



# Understanding COVID-19 Testing Options for Members Who Are Essential Workers\*

(Does not apply to Self-Funded (ASO), Medicare, Medi-Cal, Shared Advantage)

\*Essential worker is defined by the California Department of Managed Health Care (DMHC) Emergency Testing Regulation. Please see FAQ #2 on the [DMHC Emergency Regulation FAQs](#) to determine essential worker status. The "Essential Worker" testing requirements in this document are applicable only for fully-insured DMHC Plans.

## If I am an essential worker

I have **two options** to be tested and have the test covered by my health plan

### Option 1: Testing with cost sharing

**I must contact Blue Shield of California for in-network options for testing without a doctor's order (or other qualified health care provider's order). If Blue Shield is not able to provide an in-network testing appointment within 48 hours, I can be tested out-of-network.**

- In either case listed above, cost sharing will apply, (Blue Shield will NOT waive out-of-pocket costs for co-payments, coinsurance, and deductibles) and if I use an out-of-network provider, there may be additional costs for me.
- This option is intended for the routine testing of essential workers without symptoms or known exposure.

### Option 2: Testing without cost sharing

**If I am symptomatic, have had known or suspected exposure, or have an upcoming procedure, I must contact my doctor (or other qualified health care provider) to be evaluated for a diagnostic test. If the provider evaluates me and orders a test, it will be covered by my plan without cost sharing.**

- Blue Shield will waive out-of-pocket costs for co-payments, coinsurance, and deductibles.
- This option is generally available only if I have symptoms of COVID-19, have known or suspected exposure, or if I have an upcoming medical procedure and my provider thinks I should be tested in advance of that procedure.
- Coverage is available both in and out-of-network, but there may be additional costs for me if I use an out of network provider.

### Alternative: Member self payment

#### Test not covered by my plan

- If I get tested without a qualified health care provider evaluation and order, and without contacting Blue Shield for in-network options, my test will not be covered by my plan, and I will be responsible for the costs of testing.

**Please Note:** This matrix outlines Blue Shield's alignment with state and federal mandates for coverage of COVID-19 diagnostic testing and related services, including coverage requirements under the DMHC Emergency Testing Regulation for essential workers and federal guidance under the FFCRA and CARES Act. The information in this matrix is a summary and is not intended to address all aspects of state and federal law; it is current as of 10/09/2020 and is subject to change as state and federal guidance on COVID-19 diagnostic testing continues to develop.



# Understanding COVID-19 Testing Options for All Members

(Does not address routine asymptomatic essential worker testing. Please see separate chart for members who are essential workers)

## If I need to get tested for COVID-19

I have **one option** be tested and have the test covered by my plan

### Option 1: Testing without cost sharing

**If I am symptomatic, have had known or suspected exposure, or have an upcoming procedure, I must contact my doctor (or other qualified health care provider) to be evaluated for a diagnostic test. If the provider evaluates me and orders a test, it will be covered by my plan without cost sharing.**

- Blue Shield of California will waive out-of-pocket costs for co-payments, coinsurance, and deductibles.
- This option is generally available only if I have symptoms of COVID-19 or have known or suspected exposure, or if I have an upcoming medical procedure and my provider thinks I should be tested in advance of that procedure.
- Coverage is available both in and out of network, but there may be additional costs for me if I use an out of network provider.

### Alternative: Member self payment

#### Test not covered by my plan

- If I am tested without having a qualified health care provider evaluation and order, the test will not be covered by my plan, and I will be responsible for the costs of testing.