



COVID-19 (Coronavirus)

FAQ by Carrier

Colorado

This document provides brokers with guidance on what carriers are doing with premium payments, eligibility, benefits and more due to the COVID-19 outbreak.

All information originated from communications from Warner Pacific's carrier partners. Information is not guaranteed to be accurate and is subject to change at any time.

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Key Resources

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Carriers

Aetna Funding Advantage: [Aetna FAQ](#)
Anthem BCBS: [Anthem FAQ](#)
Humana: [Humana FAQ](#)

Kaiser Permanente: [Kaiser FAQ](#)
Rocky Mountain Health Plans: [RMHP FAQ](#)
UnitedHealthcare: [UHC FAQ](#), [Broker FAQ](#), [Employer FAQ](#)

- Department of Regulatory Agencies (DORA): [3/27/20 B-4.105: Policy Directives for Small and Large Group Health Benefits Plans Related to COVID-19](#)
- World Health Organization (WHO): <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- COVID-19 Pandemic FAQ: <https://bit.ly/2IFRtiH>
- Kaiser Family Foundation (KFF): <https://www.kff.org/tag/coronavirus/>
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Colorado Division of Insurance (DOI): <https://www.colorado.gov/dora>
- COVID website from the State of Colorado: <https://covid19.colorado.gov/>
- Centers for Medicare and Medicaid Services: <https://www.cms.gov>
- Centers for Medicare and Medicaid Services response to Coronavirus: <https://go.cms.gov/2xj4rjX>
- Applying for a Small Business Loan: [U.S Chamber’s Small Business Loan Guide](#)
- Help with SBA Applications: [SCORE assistance to fill out SBA loan applications](#) | [Small Business Development Center assistance to fill out SBA loan applications](#)
- Emergency & Disaster Loans: [SBA disaster assistance loans](#)
- Additional Resources: [\(COVID-19\): small business guidance & loan resources](#) | [Paycheck Protection Program FAQ](#) | [SBA coronavirus small business loan page](#) | [Small business owner’s guide to the recently passed CARES Act](#) | [Small business stimulus aid programs](#)

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Warner Pacific’s presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to each situation as appropriate.

Billing

Q1. Will a grace period, payment leniency or delayed payment be available to employers?

3/27/20: The Division would like to provide notice that the Commissioner has adopted the following new bulletin: Bulletin No. B-4.105

Given the current public health emergency and the resulting economic implications, the Division directs carriers offering small and large group health benefit plans that are subject to insurance laws in Colorado (excludes level and self-funded) to take the following actions relating to COVID-19:

A. Grace period for premium payment

Carriers are directed to make reasonable accommodations to prevent businesses and employees from losing coverage due to non-payment of premiums during this unprecedented time.

Reasonable accommodations should include, but not be limited to:

1. Extension of premium grace periods or premium deferrals;
2. Waiver of late payment fees or interest; and
3. A moratorium on cancellations for non-payment.

Carriers are directed to make such accommodations available to the policyholder for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

Medical Carrier	Answer
Aetna Funding Advantage	Yes, we can work with AFA plan sponsors to extend grace periods for the months of March, April and May of this year. The Aetna Answer Team will work with each individual plan sponsor to determine an appropriate payment plan for their circumstances. Payment plans would apply to the stop loss premium, ASC fees and maximum claim funding. At this time, we intend to end this liberalization May 31, 2020, subject to state regulatory requirements. Please contact your Aetna Answer Team (1-800-343-6101) ext. 6. Note: this must be requested by the employer.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	If you anticipate having issues with being able to remit your premiums, please contact your Anthem Account Manager or the Billing Department at 800-922-4770. Note: this must be requested by the employer.
Bright Health Plans <i>Individual</i>	Bright Health has no change in their current grace period.
Cigna <i>All Funding Types</i>	Cigna's standard late payment process is a 30 day late pay. We will continue to work with each Broker and Client on a one-on-one basis going forward to help identify solutions.
Friday Health Plans <i>Fully-insured</i>	Group must contact Friday Health Plans to work through terms of delayed payment. Note: this must be requested by the employer.
Humana <i>Fully-insured</i>	Yes. Humana will continue to offer a 30-day grace period for premium payments, or applicable state law. Call Humana at 1-800-592-3005 to discuss your business' situation.
Kaiser Permanente <i>Fully-insured</i>	Kaiser Permanente is working with regulators and, at this time, will not terminate coverage for non-payment of premium through the month of April.
Oscar Health Plan of Colorado <i>Individual</i>	As of March 18, 2020, no exceptions are being made due to COVID-19
Rocky Mountain Health Plans <i>Fully-insured</i>	Employers should contact RMHP's Group Management Team to make this request. 800-453-2981, Option 1. Group_management_team@rmhp.org . Note: this must be requested by the employer.
UnitedHealthcare <i>Fully-insured</i>	Employers should contact UHC billing to make this request. The billing number will be listed on the bill or call customer service at 1-888-842-4571. Note: this must be requested by the employer.

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Billing

Q2. Will you allow in-force business to pay their monthly premium with a credit card?

