SUMMARY OF COVID-19 ANNOUNCEMENTS BY STATES AND PRIVATE PAYERS

Last updated – 3/11/2020

STATES

ASCO is providing the following information to assist its members in answering questions they may receive from staff and patients. As this continues to be a rapidly evolving situation, ASCO will continue to monitor developments and update this summary, accordingly. ASCO members are encouraged to consult their state authorities and specific payers for any guidance they may issue. Additionally, ASCO members and their patients should consult with their insurance plan to ensure that these changes apply to their policy; and should not consider this document as official benefit or plan materials. If a state is not listed, no information is currently available publicly. Please contact your state health agency for more information.

NOTE – these state regulations and requirements do not apply to self-insured plans that fall under ERISA.

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<th>STATE</th>
<th>Coverage for Testing</th>
<th>Plans Affected</th>
<th>Other Changes</th>
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<tr>
<td>Alaska</td>
<td>-Health insurers are required to waive any cost-sharing for laboratory diagnostic testing for RSV, influenza, respiratory panel tests, and COVID-19. Cost-sharing should not be a barrier to access this testing to confirm illness. -Health insurers are also asked to waive the cost-sharing for an office visit and urgent care center visit with the above testing, as well as for an emergency room visit with testing for the above. This waiver is applicable for in-network and out-of-network providers, facilities and laboratories.</td>
<td>-Individual and small group plans</td>
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<tr>
<td>California</td>
<td>-Immediately reduce cost-sharing (including, but not limited to, co-pays, deductibles, or coinsurance) to zero for all medically necessary screening and testing for COVID-19, including hospital, emergency department, urgent care, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.</td>
<td>-Individual and small group plans -Medi-Cal</td>
<td>-Encourages insurers to waive prior authorization requests for services related to COVID-19 or, at a minimum, respond to such requests more quickly than the time frames required by law. -Ensuring the insurer’s provider networks are adequate to handle an increase in the need for health care services, including offering access to out-of-network services where necessary.</td>
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-Notify, as expeditiously as possible, the insurer’s contracted providers that the insurer is waiving cost-sharing as described above.

-Ensure insureds are not liable for unlawful balance bills from providers, including balance bills related to testing of COVID-19.

-Ensure that coverage is provided for COVID-19 testing without the requirement that consumers pay co-pays, deductibles or co-insurance.

-Ensure that, in the event of a shortage of any particular prescription drug, insurers should waive prior authorization and/or step therapy requirements if an insured’s prescribing provider recommends the insured take a different drug to treat the insured’s condition.

