

Coronavirus (COVID-19) Frequently Asked Questions

Coverage, benefits, medical information

For employer groups, brokers, and consultant partners
Updated April 26, 2021

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General coverage

Treatment coverage

1. Are Blue Shield and Blue Shield Promise covering the cost of treatment for COVID-19?

Yes. Blue Shield and Blue Shield Promise will waive out-of-pocket costs for co-payments, Blue Shield will waive co-payments, coinsurance, and deductibles for treatment for COVID-19 received between March 1, 2020 and February 28, 2021.¹

This applies to the following plan types:

- Fully-insured and flex-funded employer-sponsored plans
- Plans purchased through Blue Shield directly
- Plans purchased through Covered California
- Medicare Advantage plans
- Medicare Supplement plans
- Self-insured employer-sponsored plans where the plan sponsor elects to pay for copays, coinsurance, and deductibles for COVID-19 testing. These plans are not required to cover these costs. Blue Shield's account teams are working to communicate directly with self-funded clients regarding options for cost-sharing waivers.

Blue Shield will be ending this program as of the end of February 2021. Treatment cost-sharing therefore will not be waived after February 28, 2021. The cost-share waiver will still be applied to those who were admitted on or before February 28, 2021 as indicated by the date of service on the claim, regardless of length of stay in the case of inpatient treatment. Standard member cost-share for COVID-19 treatment will apply beginning March 1, 2021.

Note that this will not impact the waiver of cost sharing for COVID-19 diagnostic testing and vaccine administration. Cost sharing waivers for testing and vaccine administration will remain in effect as required under applicable law.

Please note: self-funded employer sponsored plans may have opted in to waive treatment cost-share beyond February 28, 2021. Please check with your Blue Shield account manager to verify.

Medi-Cal and Cal MediConnect members have no out-of-pocket costs for covered services.

Testing coverage

2. Will Blue Shield and Blue Shield Promise cover COVID-19 screening and testing?

Yes. Blue Shield and Blue Shield Promise will waive out-of-pocket costs for co-payments, coinsurance, and deductibles for COVID-19 diagnostic testing and related screening services ordered using telemedicine and for testing and screening services ordered or performed in a doctor's office, urgent care, hospital, or emergency room in accordance with applicable state and federal law¹.

Coverage is provided for diagnostic testing that is provided by, or with a referral from, a licensed or authorized healthcare provider. This may include testing of symptomatic patients, as well as testing of asymptomatic patients, regardless of whether the patients have a recent known or suspected exposure.

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¹ Please note that COVID guidance is evolving rapidly and this information may be subject to change based on any new legal or regulatory developments.

3. Are Blue Shield and Blue Shield Promise covering serology (antibody) testing under the blanket of COVID-19 testing?

Blue Shield of California and Blue Shield Promise will continue to abide by all state and federal rules and regulations, including covering out-of-pocket costs for coronavirus (COVID-19) diagnostic testing as part of the current federal emergency declaration. For purposes of providing coverage of diagnostic testing for COVID-19, Blue Shield and Blue Shield Promise are following federal guidance under the Families First Coronavirus Relief Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, along with guidance from the Centers for Medicare & Medicaid Services (CMS) and All Plan Letter (APL) 21-011 issued by the California Department of Managed Health Care. Blue Shield Promise additionally is following applicable guidance from the California Department of Health Care Services for Medi-Cal managed care plans.

In accordance with this guidance, Blue Shield and Blue Shield Promise are providing coverage without cost sharing for medically necessary diagnostic serological (antibody) testing and diagnostic (PCR or antigen) testing that is provided by, or with a referral from, a licensed or authorized healthcare provider.

According to guidance from the Food and Drug Administration (FDA) and the CDC, antibody tests should not be used as the sole basis for diagnosis, and there are only very limited medically necessary applications for the use of antibody tests in the diagnosis and treatment of COVID-19.

Testing performed for non-diagnostic purposes, such as for public health surveillance or to support return-to-work purposes will not be covered.

4. Can employees be covered for multiple COVID-19 tests?

There is no limitation on repeat testing if coverage requirements are met. Coverage will be provided without and the cost-share will be waived for any claim that comes in for COVID-19 testing that is provided by, or with a referral from, a licensed or authorized health care provider through the end of the federal public health emergency.

5. Will Blue Shield cover costs for testing so my employees can return to work?

Blue Shield will comply with the latest DMHC emergency regulation issued on July 17, 2020 regarding COVID-19 testing for "essential workers" and other individuals until the end of the public health emergency. More information on the DMHC regulation and testing guidance is available [here](#).

Return to work testing is not done to improve the health outcome of the employee being tested, and, therefore, would not be covered as a benefit under a Blue Shield health plan, except where testing is required for essential workers under the DMHC emergency regulation noted above. For a definition of who qualifies as an essential worker, please refer to the [DMHC FAQ on COVID-19 Testing](#). This is consistent with coverage for other types of testing that might be administered for the benefit of an employer, such as employer-required drug or alcohol testing, which is not covered as a health plan benefit.

6. Does Blue Shield and Blue Shield Promise cover at-home Coronavirus test kits and will the co-payment be waived?

At this time, Blue Shield and Blue Shield Promise only cover self-administered test kits that are FDA-approved, emergency use authorized, or authorized under other guidance from the Secretary of the Department of Health and Human Services consistent with the

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federal CARES Act. Other self-administered tests available on in the market may not be accurate and are not covered.

Blue Shield and Blue Shield Promise require that self-administered tests are ordered by a health care provider, sent to the approved laboratory specified on the kit, and processed in accordance with FDA and other guidance, as applicable to be covered at \$0 cost-share. This policy is in accordance with applicable legislation, including the federal CARES Act.

Blue Shield members who are essential workers, as defined by [the defined by the California Department of Managed Health Care](#) (DMHC), can order COVID-19 home test kits from Pixel by LabCorp™ at blueshieldca.com. Member cost-share will apply (Blue Shield will NOT waive out-of-pocket costs for copayments, coinsurance, and deductibles) and the member must select the “**Blue Shield of California HMO/PPO Essential Worker**” option when ordering, to have their kits covered appropriately. Please note that this option is only available for asymptomatic essential workers and is not available for all Blue Shield plans (eligibility details available at the [Blue Shield COVID-19 testing for essential workers site](#)).

Blue Shield and Blue Shield Promise will not cover self-administered test kits that fail to meet the conditions specified above. If you have questions about coverage, please call the phone number on the back of your member ID card.

Please see #4 above for essential worker requirements set forth by the DMHC emergency testing regulation.

7. Is Blue Shield and Blue Shield Promise providing and covering the cost of rapid test kits?

Rapid test kits use antigen testing, which allows test samples to be processed at the point of testing, as opposed to the Polymerase Chain Reaction (PCR) testing, which must be processed in a laboratory.

However, while rapid testing can provide faster results, the accuracy of rapid testing is lower than PCR tests. [Read the CDC overview of COVID-19 testing](#).

Coverage for rapid test kits aligns with coverage for other COVID-19 diagnostic testing under federal law; if rapid testing is provided by, or with a referral from, a licensed or authorized healthcare provider, it is a covered benefit with no member cost sharing.

This coverage requirement applies to both fully-insured and self-funded plans.

8. Are Blue Shield and Blue Shield Promise providing coverage for testing provided through pop-up/temporary and drive-through testing sites, including sites administered by state, county, or local governments?

Yes. Coverage is provided without member cost sharing for COVID-19 diagnostic testing received from a licensed or authorized provider, including licensed or authorized providers offering testing through pop-up/temporary and drive-through testing sites. This includes testing provided through state, county, and locally administered testing sites.

Vaccine coverage

9. Is Blue Shield and Blue Shield Promise covering COVID-19 vaccines?

Blue Shield of California and Blue Shield Promise will cover FDA approved or emergency use authorized COVID-19 vaccines without cost sharing, consistent with the requirements

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of federal law, including the guidelines in the [Fourth Interim Final Rule](#) (effective Nov 2, 2020) issued by the US Departments of Labor, Treasury, and Health and Human Services.

This applies to both self-funded and fully insured plans. Self-funded plans are required to apply the same coverage that applies to any ACA-mandated preventive services. The coverage mandate for the vaccine does not apply to grandfathered plans, but those plans may choose to cover the vaccine without cost-sharing. For grandfathered plans that do not cover the vaccine without cost-sharing, vaccinations will still be available to enrollees without cost. Vaccine providers have other sources of funding for vaccine administration, and providers are prohibited from seeking reimbursement directly from individuals who are being vaccinated.

10. What is the administrative cost for the COVID-19 vaccination and who is responsible for paying?

- a. The COVID-19 vaccine and vaccine administration are mandated to be covered as preventive services without cost-sharing or balance billing to the member (grandfathered plans are not subject to this mandate, but may opt to provide coverage). This includes multiple doses, if needed or required.
- b. This coverage applies to both in and out-of-network providers during the COVID-19 Public Health Emergency.
- c. Effective March 15, 2021 the reimbursement rate (paid to the provider) for each vaccine dose is \$40.00 whether the vaccine is a single or two-dose vaccine.
- d. Non-grandfathered self-funded plans are required to apply the same coverage that applies to any ACA mandated preventive vaccine.
- e. Blue Shield will cover the administration fee for the COVID-19 vaccine for commercial HMO plans.
- f. Once the public health emergency ends, plans may choose to limit coverage to in-network providers.

11. Will treatment for any vaccine related side-effects and adverse reactions be covered?

Treatment for vaccine-related side-effects and adverse reactions is a covered benefit under Blue Shield and Blue Shield Promise plans.

Other coverage

12. What is the COVID-19 PPE Fee and is Blue Shield covering this fee?

A COVID-19 Personal Protective Equipment (PPE) fee (sometimes referred to as a "COVID-19 fee") is an additional charge, associated with frequent cleaning and disinfecting, and greater use of PPE in provider offices during the COVID-19 pandemic.

Blue Shield is covering this fee during the duration of the Public Health Emergency. In-network providers are not allowed to bill the member this fee. Both in-network and out-of-network providers will be reimbursed the reasonable and customary amount of \$6.50 for a visit.

Medical

Treatment

13. What treatments are covered?

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Any treatments for COVID-19 from doctors, hospitals, and other health care professionals in a plan's network from March 1, 2020 through February 28, 2021 are covered. Providers must use proper diagnosis and procedure codes related to COVID-19 for Blue Shield to waive member deductible, copay, and coinsurance liability for treatment.

14. Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of a pandemic?

No. Blue Shield standard contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from a pandemic.

15. Do HMO members still need to go through their allocated primary care provider (PCP) to get COVID-19 testing and treatment?

Yes, except in emergency situations.

16. If a member visits an out-of-network provider for COVID-19 treatment, will it be covered?

In the case of a medical emergency, care provided by in-network and out-of-network providers will be covered for all plans. Outside of an emergency, members should seek care from in-network providers to save money and to prevent having to pay out-of-pocket.

If a member has a plan with out-of-network covered benefits, Blue Shield will cover both in-network and out-of-network copayments, coinsurance, and deductibles for COVID-19 covered benefits. However, out-of-network providers may charge more than the covered benefit amount. In this case, the member may be responsible for paying the difference.

