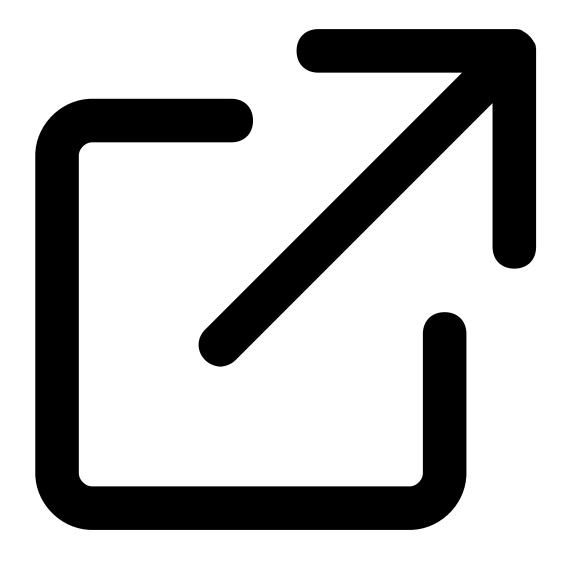
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COVID-19 Coverage Update

Updated October 18, 2023

The Biden Administration ended the COVID-19 public health emergency on May 11, 2023. Some COVID-19 coverage has changed with the end of the public health emergency. Members' standard benefits apply to testing and treatment of COVID-19. Benefits for members of self-funded plans may vary. See our member site for more information.

Check eligibility and benefits for details on each member's benefits. Use Availity® Essentials or your preferred vendor.

Lab tests to diagnose COVID-19 are covered at the member's regular benefit level at both in-network and out-of-network providers. Benefits for members of self-funded plans may vary. Check eligibility and benefits for details on each member's benefit.

Over-the-counter COVID-19 diagnostic tests are not covered. Benefits for members of self-funded plans may vary. Check eligibility and benefits for details on each member's benefits.

Testing-related visits are covered at the member's regular benefit level.

COVID-19 vaccines that are FDA-authorized are covered at the member's preventive benefit level. Some groups may not cover preventive services, including COVID-19 vaccines. Check eligibility and benefits for details for each member. The American Medical Association released six new Current Procedural Terminology (CPT®) codes for Pfizer's and Moderna's vaccines and their administration, effective Sept. 11, 2023. Learn more here.

COVID-19 treatment with FDA-authorized oral anti-viral prescription medicines may be covered under our members' pharmacy benefits. Members' cost share will vary according to their benefit plan.

Medicare members: All services are covered according to the member's current plan rules. See our Medicare Alerts and Announcements for more information.

Telehealth coverage is available, according to the member's regular benefit level.

Check Member Eligibility and Benefits

Benefits for members of self-funded plans may vary. Use Availity Essentials or your preferred vendor for eligibility and benefit verifications.

Checking eligibility and benefits and/or obtaining prior authorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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