Medical Carrier	Answer
Aetna Funding Advantage	No
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	No
Bright Health Plans <i>Individual</i>	No. Bright Health accepts credit cards in all current markets with the exception of Colorado. At this time there is no change to status quo.
Cigna <i>All Funding Types</i>	Cigna can only accept and send payments via an Automated Clearing House (ACH) or Wire Transaction.
Friday Health Plans <i>Fully-insured</i>	To be determined
Humana <i>Fully-insured</i>	<p>The employer can make credit card payments through Humana’s Employer portal by choosing “Go to Billing.” Visa, MasterCard and Discover can be used to make one-time, monthly payments. They will not be able to set up recurring, automated payments.</p> <p>There are some great online tools and features available to the employer too.</p> <ul style="list-style-type: none"> • Express Pay – a quick and easy way to make a secure one-time payment without logging into your account • Email Notifications – choose to receive a payment-due reminder, past-due premium alert and notification that a new invoice is available • Billing Details – view or print the invoice and review payment history
Kaiser Permanente <i>Fully-insured</i>	Yes, effective for April and May billing on an exception basis Kaiser will allow for all outstanding balance owed for a one-time payment only. Kaiser reserves the right to stop at any point.
Oscar Health Plan of Colorado <i>Individual</i>	Yes. Oscar is accepting credit cards for Individual & Family Plan premium payments now through May 29, 2020. After 9:00 PM, PST on May 29, 2020, payment options will once again be limited to debit card, check, or bank account (ACH). Please note: Oscar does not accept American Express.
Rocky Mountain Health Plans <i>Fully-insured</i>	No, RMHP is unable to accept credit card payments for group premium at this time.
UnitedHealthcare <i>Fully-insured</i>	No, UHC is unable to accept credit card payments for group premium at this time.

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Eligibility

Q1. Will employees that drop below full-time status be able to remain on the health insurance?

3/27/20: The Division would like to provide notice that the Commissioner has adopted the following new bulletin: Bulletin No. B-4.105

B. Carriers are directed to make reasonable accommodations for employer requests to provide flexibility for health coverage policy provisions that would restrict or negatively impact employee eligibility and the continuation of coverage if an employee's hours are reduced, or if they are laid off or furloughed, for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

Such flexibility should extend, but not be limited to:

1. The waiver of minimum employee participation requirements;
2. The waiver of employer and employee contribution requirements;
- 3. The waiver of a minimum number of employee work hours required for benefit eligibility;**
4. The waiver of coverage waiting periods for employees;
5. The ability for employers to include part-time and seasonal employees; and
6. The ability for employees that initially declined coverage to enroll in coverage.

Such accommodations should be available to the policyholder for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

As part of this flexibility, carriers should not convert contributory plans to non-contributory plans. Carriers should temporarily suspend or waive contractual requirements that would result in the automatic termination of coverage for the employer or the employee.

Medical Carrier	Answer
Aetna Funding Advantage	Yes, Aetna's requirement for employees to be actively working will be relaxed through July 31, 2020 as long as the monthly premium payment is received, employees are not terminated and reduction in hours/lay off is a temporary measure resulting from COVID-19.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	Yes, Anthem's requirement for employees to be actively working will be relaxed through December 31, 2020 as long as the monthly premium payment is received.
Cigna <i>All Funding Types</i>	Yes, Cigna's requirement for employees to be actively working will be relaxed through May 31, 2020 as long as the monthly premium payment is received. This will only be done at the request of the employer. Your insurance will not be continued for more than 60 days past the date your Active Service ends. Level funded: The employer controls eligibility subject to the terms of their SPD – which the employer can change.
Friday Health Plans <i>Fully-insured</i>	Yes, for a period of 90 days
Humana <i>Fully-insured</i>	Yes, Humana has relaxed their requirement for employees to be actively at work in order to be eligible for coverage through September 30, 2020. As long as one person remains actively employed, the employer can continue to cover any employees who have been laid-off as a result of the COVID-19 pandemic.
Kaiser Permanente <i>Fully-insured</i>	Yes, as long as the group and employee are current on their monthly payments, Kaiser Permanente will allow employees that would otherwise have lost eligibility to remain on the plan. Kaiser Permanente reserves the right to change this policy at any time.
Rocky Mountain Health Plans <i>Fully-insured</i>	Yes. RMHP will allow furloughed or reduced-hour employees to remain covered for up to 90 days. RMHP is reliant on employers to notify us of the employment status of their employees.
UnitedHealthcare <i>Fully-insured</i>	Yes, UHC will temporarily allow so long as the monthly premium payment is received and coverage is offered to all furloughed employees on an equal basis.

Eligibility

Q2. If an employee takes a sabbatical or temporary leave of absence (furlough), can they keep their benefit intact without being paid a salary?

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B. Carriers are directed to make reasonable accommodations for employer requests to provide flexibility for health coverage policy provisions that would restrict or negatively impact employee eligibility and the continuation of coverage if an employee's hours are reduced, or if they are laid off or furloughed, for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

Such flexibility should extend, but not be limited to:

1. The waiver of minimum employee participation requirements;
2. The waiver of employer and employee contribution requirements;
3. The waiver of a minimum number of employee work hours required for benefit eligibility;
4. The waiver of coverage waiting periods for employees;
5. The ability for employers to include part-time and seasonal employees; and
6. The ability for employees that initially declined coverage to enroll in coverage.