17. Is Blue Shield ensuring that COVID-19 testing and treatment is affordable for members with high-deductible plans?

Blue Shield is waiving co-payments, coinsurance, and deductibles for COVID-19 testing, screening, and treatment in accordance with state and federal law and in the same manner as for other commercial plans. IRS guidance (issued March 11, 2020) clarified that these cost-sharing waivers are permissible for high-deductible health plans and will not cause enrollees to become ineligible for contributions to their health savings accounts or cause a plan to lose its status as a high-deductible health plan.

Testing

Types of tests

18. What types of tests are available? And what's the difference?

There are two types of tests available for COVID-19:

- Diagnostic tests tell if someone has a current infection and is contagious. These tests are done by either spitting into a cup or having a swab inserted into the nose or throat. There are two kinds of diagnostic tests: laboratory-based tests and point-of-care tests (also called rapid tests). Laboratory tests take longer but are more accurate.
- Antibody or serology tests measure the presence of antibodies in the blood. These indicate if you had a previous infection but cannot tell if you have an active infection at the time of the test. These tests require blood to be drawn.

19. What are the differences between diagnostic tests?

All tests may vary in their accuracy. This can depend on:

- How specimens are collected and handled

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- Time between exposure and testing
- How much virus is present
- The lab and manufacturer of the test kit

PCR (polymerase chain reaction) tests done in a laboratory are considered to be the most accurate option. But they generally take longer. This is due to having to send them to the lab and then taking several hours to complete.

LAMP tests are considered to have similar accuracy to PCR tests in most cases.

Antigen tests are the most common type of rapid or point-of-care tests and are typically much faster and cheaper than PCR or LAMP tests. But they also tend to be less accurate when the result is negative, also known as the test specificity. This means that you may get a “false negative” result. For example, your rapid test may show you are negative for an active COVID-19 infection. But a PCR test may show that you are in fact positive.

Talk to your doctor before using a rapid antigen test. You should ask them:

- If it's the right test for you
- What the results might mean

20. What is pooled testing?

Pooled testing entails the collection of samples from multiple people that are run as a combined diagnostic test to generate a single collective result. This option may be used by labs as an alternative to individual testing, which may take longer and require more testing resources (such as reagents) than pooled testing. Only the labs will decide if pooled testing can be used or not. It cannot be ordered or requested in advance at this time. Currently, pooled testing is ordered, billed, paid and reported as if it was individual testing.

Cost

21. What is the estimated cost for COVID-19 testing?

Blue Shield is estimating that the average test cost is \$60 based on announced payment policy for Medicare.

22. For HMO Blue Shield Away from Home Care members in another state: how do they find out what type of testing is covered, cost of coverage, and where to get tested for COVID-19 and antibodies?

Away from Home Care enables members to receive Guest Membership benefits from other participating Blue Plans while traveling outside their Home Plan service area. The member will need to contact the Blues plan that they are enrolled in by calling the Member Services number on the back of their Blue Shield member ID card.

Claims and operations

23. When did Blue Shield start to process testing claims with no cost-sharing for COVID-19-related services?

On March 18, 2020, Blue Shield began processing member co-pays, coinsurance, and deductibles at no cost. Any claims received between January 27, 2020 and March 18,

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2020 will be re-adjudicated at zero dollars for COVID-19-related *testing and screening* services in accordance with state and federal law.

24. If a member received a check from Blue Shield of California for their COVID-19 test performed by an out-of-network provider, what should they do with it?

If the member has paid out-of-pocket, the check is their reimbursement.

If the member has not paid out-of-pocket for the testing, the check will need to be endorsed and forwarded to the provider of service. If the address for the provider is not located on the member's Explanation of Benefits, the member should contact the customer service phone number located on the back of their ID card for assistance with locating the provider's mailing address.

Other

25. For COVID-19 testing to be covered at \$0 cost-share, no medical screening criteria or prior authorization is required, but a licensed or authorized provider needs to be involved in providing or ordering the test. How are the two different?

Prior to the updated COVID-19 testing guidance released on February 26, 2020, for COVID-19 testing to be covered at \$0 cost-share, a provider had to determine the test to be medically appropriate based on an individualized assessment of the patient. Medical appropriateness was generally determined based on a provider evaluation which included symptom evaluation or determination of prior known/suspected COVID-19 exposure. The updated testing guidance now prohibits plans from applying these medical screening requirements to claims for COVID-19 diagnostic testing. Plans must provide coverage for claims for COVID-19 diagnostic testing provided or ordered by a licensed or authorized provider, regardless of whether the claim indicates that the patient was symptomatic, exposed, or otherwise evaluated by the provider.

Prior authorization refers to approval of coverage that is required by the health plan before a health service or procedure is administered by a provider. This can include services such as surgical procedures or CT/MRI scans depending on the plan type. COVID-19 testing does not require prior authorizations from the health plan.

In the case of COVID-19 testing, a licensed or authorized provider needs to be involved in providing or ordering the test. This means that a test must be either ordered or administered by a licensed physician, physician assistant, registered nurse, pharmacists, or other provider that is licensed or authorized to order or provide COVID-19 diagnostic testing. Testing provided through a state- or locality-administered site, such as a "drive-through" site, or a site that does not require appointment, will also generally meet this requirement.

26. How is Blue Shield responding to the California Department of Industrial Relations (DIR) Emergency Regulation issued on 11/30/2020?

The [California Department of Industrial Relations \(DIR\) Emergency Regulation](#) issued on November, 30, 2020 does not mandate health plans to cover COVID-19 testing that employers must provide under the regulation.

Blue Shield is providing coverage without cost-sharing for COVID-19 diagnostic testing (including PCR and antigen testing) that is provided by, or with a referral from, a licensed or authorized healthcare provider.

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Vaccine

About the vaccine

27. Which COVID-19 vaccines are available?

Three COVID-19 vaccines have been granted Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA).

- Pfizer
- Moderna
- Johnson & Johnson

28. What does Emergency Use Authorization (EUA) mean?

The FDA ensures medical products are safe and effective for us to use. FDA approval can often be a long process. EUA helps the FDA provide faster access to medical products during a health emergency. It balances known risks and benefits to the public.

EUA helps when there are no other adequate, approved, and available options. EUAs may change as the FDA approves, clears, or licenses the medicines or treatments.

You can learn more about EUAs on the [FDA's website](#).

29. How do the different COVID-19 vaccines work?

The Pfizer and Moderna vaccines are [messenger RNA \(mRNA\) vaccines](#).

The Johnson & Johnson Janssen vaccine and AstraZeneca vaccine (pending FDA Emergency Use Authorization) are a [viral vector vaccines](#).

All vaccines teach our own cells how to make a protein or parts of a protein from the target virus which trigger an immune response in the body. The immune response is what produces antibodies and protects us from developing an infection if the real virus enters our bodies.

mRNA vaccines use a laboratory created coating that carries a piece of the target virus (spike protein) into cells. Viral vector vaccines use another harmless type of virus to get a small part (spike protein) of the target virus into cells (the vector).

The vector viruses are stripped of genes that could allow them to reproduce or cause harm. Parts of the genes from the target virus with either type of vaccine are inserted to make the proteins that cause the immune response. Neither the vector nor the inserted target genes are a complete virus and neither can cause harm from the parts used.

In both cases, the target virus genetic material never gets into the cell nucleus. The main difference is just how the target genetic material gets into the cells. Neither approach can cause disease or change the DNA of the person being vaccinated.

You can learn more on the Centers for Disease Control and Prevention (CDC) website [here](#).

30. How is the Johnson & Johnson vaccine different from the mRNA vaccines?

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Unlike the Pfizer and Moderna vaccines, which are mRNA vaccines, the Johnson and Johnson vaccine:

- Is a single-dose vaccine
- Can be stored in a standard refrigerator
- Offers faster protection
- May limit the spread of the virus - according to the FDA, an analysis showed that the vaccine may reduce the spread of the virus by people who have been vaccinated. Studies are still ongoing for all vaccines

This means that this particular vaccine can be distributed to more people, more quickly. In turn, this may help us get to herd immunity faster. So far, the Johnson & Johnson vaccine also has noticeably milder side effects, according to the FDA.

31. What are the ingredients in the COVID-19 vaccine?

The ingredients in the Pfizer and Moderna vaccines include pieces of mRNA, lipids, salts, sugars, and buffers. The ingredients help make the solution stable as well as getting into cells where they need to be to work.

The Johnson & Johnson vaccine includes a common cold type of virus that has been modified so it cannot cause disease (the viral vector). This allows the genetic material placed inside the viral vector to create the spike proteins that then lead to making antibodies. As with the other vaccines, there are buffers and other ingredients to help make the solution stable.

These vaccines do not contain:

- Eggs
- Preservatives
- Latex

You can find a full list of the ingredients for all the authorized COVID-19 vaccines at the CDC's website:

- [Information about the Pfizer vaccine](#)
- [Information about the Moderna vaccine](#)
- [Information about the Johnson & Johnson vaccine](#)

32. How many COVID-19 vaccine doses are needed?

This varies by vaccine.

- Pfizer: 2 doses, 21 days apart
- Moderna: 2 doses, 28 days apart
- Johnson & Johnson: 1 dose

If you skip the second shot of the two-dose vaccines, you will not have the full protection that the vaccine offers. It is important to get both shots for Pfizer and Moderna to be fully protected.

33. Can members mix vaccines? For example, if members get the Pfizer vaccine for their first dose, can they get the Moderna vaccine for the second dose?

No, this is not recommended. It's better that the member get the first and second doses from the same manufacturer. To ensure this happens, it's best to go back to the location where the member got their first vaccine if they can.

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If the member must go to a different location, the California Immunization Registry allows providers to check which vaccine the member received for the first dose if needed.

34. Do members have to go back to the same location to get a second dose of the vaccine?

It is preferred that you return to the same provider that gave your first dose. However, this may not always be possible. For example, long-term care residents may have received their first vaccine in the facility but then get discharged. In this case, they can go to another location that provides the same type of vaccine they first received. The type of vaccine you received is listed in your Medical Record or on the immunization card given to you after the first shot.

Also, the California Immunization Registry allows providers to check which vaccine you received for your first dose. This can help ensure you receive the same vaccine for your second dose.

You may also receive a reminder card for your follow-up dose. Keep this card handy as it should also include the type of vaccine you received. You can also take a photo of this card so you have it in case you lose the card.

35. Are these vaccines safe?

Safety is a top priority. The [U.S. vaccine safety system](#) ensures that all COVID-19 vaccines are as safe as possible.

COVID-19 vaccines are carefully looked at in clinical trials with thousands of people. In each of these trials, people are closely checked for any health risks. Once the trial results indicate the vaccine is safe and effective, it can be authorized by the FDA.

Checks on the vaccine will continue in the real-world setting. These can help researchers know if there might be very rare side effects or long-term risks not seen in trials.

California has formed a [Scientific Safety Review Workgroup](#) which will help ensure the COVID-19 vaccine meets safety requirements.

Please see [this fact sheet](#) with more details about the vaccines. You can also [read this article](#) about safety and effectiveness.

36. Are these vaccines effective?

Each authorized vaccine has been found to be effective in protecting against COVID-19.

What we know today is that the vaccine decreases:

- Risk of getting COVID-19
- Being hospitalized (from severe illness) with COVID-19
- Death from COVID-19

As a comparison, the annual flu vaccine is between [40 to 60%](#) effective at reducing the risk of flu illness.

