

District of Columbia COVID-19 Updates

DOI Link: <https://disb.dc.gov/service/covid-19-resources>

Description: DC COVID-19 L&H Insurance News Releases & Bulletins

DISB Consumer Information, Updates, and Responses

- [Saturday, November 6, 2021—Commissioner's Order Extending Coverage of COVID-19 Testing](#)
- [Tuesday, July 27, 2021—Order Extending Coverage of COVID-19 Testing](#)
- [Tuesday, February 16, 2021—Order Extending Coverage of COVID-19 Testing](#)
- [August 24, 2020—Order Extending Coverage of Health Benefit Plans for COVID-19 Testing](#)
- [April 3, 2020—Insurance During Coronavirus \(COVID-19\)](#)
- [March 24, 2020—FAQ: Insurance Issues Related to COVID-19*](#)
- [March 20, 2020—Response to COVID-19 Public Health Emergency](#)

*LIFE & HEALTH INSURANCE

- **What if I have health concerns that require emergency medical services?**

Insurance carriers must cover emergency services for an emergency medical condition at in-network cost-sharing levels, regardless of which provider performs the services. Emergency services include transportation services, such as ambulance services, as well as inpatient and outpatient hospital services that are needed to evaluate or stabilize the patient.

- **Where can I get tested for coronavirus (COVID-19)?**

Ask your primary care doctor or your health insurance company. If you are experiencing symptoms, you can also call DC Health at 202-576-1117.

- **Will I have to pay for the test?**

Pursuant to [Commissioner's Order 01-2020](#) you do not have to pay anything for the test. If you have a self-funded health plan or a short-term limited duration plan, you should contact the plan or plan administrator to find out more about your coverage, as these plans follow different rules. Screening and testing for coronavirus (COVID-19) would fall under the category of preventive health services (reiterated by IRS [Notice 2020-15](#), with more information on that below), which are often covered by these types of plans.

Disclaimer: The information outlined above is provided for informational purposes only. It is not intended, nor should it be considered as legal advice. Please refer to the respective State website for more information.

You should contact your employer or insurance company to be certain of your options regarding testing if you don't have a comprehensive health insurance policy.

- **Can I use telehealth to be screened for coronavirus (COVID-19)?**

The District of Columbia Code defines “telehealth” as the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for diagnosis, consultation or treatment, provided that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included. The Code requires health insurers to cover telehealth, and DC Health has standards of care for telemedicine rendered by physicians licensed by its [Board of Medicine](#). Most health insurance companies offer telehealth options for screening District residents for coronavirus (COVID-19). Contact your health insurance company to learn more about your options.

- **What if my test is positive and I need treatment? Will my insurance cover that?**

Pursuant to [Commissioner's Order 01-2020](#), you do not have to pay anything for treatment if you test positive for COVID-19.

Again, if you have a self-funded health plan or a short-term limited duration plan, you should contact the plan or plan administrator to find out more about your coverage, as these plans follow different rules.

- **Should I fill or refill my current prescription drugs in anticipation of an emergency?**

The [American Red Cross](#) recommends that households maintain at least a 30-day supply of any prescription drugs used by household members to prepare for unexpected events. Consistent with this guidance, the Commissioner's order requires health insurance carriers to allow people to access early refills, to get more than a 30-day supply of a prescription drug at one time, and/or waive fees for mail-order prescriptions; all subject to the limits of the prescription written by the treating healthcare provider. Please check with your health plan directly for information about what your options might be. The Department does not recommend stockpiling prescriptions that are highly susceptible to abuse, such as opioids that may be restricted to seven-day prescriptions.

- **Can my insurance carrier refuse to sell me health insurance, or cancel or refuse to renew my health insurance policy, if I am diagnosed with coronavirus or a preexisting respiratory illness?**

No. Both the District of Columbia Insurance Code and the Affordable Care Act (ACA) prohibit individual or group accident and health insurance carriers from imposing any pre-existing condition exclusions, including in connection with coronavirus. Federal law and state regulations provide protections against pre-existing condition exclusions in health insurance coverage, as well. However, pre-existing condition consumer protections do not apply to short-term, limited-duration health insurance coverage, excepted benefit policies, or certain self-funded plan arrangements.

- **If my in-network doctor cannot see me because the appointment schedule is full, or the practice is closed, can I seek care out-of-network?**

Maybe. Most health insurance companies will allow you to go out-of-network at in-network levels of cost-sharing (co-pays, deductibles, etc.) under certain circumstances.

However, you should check with your insurance company first, or see if they can assist you with finding a timely appointment at an in-network provider.

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- **I have a high deductible health plan (HDHP) with a Health Savings Account (HSA). If my health insurance company waives cost-sharing, will that affect the tax status of my HSA?**

On March 11, 2020, the IRS issued [Notice 2020-15](#) to allow health plans to waive or reduce deductibles for any “medical care services and items purchased relating to testing for, and treatment of, COVID-19,” without affecting eligibility to make HSA contributions. With limited exceptions, covering medical expenses before the minimum deductible is reached would make employees ineligible to make or receive HSA contributions, and would subject employees who have made HSA contributions to an excise tax. The HSA rules generally have an exception for “preventive” care, but not for services and items purchased to treat a disease. The new guidance expands the scope of the “preventive” care exception but is limited to testing and treatment of coronavirus (COVID-19). Treatments for other conditions and diseases remain subject to the minimum deductible rules.

- **Can a life insurance company refuse to pay a claim if the person dies from an illness related to coronavirus (COVID-19)?**

A life insurance policy must pay claims based on the policy. If there is a policy exclusion that would allow the denial, the company may deny the claim. An insurance company may deny claims within two years of the date the policy is issued if there were material misrepresentations on the application.

- **Can a life insurance, long-term care insurance, or disability insurance company refuse to sell me a policy if I am diagnosed with COVID-19?**

Yes, if the denial is based on their underwriting guidelines and the guidelines comply with District of Columbia law.