| Colorado (bulletin issued, regulation to follow) | -Carriers are directed to ensure that coverage is provided for COVID-19 testing without the requirement that consumers pay co-pays, deductibles or co-insurance.  
-Carriers are directed to waive cost-sharing for an in-network provider office visit, an in-network urgent care center visit, and an emergency room visit when a covered person is seeking testing for COVID-19.  
-Carriers are reminded that if an in-network provider is unable to conduct testing for COVID-19, carriers must cover such testing if performed by an out-of-network provider | -Individual & small group plans  
-Individual & small group plans  
-The Division is directing carriers to provide telehealth services to cover COVID-19-related in-network telehealth services at no cost share, including co-pays, deductibles, and coinsurance that would normally apply to the telehealth visit.  
-To the extent consistent with clinical guidelines, the Division is directing carriers to cover an additional one-time early refill of any necessary prescriptions to ensure individuals have access to their necessary medications should they need to limit close contact with others.  
-Carriers shall not apply a different cost-sharing amount to an early fill of a prescription due to concerns about COVID-19. This recommendation does not apply to |
| Connecticut | -In order to ensure that cost-sharing is not a barrier to testing for COVID-19, health insurers and health care centers are encouraged to waive any cost-sharing related to COVID-19 laboratory tests. Also, health insurers and health care centers are encouraged to waive any cost-sharing related to an in-network provider office visit, urgent care visit, or emergency room visit when the purpose of such visit is to be tested for COVID-19.  
-Health insurers and health care centers are encouraged not to apply any penalties for failure of an enrollee, certificate holder or insured to provide notice as would otherwise be required by a health insurer’s or health care center’s utilization review requirements where such individual has sought testing or treatment for COVID-19. | -Individual and small group plans  
-In addition, health insurers and health care centers are encouraged to offer and waive cost-sharing for medical advice and treatment of COVID-19 via telehealth services.  
- if in-network availability is unreasonable with regards to time and distance, health insurers and health care centers are encouraged to permit enrollees, certificate holders and insureds to obtain testing and treatment for COVID-19 out-of-network and provide coverage for such testing and treatment the same as on an in-network basis. Please note that cost-sharing for such testing is encouraged to be waived.  
-Except as otherwise indicated under state or federal law, and subject to monitoring by the Department of Consumer of Protection related to controlled substances, health insurers and health care centers are encouraged to authorize payment to pharmacies for a ninety (90) day supply of maintenance prescription medications for individuals.  
-Upon notification by the Insurance Commissioner, health insurers, health care centers, and any preferred provider networks or pharmacy benefit managers acting on their behalf, are encouraged to extend the time limits for providers, enrollees, certificate | -Prescription drugs with a high likelihood of abuse, such as opioids. |
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<tr>
<td>Delaware</td>
<td>Encourages carriers to ensure that out-of-pocket costs are not a barrier to people seeking testing for, and treatment of, COVID-19, by covering diagnostic testing and waiving patients cost sharing (deductibles, co-pays and coinsurance), including for in-person and telemedicine visits.</td>
<td>Individual and small group plans</td>
<td>Carriers are directed to ensure that, as applicable, their telehealth and telemedicine programs with participating providers are robust and will be able to meet any increased demand. Carriers should not use pre-authorization requirements as a barrier to access necessary treatment for services related to COVID-19 when medically appropriate. The Department expects insurers to provide for early refills or replacements of lost or damaged medications and expects this flexibility to continue when the potential for quarantine is high. It is expected that insurers will allow affected consumers to obtain emergency supplies or refills without applying additional authorization requirements.</td>
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<td>Florida</td>
<td>(Governor’s emergency order expires May 8, 2020)</td>
<td>Individual and small group plans</td>
<td>All health insurers, health maintenance organizations and other health entities must comply with the provisions of section 252.358, Florida Statutes, which allows for early prescription refills in the event the Governor issues an Executive Order declaring a State of Emergency. This mandate remains in effect until the Governor’s Executive Order is rescinded or expires.</td>
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<tr>
<td>Georgia</td>
<td>The Department invites health insurers to consider options to reduce potential barriers of cost-sharing for testing and treatment of COVID-19 during the outbreak.</td>
<td>Individual and small group plans</td>
<td>Insurers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19. They should be prepared to expedite utilization review and</td>
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- The Department asks health insurers to waive any cost-sharing for COVID-19 laboratory tests so that cost-sharing does not serve as a barrier access to this important testing.

- Insurers are asked to waive cost-sharing for an in-network provider office visit and an in-network urgent care center visit when testing for COVID-19, as well as for an emergency room visit when testing for COVID-19.

- When a vaccine becomes available, the Department requests that insurers immediately cover it with no cost-sharing.

Illinois

- The Department encourages health insurance issuers to consider all feasible and prudent options to reduce the barriers of cost-sharing for testing and treatment of COVID-19 during the outbreak.

- Individual and small group plans

- Travel insurance

- To the extent consistent with clinical guidelines, and in a manner prudently calculated to ensure an enrollee’s ability to maintain a 30-day supply at home during the outbreak, the Department encourages issuers to cover enrollees for prescription drug refills even when the enrollee has not yet reached their scheduled refill date, provided that the prescription itself would remain valid beyond the refill date. This recommendation does not apply to prescription drugs with a high likelihood of abuse, such as opioids that are restricted to 7-day prescriptions.