Bottom line: In the clinical trials, all three COVID-19 vaccinations resulted in:

- Zero deaths
- Zero hospitalizations

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Vaccine; Effectiveness at Preventing Illness; Effectiveness at Preventing Death

- Pfizer; 95% after 14 days from second dose; 100%
- Moderna; 94% after 14 days from second dose; 100%
- Johnson & Johnson; – 85% at preventing severe illness after 28 days from single dose; 100%

You can read learn more about safety and effectiveness [in our article](#).

37. How is effectiveness measured for the COVID-19 vaccines?

All authorized vaccines currently available in the United States have been found to be safe and effective. The relative differences in effectiveness results comes from multiple factors and cannot be used to directly compare the vaccines:

- a. Sample size - The number of people who took part in the clinical trials varied by vaccine.
- b. Location - Each vaccine was tested in different locations around the world.
- c. Timing - The Johnson & Johnson vaccine was tested later in the pandemic. During this time, new strains were becoming more common in certain parts of the world. Pfizer and Moderna vaccines were not initially tested against these strains, which seem to spread more easily and quickly.
- d. Metrics - Each of the clinical trials used a range of doses given at different times to measure effectiveness.

38. Are the vaccines effective against the new COVID-19 strain?

All viruses change (mutate) over time. COVID-19 is no exception. Most mutations have little to no impact on how a virus behaves. They disappear over time.

Of the COVID-19 strains that have mutated, three have become the primary focus of health experts: "UK," "Brazil," and "South Africa." The CDC and California Department of Public Health (CDPH) are tracking these [new strains](#). A new variant found in California is also [being tracked](#). [Read more](#) about the new strains.

Early results suggest the vaccines offer strong protection against the UK strain but somewhat less protection against the South Africa strain. Even if vaccines are less effective against some strains, they are still worth getting. This is because they make infections less serious.

In other words, if you are vaccinated your symptoms may be milder if you get the virus.

Continue to follow the preventive measures recommended. These are also effective against the new variants:

- Staying home and isolating if you're sick
- Wearing a mask when leaving home
- Limiting interactions with people outside your immediate household
- Keeping physical distance of at least six feet apart
- Washing hands for 20 seconds
- Getting the COVID-19 vaccine when it's available to you

39. How were the vaccines developed so quickly?

The speed to development of these vaccines may seem fast. But there were no cutting corners. The apparent speed comes from unprecedented worldwide collaboration between:

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- Scientists
- Pharmaceutical companies
- New technologies

The U.S. government was able to help aid faster development, too. It worked closely with pharmaceutical companies and supported swift distribution efforts.

All vaccines come with side effects or some risk. But the FDA, in authorizing the Moderna, and Pfizer and Johnson & Johnson COVID-19 vaccines, concluded that their benefits outweighed their risks.

40. Why should members get the vaccine?

In a single year, COVID-19 became a leading cause of death in the United States. The vaccines are 100% effective at preventing death from COVID-19.

The risks are less than getting sick from COVID-19.

Getting the vaccine will help protect you and your loved ones from the risk of getting COVID-19.

The more people who get vaccinated, the more we can reduce restrictions and return to “normal” daily activities.

The pandemic has also had major impacts to local and national economies. Getting vaccinated is the first step to ending the pandemic. It puts us on the road to faster economic recovery.

Learn more about the [benefits of vaccination](#) from the Centers for Disease Control and Prevention (CDC).

41. Can the COVID-19 vaccine cause autoimmune disease?

There is no evidence that the COVID-19 vaccine can cause autoimmune disease.

Confusion arose when a false report surfaced on social media saying that mRNA technology teaches the body to attack itself and can lead to autoimmune disease. The mRNA vaccine teaches the immune system how to combat the COVID-19 spike protein when it comes across it in the body. Some confusion may also have come from the notion that it may be possible that in some people with autoimmune disease the vaccine could cause a temporary flare in their illness or that medication they are already taking (immunosuppressants) might lessen the effects of the vaccines. The impact on people who already have autoimmune diseases has not been studied to a great degree, but the recommendation is still that the benefits outweigh any risks. Anyone who already has an autoimmune disease should talk to their doctor if they have any questions.

Availability and eligibility

42. Do I need provider order to get the COVID-19 vaccine?

According to the [Fourth Interim Final Rule](#), a provider order is not needed to obtain a COVID-19 vaccine. Please note that initial vaccine availability may be limited.

43. How can members find out if they are eligible to get the vaccine?

Register online at myturn.ca.gov to be notified as soon as it's your turn to get a vaccine.

If you live in Los Angeles or San Diego counties, and are currently eligible for the vaccine,

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you can even use the site schedule an appointment. New counties will be added in the coming weeks.

You can also check [your county's website](#) for updates on local plans and vaccination sites in your area.

44. When will members be able to receive the COVID-19 vaccine?

As of April 15, California has opened up eligibility for COVID-19 vaccines to everyone 16 years and older who wants it.

Although eligibility is now open, supply may still be limited and appointments may be hard to get.

Please note that every state sets its own criteria for which groups are currently eligible to get vaccinated. There may be some places outside of California where eligibility has been paused or delayed for certain groups.

You can check find a vaccine appointment on [My Turn](#), your [county or local site](#) or at other locations like pharmacies.

45. How can members get the COVID-19 vaccine?

At this time, you must fall into one of the phases or groups that are eligible to get vaccinated. Please note, availability is currently limited. It varies from county to county. If you are eligible, schedule an appointment at My Turn or see our list of [Where to get a vaccine](#) for more resources.

46. How can members schedule an appointment?

Members have the options below or can visit our Where to get a vaccine page. This has info on additional locations and websites to help members find a vaccination site and schedule an appointment.

My Turn:

California's My Turn system allows you to find a vaccine appointment in two ways:

- Online at My Turn. You can search for appointments or sign up to be notified when more appointments open up. The state is updating this site regularly with new providers, locations, and appointments. The My Turn website is accessible to people with disabilities and in eight languages: English, Spanish, simplified and traditional Chinese, Arabic, Tagalog, Vietnamese, and Korean.
- Calling the COVID-19 state hotline at (833) 422-4255 or 833-4CA-4ALL). If you don't have internet or a mobile phone that can accept text messages, you will need to call the hotline. It is accessible to people with disabilities and offers services in English and Spanish, with connections to interpretive services in more than 250 languages.

If you have high-risk medical condition or disability:

- You will need to confirm that you have a condition to schedule an available appointment or to register for notice of future appointments.
- You will be able to request an accommodation at your vaccine site through My Turn.

Learn more about [My Turn](#).

Healthcare provider

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You may have already been contacted by your primary doctor to schedule a vaccine appointment if you have high-risk medical condition or disability. We recommend you try to get the vaccine through your primary doctor first. Your provider may also have mass vaccination clinics available.

Local pharmacies

Your local pharmacies may have vaccines and appointments available. [See a list of pharmacies in California.](#)

County or local health department's website

These will continue to have information about how, when, and where to get a vaccine in your area.

Community pop-up clinics

Pop-up clinics rolled out in mid-March in for people with high-risk medical conditions and disabilities. Many of these will be in specific areas throughout the state that can reach the most affected. Community partners will be contacting people eligible to be vaccinated at their clinics directly.

Don't forget to schedule your second dose, if needed.

If you get a Pfizer or Moderna vaccine, you will need to get a second dose. Note: Johnson & Johnson vaccines only need one appointment for a single shot.

Timeframes for second-dose vaccines will be based on which vaccine is available at the provider.

- 21-day window for Pfizer
- 28-day window for Moderna

47. Will members need to verify they have a high risk medical condition or disability when they go to their vaccine appointment?

To protect confidentiality, verification documentation of the diagnosis or type of disability is not required but instead anyone meeting the eligibility requirements will be asked to sign a self-attestation that they meet the criteria for high-risk medical conditions or disabilities.

48. Are there certain groups that should not get the COVID-19 vaccine?

Yes. Children under 16 years old (until vaccines are approved for this age group), people who feel sick, and people with certain allergies should not get the vaccine.*

Additionally, the CDC and FDA recommended a pause in the use of the Johnson & Johnson COVID-19 vaccine. They may determine that certain groups should not get the Johnson & Johnson vaccine or to use extra precautions. There will be further guidance from the Advisory Committee on Immunization Practices (ACIP) in the near future.

At this time, children under 16 years, should not get the vaccine. All vaccines are currently authorized for use in adults (18 and older). Only the Pfizer vaccine is approved for use in teens 16 and 17 years old. Pfizer has also recently applied to expand the emergency approval of their COVID-19 vaccine to be used with 12- to 15- year olds. Clinical trials are currently ongoing for children, and they will be included if the vaccines are shown to be safe and effective.

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According to the CDC, you should talk with a doctor first before getting a COVID-19 vaccine if you:

- Have a moderate to severe illness or are feeling sick, in which case, you should likely wait to get vaccinated
- Have severe allergies not related to vaccines or injections, or carry an epinephrine (Epi-Pen, Auvi-Q, etc.) injector.

For example, if you have:

- A family history of severe allergic reactions
- A history of allergies to oral medications
- Milder allergy to vaccines
- Have had a severe allergic reaction to other vaccines or injections

If you have had a [severe allergic reaction](#) (anaphylaxis) or an immediate allergic reaction (within 4 hours of receiving vaccine) – even if not severe – to any ingredients in any of the COVID-19 vaccines in the past, you should discuss with your doctor if you should get a different approved vaccine. For example:

- If you are allergic to polyethylene glycol (PEG), you should not get an mRNA COVID-19 vaccine (Pfizer or Moderna). Ask your doctor if you can get the Johnson & Johnson vaccine.
- If you are allergic to polysorbate, you should not get the Johnson & Johnson vaccine. Ask your doctor if you can get an mRNA COVID-19 vaccine.

[See Pfizer's fact sheet and ingredients](#)

[See Moderna's fact sheet and ingredients](#)

[See Johnson & Johnson's fact sheet and ingredients](#)

If you have a severe or an immediate allergic reaction – even if not severe – after the first dose, you should not get the second dose of the same vaccine.

Your doctor can discuss your options with you. You may still be able to get a vaccine, depending on your specific case.

Learn more about vaccine considerations for people with [underlying medical conditions](#).

49. Can pregnant or breastfeeding women be vaccinated against COVID-19?

Yes. Pregnant women have a higher risk for complications from COVID-19. There are no study results available yet on the safety of COVID-19 vaccines in pregnant women.

However, experts believe that the vaccines are unlikely to pose a risk to the woman or the fetus. If you're [pregnant or breastfeeding](#), you should talk with a doctor about your risk of COVID-19 and how you might benefit from the vaccine. [Read these FAQs](#) from the state if you're pregnant or breastfeeding.

50. Can COVID-19 vaccines affect women's fertility?

The COVID-19 vaccine will not affect fertility. In fact, during the Pfizer vaccine tests, 23 women volunteers involved in the study became pregnant. A false report has circulated on social media claiming that the vaccine can cause a woman's body to fight a different spike protein involved in the growth and attachment of the placenta during pregnancy. The two spike proteins are completely different and distinct. People who receive the vaccine can start fertility treatment if needed immediately as well as donate

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sperm or eggs. There is no impact at all on fertility or the treatment of infertility and there are no safety concerns related to getting pregnant after vaccination.