Such accommodations should be available to the policyholder for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

As part of this flexibility, carriers should not convert contributory plans to non-contributory plans. Carriers should temporarily suspend or waive contractual requirements that would result in the automatic termination of coverage for the employer or the employee.

Medical Carrier	Answer
Aetna Funding Advantage	Yes, Aetna's requirement for employees to be actively working will be relaxed through July 31, 2020 as long as the monthly premium payment is received, employees are not terminated and reduction in hours/lay off is a temporary measure resulting from COVID-19.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	Yes, Anthem's requirement for employees to be actively working will be relaxed through December 31, 2020 as long as the monthly premium payment is received.
Cigna <i>All Funding Types</i>	Yes, Cigna's requirement for employees to be actively working will be relaxed through May 31, 2020 as long as the monthly premium payment is received. This will only be done at the request of the employer.
Friday Health Plans <i>Fully-insured</i>	Yes, for a period of 90 days
Humana <i>Fully-insured</i>	Yes, Humana has relaxed their requirement for employees to be actively at work in order to be eligible for coverage through September 30, 2020. As long as one person remains actively employed, the employer can continue to cover any employees who have been laid-off as a result of the COVID-19 pandemic.
Kaiser Permanente <i>Fully-insured</i>	If an employee loses eligibility and the group will not cover the employer contribution, the employee is encouraged to explore COBRA, their state based exchange, or the federally facilitated marketplace, based on a qualifying life event.
Rocky Mountain Health Plans <i>Fully-insured</i>	Yes. RMHP will allow furloughed or reduced-hour employees to remain covered for up to 90 days. RMHP is reliant on employers to notify us of the employment status of their employees.
UnitedHealthcare <i>Fully-insured</i>	Yes, UHC will temporarily allow so long as the monthly premium payment is received and coverage is offered to all furloughed employees on an equal basis.

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Eligibility

Q3. If employees are laid off and later rehired, will you waive the new hire/rehire waiting period?

3/27/20: The Division would like to provide notice that the Commissioner has adopted the following new bulletin: Bulletin No. B-4.105

B. Carriers are directed to make reasonable accommodations for employer requests to provide flexibility for health coverage policy provisions that would restrict or negatively impact employee eligibility and the continuation of coverage if an employee's hours are reduced, or if they are laid off or furloughed, for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

Such flexibility should extend, but not be limited to:

1. The waiver of minimum employee participation requirements;
2. The waiver of employer and employee contribution requirements;
3. The waiver of a minimum number of employee work hours required for benefit eligibility;
4. The waiver of coverage waiting periods for employees;
5. The ability for employers to include part-time and seasonal employees; and
6. The ability for employees that initially declined coverage to enroll in coverage.

Such accommodations should be available to the policyholder for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

As part of this flexibility, carriers should not convert contributory plans to non-contributory plans. Carriers should temporarily suspend or waive contractual requirements that would result in the automatic termination of coverage for the employer or the employee.

Medical Carrier	Carrier Response
Aetna Funding Advantage	Yes. Aetna is prepared to waiting period rules. Any change in waiting period rules that extends into the next plan year will consider in the renewal.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	Employees rehired by May 31, 2020 will not be subject to a waiting period.
Cigna <i>All Funding Types</i>	To be determined
Friday Health Plans <i>Fully-insured</i>	Previously enrolled employees who are rehired to enroll first day of month following rehire date. Please specify on application.
Humana <i>Fully-insured</i>	Humana has relaxed their requirement for employees actively working in order to be eligible for coverage through September 30, 2020. As long as one person remains actively employed, the employer can continue to cover any employees who have been laid-off as a result of the COVID-19 pandemic. If the employer chooses to terminate an employee due to COVID-19, they can allow coverage to begin the return to work date/rehire date.
Kaiser Permanente <i>Fully-insured</i>	Small Group: Yes, Kaiser Permanente will allow the group to define the waiting period when the employee returns to work, with no minimum, but no greater than 90 days. Large Group: Yes, Kaiser Permanente will allow the group to define the waiting period, as long as the waiting period and employer contribution are consistent for all employees.
Rocky Mountain Health Plans <i>Fully-insured</i>	Yes
UnitedHealthcare <i>Fully-insured</i>	Yes

Eligibility

Q4. If a group rehires their employees would the employee be required to enroll in the same plan they had previously been enrolled on, or if they can choose a different plan?

Medical Carrier	Carrier Response
Aetna Funding Advantage	To be determined
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	If their coverage lapsed they would need to start their coverage over – if they remained on COBRA, the plan would just switch back to active employee when they were rehired and nothing would change with their coverages.
Cigna <i>All Funding Types</i>	To be determined
Friday Health Plans <i>Fully-insured</i>	To be determined
Humana <i>Fully-insured</i>	If their coverage lapsed they would need to start their coverage over – if they remained on COBRA, the plan would just switch back to active employee when they were rehired and nothing would change with their coverages.
Kaiser Permanente <i>Fully-insured</i>	If their coverage lapsed they would need to start their coverage over – if they remained on COBRA, the plan would just switch back to active employee when they were rehired and nothing would change with their coverages.
Rocky Mountain Health Plans <i>Fully-insured</i>	To be determined
UnitedHealthcare <i>Fully-insured</i>	If their coverage lapsed they would need to start their coverage over – if they remained on COBRA, the plan would just switch back to active employee when they were rehired and nothing would change with their coverages.