- A health insurance issuer may not cancel or non-renew coverage based on an enrollee’s receipt of, or attempt to obtain, treatment or testing for COVID-19. An issuer also may not deny enrollment in new coverage based on testing for or treatment of COVID-19.

Kentucky

- All insurers shall waive all cost-sharing including copayments, coinsurance, and deductibles for screening and testing for COVID-19 as specified by the

- Individual and small group plans

- When prescription drug coverage exists for insured citizens, insurers shall allow insured individuals to obtain refills of their prescriptions even if the prescription was recently filled, consistent with approval from
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<th><strong>Centers for Disease Control and Prevention (CDC),</strong> <strong>including hospital, emergency department, urgent care, provider office visits, lab testing, telehealth, and any immunizations that are made available.</strong></th>
<th><strong>-State government employee plans</strong></th>
<th><strong>-All insurers shall waive any prior authorization requirements for screening and diagnostic testing for COVID-19 and respond to any requests for treatment of COVID-19 on a timely basis.</strong></th>
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<td><strong>-All insurers shall waive any prior authorization requirements for screening and diagnostic testing for COVID-19 and respond to any requests for treatment of COVID-19 on a timely basis.</strong></td>
<td><strong>-Individual and small group plans</strong></td>
<td><strong>-All insurers shall ensure that provider networks are adequate to handle an increase in the need for health care services, including by offering access to out-of-network services where appropriate.</strong></td>
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<td><strong>Maryland</strong> <em>(bulletin issued, regulation to follow)</em></td>
<td><strong>Carriers are asked to consider taking the following steps:</strong></td>
<td><strong>Carriers are required to waive any time restrictions on prescription medication refills and authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription medication had most recently been filled by a pharmacist.</strong></td>
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<td><strong>-Remove cost barriers to testing.</strong></td>
<td><strong>-Carriers are requested to waive cost-sharing for in-network provider office visits and in-network urgent care center visits which result in testing for COVID19.</strong></td>
<td><strong>-Copayments and deductibles may apply to the prescription medication refills</strong></td>
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<td><strong>-Carriers are requested to waive cost-sharing for in-network provider office visits and in-network urgent care center visits which result in testing for COVID19.</strong></td>
<td><strong>-Carriers are also requested to waive the cost-sharing for an emergency department visit with testing for COVID-19.</strong></td>
<td><strong>-Carriers should review their provider panels to ensure members have reasonable access to providers with the expertise to treat severe cases of COVID-19. Carriers should plan for granting out-of-network referrals pursuant to § 15-830 of the Insurance Article if there are not sufficient numbers of appropriately qualified providers in the provider panel to treat COVID-19. If out-of-network referrals are necessary, carriers are encouraged to enter into agreements with providers to prevent balance billing of members.</strong></td>
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<td><strong>-Carriers should review their provider panels to ensure members have reasonable access to providers with the expertise to treat severe cases of COVID-19. Carriers should plan for granting out-of-network referrals pursuant to § 15-830 of the Insurance Article if there are not sufficient numbers of appropriately qualified providers in the provider panel to treat COVID-19. If out-of-network referrals are necessary, carriers are encouraged to enter into agreements with providers to prevent balance billing of members.</strong></td>
<td><strong>-Encourage the use of telehealth services, as appropriate, by all members to reduce the</strong></td>
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<td>State</td>
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| Missouri | - The Department asks health carriers to waive any cost-sharing for COVID-19 laboratory tests so that cost-sharing does not serve as a barrier to access to this important testing.  
  - In addition, health carriers are also asked to waive the cost-sharing for an in-network provider office visit and an in-network urgent care center visit when testing for COVID-19, as well as for an emergency room visit when testing for COVID-19. |
| Nevada  | - A health insurer shall not impose an out-of-pocket cost for a provider office, urgent care center, or |

- Consider treatment of COVID-19 an emergency case for purposes of expediting a review of an adverse decision.

- Health carriers are asked to review and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demand.