51. Should members who have already gotten COVID-19 get the vaccine?

Yes. At this time, we do not know how long someone is protected from getting sick again after recovering from COVID-19.

52. Do members get to choose which vaccine they get?

It depends. Vaccine supplies will be distributed based on how the provider can store the vaccine. Supply is still limited, so members may not be able to choose. At some sites, only one type of vaccine may be available.

Members can check with their healthcare or vaccine provider on which vaccine they are using when the time comes. But members should not delay their vaccine, just to wait for one particular type, if it's not medically necessary.

All options provide protection against severe illness, hospitalization, and death.

53. Where can members get a vaccine? Is the COVID-19 vaccine covered at both in- and out-of-network providers?

Blue Shield is closely monitoring announcements from various governing agencies regarding the availability and disbursement of COVID-19 vaccinations. Blue Shield will comply with state and federal regulations and share information as it becomes available.

Additional information about the vaccine and the government's plan for release is available on the [CDC FAQ website](#), [Vaccine Finder](#) and [Vaccines.gov](#) also offer more information to help members identify vaccine locations.

The vaccine will be covered at both in- and out-of-network providers.

54. Will vaccines be available at all pharmacies in the Blue Shield retail pharmacy network?

The vaccines are being distributed to a limited number of pharmacies at this time. Please contact your desired pharmacy to ask if they have received a vaccine supply or go to one of the following websites:

- <https://www.vaccines.gov/get-vaccinated/where>
- <https://www.cdc.gov/vaccines/adults/find-vaccines.html>
- <https://vaccinefinder.org/>

55. Can members get vaccinated outside of the state?

Yes. During the public health emergency, members who reside in California may get vaccinated in other states.

Members who reside in other states may receive vaccines in their state and should check state, county, or local public health resources for details. Members can also [check the CDC](#) for information about where to get a vaccine in each state.

What to expect when getting the vaccine

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56. What will members have to do to get the vaccine when eligible?

1. **Make an appointment.** Because of limited supply, the member will need to make an appointment to get vaccinated.

See [Where to get a vaccine](#) for locations and websites to help find a vaccination site.

2. **Make sure to schedule an appointment for the second dose, as well.**

Timeframes will be based on which vaccine is available at the provider.

- 21-day window for Pfizer
- 28-day window for Moderna

3. When the member gets vaccinated, they may need to **wait for about 15-30 minutes after getting the shot.** This helps the healthcare team see if there is any bad reaction to it.

4. The member should receive **a vaccination card** or printout that shows:

- What COVID-19 vaccine was received
- The date vaccine was received
- Where vaccine was received

Members should take a picture of this card or printout so they have a copy in case they lose it.

The CDC has info on [what to expect at your appointment](#).

57. MyTurn shows that Kaiser Permanente is also offering vaccines. Can members go to a Kaiser vaccine site?

Yes. As part of an agreement with the state, during this public health emergency, Kaiser Permanente has agreed to provide COVID-19 vaccines to non-Kaiser members. Blue Shield or Blue Shield Promise members are allowed to get a vaccine at a Kaiser vaccine site.

In order to make an appointment at a Kaiser location, the member will need to share their information with Kaiser and sign up at kp.org/covidvaccine. Kaiser Permanente will assign a medical record number that can be used to schedule a vaccine appointment online. This medical record number can and should only be used for the COVID-19 vaccine appointment. No other healthcare services from Kaiser will be covered by Blue Shield of California or Blue Shield Promise or allowed by Kaiser Permanente for non-Kaiser members.

58. What should members expect at their appointment?

You will need to check in and may be asked for a form of identification to match the name on the appointment.

Be prepared to wait around after.

When you get vaccinated, you may need to wait for about 15-30 minutes after getting the shot. This helps the healthcare team see if you have any bad reaction to it. If you have an underlying medical condition, or have allergies, please notify the on-site staff so that they can observe you for at least 30 minutes.

Ask for your vaccination card or printout afterward. This will tell you:

- What COVID-19 vaccine you received
- The date you received it
- Where you received it

This card can serve as proof or verification that you received the COVID-19 vaccine.

Tip: Take a picture of this card or printout so you have a copy in case you lose it.

The CDC has info on [what to expect at your appointment](#).

59. Will vaccine sites be accessible?

All vaccine clinics in California are required to ensure sites and services are accessible in accordance with the ADA (Americans with Disabilities Act) requirements.

60. How can members get the vaccine at home if they are unable to travel to a vaccine site?

For current options, for homebound patients, check with their healthcare provider first. They can also check with their local health department or local pharmacy.

61. What should the member do if they feel like they're having symptoms prior to the appointment?

If you feel like you may have COVID-19 symptoms prior to your appointment, you should postpone your appointment. Reschedule it when you have recovered from your illness and have met the criteria for ending isolation.

If you have COVID-19 but don't have symptoms, you should also wait until you meet the [criteria](#) before getting the vaccine.

This guidance also applies to people who get COVID-19 before getting their second dose of vaccine.

The CDC recommends:

- If you tested positive, had only mild symptoms, and were not treated for the coronavirus, you should wait at least 10 days since the start of COVID-19 symptoms and satisfy criteria to discontinue isolation before getting the COVID-19 vaccine.
- Wait 90 days to get the vaccine if you recovered from a COVID-19 infection and were treated with monoclonal antibodies or convalescent plasma.

62. What resources are available to help the member get to the vaccine site?

If the member has a Blue Shield Medicare Advantage or Blue Shield Promise Medi-Cal and Cal MediConnect plan, they may have access to transportation benefits. Members can refer to the Evidence of Coverage for benefit information or call Customer Care at the number on the back of their ID card.

To schedule a pick up, members can call Call the Car at:

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- Blue Shield Medicare Advantage plans: Call [\(855\) 200-7544](tel:8552007544) (TTY:711)
- Blue Shield Promise Medi-Cal and Cal MediConnect plans: Call [\(877\) 433-2178](tel:8774332178) (TTY: 711)

This includes roundtrip transportation to receive the COVID-19 vaccine. Call the Caris available 24/7. Members should try to schedule their ride 24 hours in advance.

63. Are members required to remember the manufacturer of their first COVID-19 vaccine to ensure the second is from the same manufacturer?

No. Providers will have access to a vaccine registry to ensure members get the proper vaccine for the second dose.

64. What if members miss their appointment for the second dose? Does timing matter?

Members should get their second dose as close to the three to four week waiting period as possible. This will help ensure members get the best protection possible.

65. If members get a vaccine at one location, do they have to go back to the same location?

It is preferred that the member return to the same provider that gave them their first dose. However, this may not always be possible. For example, long-term care residents may have received their first vaccine in the facility but then get discharged. In this case, they can go to another location that provides the same type of vaccine they first received. The type of vaccine the member received is listed in their Medical Record or on the immunization card given to them after the first shot.

Also, the California Immunization Registry allows providers to check which vaccine the member received for their first dose. This can help ensure the member receives the same vaccine for their second dose.

The member may also receive a reminder card for their follow-up dose. Keep this card handy as it should also include the type of vaccine the member received. Members can also take a photo of this card so they have it in case you they lose the card.

66. How long does it take to be protected after vaccination?

Protection from the vaccines is not immediate and varies by type. In most cases, it will take one to two weeks following the full dose to get the most protection the vaccine can offer.

As the Johnson & Johnson vaccine is a single shot, it provides the quickest protection. For the two-dose Pfizer and Moderna vaccines, some protection begins building after the first shot (about 50% effectiveness two weeks after first dose). But you'll get the most protection one to two weeks following the second dose.

Vaccine timing for full protection:

Pfizer: Full protection 5 weeks after first dose, 3 weeks between doses

Moderna: Full protection 6 weeks after first dose, 4 weeks between doses

Johnson & Johnson: 2 weeks after first and only dose, No waiting period for second dose"

67. Are there any side effects of the COVID-19 vaccines?

Minor side effects are normal with most vaccines including the COVID-19 vaccines but are also brief. We will know more about side effects of the COVID-19 vaccines as more information becomes available.

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Early reports show some [short-term side effects](#) may include:

- Fatigue
- Fever
- Chills
- Headache
- Muscle aches
- Joint pain
- Pain at the injection site

These symptoms are signs that the body is building immunity. They may be uncomfortable. The good news is these side effects don't last long.

[Severe allergic reactions](#) to the COVID-19 vaccines are extremely rare and have not resulted in any deaths.

*If you received a Johnson & Johnson vaccine in the past three weeks, please watch for these rare blood clot symptoms. These include:

- severe headache
- abdominal pain
- leg pain
- shortness of breath

If you develop any of the above symptoms after receiving the Johnson & Johnson vaccine, contact your healthcare provider right away.

What to expect after getting the vaccine

68. What should the member expect after getting the vaccine?

Chances are you will have some side effects after getting the vaccine. These are normal signs that your body is building protection. Side effects are normal with any vaccine. They should go away in a few days.

According to the CDC, common side effects on the arm where you got the shot include:

- Pain
- Redness
- Swelling

Common side effects throughout the rest of your body include:

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

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Talk to your doctor about taking over-the-counter medicine for any pain and discomfort you may experience after getting vaccinated. These may include ibuprofen, acetaminophen, aspirin, or antihistamines.

It is not recommended you take these medicines before vaccination for the purpose of trying to prevent side effects.

To reduce pain and discomfort where you got the shot, the CDC recommends you:

- Apply a clear, cool, wet washcloth over the area
- Use or exercise your arm

In addition, to reduce discomfort from fever, if you have one, drink plenty of fluids and dress lightly.

69. What is Cerebral Venous Sinus Thrombosis (CVST) and why is there a concern?

Cerebral Venous Sinus Thrombosis is a rare and severe type of blood clot in the brain that can be life-threatening and requires immediate medical attention.

There is a risk of getting CVST from COVID-19 infections. There is also a risk of getting CVST from the Johnson & Johnson vaccine, though the [CDC has said that those adverse events appear to be extremely rare](#). And CVST also happens without COVID-19 or vaccines. The challenge for the CDC, FDA, and ACIP is to gather more information and then weigh the benefits and potential risks of the vaccine to determine whether to put limits or warnings on the use of it.

They also need to decide if there are some groups of people that might be at higher risk and should avoid certain vaccines or get more tests before getting vaccinated. More details will be provided when the ACIP reconvenes.

70. If a member has already received a Johnson and Johnson vaccine. What do they need to know?

If a member received their vaccine more than 3 weeks ago and has not had any of the symptoms noted below, they do not need to worry.

If they've had a Johnson & Johnson vaccine in the past one to three weeks, they should watch for these rare blood clot symptoms. These include:

- severe headache
- abdominal pain
- leg pain
- shortness of breath

If the member develops any of the above symptoms after receiving the Johnson & Johnson vaccine, they should contact their healthcare provider right away.

71. When should the member call a doctor?

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In most cases, discomfort from pain or fever is a normal sign that your body is building protection. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot gets worse after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction (anaphylaxis) after leaving the vaccination site, seek immediate medical care by calling 911.

[See this handout](#) for details about what to expect after getting the vaccine.

If you got a Johnson & Johnson vaccine in the past three weeks and develop any of the above symptoms of a blood clot, contact your healthcare provider right away.

72. What should the member do if they think they are having an allergic reaction?

If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination provider site, seek immediate medical care by calling 911.