Eligibility

Q5. Would this type of layoff be considered a qualifying event to enroll on individual?

The Division would like to provide notice that the Commissioner has adopted the following new bulletin: Bulletin No. B-4.105

D. Employees who lose coverage are eligible for a 60-day special enrollment period to enroll in individual coverage, including commercial insurance products, or if eligible, in Health First Colorado (Colorado’s Medicaid Program). Premium subsidies may be available for those who qualify by purchasing plans on Connect for Health Colorado, Colorado’s state exchange.

The Commissioner will not take enforcement action with respect to carriers that adjust the policies and practices submitted in their rate and form filings to provide the flexibility suggested by this bulletin.

Medical Carrier	Carrier Response
Aetna Funding Advantage	Yes
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	Yes
Bright Health Plans <i>Individual</i>	Yes
Cigna <i>All Funding Types</i>	Yes
Friday Health Plans <i>Fully-insured</i>	Yes
Humana <i>Fully-insured</i>	Yes
Kaiser Permanente <i>Fully-insured</i>	Yes
Oscar Health Plan of Colorado <i>Individual</i>	Yes
Rocky Mountain Health Plans <i>Fully-insured</i>	Yes
UnitedHealthcare <i>Fully-insured</i>	Yes

Eligibility

Q6. If an employer closes their business can the company continue to pay premiums for enrolled members until they are able to re-open?

3/27/20: The Division would like to provide notice that the Commissioner has adopted the following new bulletin: Bulletin No. B-4.105

B. Carriers are directed to make reasonable accommodations for employer requests to provide flexibility for health coverage policy provisions that would restrict or negatively impact employee eligibility and the continuation of coverage if an employee's hours are reduced, or if they are laid off or furloughed, for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

Such flexibility should extend, but not be limited to:

1. The waiver of minimum employee participation requirements;
2. The waiver of employer and employee contribution requirements;
3. The waiver of a minimum number of employee work hours required for benefit eligibility;
4. The waiver of coverage waiting periods for employees;
5. The ability for employers to include part-time and seasonal employees; and
6. The ability for employees that initially declined coverage to enroll in coverage.

Such accommodations should be available to the policyholder for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

As part of this flexibility, carriers should not convert contributory plans to non-contributory plans. Carriers should temporarily suspend or waive contractual requirements that would result in the automatic termination of coverage for the employer or the employee.

Medical Carrier	Carrier Response
Aetna Funding Advantage	Yes, Aetna does not require the business to be physically open to maintain plan coverage throughout the COVID-19 pandemic. Employees can maintain coverage through July 31, 2020 so long as the monthly premium payment is received, employees are not terminated and reduction in hours/lay off is a temporary measure resulting from COVID-19.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	Yes. If one person remains actively employed and continues health benefit coverage, all employees laid-off will be eligible for coverage through July 31, 2020, as long as the monthly premium payment is received.
Cigna <i>All Funding Types</i>	Yes
Friday Health Plans <i>Fully-insured</i>	Yes
Humana <i>Fully-insured</i>	Yes. If one person (e.g., owner, manager) remains actively employed and continues health benefit coverage, all employees who have been laid-off can maintain coverage through September 30, 2020 as long as the monthly premium payment is received. This coverage must be offered on a uniform, non-discriminatory basis.
Kaiser Permanente <i>Fully-insured</i>	To be determined
Rocky Mountain Health Plans <i>Fully-insured</i>	To be determined
UnitedHealthcare <i>Fully-insured</i>	Through May 31, 2020, UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow groups to cover reduced hour employees, as long as the monthly premium payment is received. This coverage must be offered on a uniform, non-discriminatory basis.

Eligibility

Q7. Will allow employees who initially declined coverage to enroll?

3/27/20: The Division would like to provide notice that the Commissioner has adopted the following new bulletin: Bulletin No. B-4.105

B. Carriers are directed to make reasonable accommodations for employer requests to provide flexibility for health coverage policy provisions that would restrict or negatively impact employee eligibility and the continuation of coverage if an employee's hours are reduced, or if they are laid off or furloughed, for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

Such flexibility should extend, but not be limited to:

1. The waiver of minimum employee participation requirements;
2. The waiver of employer and employee contribution requirements;
3. The waiver of a minimum number of employee work hours required for benefit eligibility;
4. The waiver of coverage waiting periods for employees;
5. The ability for employers to include part-time and seasonal employees; and
- 6. The ability for employees that initially declined coverage to enroll in coverage.**

Such accommodations should be available to the policyholder for as long as the Executive Orders are in effect or until the Bulletin is rescinded, whichever is later.

As part of this flexibility, carriers should not convert contributory plans to non-contributory plans. Carriers should temporarily suspend or waive contractual requirements that would result in the automatic termination of coverage for the employer or the employee.