- Health carriers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19, and health carriers should be prepared to expedite utilization review and appeal processes for services related to COVID-19, when medically appropriate.

- In the event an immunization becomes available for COVID-19, the Department requests that health carriers immediately cover the immunization at no cost sharing for all covered members.

- Health carriers are asked, where appropriate, to make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug.

- Requiring health insurers to inform consumers and providers on matters related to COVID-19; and requiring health insurers to
| **New Mexico** | Issuers are urged to be familiar with and respond affirmatively to the March 5 statement of the Board of Directors of America’s Health Insurance Plans (“AHIP”) on COVID-19 (AHIP Statement). In particular, our office, like AHIP, encourages all health insurers “to implement solutions so that out-of-pocket costs are not a barrier to people seeking testing for, and treatment of, COVID-19”. AHIP and the OSI encourage all insurers to “take action to...waive patient cost sharing” | Individual and small group plans | Issuers are urged to ensure that insureds who may be in a COVID-19 waiting period of self-isolation can obtain a one-time refill of their covered prescription medications prior to expiration of the normal refill waiting period, taking into due consideration risks associated with certain drug classes |
| **New York** (A formal emergency regulation has yet to be issued) | Issuers should waive any cost-sharing for COVID-19 laboratory tests so that cost-sharing does not serve as a barrier to access to this important testing.  
- In addition, issuers should waive the cost-sharing for an in-network provider office visit and an in-network urgent care center visit when testing for COVID-19. | Individual and small group plans | Plans must also “devote resources to inform consumers of available benefits; provide and promote tele-health services; encourage and verify whether provider networks are adequately prepared to handle potential increases in demand for services including offering access to out-of-network services; |

Emergency room visit when the purpose of the visit is to be tested for COVID-19;  
- Shall not impose an out-of-pocket cost for COVID-19 testing

Provide coverage for off-formulary prescriptions in certain circumstances.  
- Shall cover the costs of a COVID-19 immunization as one becomes available.

Issue guidance to inform its insureds and network providers about available benefits, options for medical advice and treatment through telehealth, and preventive measures related to COVID-19.

For the purpose of ensuring adequate access to prescription drugs due to shortages caused by supply-chain disruptions, health insurers shall provide coverage for off-formulary prescription drugs if there is not a formulary drug available to treat the insured.
Issuers should also waive the cost-sharing for an emergency room visit when testing for COVID-19.

-If in-network providers are unable to conduct testing for COVID-19, issuers are reminded that they must cover testing out-of-network.

-Student health plans covering the costs of immunizations if they become available; expand access to prescription drugs; and ensure proper emergency care.”

**Oregon**

-Consumers with fully insured individual and group health plans will not be charged co-payments, co-insurance, or deductibles related to COVID-19 for the following:

- COVID-19 laboratory testing administered consistent with guidelines issued by the United States Centers for Disease Control and Prevention.

- An in-network provider office visit or a visit to an in-network urgent care center to be tested for COVID-19.

- An emergency room visit to be tested for COVID-19.

Specific companies have reached an agreement with the state: A-dec; Aetna Inc.; BridgeSpan Health Company; Daimler; Health Net Health Plan of Oregon, Inc.; Kaiser Permanente; Moda Health Plan, Inc.; Oregon Educators Benefit Board (OEBB); Oregon Health Plan (Medicaid); PacificSource Health Plans; Providence Health Plans;

-Consumers with fully insured individual and group health plans will not be charged co-payments, co-insurance, or deductibles related to COVID-19 for immunization once it becomes available.
In the event a healthcare provider orders a COVID-19 laboratory test, the Department requests health carriers to waive any cost-sharing so that cost-sharing does not serve as a barrier to access this important testing. In addition, health carriers are also requested to waive the cost-sharing for an in-network provider office visit and an in-network urgent care center visit associated with the administration of a test for COVID-19, as well as for an emergency room visit associated with the administration of a test for COVID-19.

- If a health carrier does not have a healthcare provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health carriers are requested to make exceptions to provide access to an out-of-network provider at the in-network cost-sharing.

