there a Virtual Visit option for members?

Virtual Visit options are available to members in many plans. Where available, and if covered under their plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers like Teladoc (or other customer vendors) have developed guidelines for members who think they may have been infected by COVID-19.

Teladoc offers telehealth solutions in the USA and 175 countries.

A member's Virtual Visit is a good place to discuss concerns and symptoms. Where indicated, the Virtual Visit provider may refer the member to their physician.

When a COVID-19 test is done, the test and test-related virtual visit will be covered at no cost share. Please note that claims for treatment will pay according to the member's plan benefits.

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How will UMR reimburse providers for a Telehealth encounter?

UMR will reimburse both participating and non-participating care providers who submit appropriate telehealth claims according to the terms of applicable member benefit plans.

The COVID-19 test and test-related visit will be reimbursed at no cost share (copayment, deductible or coinsurance).

Can you clarify whether Telehealth can be offered and paid at 100% before the deductible has been met on a HDHP plan and not disqualify them from making HSA contributions?

The Internal Revenue Service advised that high-deductible health plans (HDHPs) can pay for 2019 Novel Coronavirus (COVID-19)-related testing and treatment, without jeopardizing their status. This also means that an individual with an HDHP that covers these costs may continue to contribute to a health savings account (HSA). In Notice 2020-15, posted on IRS.gov, the IRS said that health plans that otherwise qualify as HDHPs will not lose that status merely because they cover the cost of testing for or treatment of COVID-19 before plan deductibles have been met. The IRS also noted that, as in the past, any vaccination costs continue to count as preventive care and can be paid for by an HDHP. This notice applies only to HSA-eligible HDHPs.

The COVID-19 test and test-related physician office, urgent care, emergency room, Virtual Visit and telehealth visit will be covered at no cost share.

Self-funded plans may choose to cover treatment at no cost share. A customer with a QHDHP should consult with their legal/tax advisors before making decisions for these plans. We are advising customers to contact their UMR representative to discuss options for coverage beyond our standard.

Employees and other taxpayers in any other type of health plan with specific questions about their own plan and what it covers should contact UMR by calling the number on the back of their ID Card.

If a self-funded client decides to offer zero cost-share for Virtual Visits, does that require the client to extend that benefit to behavioral health in support of mental health parity?

We are awaiting further clarity from the government on mental health parity. Additional details will be forthcoming.

The Optum help line will provide those affected access to specially trained mental health specialists. The toll-free help line number, 866-342-6892, will be open 24 hours a day, seven days a week for as long as necessary.

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PHARMACY COVERAGE

Will pharmacy coverage or treatment be impacted by COVID-19?

Eligible UMR members with OptumRx pharmacy benefits who need an early prescription refill to ensure they have sufficient medication on hand may request one through their current pharmacy. We encourage members to consider their current supply as well as their near term medication needs prior to refilling prescriptions early.

The recent change to the refill too soon edit allows members with active eligibility to obtain an early refill of their prescription medications if they have refills remaining on file at a participating retail, specialty or mail-order pharmacy.

The refill obtained will stay consistent with the standard days' supply previously filled by the member as allowed by their plan (e.g., 30 or 90 day supply).

Delivery options are available through Optum home delivery, which has no delivery fees and through select retail pharmacies including Walgreens and CVS who have waived delivery fees.

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ASO – BUSINESS DISRUPTION AND STOP LOSS SUPPORT

PLEASE REFER TO OTHER SECTIONS FOR ADDITIONAL INFORMATION.

What should a self-funded employer consider relative to stop loss risk, plan documents, cost projections or other implications concerning COVID-19?

Self-funded clients are considered the plan fiduciary. As such, they are the final authority on plan design provisions and should consult with their professional advisors.

Will UHC-BP stop loss policies follow the underlying plan document to determine eligible, or not covered, stop loss insurance claims?

If UHC-BP is your stop loss carrier, plans that automatically include coverage for services covered based on new Federal legislation (e.g., Family First Coronavirus Response Act) will automatically have eligible plan claims considered eligible charges under the UHC-BP stop loss policy. However, UHC-BP will not automatically include stop loss insurance coverage for plans electing benefits above the Federal requirements.

Eligibility guidelines under UHC-BP stop loss policy will follow the underlying plan design eligibility guidelines. This includes Leave of Absence, Temporary Layoffs, Active at Work Provisions and COBRA. UHC-BP stop loss will also accommodate the Plan's waiver of rehire waiting periods should the Plan choose to change its eligibility rules to do so. The one exception to this provision is that UHC-BP will NOT agree to coverage for newly enrolled individuals covered if a customer holds a Special Enrollment.

For third-party stop loss, if UMR placed the stop loss with one of UMR's preferred stop loss insurers, UMR will assist clients in getting responses to questions from our preferred insurers. For any stop loss placed by a producer directly (not through UMR) with a third party stop loss insurer (including a UMR preferred insurer) it is the clients responsibility for confirming with their stop loss insurer that their stop loss coverage aligns with their plan coverage decisions.