- An allergic reaction is considered severe when a person needs to be treated with epinephrine or EpiPen® or if they must go to the hospital.
- An immediate allergic reaction means a reaction within 4 hours of getting vaccinated, including symptoms such as:
 - Hives
 - Swelling
 - Wheezing (respiratory distress).

If the allergic reaction – severe or not – was after an mRNA COVID-19 vaccine (Pfizer and Moderna), you should not get a second shot of either of these vaccines. Ask your doctor about your options.

Visit the CDC's site to learn more about [allergic reactions after a vaccine](#).
Learn about [getting a different type of vaccine after an allergic reaction](#).

73. Why does the member have a rash several days or weeks since getting the vaccine?

The CDC has learned of reports that some people have experienced a red, itchy, swollen, or painful rash where they got the shot.

These rashes can start a few days to more than a week after the first shot and are sometimes quite large. They are also known as "COVID arm."

If you experience "COVID arm" after getting the first shot of the Pfizer or Moderna vaccine, you should still get the second shot at the recommended interval.

Tell your vaccination provider that you experienced a rash or "COVID arm" after the first shot. They may recommend that you get the second shot in the opposite arm.

If the rash is itchy, you can take an antihistamine. If it is painful, you can take a pain medication like acetaminophen or a non-steroidal anti-inflammatory drug (NSAID) like ibuprofen.

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74. What should the member do if they are vaccinated, but have COVID-19 symptoms?

In the rare instance that you catch the virus after getting the vaccine, and are experiencing COVID-19 symptoms, you should contact your doctor. They may recommend you get a COVID-19 test.

If you have COVID-19, you should continue to follow current guidance to protect yourself and others.

[See guidance from CDC for if you are sick](#)

[See guidance from CDC for when you can be around others after recovery](#)

75. What should the member do if they are vaccinated, but have been exposed to someone with COVID-19?

- Vaccinated people who have been exposed to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria, according to the CDC:
- Are fully vaccinated. This means:
 - Two weeks or more since getting the second dose in a two-dose series.
 - Two weeks or more since getting one dose of a single-dose vaccine.
- Are within three months of getting the last dose in the series.
- Have had no symptoms since the exposure.

People who do not meet all three of the above criteria should quarantine and follow current [quarantine guidance](#).

Fully vaccinated people who do not need to quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure.

76. When can an individual consider themselves fully vaccinated?

After any vaccination, it takes time for your body to build protection. People are considered fully vaccinated:

- Two weeks after the second dose of the Pfizer or Moderna vaccines
- Two weeks after the single-dose of the Johnson & Johnson vaccine

You should keep using all the tools available to [protect yourself and others](#) until you are fully vaccinated.

77. What are key things to know after being fully vaccinated?

COVID-19 vaccines are effective at preventing COVID-19 disease, especially severe illness, and death.

However, we're still learning how long the protection from the vaccines last. We're also learning how effective the vaccines are against variants of the virus. Early data show the vaccines may work well against some variants but could be less effective against others. In addition, we're not yet sure how well the vaccines keep people from spreading COVID-19. Early data indicates that the vaccines may help reduce the spread, but more research is needed.

Until we know more about all of these things, everyone — even people who've had their vaccines — should continue [taking basic prevention steps](#). These include:

- Staying home and isolating when you're sick
- Wearing masks
- Washing hands often

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- Practicing social distancing
- Minimizing mixing with other households

78. What are individuals allowed to do after being fully vaccinated?

If you've been fully vaccinated, you can start to do some of the things that had to stop because of the pandemic:

- You can gather indoors with fully vaccinated people without wearing a mask.
- You can gather indoors with unvaccinated people from one other household. For example, visiting with relatives who all live together, without masks. But this only applies if none of those people or anyone they live with has [an increased risk for severe illness from COVID-19](#).
- You do not need to stay away from others or get tested unless you have symptoms, if you've been around someone who has COVID-19.

Please note: If you live in a group setting (like a correctional or detention facility or group home) and are around someone who has COVID-19, you should still stay away from others for 14 days and get tested, even if you don't have symptoms.

79. Is wearing a mask still advised after getting the COVID-19 vaccine?

Yes, in certain situations. Experts still need to learn more about the protection that COVID-19 vaccines provide under real-life conditions.

This means, for now, you should continue to use all the tools available to help stop this pandemic when you're:

- In public
- Gathering with unvaccinated people from more than one other household
- Visiting with an unvaccinated person who is at [increased risk of severe illness](#) or death from COVID-19 or who lives with a person at increased risk

80. What does the individual need to be especially cautious about?

Even if you're fully vaccinated:

- You should still avoid medium or large-sized gatherings
- You should still delay domestic and international travel. If you do travel, you'll still need to follow [CDC requirements and recommendations](#).
- You should still watch out for [symptoms of COVID-19](#), especially if you've been around someone who is sick. If you have symptoms of COVID-19, you should get tested and stay home and away from others.
- You will still need to follow guidance at your workplace.

Learn about [other FAQs about the COVID-19 vaccine](#) from the CDC.

81. Will members be exempt from stay at home orders/restrictions if they get a vaccine?

No. Until as many people as possible are vaccinated, it's important to continue to with preventive measures as noted above.

82. Will members need a booster shot?

Although the CDC has not yet determined if booster shots will be necessary, both Pfizer and Moderna are developing and testing booster shots that will be ready in the case that they are. More research is needed and studies are underway.

Vaccine support for employers

83. How are Blue Shield and Blue Shield Promise communicating to members on the availability of COVID-19 vaccine and how they can get vaccinated?

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Blue Shield of California is ensuring our members are informed with the latest information on the COVID-19 vaccine through a dedicated member resource web page that provides information about vaccine eligibility and locations administering vaccines. The [primary web resource](#) is amplified through email and/or direct mail touchpoints.

84. How do I know if my employees are part of the first phase of the vaccination?

Blue Shield understands the importance of reliable information and urgency to receive the COVID-19 vaccination. Planning ahead, we recommend employers to review the CDC's [COVID-19 Vaccination Program Interim Playbook](#) and the [California Department of Public Health COVID-19 Vaccine Planning FAQ guidelines](#) to determine the vaccine rollout plan.

85. Can I mandate vaccinations as an employer? How should I, as an employer, handle maximizing vaccinations to either ensure the safety of my employees already back to work or get my employees back to work as quickly as possible?

Employers should consult with their internal and external legal teams regarding these types of questions and compliance with state and federal regulatory guidelines for work performance mandates, tracking health/vaccinations, and implementing safety in the workplace. Blue Shield cannot provide employers with legal or compliance advice regarding employment practices.

86. How do I effectively and legally confirm my employees have been vaccinated for COVID-19 including all recommended dosages?

Employers should comply with state and federal guidelines on privacy and seek guidance from their legal and privacy advisors. Blue Shield cannot provide employers with legal or compliance advice regarding employment practices.

87. Is Blue Shield assisting employers with on-site vaccinations?

California is expected to have COVID-19 vaccines available by the summer of 2021. Disbursement is limited and controlled at the state level and follow [allocation guidelines](#) set forth by the CDPH. For more information on COVID-19 Vaccines, see [COVID19.CA.GOV](#).

88. How will Blue Shield be supporting employers with getting their workforce vaccinated?

Blue Shield of California is encouraging its members and employees to get the vaccine when they are eligible, including targeted communications to employers and employees as they become eligible for vaccinations. We have published [articles](#) to address how employers can integrate [vaccine guidelines](#) into their workforce policies. Employers are directed to our dedicated COVID-19 [web resource](#) which provides tools and information to prepare their workforce for vaccinations.

Prior authorization

89. Will there be an extension to current prior authorizations for elective surgeries or will providers need to resubmit for approval? Will there be a difference between inpatient and outpatient procedures?

Blue Shield and Blue Shield Promise have extended the timeframes for all prior authorization requests to 180 days from the original request in an effort to mitigate the impact of shelter-at-home protocols and provider office closings. This applies to both inpatient and outpatient procedures but does not apply to urgent/emergent admission stays that may occur during this time.

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Pharmacy

Medication

90. Are there any prescription medications to treat COVID-19?

The drugs chloroquine and hydroxychloroquine had received FDA authorization for emergency use (EUA) to treat hospitalized (inpatient) patients only; however, as of June 15, 2020, these drugs had their EUA revoked and will not be covered for COVID-19 treatment for inpatient members or for prophylactic purposes. Outpatient treatment still consists of symptom treatment and/or supportive care.

The drug Veklury (remdesivir) has received emergency use authorization from the FDA to include treatment of all hospitalized adult and pediatric patients with suspected or laboratory confirmed COVID-19, irrespective of severity of disease. This drug is NOT approved by the FDA for any other use.

Blue Shield is closely monitoring announcements from the Centers for Disease Control (CDC) and Food and Drug Administration (FDA) for prescription drugs and vaccines that become available for the treatment or prevention of coronavirus to support access for our members.

There are currently two products that have the FDA's Emergency Use Authorization: Carisivimab/imdevimab, made by Regeneron, and Bamlanivimab, made by Eli Lilly. Both Carisivimab/imdevimab and Bamlanivimab are approved for the treatment of mild to moderate COVID-19 in adults and pediatric patients (age ≥12 years, weight ≥40 kg) with positive SARS-CoV-2 test, and who are at high risk for progressing to severe COVID-19 and/or hospitalization. These medications are currently paid for by the US government. The administration of the drugs will be covered as applicable by the members' health plans.

91. Can Blue Shield and Blue Shield Promise members receive home health infusion by a nurse in their home instead of going to a hospital in order to avoid exposure to COVID-19, and help reduce traffic at the hospital?

If members normally receive drug infusion services in a facility, they should talk with their doctor about whether their drug infusion services should be continued and if they can be administered in home instead. If the member's physician or authorized prescriber determines they can safely receive drug infusions at home, Blue Shield and Blue Shield Promise members are eligible for physician-ordered and plan authorized home infusion services. To find a home infusion provider, members can search our Find a Doctor website or call Member Services at the number on the back of Blue Shield member ID card.

- [Blue Shield Commercial and Medicare Advantage Find a doctor tool](#)
- [Blue Shield Promise Medicare Find a doctor tool](#)
- [Blue Shield Promise Cal MediConnect Find a doctor tool](#)
- [Blue Shield Promise Medi-Cal Find a doctor tool](#)

Monoclonal antibodies

92. What are monoclonal antibodies? What are the monoclonal antibodies used to treat COVID-19 and when can they be used?

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Monoclonal antibodies are laboratory-produced molecules engineered to serve as substitute antibodies that can restore, enhance or mimic the immune system's attack on cells. The monoclonal antibodies are designed to block viral attachment and entry into human cells, thus neutralizing the virus. It is designed to limit viral replication and may be effective for the treatment of COVID-19 in patients who are at high risk for progressing to severe COVID-19 and/or hospitalization.

There are currently two treatments that have the FDA's Emergency Use Authorization: Carisivimab/ imdevimab, made by Regeneron, and bamlanivimab with etesevimab, made by Eli Lilly.

Both Carisivimab/imdevimab and Bamlanivimab with etesevimab, are approved for the treatment of mild to moderate COVID-19 in adults and pediatric patients (age ≥12 years, weight ≥40 kg) with positive SARS-CoV-2 test, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

93. Are monoclonal antibodies given at the hospital? How are they given?

No, they are given in the outpatient setting by a home infusion nurse in your home, physician's office, or an outpatient infusion center. Neither drug is authorized for patients who are hospitalized or require oxygen therapy.