Medical Carrier	Carrier Response
Aetna Funding Advantage	Yes, from April 6, 2020 through April 17, 2020, for an April 1, or May 1, 2020 effective date.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	Yes, through July 31, 2020, for an August 1, 2020 effective date.
Cigna <i>All Funding Types</i>	Yes
Friday Health Plans <i>Fully-insured</i>	Yes, through April 3, 2020, for an April 1, 2020 effective date.
Humana <i>Fully-insured</i>	Yes
Kaiser Permanente <i>Fully-insured</i>	Yes, through April 15, 2020, for a May 1, 2020 effective date.
Rocky Mountain Health Plans <i>Fully-insured</i>	Yes, through April 6, 2020, for an April 1, 2020 effective date.
UnitedHealthcare <i>Fully-insured</i>	Yes, through April 13, 2020, for an April 1, 2020 effective date.

Benefit Modification

Q1. Will you allow mid-year plan downgrades (employer and employee) due to financial hardship? If yes, what documentation is required?

Medical Carrier	Carrier Response
Aetna Funding Advantage	Yes. Aetna will allow prospective plan changes, such as benefit buy downs, provided that the group maintains the same renewal date. This option is available until July 31, 2020.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	There has been no change to normal policy at this point. Please reach out to your Anthem account manager with the specific request.
Cigna <i>All Funding Types</i>	To be determined
Friday Health Plans <i>Fully-insured</i>	The group would need to terminate and rewrite coverage to downgrade their plan at current rates and would reset DED/OOP.
Humana <i>Fully-insured</i>	Yes. Through June 1, 2020 effective dates, Humana is allowing fully insured, non-community rated employers to change one or more of their existing benefit plans to a lower cost plan, reducing the employer's premium. Humana will waive the standard, advance notice requirement (previously, up to 70 days in prior), as long as the plan change is for a future effective date. Community rated employers may request a plan change off or on renewal if the group's renewal has already been released for a 2020 effective date. Please note: a group may change from a non-HDHP plan to a HDHP or eHDHP plan. Submit request to the Plan Change team at beclericals@humana.com with applicable paperwork.
Kaiser Permanente <i>Fully-insured</i>	Employers may make a one-time, "mid-plan year" change to downgrade from the current plan they are on to lower cost plan to reduce their premiums and maintain coverage for the balance of the contract year under the below parameters. The restrictions, limitations, and guardrails are: <ul style="list-style-type: none"> • This must be a full plan transition and all medical coverage options must make similar changes. • Customer can only downgrade to a KP Standard Plan, specific benefit customization is not allowed. • You cannot move to/from KFHP and KPIC plans, we cannot cross accumulate between legal entities. • Plan changes must be made by a 5/1/2020 effective date • Accumulation credit to new plan deductibles and OOP maximums can be supported with the following exceptions/limitations: <ul style="list-style-type: none"> ○ Customer must keep their same Group ID when changing plans mid accumulation. ○ Customer must remain under the same line of business (Large Group, Small Group, and KPIF). ○ Groups cannot change plans multiple times within an accumulation period, group cannot make multiple plan changes the same plan year. ○ No automated accumulation credit when member stays in same group but moves from one region to another. Employers may choose to conduct a special enrollment period (SEP) for a limited time for all employees to enroll in a less expensive plan. This would include all employees actively enrolled in the plan, regardless of whether they have reduced hours or are furloughed.
Rocky Mountain Health Plans <i>Fully-insured</i>	To be determined
UnitedHealthcare <i>Fully-insured</i>	Groups with single or multiple options are able to still elect for a lean plan option: Single plan option – would automatically move to the new lean option selection all employees move to that plan. Multiple Choice options – clients are still able to select a lean plan option to current benefits. Employees can enroll to the new plan option or stay on current plan options as this is not a true open enrollment period. Decisions must be made no later than May 31, 2020. Rates would be based on the October 2019 renewal release and plans within that package offering.

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Benefit Modification

Q2. Will you allow mid-year employer contribution changes? If yes, what documentation is required?

Medical Carrier	Carrier Response
Aetna Funding Advantage	We require the employer pay 50% of the total contributions for the cost of coverage of the lowest cost plan option selection; or 50% of employee only contributions for the cost of coverage of the lowest cost plan option selection.
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	This is not monitored by Anthem.
Cigna <i>All Funding Types</i>	To be determined
Friday Health Plans <i>Fully-insured</i>	An exception request would be considered, but minimum contribution still needs to be met.
Humana <i>Fully-insured</i>	Yes. The change is effective the date the request is processed. Employers must complete one of the below documents and submit the request to Group Maintenance/Correspondence at beclericals@humana.com or fax 1-877-369-5615 if the request isn't going to be submitted via a phone call. <ul style="list-style-type: none"> • Letter on company/agency letterhead; Letter on company/agency fax sheet • Email from a group contact or agent • Group Maintenance Request Form • Employer Group Application • Phone call from group contact, agent, owner/officer, Sales. Employer can call 1-800-232-2006 or the Agent/Sales can call 1-800-592-3005.
Kaiser Permanente <i>Fully-insured</i>	To be determined
Rocky Mountain Health Plans <i>Fully-insured</i>	RMHP will make an exception to the requirement of contribution changes occurring only on anniversary. Employers, or brokers on behalf of employers, must provide written notice of their change in contribution to RMHP.
UnitedHealthcare <i>Fully-insured</i>	UHC Contribution guidelines will remain in place. Through May 31, 2020, UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as the monthly premium payment is received. This coverage must be offered on a uniform, non-discriminatory basis.

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Benefits

Q1. Do you intend to waive Teladoc/Telemedicine fees?