- Health carriers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19, and health carriers should be prepared to expedite utilization review and appeal processes for services related to COVID-19, when medically appropriate.

- In the event an immunization becomes available for COVID-19, the Department requests that health carriers immediately cover the immunization at no cost-sharing for all covered members.

- Health carriers are requested, where appropriate, to make expedited formulary exceptions.
| Vermont  
(expires May 5, 2020) | - Insurers are directed to cover any medically necessary COVID-19 testing performed by the Centers for Disease Control (CDC), the Vermont Department of Health (VDH), or a laboratory approved by CDC or VDH, with no co-payment, coinsurance, or deductible requirements for members. This includes in-network provider office or urgent care visits and emergency services visits to test for COVID-19. If in-network providers are unavailable to conduct testing for COVID-19, insurers must cover out-of-network testing on the terms outlined above, consistent with Department Regulation 2009-03. | - Individual and small group plans  
- Non-profit hospital and medical service corporations  
- Health maintenance organizations  
- Association health plans  
- MEWAs  
- Student health plans  
- Governmental plans |
| Washington  
(in effect until May 4, 2020 unless extended) | - Cover, prior to application of any deductible and with no cost-sharing, the health care provider visit and FDA-authorized coronavirus disease 2019 (COVID-19) testing for enrollees who meet the CDC criteria for testing, as determined by the enrollee’s health care provider.  
- Suspend any prior authorization requirements that apply to covered diagnostic testing and treatment of coronavirus disease 2019 (COVID-19).  
- Ensure compliance with WAC 284-170-200(5), which requires that if a carrier has an insufficient number or type of providers in their network to provide testing and treatment of coronavirus disease 2019 (COVID-19), the carrier must ensure that the enrollee obtains the covered service from a provider or facility within reasonable proximity of the enrollee at no greater cost than if the provider were in-network. | - Individual and small group plans  
- Large group plans  
- Short term limited duration plans  
- Allow enrollees to obtain a one-time refill of their covered prescription medications prior to the expiration of the waiting period between.  
- Carriers may take into consideration patient safety risks associated with early refills for certain drug classes, such as opioids, benzodiazepines and stimulants. |
| **Wisconsin** | - The state requests Health Plan Issuers waive any cost-sharing for COVID-19 laboratory and radiology tests so that cost-sharing is not a barrier for access to this important testing. In addition, Health Plan issuers are also requested to waive the cost-sharing for a provider office visit, urgent care center visit, hospital visit and an emergency room visit when the basis for the visit is related to testing for COVID-19. | - Individual and small group plans - Self-funded plans, pharmacy benefit managers and cooperative health plans | - Health Plan Issuers are requested to develop a plan if their network is insufficient, including making exceptions to provide access to an out-of-network provider at the in-network cost-sharing level. - Health Plan Issuers are requested to expedite prior authorization requests to the extent possible. Health Plan Issuers should not use prior authorization requirements as a barrier to access necessary treatment for COVID-19 and should be prepared to expedite grievances and appeal processes for services related to COVID-19, when medically appropriate. - In the event an immunization becomes available for COVID-19, OCI requests that Health Plan Issuers immediately cover the immunization at no cost-sharing for all covered members. - Health Plan Issuers are requested, where appropriate, to make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug that is intended to lessen symptoms or the duration of the virus. Health Plan Issuers are also encouraged to make expedited formulary exceptions if there is a shortage of a formulary drug. |
The state is requesting that Health Plan Issuers be flexible on prescription drug supply limitations and early refill limitations. Health Plan Issuers are requested to allow insureds to fill and refill prescription medications for up to a 90 day supply or until the prescription expires, if shorter. In addition, Health Plan Issuers are asked to allow for early refills without additional authorization requirements.