The products are given as a one-time dose. They are given intravenously through a needle that is placed in the patient's vein by a nurse or doctor. Patients will only need to take one of these drug regimens

94. How are the monoclonal antibodies being distributed for use? What is the availability in CA?

The Department of Health and Human Services (HHS) is coordinating with both manufacturers to ensure that all states receive an allocation of the drugs based on the number of confirmed COVID cases and number of hospitalized patients on a weekly basis. Supply of the drugs is limited and CA has received a supply of the medications.

More information may be found at the following website:

https://www.phe.gov/emergency/events/COVID19/investigation-MCM/cas_imd/Pages/faq.aspx

Prescription refills

95. Are members allowed to fill their prescriptions earlier or have larger fill or refill amounts to offset difficulties with getting medications?

For the duration of the public health emergency, Blue Shield and Blue Shield Promise will waive early refill limits on prescription medications. This applies to our commercial, Medicare, Cal MediConnect, and Medi-Cal members.

Blue Shield does not recommend stockpiling medications. However, early refill limits have been adjusted so that members can refill an extended supply of their medication according to their benefit. For any questions regarding early refills, members may call the Members Services number on the back of their Blue Shield member ID card.

96. What happens if there are shortages of medications due to this pandemic?

In the event of a prescription drug shortage, Blue Shield has a standard process in place to take immediate steps so that members have access to alternative medications to treat their condition. Blue Shield's process includes monitoring drug shortage notifications

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from the FDA, evaluating and changing formulary coverage, and if necessary, identification of alternative medications to treat the same condition. Affected members and their prescribers will be notified of the shortage and applicable treatment alternatives in the event of a shortage.

97. How can a member practice social distancing and conveniently access their prescription medications?

Members can practice social distancing by:

- Contacting their local retail pharmacy about delivery services. Many pharmacies are offering free delivery service during this time of social distancing.
- Filling their medications at pharmacies with drive-through pick-up options.
- Filling extended day supply of maintenance medications.
- Commercial members can access 90-day supplies of maintenance medications used to treat chronic conditions through our mail-service pharmacy, CVS Caremark. Members can contact their doctor to switch to a 90-day prescription.
- Medicare and Cal MediConnect members can also fill a prescription for a 90-day supply of maintenance medications at retail pharmacies in addition to our mail service pharmacy. Call the local pharmacy to ask about delivery or use the drive-thru window when picking up prescriptions, when possible.
- Medi-Cal members can also fill a prescription for up to 100-day supply of their medications at retail pharmacies and through our mail service pharmacy.

For more information on how to fill extended day supply prescriptions through CVS Caremark, visit our [website](#) at and select "Mail Service Pharmacy" under the "Pharmacy Networks" section. Members can also call CVS Caremark directly at (866) 346-7200.

Virtual care

98. Does your standard employer group plan contract cover telemedicine?

Telemedicine services are covered under Blue Shield's standard plan designs for fully insured and self-funded (ASO and Shared Advantage/Shared Advantage+), as follows:

- For all plans, telemedicine services are available as a covered benefit through those network providers that offer such services, including Mental Health Service Administrator participating providers.
- For fully-insured plans, telemedicine services are also available through Teladoc and Nurse Help 24/7.
- For self-funded plans, telemedicine services may also be available through Teladoc and Nurse Help 24/7, if the plan sponsor has elected to offer those programs.

In addition, Blue Shield is expanding access to telemedicine services in response to COVID-19 by allowing providers to offer COVID-19 screening services using an expanded range of telemedicine platforms, performed appropriately during the COVID-19 public health emergency. Please visit the [website](#) for further detail regarding the availability of telemedicine services.

99. Will Blue Shield cover Teladoc COVID-19 services?

In 2020, during the public health emergency, copays and co-insurance for any Teladoc visits, medical and behavioral health², were waived for members enrolled in all Blue Shield commercial plans and all employer-sponsored plans that offered Teladoc, whether or not related to COVID-19.

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In 2021, we are continuing to offer Teladoc services at \$0 cost-share for all fully-insured group health plans and non-grandfathered IFP for both medical and behavioral health services. ASO groups interested in offering this coverage to members can reach out to their account team.

Members enrolled in Blue Shield's Medicare Advantage and Medicare Supplement plans already enjoy \$0 out-of-pocket costs for Teladoc medical services and members enrolled in Trio and Tandem enjoy \$0 out-of-pocket costs for Teladoc medical and behavioral health services.

² For Blue Shield plans that offer Teladoc dermatology services, the waiver of cost sharing did not apply to those services.

100. If a member pays for the co-payment, either through an office visit or Teladoc, because the provider requested payment at time of service, will they be reimbursed?

If a member is improperly charged for a co-payment, the member should call the number on the back of their member ID card and Customer Care will work with them to get a reimbursement issued.

Behavioral health

101. What behavioral health services does Blue Shield offer for members during this public health emergency?

Through December 31, 2020, Blue Shield made Teladoc health, including behavioral health services, available with no member cost sharing for all members with access, including all Blue Shield fully-insured commercial plans.

In 2021, Blue Shield is continuing to offer Teladoc services at \$0 cost-share for all fully-insured group health plans and non-grandfathered IFP for both medical and behavioral health services.

Blue Shield Promise Medicare Advantage, Cal MediConnect, and Medi-Cal members will be able to leverage tele-behavioral health services through Teladoc as well as Beacon Health Options.

Members can log in to their online account to see if they have access to Teladoc.

For all plans that include Teladoc behavioral health, services include encounters with psychiatrists, psychologists, licensed clinical social workers, and marriage family therapists.

Not all ASO only and other self-funded groups offer Teladoc services. Members in self-funded plans can verify the availability of Teladoc services with their employer or by calling Blue Shield's Customer Care.

Mental health services also continue to be available from providers other than Teladoc. If the Evidence of Coverage (EOC) or Certificate of Insurance (COI) states that mental health services are available through the Mental Health Services Administrator (MHSA) network, members can search for providers in the MHSA network through the provider directory. The standard office visit copay applies to MHSA tele-behavioral health appointments.

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Blue Shield also provides our LifeReferrals 24/7 SM Employee Assistance Program (EAP) to all fully insured large (101+) groups and it is available as an optional buy-up for self-funded employers. The LifeReferrals 24/7 program offers access to support services 24 hours a day, seven days a week, including assessments and referrals for consultations for health and psychosocial issues. Professional counselors can provide confidential telephone or in-person support by appointment.

Specialty

102. Will Blue Shield cover the cost of personal protective equipment (PPE) required by the American Dental Association?

After careful consideration it was determined that we will discontinue our \$10 PPE benefit after 8/31/20. This decision was based on programs now available to Dental Providers, including a \$10M relief package offered by Dental Benefit Provider (DBP). Our program was intended to serve as a stop-gap while other programs were being established.

For dates of service on or before 8/31/20, the provider will include the PPE charge on the claim for reimbursement. Blue Shield's dental plan administrator is notifying network providers of this program so members should not be billed. Should a member visit an out-of-network provider and receive PPE charges, they can submit a claim to be reimbursed for the charge.

103. Will there be a special enrollment period for dental and vision plans?

Yes. For Small Group (1-100), employer groups may enroll new members off-anniversary through a Special Enrollment Period (SEP) through November 30, 2020, with December 1, 2020 as the latest effective date. This SEP is for employees who previously declined dental and vision coverage for themselves or their dependents. Enrollment requests must be received on or before the 1st of the month for which enrollment is being requested.

This applies to all fully insured employers; self-funded plan sponsors typically determine eligibility of group coverage, which is described in their plan document.

104. How are Blue Shield of California Dental members being served during the COVID-19 outbreak?

Most dental offices have resumed normal in-office hours with enhanced COVID-19 protocols.

All dental plans include tele-dentistry codes to allow for virtual dental visits if someone does not feel comfortable going into the office.

To take advantage of tele-dentistry, a provider would need to submit either one of 2 covered codes (D9995 and D9996). These benefits are covered in full to the member. The member can call the customer service number on the back of their ID card for tele-dentistry or provider information.

Eligibility and enrollment

Special Enrollment Period

105. Will there be a special enrollment period for individuals who wish to enroll at this time?

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Yes. For Small Group (1-100), employer groups may enroll new members off-anniversary through a Special Enrollment Period (SEP) through November 30, 2020, with December 1, 2020 as the latest effective date. This SEP is for employees who previously declined coverage for themselves or their dependents. Enrollment requests must be received on or before the 1st of the month for which enrollment is being requested.

This applies to all fully insured employers, and includes enrollment for medical plans, dental plans, and vision plans. Self-funded plan sponsors typically determine eligibility of group coverage, which is described in their plan document.

Blue Shield will also align with Covered California and have a Special Enrollment Period for Individual and Family as a result of the current COVID-19 outbreak.

Eligibility

106. Is Blue Shield enforcing active-at-work and minimum work hours?

Fully insured groups: The terms of the group service agreement continue to apply to employee eligibility for coverage. Please refer to your agreement, and note that there are provisions in most group service agreements that may allow for continued coverage for members who are impacted by a temporary suspension of work or temporary reduction of hours in certain circumstances (such as a layoff, furlough, or approved leave of absence), if permitted under the employer's policies regarding coverage, under the following conditions:

- If the subscriber ceases active work because of a disability due to illness or bodily injury, or because of an approved leave of absence or temporary layoff, payment of dues for that subscriber shall continue coverage in force in accordance with the employer's policy regarding such coverage.
- If the employer is subject to the California Family Rights Act of 1991 and/or the Federal Family & Medical Leave Act of 1993, and the approved leave of absence is for family leave pursuant to such Acts, payment of dues for that subscriber shall keep coverage in force for the duration(s) prescribed by the Acts. The employer is solely responsible for notifying employees of the availability and duration of family leaves.

ASO/SA+: Self-funded groups/Plan sponsors typically determine eligibility and continuation of group coverage, which should be described in the plan document. If the plan document does not detail furlough or reduction-in-force situations, the plan sponsor would have to make a determination of how to proceed with employees in these situations. For example, employees (and their dependents) who lose eligibility for coverage due to a furlough or reduction in force may be eligible to elect continuation coverage under COBRA or Cal-COBRA.

If the employer/plan sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off/furloughed and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

COBRA/Unemployment benefits

107. What is the COBRA subsidy provision in the American Rescue Plan Act of 2021 and how does this impact COBRA coverage?

The [American Rescue Plan Act \(ARPA\)](#), signed on March 11, 2021, is a \$1.9 trillion economic relief bill in response to the ongoing COVID-19 pandemic. A key component

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of this Act is a COBRA subsidy for qualifying individuals as outlined under [Section 9501 Preserving Health Benefits for Workers](#).

Under this provision, a temporary subsidy is being offered to offset the cost of COBRA (and Cal-COBRA) coverage for qualifying individuals who have lost employer-sponsored health coverage due to involuntary termination or reduction in hours.

For qualifying coverage months between April 1, 2021 and September 30, 2021, assistance-eligible individuals will be required to pay \$0 for COBRA/Cal-COBRA premiums. Individuals who experienced a qualifying loss of coverage and have not yet exhausted available COBRA continuation coverage, based on the original event date, may be eligible to enroll effective April 1, 2021 with this subsidy – even if they are not currently enrolled in COBRA coverage.