Medical Carrier	Carrier Response
Aetna Funding Advantage	Yes, \$0 co-payment for the next 90 days (all video visits through the CVS MinuteClinic app, Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live video-conferencing))
Anthem Blue Cross Blue Shield <i>Fully-insured</i>	Yes, through December 31, 2020 (LiveHealth Online) The Virtual Care text feature on the Sydney Care mobile app allows members to chat with a doctor. Their first two text sessions are free through December 31, 2020. Additional text visits are \$19 each.
Bright Health Plans <i>Individual</i>	Yes. All telehealth services (online and virtual care) obtained in connection with doctor-ordered COVID-19 testing and diagnosis are now covered, at no cost to our members.
Cigna <i>All Funding Types</i>	Yes, through May 31, 2020
Friday Health Plans <i>Fully-insured</i>	Teledoc fees are waived for COVID-19 related charges only. Not all Teledoc fees will be waived.
Humana <i>Fully-insured</i>	Yes. Humana is waiving members' out-of-pocket costs for telemedicine visits with participating in-network providers until further notice. Opt-out options for ASO and Level Funded Premium employers were previously communicated.
Kaiser Permanente <i>Fully-insured</i>	Yes, for the next 90 days
Oscar Health Plan of Colorado <i>Individual</i>	Continuing to offer \$0 co-payment visits available through telemedicine PCPs (Doctor on Call)
Rocky Mountain Health Plans <i>Fully-insured</i>	Yes, for the next 90 days
UnitedHealthcare <i>Fully-insured</i>	Through June 18, 2020, UnitedHealthcare will waive cost-sharing for network, non-COVID-19 telehealth visits for its fully insured individual and group market health plans and Medicare Advantage and Medicaid plans. UnitedHealthcare had previously waived cost sharing for telehealth visits related to COVID-19 testing. Cost share waived for all Virtual Visits through UnitedHealthcare through June 18, 2020, with preferred providers—Teladoc®, Doctor On Demand™ and AmWell®. This change will only apply to customers who have Virtual Visits through UnitedHealthcare.

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Billing

Q1. Will a grace period, payment leniency or delayed payment be available to employers?

Ancillary Carrier	Answer
Ameritas	Ameritas is extending their premium grace period to 60 days while continuing coverage and claims payment, and will adhere to any state mandated premium grace periods as a temporary exception to our policy during this time.
Delta Dental	Delta Dental is extending the normal grace period to 60 days, effective immediately. They are not terminating groups for non-payment during this period at least through June 1, 2020.
Guardian	Yes, for an additional 30 days
Inshore Benefits (VSP)	Yes, grace period allowed will be 60 days
Lincoln Financial Group	To be determined
MetLife	To be determined
Mutual of Omaha	To be determined
Principal Financial Group	60 day grace periods implemented for all customers. If a state mandates more than 60 days, Principal is monitoring and will be following the appropriate guideline.
Reliance Standard	Each standard policies contain a grace period which allows for continued insurance coverage for a defined period of time. Reliance Standard is adhering to grace periods outlined in each client-specific policy at this time and will continue to monitor market changes as appropriate.
SunLife Financial	Yes, SunLife has added 30 days to the current 31 day grace period (61 days total).
The Hartford	The Hartford has extended the grace period for premiums to June 1, 2020, for outstanding February, March, and April premiums.
The Standard	The Standard will work with policyholders who may need an extended grace period due to the COVID-19 crisis and in accordance with any applicable state insurance directive.
UNUM	Contracts contain a premium grace period which allows for continued employee coverage for a period of time. Please refer to your contract of benefits with Unum to review the provisions and administration of the grace period.

Billing

Q2. Will you allow in-force business to pay their monthly premium with a credit card?

Ancillary Carrier	Carrier Response
Ameritas	Ameritas is unable to take a payment via credit card for a bill that wasn't printed with the following statement: "To pay this amount in full by phone, please call 1-844-556-1482. If paying by check, please return this entire page with this amount due." If they would like a bill with this statement, Ameritas can make an exception to REBILL the policy. To do so, upon receipt of the bill call the number listed on the bill to pay – paying using this method does require the group to pay the premium billed in full.
Delta Dental	At this time, Delta Dental does not have the ability to accept credit card payments. We are, however, committed to working with our employer groups who communicate their concerns about paying premiums.
Guardian	Pay online at guardiananytime.com , set up a recurring draft from your bank account and pay with a wire transfer.
Inshore Benefits (VSP)	To be determined
Lincoln Financial Group	To be determined
MetLife	To be determined
Mutual of Omaha	To be determined
Principal Financial Group	To be determined
Reliance Standard	All new claims may be submitted securely online (and even on mobile devices) by either the employee or you, the employer, at RSLClaims.com . Matrix-administered programs should continue to use Matrix online, mobile and telephonic claims options. Live intake specialists are available to speak with your employees on weekdays from 9 AM to 9 PM Eastern. The toll-free number is 855-775-2524.
SunLife Financial	Yes. Clients can pay online using ePay and set up direct transfer.
The Hartford	Not at this time. A checking account number is required.
The Standard	To be determined
UNUM	Contact AskUnum at askunum@unum.com to receive an electronic copy of your bill or to set-up for online self-serve access and payment.