*Also see NAIC coronavirus page: https://content.naic.org/naic_coronavirus_info.htm

PRIVATE Payers

ASCO is providing the following information to assist its members in answering questions they may receive from staff and patients. As this continues to be a rapidly evolving situation, ASCO will continue to monitor developments and update this summary, accordingly. ASCO members are encouraged to consult their state authorities and specific payers for any guidance they may issue. Additionally, ASCO members and their patients should consult with their insurance plan to ensure that these changes apply to their policy; and should not consider this document as official benefit or plan materials.

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<th>Carrier</th>
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| CareFirst Blue Cross Blue Shield (MD, DC, VA) | -Will waive prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance for any members that are diagnosed with COVID-19.  
-Will cover medically necessary diagnostic tests that are consistent with | -Individual plans, possibly small and large group | -Will waive early medication refill limits on 30-day prescription maintenance medications. | None listed |
| **Cigna** | CDC guidance related to COVID-19, at no cost share to its members. | -Will cover the medical test similar to a preventive benefit for fully insured plans, thereby waiving co-pays, coinsurance or deductibles for customers.  
-Procedure codes for health care providers are expected to be available April 1, 2020. | Includes customers enrolled in Cigna’s employer-sponsored plans in the United States, Medicare Advantage, Medicaid and the Individual & Family plans available through the Affordable Care Act. Organizations that offer Administrative Services Only (ASO) plans will also have the option to include coronavirus testing as a preventive benefit. | None listed |
| **AHIP** | -“We will cover needed diagnostic testing when ordered by a physician.”  
–“We will take action to ease network, referral, and prior authorization requirements and/or waive patient cost sharing.”  
-“We will develop solutions for state and federal policymakers to provide more guidance and more flexibility so that changes to preventive services, benefit design, and treatment options can help people immediately.” | All AHIP members (listed below) | -“We will also take action so that patients will have continuous access to their regular prescription medications while at the same time avoiding potential problems such as drug shortages.” | None listed |
| **BCBS North Carolina** | -Expand and promote access to virtual visits with primary care providers, where available. | -Will waive early medication refill limits on 30-day prescription maintenance medications | In effect for 30 days (3/5 start) |
| **Aetna** | - Expedite approvals in order to support members needing care related to COVID-19; specifically relating to hospitalization, post-acute care and medical equipment needed in the home.  
- Aetna will waive co-pays for all diagnostic testing related to COVID-19. This policy will cover the test kit for patients who meet CDC guidelines for testing, which can be done in any approved laboratory location.  
- For the next 90 days, Aetna will offer zero co-pay telemedicine visits for any reason.  
- Cost sharing will be waived for all video visits through the CVS MinuteClinic app, Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live video-conferencing) for all Commercial plan designs.  
- Aetna is extending its Medicare Advantage virtual evaluation and monitoring visit benefit to all Aetna Commercial members as a fully covered benefit. | - Cost sharing will apply as normal. | None except the 90 day limit on telemedicine coverage |
| **ACAP** | - Will offer coverage for appropriate tests of COVID-19 consistent with FDA guidance ordered by their members’ health care provider. | - All 74 ACAP-member Safety Net Health Plans and Marketplace Partners | None listed |
| United Health Care | -Waived all member cost sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations in accordance with CDC guidelines | -All commercial insured, Medicaid and Medicare members. | None listed |

AHIP members include:

