

DIAGRAM - A

FFCRA federal mandate coverage (Families First Coronavirus Response Act)

Applies to both Fully Insured & ASO

	Cover at No Cost Share – In-Network	Cover at No Cost Share - OON*	Prior Authorization or other medical management In-Network	Prior Authorization or other medical management OON
Lab (Diagnostic) Test FDA Approved or EUA COVID-19 (Diagnostic) testing (Codes: U0001, U0002, 87635)	X	Yes, up to the allowable amount	None permitted	None Permitted
Associated Services - Items and services provided to an individual during a provider office visit (whether in an in-person or telehealth setting), urgent care visit or ER room visit where: (1) That visit results in the order for, or administration of a COVID-19 test; AND WHERE (2) Those items or services relate to the furnishing or administration of the test; OR the evaluation of the individual for purposes of determining whether that individual needs the test <i>Associated services may include items such as an influenza test or other diagnostic tests that are used to evaluate the individual to determine the need for the test and results in a test or order for the test</i>	X	Yes, up to the allowable amount	None Permitted	None Permitted

* Members who obtain out-of-network services may be subject to balance billing for costs over the allowable amount per the plan's medical benefits.