

IMPORTANT UPDATE! Benefit Changes Due to the Coronavirus

As the situation with the coronavirus (COVID-19) continues to evolve, we have been proactive in announcing benefit changes being made to self-funded group major medical benefit plan designs (Trustmark HealthyChoicesSM, Trustmark HealthyEdgeSM and Trustmark Healthy Incentives[®] plan designs) administered by Star Marketing & Administration, Inc.

NEW! On Wednesday, March 18, 2020, a new federal law was enacted, requiring coverage of testing for the coronavirus without any cost sharing, prior authorization or other medical management requirements.

President Donald Trump signed the Families First Coronavirus Response Act, effective March 18, 2020, through Dec. 31, 2020, which requires¹ the following:

- Self-funded ERISA and church group major medical benefit plans must cover testing for the coronavirus without cost sharing, i.e., deductible, copay or coinsurance.
- Prior authorization or other medical management requirements, such as medical necessity determinations and out-of-network penalties, must not be imposed.
- The mandates apply to items and services furnished during a visit at healthcare providers offices, urgent care centers, emergency rooms, or via telehealth consultations (whether by Teladoc[®] or another provider) that result in an order for or administration of a test for the diagnosis of COVID-19.

¹*This section of the law does not apply to federal or other governmental benefit plans.*

In addition to mandated benefit changes from the new federal law, we previously announced telemedicine benefit changes to major medical benefit plan designs administered by Star Marketing & Administration, Inc.:

- **Teladoc[®]:** The consult fee for Teladoc telemedicine services will be \$0 through June 30, 2020. Teladoc provides covered employees and their dependents with access to a U.S. board-certified doctor through the convenience of phone and video consults for non-urgent care. In 2019, Teladoc was ranked #1 in telehealth by J.D. Power.¹ We announced this change on March 13, 2020.
- **Claims for virtual care/telemedicine visits with any non-Teladoc doctor, such as your primary care physician:** Except for the testing mandate as explained above, these claims will be processed as a physician office visit in accordance with your plan's provisions. Copays or deductibles will apply, if applicable. This benefit change was announced in a notification you should have received by March 18, 2020, and is valid through June 30, 2020.

Contact your Account Manager at 800.522.1246, ext. 35382, by end of the day Friday, March 20, 2020, if you do not want your health benefit plan to offer the two bulleted benefit changes regarding telemedicine.

Early refills of prescriptions

Early refills of prescription drugs will be allowed to ensure an uninterrupted supply. Some drugs may be prohibited from early refills by federal regulations.