- Aetna
- Aflac
- AgeWell New York
- Alignment Healthcare
- AllCare
- AllWays Health Partners
- AlohaCare
- AMA Insurance Agency, Inc.
- American Enterprise Group
- American Fidelity Assurance Company
- American Specialty Health Incorporated
- Amerigroup Corporation
- AmeriHealth
- AmeriHealth Administrators
- AmeriHealth Caritas Family of Companies
- Anthem, Inc.
- Arkansas BlueCross Blue Shield
- Aspire Health Plan
- AultCare Corporation
- Avera Health Plans
- AvMed Health Plan
- Bankers Life and Casualty Company
- Blue Cross and Blue Shield of Georgia
- Blue Cross and Blue Shield of Illinois
- Blue Cross Blue Shield of Michigan
- Blue Cross and Blue Shield of Montana
- Blue Cross and Blue Shield of New Mexico
- Blue Cross Blue Shield of North Carolina
- BlueCross BlueShield of Oklahoma
- BlueCross BlueShield of Tennessee
- BlueCross BlueShield of Texas
- Blue Cross of Idaho
- Blue Shield of California
- Bright Health
- CalOptima
- Cambia Health Solutions
- Capital District Physicians’ Health Plan
- Care 1st Health Plan
- CareFirst
- CareMore Health Plan
- CareOregon
- Celtic Insurance Company
- CENTENE Corp.
- Chinese Community Health Plan
- Cigna Corporation
- CNO Financial Group
- Commonwealth Care Alliance
- Community Health Choice
- Community Health Network of Connecticut
- ConnectiCare
- ConnectiCare, Inc.
- CoreSource
- CVS Health
- DAKOTACARE
- Dean Health Plan, Inc.
- Delta Dental Plans Association
- DentaQuest Group, Inc.
- Denver Health Medical Plan
- EmblemHealth
- Empire Blue Cross and Blue Shield
- Express Scripts Medicare
- Eyemed Vision Care
- Fallon Health
- Fidelity Investments
- First Choice Health
- First Medical Health Plan
- Florida Blue
- Fresenius Health Plans
- Gateway Health
- Geisinger Health Plans
- Gen Re
- Group Health Cooperative of Eau Claire
- Guarantee Trust Life Insurance Company
- Harvard Pilgrim Health Care
- Health Alliance Medical Plan
- Health Care Service Corporation
- HealthEquity
- Healthfirst, Inc.
- HealthPartners
- HealthPlan Services
- Health First Health Plans
- Health Plan of San Joaquin
- Highmark Health
- Hometown Health Plan
Horizon BC/BS of New Jersey
Humana Inc.
Independence Blue Cross
Independent Health
Indiana University Health Plans
Inland Empire Health Plan
InnovaCare Health Solutions
InnovAge Care Management
Insurance Administrative Solutions, L.L.C.
Inter Valley Health Plan
John Hancock Financial Services
Kaiser Permanente
L.A. Care
LifeSecure Insurance Company
Long Term Care Partners, LLC
Magellan Health
Martin’s Point Health Care
Medica Health Plan
Medical Card System (MCS)
Medical Mutual of Ohio
Meridian Health Plan
Moda Health
Molina Healthcare
Mutual of Omaha Insurance Company
MVP Health Care
Nascentia Health
National Guardian Life
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Neighborhood Health Plan of Rhode Island
New York Life Insurance Company
Oscar Insurance Corporation
PacificSource Health Plans
Paramount Health Care
Passport Health Plan
Physicians Health Plan of Northern Indiana
Physicians Mutual Insurance Company
Piedmont Community Health Plan, Inc.
PreferredOne
Priority Health
Prominence Health Plan
Providence Health Plans
QualCare, Inc.
QualChoice of Arkansas
Quartz Health Solutions
Regence BC/BS of Oregon
Regence BlueCross BlueShield of Utah
Regence Blue Shield
Regence BlueShield of Idaho
Sanford Health Plans
San Francisco Health Plan
SCAN Health Plan
Security Health Plan of Wisconsin
Senior Health Insurance Company of Pennsylvania
Senior Whole Health, LLC
Sentara Healthcare
Sharp Health Plan
SilverScript Insurance Company
SummaCare
Sutter Health Plan
State Farm Insurance Companies
Swiss Re America
TakeCare Insurance Co.
Thrivent Financial for Lutherans
Trillium Community Health Plan
TriPlus
Trusted Health Plan
Trustmark Insurance Company
Tufts Health Plan
UCare
UMB Bank Healthcare Services
UNICARE Life & Health Insurance Company
University Health Alliance
UPMC Health Insurance Plans
USAA
Versant Health
VIVA Health, Inc.
WEA Insurance Corporation
WellCare Health Plans
Western Health Advantage
WPS Health Insurance
Zurich North America