Eligibility

Q1. Will you allow employees who drop below full-time status to remain on the health insurance without the employer having to add part-time eligibility?

Ancillary Carrier	Answer
Ameritas	To be determined
Delta Dental	The employer group determines eligibility and whether the employee is eligible for active Benefits, COBRA, or State Continuation. If the employee is eligible, the employer group will monitor eligibility and will continue to collect and make premium payment to Delta Dental of Colorado.
Guardian	Yes, Guardian will continue to consider an employee who was enrolled as of March 1, 2020 to be eligible for benefits through April 30, 2020 as long as the monthly premium payment is received.
Inshore Benefits (VSP)	Yes
Lincoln Financial Group	To be determined
MetLife	Effective March 1, 2020, if an employee's hours fall below the minimum, these employees will be treated as if they are on an approved leave of absence, and will remain eligible for coverage for 60 days within the plan they were in prior to the hours reduction
Mutual of Omaha	MOO is allowing coverage to be extended up to April 30, 2020 for all lines of coverage. If any employees hours drop below the minimum hours per week we can continue to cover them up to April 30, 2020 as well as long as premium is being paid.
Principal Financial Group	If an employee's eligibility is impacted between March 1, 2020 and April 30, 2020, the employer can continue their coverage through May 31, 2020, provided premiums continue to be paid.
SunLife Financial	We have extended our Continuance provision on all policies to 90 days, as long as the monthly premium payment is received.
The Hartford	Sabbatical and temporary leaves of absence are policy specific and an employer should review their Policy.
The Standard	Yes, The Standard will continue to consider an employee who was enrolled as of March 1, 2020 to be eligible for benefits through June 30, 2020 as long as the monthly premium payment is received.
UNUM	As an accommodation, and provided premiums continue to be remitted to Unum, group-based products , furloughed employees will be treated as if they are on an approved leave of absence; and furloughed employees will remain eligible for coverage up to the leave of absence term that is in the policy, or 60 days – whichever is greater. Accident and Health , as long as the enrollment file indicates coverage. If the employee doesn't request direct bill within 30 days as directed in Unum's conservation letter then a policy would be terminated. Dental/Vision , furlough or leave of absence is covered up until one year as long as premium is paid.

Eligibility

Q2. If an employee takes a sabbatical or temporary leave of absence (furlough), can they keep their benefit intact for a few months without being paid a salary?

Ancillary Carrier	Answer
Ameritas	For dental coverage an employer/employee has the option to do what's best for them. If they terminate the coverage during this crisis and send the termination date, Ameritas would no longer charge premium and claims payments would stop during this timeframe. When employment resumes, they can reinstate the coverage and as long as this is done within 12 months, their benefits (deductible, maximums) will resume as if they've never left. If they want to continue coverage, they can pay premium via COBRA. In this scenario, claims payments continue as normal and when they come back to work, they would resume payroll deduction or employer contributions.
Delta Dental	The employer group determines eligibility and whether the employee is eligible for active Benefits, COBRA, or State Continuation. If the employee is eligible, the employer group will monitor eligibility and will continue to collect and make premium payment to Delta Dental of Colorado. If an employee is active for a month, they will be included in the group premium for that month and potentially as a retro-adjustment depending on when the employee was made active compared to the billing cycle. Should eligibility change drastically during this time, Delta Dental is not reviewing the underwriting re-rate policies until the next renewal, so no rate changes will be put into place for changes in enrollment.
Guardian	Yes, Guardian will continue to consider an employee who was enrolled as of March 1, 2020 to be eligible for benefits through April 30, 2020 as long as the monthly premium payment is received.
Inshore Benefits (VSP)	Yes
Lincoln Financial Group	Lincoln can approve a claim when a claimant meets the definition of Serious Health Condition under the applicable federal/state statute. Under these statutory programs, there is an expectation that benefits will be administered on a consistent basis no matter the underlying illness. As with disability claims, each leave is decided on its own specific facts. In general, however, employees are not entitled to federal or state leave to stay home during a quarantine period if they are not ill.
MetLife	No. Claimants are unlikely to satisfy the definition of disability in the applicable plan solely due to being quarantined. If the claimant develops coronavirus or even some other qualifying sickness while quarantined, the claim would be reviewed for payment. Each leave request will be reviewed on a case-by-case basis, however, in order to qualify for FMLA, quarantined employees would need to satisfy the definition of a "serious health condition." If the employee is unsure if the claim will be approved, we encourage the claim to be submitted for review.
Mutual of Omaha	MOO is allowing coverage to be extended up to April 30, 2020 for all lines of coverage. If any employees hours drop below the minimum hours per week we can continue to cover them up to April 30, 2020 as well as long as premium is being paid.
Principal Financial Group	Standard practice is to continue coverage until the end of the month. If time at home extends into the next month, coverage will continue until the end of that month, provided premiums continue to be paid. If they have tested positive for COVID-19, coverage will continue for the duration of the illness, provided premiums continue to be paid.
Reliance Standard	Standard policies require that an employee be actively at work during the applicable waiting period to be eligible for benefits. At this time, Reliance Standard is unable to extend coverage to employees who have not met the initial eligibility requirements to secure insurance. Always check your policy or contact your account manager; certain policies may allow extension of coverage in compliance with applicable laws, and if so, that will be specifically listed.
SunLife Financial	We have extended our Continuance provision on all policies to 90 days, provided premiums continue to be paid.
The Hartford	Sabbatical and temporary leaves of absence are policy specific and an employer should review their Policy.
The Standard	Yes, The Standard will continue to consider an employee who was enrolled as of March 1, 2020 to be eligible for benefits through June 30, 2020 as long as the monthly premium payment is received.
UNUM	As an accommodation, and provided premiums continue to be remitted to Unum, group-based products , furloughed employees will be treated as if they are on an approved leave of absence; and furloughed employees will remain eligible for coverage up to the leave of absence term that is in the policy, or 60 days – whichever is greater. Accident and Health , as long as the enrollment file indicates coverage. If the employee doesn't request direct bill within 30 days as directed in Unum's conservation letter then a policy would be terminated. Dental/Vision , furlough or leave of absence is covered up until one year as long as premium is paid.