Plan sponsors (employer groups responsible for Federal COBRA coverage) are generally required to fund the premium subsidy but will be able to recover the cost through a quarterly payroll tax credit. For CalCOBRA plans, Blue Shield will fund the premium subsidy for eligible members.

This subsidy program also requires plan sponsors and their COBRA administrators to notify potentially eligible individuals of their ability to elect the COBRA subsidy.

To learn more about the COBRA subsidy and eligibility information, please visit our [resource page](#) where you will find additional details, FAQs, and copies of the notices for eligible employees.

108. How is Blue Shield responding to the COBRA Subsidy provision of the American Rescue Plan Act of 2021?

In scenarios where Blue Shield is the CalCOBRA administrator, Blue Shield will be responsible for sending election notices to potentially eligible individuals and covering premium costs for eligible members. This notice will include additional details on subsidy criteria and provide information on how qualified individuals can enroll.

To learn more about the COBRA subsidy and eligibility information, please visit our [resource page](#) where you will find additional details, FAQs, and copies of the notices for eligible employees.

109. Will Blue Shield allow customers to continue employee health benefits if part of the workforce is laid-off in response to the COVID-19 crisis?

Fully insured groups: Yes, assuming the employer continues to remit premium payments for workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

Self-funded groups: Yes, assuming the plan sponsor continues to pay administrative fees, claims, and stop loss premiums (if applicable) for the workforce that is laid off and not actively at work in the same manner as prior to COVID-19 crisis, there would be no change in coverage.

110. If my employees are laid off, what are their options for continued medical coverage?

- Employees can remain on group plan under the conditions described above; or
- Employees can elect Cal-COBRA/COBRA, if eligible, and will be liable to pay the full costs of coverage (unless their employer chooses to subsidize Cal-COBRA/COBRA premiums); or

- Employees can enroll in the individual marketplace (e.g., through Covered California). Blue Shield and Covered California open enrollment has been extended through June 30th as a result of the current COVID-19 outbreak. Employees may benefit from government subsidies to help pay for these premiums.

111. If an employee is laid off and then re-hired, how long is the waiting period before they can join the medical plan?

Fully insured groups: Blue Shield standard provision allows for waiving of waiting period if rehired within six months of cancellation of coverage. Check your contract for further details.

Self-funded groups: The plan sponsor/employer is responsible for eligibility determinations and should refer to the applicable provisions of their plans regarding eligibility and waiting periods for employees who are re-hired.

112. Can groups temporarily suspend their medical plans if they shut down, rather than cancel and re-write?

Groups may not temporarily suspend their plans.

113. Can Blue Shield provide a group with a COBRA plan that is different from the plan the group offers to its active employees?

Groups are responsible for COBRA administration. In general, COBRA enrollees cannot be offered a plan that is different from the plan(s) offered to active employees, and a COBRA qualified beneficiary is entitled to elect COBRA continuation coverage only in the plan in which they were enrolled at the time of their COBRA qualifying event. If the employer offers multiple plans, a COBRA enrollee generally must wait until open enrollment to change plans. However, Blue Shield is currently offering a special enrollment period that may allow a COBRA enrollee to make a plan change outside of open enrollment if the employer offers multiple plans. Any plan options made available to COBRA enrollees would also need to be available for active employees, who would also be eligible for the special enrollment opportunity that is being offered by Blue Shield. See other FAQ for details on the special enrollment opportunity.

114. Is Blue Shield allowing a special enrollment period as a result of the Taxpayer Certainty and Disaster Tax Relief Act?

Blue Shield is not offering additional flexibility for mid-year election changes based on the new guidance under the [Taxpayer Certainty and Disaster Tax Relief Act](#) and will continue to abide with existing rules that define when mid-year election changes are permissible.

115. Is Blue Shield providing plan election changes in response to the IRS guidance issued in May 2020?

Blue Shield is no longer offering downgrades in plan designs off-cycle, unless determined otherwise, on a case-by-case basis. Blue Shield will continue to offer plan election changes that were in place prior to this guidance at renewal.

In addition, Blue Shield was previously offering a Special Enrollment Period (SEP) for Small Group which ended on November 30, 2020. Blue Shield's COVID-19 SEP allowed individuals who previously declined coverage for themselves and/or their dependents to enroll without any of the standard qualifying life events. This COVID-19 SEP applied only to fully insured groups; self-funded plan sponsors typically determine eligibility of group coverage themselves.

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116. What is the DOL guidance on the extension of certain COBRA and other deadlines during the “Outbreak Period”?

The DOL guidance provides an extension of certain standard deadlines related to COBRA continuation coverage, special enrollment, claims submissions, and appeals during the period from March 1, 2020 until 60 days after the announced end of the National Emergency, or such other date announced by the Agencies* (the "Outbreak Period"). The length of the deadline extension is one year, or until the end of the Outbreak Period - whichever comes first. Under the guidance, group health plans that are subject to ERISA must disregard the Outbreak Period in determining the following periods and dates:

- Deadlines for requesting special enrollment following qualifying life events
- Deadlines to elect COBRA and pay COBRA premiums
- The date for individuals to notify the plan of a qualifying event or determination of disability
- The dates within which individuals may file a benefit claim under the plan's claims procedures
- Deadlines for appealing an adverse benefit determination and requesting external review

The DOL guidance also permits plan sponsors and administrators to disregard the Outbreak Period when determining the deadline for providing eligible employees and qualifying beneficiaries a COBRA election notice.

*Employee Benefits Security Administration, Department of Labor, Internal Revenue Service, and Department of the Treasury (the Agencies).

117. What does the DOL guidance on the extension of certain COBRA and other deadlines during the “Outbreak Period” mean for employees/Blue Shield members?

Under this guidance, for the duration of the Outbreak Period, all of the special enrollment, COBRA, claim submission, and appeals deadlines identified above will be extended. The length of the deadline extension is one year, or until the end of the Outbreak Period - whichever comes first. This means that for any member who would have otherwise been subject to one of these deadlines during this period, that member will have the deadline extended. This would provide the member with additional time to, as applicable, elect special enrollment, elect COBRA and pay COBRA premiums, notify their plan sponsor of qualifying events* and determinations of disability, file benefit claims and appeals, and submit requests external review.

*Refer to [Department of Labor's Employers Guide](#) to Group Health Continuation and Coverage Under COBRA for list of qualifying events.

118. How is Blue Shield responding to the Department of Labor guidance regarding the extension of certain COBRA deadlines during the COVID-19 Outbreak Period?

The U.S. Department of Labor (DOL) announced on April 28 guidance for regulatory relief providing for “extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak.” The DOL notice requires that from March 1, 2020 until 60 days after the announced end of the National Emergency, or such other date announced by the Agencies* (the "Outbreak Period"). The length of the deadline extension is one year, or until the end of the Outbreak Period - whichever comes first, standard regulatory timeframes related to COBRA continuation coverage, special enrollment, claims, and appeals should be disregarded. This guidance applies to all health plans subject to the Employee Retirement Income Security Act of 1974 (ERISA).

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The following Blue Shield plans are subject to ERISA:

- Small business (1-100) plans
 - Note: Federal COBRA does not apply for groups under 20 employees
- Large group (101+) fully insured plans
- Large group (101+) self-funded/Administrative Services Only (ASO) plans
- Shared Advantage and Shared Advantage Plus plans

Non-ERISA plans include government and church-sponsored plans.

For more information, please refer to our DOL guidance [FAQs](#) and the DOL [website](#).

119. How is Blue Shield responding to the guidance regarding the extension of certain COBRA deadlines during the COVID-19 Outbreak Period?

According to the guidance, the Outbreak Period must be disregarded when calculating a qualified beneficiary's 60-day election period for COBRA continuation coverage, as well as when determining the date on which a qualified beneficiary is required to make COBRA premium payments. COBRA administration is generally the employer group's obligation, and Blue Shield cannot provide legal or compliance advice on how to satisfy applicable COBRA requirements. We are providing the information below to address how Blue Shield will handle retroactive enrollment and disenrollment requests related to a group's implementation of the extended COBRA deadlines.

If a group wants to keep a COBRA enrollee's coverage in force, the group is required to pay the applicable premium. If the group has not received the premium payment from the COBRA qualified beneficiary, Blue Shield will not make an exception to this requirement. In this case, the group would have two options:

- (1) Pay the premium on behalf of the COBRA enrollee to keep the coverage in force and try to collect the premium from the COBRA enrollee; or
- (2) Disenroll the COBRA enrollee until the COBRA enrollee pays the applicable COBRA premium, at which point the group could seek to retroactively enroll the individual.

If a group follows option (1) and the COBRA enrollee fails to timely pay the required COBRA premium, the group may want to retroactively disenroll the individual and obtain a refund of the premium paid on the individual's behalf. A group's ability to request retroactive disenrollment and obtain a premium refund is defined in the group agreement. Blue Shield's group agreements generally limit retroactive disenrollment requests to a period of 60 or 90 days (groups should check their agreements for the applicable limitation). Blue Shield will not make exceptions to permit retroactive disenrollment going back further than what is permitted under the group's agreement, even if the retroactive disenrollment is related to the extended COBRA deadlines.

For option (2), Blue Shield will extend retroactive enrollment timelines beyond the current limitations in our group agreements to permit employers to make retroactive enrollments that are required to comply with the extended COBRA deadlines. For example, if an employer delays enrollment of a COBRA qualified beneficiary who has elected COBRA continuation coverage until the individual provides timely payment of the applicable COBRA premiums, Blue Shield will permit retroactive enrollment even if requested going back further than the retroactive enrollment period stated in the applicable group agreement.

Similarly, if an employer group chooses to disenroll an individual who has delayed payment of COBRA premiums based on the extended premium payment deadline, and

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the group later wants to re-enroll the individual retroactively after receipt of the applicable COBRA premium payments, Blue Shield will permit the retroactive enrollment even if it exceeds the retroactive enrollment period stated in the applicable group agreement.

In all cases, for Blue Shield to process the retroactive enrollment, the group would need to pay all applicable premiums for the period of retroactive enrollment.

The information provided above is for informational purposes and is not an attestation that any of the options discussed above will satisfy a group's COBRA compliance obligations. Groups may have additional COBRA compliance obligations related to the extended COBRA deadlines and should consult their attorneys or compliance advisors regarding any legal or compliance questions.

For more information, please refer to our DOL guidance [FAQs](#).

Business operations

120. Will there be any disruption or delay in processing claims?

Over the last several years, Blue Shield has made significant investments in its technological infrastructure and contingency planning. We are happy to report that there have been no material changes in claim reporting lag, claim processing lag, or other claim-payment related procedures as a result of new business protocols resulting from the pandemic.

121. With Blue Shield transitioning to teleworking, what will be the impact for Customer Operations, including call centers?

We have augmented staff through cross-training and are actively working with our vendors to increase their staffing levels. As a result, there has been no material changes in processing or service levels in our call centers, utilization management, or case management.

122. Will medical management be impacted?

We are pleased to share that we have no disruptions for medical management, and we will continue to monitor the situation so that our members have access to care. The Blue Shield of California team is assessing current practices and reviewing service level trends for both utilization management and case management and actively adjusting practices as needed.

123. Are Blue Shield's claim processing times going to be affected by COVID-19? This includes claim lag times (which affects a group's IBNR reserves, paid claim projections and cashflows) and stop loss reimbursement times?

