

UAMS Employee Benefits Update
COVID-19
April 7, 2020

As we all attempt to handle the unknowns due to the COVID-19 pandemic – the University of Arkansas System Office (UAS) have been diligently working with our vendors to provide additional assistance to our members in any way possible.

Medical

- With the expansion of Teladoc services to assist in supporting members with remote access to office visit services, it is necessary to issue new medical ID cards. Within the next 10 – 14 days, members will receive new ID cards and a “Welcome” packet from Teladoc providing additional information. Current ID cards will still work, but employees should replace their existing medical ID cards with the new card. Also, as a reminder to members in the Classic and Premier Plans, your co-pays are printed on the front of the ID cards. As a reminder, the existing United provider contracts with local INN physicians and mental health providers already provide the opportunity to deliver remote access services. Members may also want to check with their preferred PCP or Specialist for access to telephone or video-based office visits.
- **Wellness Visits** – the Wellness visit requirement to qualify for the 2021 Wellness Incentives will be waived this year as health providers and services are focused on COVID-related care. However, the Tobacco Pledge and Notice will still be a requirement that all members must complete during the open enrollment period in order to qualify for the Wellness incentives for 2021.
- **COVID-19 tests and related services are covered 100% by the plan** as of March 6, 2020. Tests are treated as other \$0 preventive care services and are available at no out-of-pocket expense to Plan members (now a federal mandate).
- **Coverage is available for local in-network provider telephone and video-based office visits, as available.** While not often used by local providers in the past, the existing provider agreements with UMR (medical) and Arkansas BlueCross BlueShield (dental) provide for telephonic and video-based office visit services. Standard copays for office visits apply.

FSA

DCA (dependent care account)FSA

- With daycares and schools currently closed and some members currently assigned to work from home – members may have excess funds in their Dependent care FSA's for the 2020 calendar year. Effective immediately, Dependent care FSA amounts can be changed for this year. Since these closures are very publicly reported – documentation is not required at this time.

Claims Submission Deadline Extended to 4-30-2020

- The claims submission deadline has been extended for both the Health Care FSA and the Dependent Care FSA for the 2019 plan year. The normal plan year filing deadline for both the Health Care FSA and Dependent Care FSA is March 31; however, for the 2019 plan year only (claims incurred in 2019)– the claim submission deadline has been extended until April 30, 2020. For the Dependent Care FSA – the expenses must have been incurred on or before the March 15th date, which is the grace period deadline to be eligible for reimbursement from 2019 funds. This is an IRS regulation and this date can't be extended. Please note, once the claim submission deadline (April 30, 2020) has passed; any amounts over \$500.00 remaining in the Health Care FSA will be forfeited. This will also apply to the Dependent Care FSA. Any funds remaining in the account after the extended filing deadline of April 30, 2020 will be forfeited. **(IMPORTANT: eligible daycare expenses have to be incurred on or before March 15, 2020, in order to use any remaining 2019 Dependent Care FSA dollars remaining in the account.)**
- UMR has provided additional guidelines regarding FSA administration with the signing of the CARES Act. These include reinstating coverage of OTC (over the counter) drugs and medicines as eligible for reimbursement from FSA's and HSA's without the need for a prescription. It further expands the definition of qualified OTC items to include menstrual care products. This change is effective for expenses incurred on or after January 1, 2020. Items that previously required a LOMN (letter of medical necessity) such as vitamins and supplements still require a LOMN – this has not changed. UMR is currently administering the FSA program in compliance with these revised guidelines and are reviewing any claims that had previously been denied as OTC retro to the January 1, 2020 effective date outlined in the new guidelines. UMR will reprocess any denied claims that qualify under these new guidelines.

Dental

- The maximum dental benefit amount will increase from \$1,500 to \$1,750 per person per plan year effective July 1, 2020. The additional coverage is not retroactive. If a member has had expenses of more than the current \$1,500 before July 1st, prior claims expenses will not be reprocessed. However, a member having used \$1,500 by July 1st

would have an additional \$250 in dental coverage available for the remainder of the year.

Pharmacy

- Existing **pharmacy refill guidelines**, which limit refills to the point at which 80% of the medication should be used (typically around the 23-24th of the month), have been waived for 30 days to provide an opportunity for participants to refill existing prescriptions earlier in the month. This exception does not change prior authorization guidelines or dosing limits (i.e., you can't receive a 90-day fill when the physician has written a 30-day script), but it does provide members with more flexibility. Based upon ongoing conditions in April, the exception may be extended for an additional 30 days.

Please contact UMR at <https://www.umar.com/tpa-ap-web/?navDeepDive=publicHomeDefaultContentMenu> or call 1-888-438-6105 for more information on any services list above.