



Notice of COVID-19 Testing and Treatment Group Insurance Commission Massachusetts

This notice is intended to amend your Benefit Handbook and Schedule of Benefits to provide coverage under the Plan with respect to expenses incurred in connection with the testing for, and treatment of, COVID-19 to the full extent required by federal and Massachusetts law.

In accordance with Massachusetts and federal law, the Covered Benefits listed below are covered when Medically Necessary, with no Member Cost Sharing (no Copays, Deductibles or Coinsurance) and without the use of prior authorization processes when provided by either Plan or Non-Plan Providers¹.

- 1. COVID-19 Testing** – COVID-19 polymerase chain reaction (PCR) and antigen tests for symptomatic individuals, individuals identified as close contacts by state or local health officials, and asymptomatic individuals under circumstances in accordance with federal and Massachusetts law. Antibody tests are covered when Medically Necessary in order to support treatment for COVID-19, or for a Member whose immune system is compromised and/or knowledge of COVID-19 antibodies may impact the future outcome of treatment. COVID-19 testing solely intended for return to work, school, or other locations is not *Medically Necessary* and accordingly not covered.

Please note: You may also receive At-Home Tests free of charge (subject to conditions) through your pharmacy benefit or through the Federal Government, please go to <https://www.covid.gov/tests> for more information.

- 2. COVID-19 Treatment** – COVID-19-related treatment for all emergency, inpatient services, outpatient services, and cognitive rehabilitation services, including all related professional, diagnostic and laboratory services, as required by federal and Massachusetts law. Please note, Member Cost Sharing may apply to covered services related to treatment of reactions to the COVID-19 vaccine.
- 3. COVID-19 Vaccines** – COVID-19 Vaccines are covered with no Member Cost Sharing.

¹ If you are a Primary ChoiceSM plan Member, you must receive all other non-emergency services from a Primary Choice Plan Provider. If you are an Independence PlanSM POS plan Member, you are covered to receive services from both Plan and Non-Plan Providers. Your Provider Directory lists all Plan Providers by state and town, specialty, and languages spoken. You may view the Provider Directory online at our website, www.harvardpilgrim.org/GIC.