Eligibility

Q3. If employees are laid off and later rehired, will you waive the new hire/rehire waiting period?

Ancillary Carrier	Carrier Response
Ameritas	Ameritas would work with the employer and make employees eligible when the employer makes them eligible, and not impose late entrant penalties.
Delta Dental	Eligibility Waiting Period: New-hire/rehire eligibility is determined by employer; If the group is allowing the new-hire eligibility to be waived, Delta will honor that. The broker/employer group should contact their Delta Dental account manager if assistance is needed. Benefit Waiting Period: Delta Dental will be able to waive benefit waiting periods for employees who were laid-off as a result of COVID-19 and are rehired. When the group is manually updating their eligibility or submitting the updated eligibility via a file feed, they will need to identify the new-hire/rehired subscribers who need to waive the benefit waiting periods.
Guardian	To be determined
Inshore Benefits (VSP)	If rehired within 30 days of term date, we will retro enroll them without a lapse in coverage. If rehired after 30 days, we will allow them to enroll without a waiting period on the first day of the month following their new hire date.
Lincoln Financial Group	To be determined
MetLife	To be determined
Mutual of Omaha	To be determined
Principal Financial Group	To be determined
Reliance Standard	Standard policies require that an employee be actively at work during the applicable waiting period to be eligible for benefits. At this time, Reliance Standard is unable to extend coverage to employees who have not met the initial eligibility requirements to secure insurance. Check your policy or contact your account manager; certain policies may allow extension of coverage in compliance with applicable laws, and if so, that will be specifically listed.
SunLife Financial	Typical rehire provision is 6 months, if employee is rehired within that timeframe the waiting period is waived. Some clients may have requested different timeframes from the standard, and will be confirmed on a case-by-case basis.
The Hartford	If an employee is rehired/reinstated within 12 months from date of termination all coverages can /will be reinstated on date of rehire. This is a Hartford standard offering.
The Standard	Employees who return to work within 12 months as of March 1, 2020, and become covered again within 30 days of returning, will be reinstated. Coverage requirements (e.g., preexisting condition for LTD, two-year suicide exclusion for Life, late enrollment penalty for Dental insurance, etc.) that were not fully met when the employees' work hours were reduced will continue to apply until the balance of the requirement period is served. Evidence of Insurability requirements for late enrollments will also apply.
UNUM	If a new employee is laid off they are considered actively employed for at least 60 days and they would continue to accrue time to satisfy any waiting period.

Eligibility

Q4. If an employer closes their business can the company continue to pay premiums for enrolled members until they are able to re-open?

Ancillary Carrier	Carrier Response
Ameritas	Yes, if they want to continue to paying the premiums for the employees, they may do so. There's no reason to notify us of this situation or tell us when the situation is over – the employer will treat them as any active member on the plan.
Delta Dental	The employer group determines eligibility and whether the employee is eligible for active Benefits, COBRA, or State Continuation. If the employee is eligible, the employer group will monitor eligibility and will continue to collect and make premium payment to Delta Dental of Colorado. If an employee is active for a month, they will be included in the group premium for that month and potentially as a retro-adjustment depending on when the employee was made active compared to the billing cycle. Should eligibility change drastically during this time, Delta Dental is not reviewing the underwriting re-rate policies until the next renewal, so no rate changes will be put into place for changes in enrollment.
Guardian	To be determined
Inshore Benefits (VSP)	To be determined
Lincoln Financial Group	Yes. Under the Family Medical Leave Act (FMLA), if an employer ceases operation at a location or employees are not expected to report to work for one or more weeks, the days the employee cannot report to work are not counted against the employee's leave entitlement.
MetLife	To be determined
Principal Financial Group	Coverage can remain active through May 31, 2020 provided premiums continue to be paid.
Reliance Standard	If an employer closes a specific location permanently and is unable to provide work for employees at another location or at home, our standard fully insured policies do not allow an employee to maintain insurance coverage once the insured is no longer in an eligible class.
SunLife Financial	Yes, this is covered under the Continuance provision.
The Hartford	An employer should review their Policy for specific wording. In general, if you are temporarily laid off by the Employer due to lack of work, all of your coverage may be continued until the last day of the month following the month in which the layoff commenced. If the layoff becomes permanent, this continuation will cease immediately.
The Standard	To be determined
UNUM	Yes