
FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN

TO: PARTICIPANTS OF THE FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN
FROM: JOINT HEALTH MANAGEMENT BOARD
SUBJECT: EMPLOYEE HEALTH CARE PLAN AMENDMENT 2020-2 | RESPONSE TO COVID-19 PANDEMIC
DATE: MARCH 26, 2020

This notice summarizes important changes to the Fresno Unified School District Employee Health Care Plan amid the coronavirus (“COVID-19”) pandemic. The Joint Health Management Board is monitoring the evolving COVID-19 situation with its professional advisors and will continue to make decisions in furtherance of providing comprehensive and affordable health coverage for you and your covered dependents.

The Joint Health Management Board (JHMB) has modified the Fresno Unified School District Employee Health Care Plan Booklet, **effective March 18, 2020, and continuing until the COVID-19 national emergency is declared to be over**, to provide the following coverage:

COVID-19 Testing and Related Items/Services

The Plan will cover the following items and services at 100% of the Plan’s Allowable Expense, without cost-sharing (deductibles, copayments, or coinsurance) and without prior authorization or other medical management requirements:

- A. FDA-approved COVID-19 diagnostic tests and the administration of the diagnostic tests; and
- B. Items and services furnished to an individual during health care provider office visits (in person visits and telehealth), urgent care center visits, and emergency room visits that result in an order for or administration of a COVID-19 diagnostic test, to the extent such items and services relate to the furnishing or administration of such diagnostic test or to the evaluation of such individual for purposes of determining the need for such a test.

Please note, however, that out-of-network providers are not contractually obligated to accept the Plan’s Allowable Expense as payment in full and may still bill any remaining and unpaid charges to you. It is the JHMB’s interpretation and expectation of the Families First Coronavirus Response Act that out-of-network providers will not seek further reimbursement from its patients, though there is no clear guidance at this time.

Telehealth Visits

Coverage of Telehealth Office Visits – PlushCare

The Plan will waive the existing \$5 copayment for all PlushCare telehealth visits, whether associated with COVID-19 Testing and Related Items/Services or not.

If you or a covered dependent have utilized PlushCare Telehealth since March 18, 2020, and were charged the \$5 copayment, PlushCare will automatically initiate a refund within the next 30 days. The refund will be credited to the payment method on file with PlushCare.

Coverage of Telehealth Office Visits - Non-PlushCare

The Plan will cover telehealth visits during this period to the extent that such services relate to the furnishing or administration of a COVID-19 diagnostic test or to the evaluation of such individual for purposes of determining the need for such a test, as described above, at 100% of the Plan’s Allowable Expense, without cost-sharing (deductibles, copayments, or coinsurance) and without prior authorization or other medical management requirements.

In addition, the Plan will provide coverage for all telehealth visits, as may be available/offered by your provider, during this emergency period so as to not unnecessarily expose participants to the virus if in need of any medical (including mental health and substance use disorder*) services. These telehealth services will be covered as an Office Visit, with the plan’s usual deductible, copayment, or coinsurance for in-network and out-of-network providers, as applicable.

*All mental health and substance use disorder telehealth services must be obtained through a Halcyon Behavioral network provider.