If a client reduces the hours of part of their workforce in response to the COVID-19 National Emergency, can a self-insured company continue to cover those employees?

Yes. If UHC-BP is your stop loss insurer, as long as you continue to pay administrative fees and claims costs, along with your stop loss premium, you may continue to cover reduced-hour employees even though they are not actively at work during the emergency. Please note that you must administer the plan on a uniform, nondiscriminatory basis. You may not choose only certain people for whom you continue to pay claims.

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What about continuation coverage for self-insured plans?

If UHC-BP is your stop loss insurer and your group is subject to COBRA, as long as one person remains actively employed, terminated employees may elect to continue coverage under COBRA under the normal notice and election procedure. If UHC-BP is not your stop loss insurer, be sure to check with your stop loss insurer about any rules it may have regarding minimum enrollment of active employees for stop loss coverage. If the plan has no active employees, the plan is terminated and COBRA is not an option. In that case, employees would have a special enrollment period to enroll in individual coverage. You may contact (800) 827-9990 or <https://www.healthmarkets.com> for individual market coverage options.

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What is the process for a self-funded client who decides to cover more than just the test and test-related expenses at no cost share?

Based on federal legislation passed on March 18, all plans are required to cover these services.

Are you offering fee holidays?

No, we are not waiving administrative fees nor stop loss premium if UHC-BP is your stop loss insurer. Our contracts include standard provisions for late payment.

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Are furloughed employees eligible for self-funded plans?

Employees remain eligible for coverage if they remain an active employee during periods of temporary layoffs and/or reduction in hours. UMR is reliant on employers to notify us of employment status of their employees. If the employer chooses to pay for their coverage, then you would not notify us of a coverage change and furloughed employees would remain on the plan.

For third-party stop loss, if UMR placed the stop loss with one of UMR's preferred stop loss insurers, UMR will assist clients in getting responses to questions from our preferred insurers. For any stop loss placed by a producer directly (not through UMR) with a third party stop loss insurer (including a UMR preferred insurer) it is the clients responsibility for checking with their stop loss insurer on such questions.

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FINANCIAL, OPERATIONS AND REPORTING

Will renewal rate actions be delayed as a result of the COVID-19 National Emergency?

Renewals and all necessary information will be released on a timely basis.

Is there a way that UMR will be able to provide COVID-19 claims reporting?

UMR is working on reports related to COVID-19 and will make those available as appropriate once claims are processed for payment.

Does UMR have a business preparedness (continuity) plan?

Yes. The plan addresses business continuity strategies for all forms of events natural and man-made including pandemics. The strategies focus on our critical business functions and planning for the worst-case scenarios so that we can react quickly and efficiently adding value to our business and customers, members and other stakeholders through effective risk reduction, compliance with industry, contractual and regulatory standards, and safeguarding our operations and assets.

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SPECIALTY – Applies if UMR customer purchased these insured products from UnitedHealthcare

How does COVID-19 work with short term disability?

If an insured files a claim and after exposure to a person suspected or confirmed with a COVID-19 diagnosis and being placed in a medically recommended quarantine or isolation **with the ability to work remotely**, then the loss of earnings definition of disability is not met.

If an insured files a claim after exposure to person suspected or confirmed with a COVID-19 diagnosis and being placed in a medically recommended quarantine or isolation **without the ability to work remotely**, then generally speaking the definition of disability is met.

If an insured files a claim for a confirmed diagnosis of COVID-19, and **the insured is too ill to work**, the claim is administered according to standard claim administration guidelines.

If I layoff part of my workforce in response to the COVID-19 crisis, how long will their coverage continue under our group disability plan?

Continuation of coverage due to an approved temporary layoff is outlined in the *Termination of Covered Person Insurance* section of the employer's disability policy. It may vary by customer and you should refer to your actual Certificate(s) for plan specifics. Our standard disability policy language (which applies to most customers have) allows for coverage to continue due to a temporary layoff through the end of the month following, the month in which the layoff began.

- For example: If a temporary layoff began March 17, 2020, coverage does not end until April 30, 2020.

Do our basic or supplemental life policies have exclusion for death from a pandemic?

There are no exclusions for pandemics in our basic or supplemental life policies.

Do critical illness policies cover illness due to COVID-19?

COVID-19 is not a covered Critical Illness under our Critical Illness plans.

ⁱ China Centre for Disease Control & Prevention, Statistica

ⁱⁱ China Centre for Disease Control & Prevention, Italian Portal of Epidemiology for Public Health

ⁱⁱⁱ medRxiv 2020.02.26.20028191

^{iv} CDC, WHO, Laure, et.al, 2020

^v National Institute of Allergy and Infectious Diseases

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