There is no anticipated impact to Blue Shield's claim processing times and advance funding groups with Blue Shield Life stop loss.

124. Is Blue Shield prepared to address any appeal that may come in if a provider or patient believes the claims were not processed correctly according to new requirements?

Blue Shield is preparing its grievances and appeals divisions (for providers and enrollees) to address any appeal that may come in if a provider or patient believes the claims were not processed correctly in the implementation of new regulatory requirements.

125. Does Blue Shield expect to keep their timelines for renewal delivery?

Yes. Blue Shield expects to keep our timelines for renewal delivery.

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126. Will Blue Shield and Blue Shield Promise allow the use of electronic signature services?

Blue Shield and Blue Shield Promise will accept the use of electronic signature services (such as DocuSign) for policy documents, if initiated by the policyholder/producer. We are also working to operationalize the use of such services when sending signature requests to policyholders/producers.

127. Will the new Summary of Benefits and Coverage (SBCs) include COVID-19 related coverage?

Blue Shield has provided members and plan sponsors with notice of COVID-19 related coverage changes that would affect the content of previously issued SBCs for the current plan year. This notice has been provided in various forms, including direct email communications and postings on Blue Shield's website.

Blue Shield's approach for providing this information is consistent with the applicable SBC regulations and other guidance regarding the provision of required notices of coverage modifications that would affect the content of previously issued SBCs. Blue Shield therefore does not intend to issue revised SBCs for current plan years to address COVID-19 related coverage changes. For SBCs provided for future plan years, Blue Shield will incorporate information regarding any applicable COVID-19 related coverage changes, consistent with the requirements of the SBC rules.

Administrative Services Only (ASO) and Shared Advantage

ASO: Testing

128. How is Blue Shield of California applying federal mandates to self-funded business for COVID-19 testing?

Consistent with all Blue Shield plan types, self-funded plans are subject to both the CARES Act and FFCRA. Blue Shield will waive out-of-pocket costs for co-payments, coinsurance, and deductibles for COVID-19 diagnostic testing and related screening services ordered using telemedicine and for testing and screening services ordered or performed in a doctor's office, urgent care, hospital, or emergency room in accordance with applicable federal law. Coverage is provided for diagnostic testing that is provided by, or with a referral from, a licensed or authorized healthcare provider. This may include testing of symptomatic patients, as well as testing of asymptomatic patients, regardless of whether the patients have a recent known or suspected exposure.

ASO: Eligibility

129. Is Blue Shield enforcing active-at-work and minimum work hours for self-funded groups?

Self-funded groups/Plan sponsors typically determine Eligibility and Continuation of Group Coverage which should be described in the plan document. If the plan document does not detail furlough or reductions-in-force situations, ultimately, it is up to the plan sponsor to determine how to proceed with employees in these situations.

130. What is the rate/claims implications of decisions regarding paid/unpaid leave, shared work, partial work, reduced hours and furloughs?

Effective through May 31, 2020, Blue Shield will not make off-anniversary changes to stop loss premiums due to change in employee work status.

If an employer/plan sponsor elects to lay off/furlough employees but continue to pay stop loss premiums as if they were active, we will continue coverage.

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ASO: Stop loss

131. How does COVID-19 testing, treatment, and other related services affect my stop loss coverage through Blue Shield?

COVID-19 is treated like any other illness under our standard stop loss policy. For a plans with Blue Shield Life stop loss, Blue Shield Life will not require plan document changes to incorporate the COVID-19 benefit changes listed below and will accept the related charges as “covered expenses” under the stop loss policy without requiring mid-year changes to the current policy’s aggregate factors and/or premiums. This would include changes in eligibility criteria. If you have stop loss coverage with any other plan than Blue Shield, please check with your stop loss carrier.

We will waive deductible and/or out-of-pocket charges for:

- COVID-19 testing and screening when a licensed or authorized provider is involved in providing or ordering the COVID-19 test
- Telemedicine or virtual doctor visits when a COVID-19 test is ordered
- Paying for out-of-network COVID-19 testing as required under applicable law
- Treatment of COVID-19 thru May 31, 2020 until February 28, 2021. Standard member cost-share for COVID-19 treatment applies beginning March 1, 2021.
- Waiving prior-authorization requirements on diagnostic testing or treatment of COVID-19 that may have otherwise applied.
- Allowing early refills of prescription medications.

The services listed above will accumulate towards the stop loss coverage.

132. Does your standard contract contain an exclusion or limitation for pandemics?

No. Our standard stop loss contract does not have an exclusion or limitation for pandemics.

133. Are you planning any changes to coverage terms, conditions or rates due to COVID-19, either midterm or at renewal, including renewal delay or extension?

At this point in time, we are monitoring the situation closely and have no plans to delay or extend renewals.

134. Will Blue Shield Life consider changes in deductibles mid-year for stop loss?

No.

135. What is Blue Shield Life’s position regarding the stop loss contract, terms, provisions, and rates if there are any temporary (or long term) reductions in the group’s enrollees?

To maintain coverage under the stop loss policy, the employer/plan sponsor would need to continue to pay stop loss premiums for laid off/furlough employees. We would anticipate any furlough/laid off employees to be covered under the plan as an active employee or offered COBRA and the plan sponsor would continue to cover them under stop loss. For current in-force Blue Shield Life stop loss groups where employer continues to pay premiums for laid-off/furloughed employees, we will waive the Active at Work provision.

136. Will there be any delays or changes to the process of stop loss claim reimbursement?

Blue Shield Life does not see any impact to our process in advance funding for ASO/SA+ groups with Blue Shield Life stop loss.

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137. If clients are changing their leave policies, will Blue Shield Life update contracts to mirror language? Will there be a cost impact? What are your requirements for notification?

Self-funded groups/Plan sponsors typically determine Eligibility and Continuation of Group Coverage, which should be described in the plan documents. If the plan document does not detail furlough or reductions-in-force situations, ultimately, it is the plan sponsor to determine how to proceed with employees in these situations. Groups with Blue Shield Life stop loss would need to notify us of the proposed change in leave policy. If approved, no update to stop loss contract would be required, but we would document the decision to allow for the updated leave policy.

138. Will there be an introduction of, or change to, a minimum premium or floor?

For ISL, Blue Shield does not have a minimum premium or floor. Please note there is a +/- 15% change in enrollment provision. Effective through May 31, 2020, Blue Shield will not make off-anniversary changes to stop loss premiums due to enrollment drops. For ASL, a minimum annual aggregate deductible continues as per stop loss policy.

139. For self-funded groups with stop loss coverage from Blue Shield Life that are electing to provide special open enrollment under new federal guidelines, what does the plan sponsor need to provide Blue Shield?

1. Plan amendment and terms/conditions of the special enrollment period, including effective date
2. An updated census outlining the new enrollees, term enrollees, and any enrollee changes (movement to new plan or plan tier)
3. Completed health questionnaire for each new enrollee

Blue Shield Life reserves the right to rerate, apply lasers, or add aggregating specific corridors depending on the information provided above. Enrollees without a completed questionnaire will not be covered by the stop loss policy. All changes must be consistent with the applicable IRS guidance and other law and applied in a nondiscriminatory manner.

ASO: Telemedicine

140. If a self-funded employer currently has not purchased Teladoc but wants to add Teladoc, off anniversary, will Blue Shield allow a mid-year change?

Yes. A group may elect to purchase Teladoc from Blue Shield and can customize copays at their discretion (including \$0). Teladoc General Medical is required as a base product in order for Teladoc Mental Health to be purchased. Please contact your Blue Shield account team for more information.

Payments and finances

Rates

141. How have renewals been impacted due to lower than normal claims as a result of COVID-19?

We are applying an adjustment factor to normalize 2020 – 2021 data as a result of COVID-19, but are not adding any additional loading for increased claim levels in 2022 onwards.

Premium payments and credit

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142. What are Blue Shield's policies for termination of benefits on delinquent payments? Will you consider a flexible payment schedule, such as an extended grace period for those who may be struggling due to COVID-19?

In 2020 Blue Shield introduced a flexible payment program for the Individual and Family Plan and Medicare Supplement plan members, and Small Business groups. These members and groups were able to use the flexible payment program for up to two months during the months of April, May, June, July, August, and September 2020. Details of this program are available [here](#). For customers who are having difficulty paying their monthly premiums in 2021, please contact your Blue Shield account team for more information.

143. Is Blue Shield offering premium credits to employer groups and individual & family plans?

Blue Shield is applying a one-time premium credit to the following market segments for the November or December* billing cycle:

- Medicare Supplement medical, dental, and/or vision plan subscribers
- IFP dental plan and/or vision plan subscribers (not IFP medical plans)
- Fully insured group medical, dental and/or vision plan employers (Flex-funded excluded)

Blue Shield will apply a 10% credit on medical premiums and a 30% credit on dental and/or vision premiums for all customers eligible to receive premium credits through this program. The premium credit is based on the October premium for the medical, dental, and/or vision plan(s) and does not include any pass through charges.

There may be some variance in the exact percentages, resulting from plan changes or enrollment changes. The credit will be shown on customers' November billing statement (CCSB in December*). Customers receiving the credit are not obligated to continue their coverage with Blue Shield, and no repayment will be required of customers discontinuing coverage at any time.

The Premium Assistance Program and Premium Payment Plan Program have concluded. Enrollment in either of these programs does not impact this new Premium Credit Program.

*Blue Shield On-exchange small groups (CCSB) will have premium credits applied through this program for their December billing cycle. All other market segments included in the program will have credits applied for November billing cycle.

Other

144. How is Blue Shield working with providers to let members know their cost sharing is waived? Will members be reimbursed if they are incorrectly charged?

Blue Shield is taking steps to keep providers informed about cost sharing changes related to COVID-19. In addition, our Appeals and Grievance teams are included in the implementation of these new regulatory requirements and will be able to assist members in resolving any incorrect cost-sharing charges.

145. Does Blue Shield anticipate any pharmacy price impacts?

There are many factors that influence the price of drugs and our pharmacy benefits. Drug shortages due to disruption to the supply chain and increased utilization of prescription medications to treat COVID-19 symptoms could increase our costs. The pharmacy team works with the actuary team to model out potential impacts to pharmacy pricing.

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Online resources

Blue Shield resources

- [Member COVID-19 resource page](#)
- [Employer and Broker COVID-19 resource page](#)
- [Blue Shield News Center](#)
- [4 things to know about the COVID-19 vaccine flyer](#)

Government resources

- [CDC Coronavirus updates page](#)
- [CDC COVID-19 Testing](#)
- [California Testing Task Force](#)
- [California Department of Insurance \(CDI\) Bulletin re: COVID-19 Screening and Testing](#)
- [Department of Managed Health Care \(DMHC\) - Emergency COVID-19 Testing Regulation](#)
- [Department of Managed Health Care \(DMHC\) Essential Worker Testing FAQ](#)
- [CDC COVID-19 Vaccination Resources](#)
- [California Department of Public Health COVID-19 Vaccine Resources](#)
- [CA.gov Industry Guidance to Reopen Your Business Safely](#)
- [CDC Resources for Businesses and Employers](#)
- [U.S. Chamber of Commerce - Financial Assistance for Small Businesses](#)
- [CA.gov Financial Assistance for Small Businesses and Employers](#)

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