

# FREQUENTLY ASKED QUESTIONS

## DURING COVID-19 (CORONAVIRUS) PUBLIC HEALTH CRISIS

### GENERAL INSURANCE QUESTIONS

#### ***How does the Division of Insurance (Division) regulate insurance carriers?***

The Division is charged with overseeing insurance carriers' (insurance companies, Health Maintenance Organizations, Blue Cross and Blue Shield of Massachusetts and Delta Dental) compliance with Massachusetts' insurance laws. The Division oversees the carriers operate in a fair and appropriate manner, follow state benefit laws and financial conditions to ensure that they are able to pay their bills. From time-to-time, the Division promulgates regulations and issues bulletins to instruct insurance carriers how to operate in the Commonwealth of Massachusetts. Specific to the COVID-19 crisis, the Division has issued a number of bulletins to ensure that carriers are taking all appropriate steps to respond to the economic and resources challenges caused by this crisis.

#### ***What are self-funded health plans and does the Division oversee these plans?***

An employer that provides health benefits to employees can either buy an insured benefit plan from an insurance carrier or self-fund the benefits. With self-funded (also called self-insured) employment-sponsored health plans, the employer pays your health claims from its own funds and does not pay premiums to an insurance company. The employer decides the plan coverage, including employee eligibility, covered benefits and exclusions, employee cost-sharing and policy limits.

These self-funded plans are preempted from being subject to state insurance laws by federal ERISA laws. However, the Division expects insurance companies acting as plan administrators for self-funded health plans to encourage plan sponsors (employers) to take steps that are consistent with [Bulletin 2020-02](#) (relating to testing and treatment), [Bulletin 2020-04](#) (relating to telehealth), [Bulletin 2020-05](#) (relating to premium flexibility), [Bulletin 2020-06](#) (relating to prescription drug benefits), [Bulletin 2020-10](#) (relating to prior authorizations) and [Bulletin 2020-13](#) (relating to treatment and out-of-network services).

#### ***Can the Division help me if my insurer or producer (agent or broker) does not?***

If you cannot find the answer to your question in these FAQs, call our Consumer Hotline at (617) 521-7794, toll free at (877) 563-4467, or send us an email to [CSSComplaints@mass.gov](mailto:CSSComplaints@mass.gov) and a member of our Consumer Services Unit will get back to you. Consumers with complaints about their insurance coverage can also file [online here](#).

#### ***Are the Division's offices open?***

On March 17, the Baker-Polito Administration announced [new guidelines to Executive Branch employees](#) to ensure core state government functions are able to continue and key services are able to be provided to residents during the COVID-19 outbreak, while protecting the health and safety of the Executive Branch workforce and the public. The new protocols will remain in effect until at least [May 4](#). Based on these protocols, the Division is closed for in-person services, but we are still serving consumers and licensees online, by email and over the phone. Division staff are working, but many of our functions are being performed remotely. More information is available on our [website](#).

## **CONTINUATION OF COVERAGE QUESTIONS**

### ***I was laid-off or furloughed and I'm concerned about paying my insurance premiums – what can I do?***

The Division directed insurance companies operating in the Commonwealth to provide individuals with as much flexibility as reasonably possible during the public health crisis to maintain their existing insurance coverage. This [directive](#) applies to all lines of insurance – auto, home, health, life. Insurance companies are expected to work with individuals experiencing financial hardship to find the best ways the address concerns with the timing of premiums payments, including:

- Relaxing due dates for premium payments;
- Extending and explaining grace periods that allow for delayed payments;
- Waiving late fees, installment fees, non-sufficient funds fees and penalties; and
- Allowing payment plans for premiums.

Insurance companies are also expected to assist affected policyholders to find ways that insurance policies do not lapse and consider cancellation or non-renewal of policies only after exhausting other efforts to continue coverage. These efforts should delay any cancellation of coverage for non-payment and collection activity during the public health crisis.

### ***My business is closed because of COVID-19 and I'm concerned about being able to pay my insurance premiums – what can I do?***

The Division directed insurance companies operating in the Commonwealth to provide employers with as much flexibility as reasonably possible during the public health crisis to maintain their existing insurance coverage. This [directive](#) applies to all lines of insurance – property, workers' compensation, auto, health. Insurance companies are expected to work with employers experiencing financial hardship to find the best ways the address concerns with the timing of premiums payments, including:

- Relaxing due dates for premium payments;
- Extending and explaining grace periods that allow for delayed payments;
- Waiving late fees, installment fees, non-sufficient funds fees and penalties; and
- Allowing payment plans for premiums.

Insurance companies are also expected to assist affected policyholders to find ways that insurance policies do not lapse and consider cancellation or non-renewal of policies only after exhausting other efforts to continue coverage. These efforts should delay any cancellation of coverage for non-payment and collection activity during the public health crisis.

Workers' compensation self-insurance groups are expected to apply the same premium flexibility to their employer members.

### ***Even though my business provides essential services, it is suffering because of COVID-19 – what can I do with my insurance?***

The Division directed insurance companies operating in the Commonwealth to provide employers with as much flexibility as reasonably possible during the public health crisis to maintain their existing insurance coverage. This [directive](#) applies to all lines of insurance – property, workers' compensation, auto, health. See “*My business is closed due because of COVID-19 and I'm concerned about paying my*

*insurance premiums – what can I do?”* above for specific information about the Division’s expectations regarding premium flexibility.

In addition, there may be options available to modify your insurance coverage to reflect the change in your business circumstances. For example, Commonwealth Automobile Reinsurers (CAR), which administers the residual market for auto insurance has issued [guidance](#) to outline measures that may be taken to afford policyholders flexibility during the public health crisis. The Division suggests that you work with your producer (broker or agent) or insurer to explore the options that may be available to your business.

***Can my health insurer cancel or refuse to renew my insurance policy if I am diagnosed with COVID-19 or a pre-existing respiratory illness?***

Massachusetts and federal law prohibit major medical health plans from canceling or refusing to renew coverage based on pre-existing conditions.

***What should I do if I am laid-off from my job during the COVID-19 public health crisis and lose my employer-sponsored health insurance?***

Massachusetts allows any resident who experiences a qualifying event, such as the loss of their job, to enroll in health insurance outside of an open enrollment period. If you have lost your job as a result of a business closure, you may enroll in a health insurance plan offered through the Massachusetts Health Connector or you may purchase a health insurance plan directly from a licensed carrier.

The Division offers the following advice when choosing a health insurance plan:

- Always take a close look at plan benefits and limitations before you sign up or pay any fees. That way you can see in advance if the plan is right for you and your family.
- Ask what benefits the plan does and does not cover, what benefits have limits; ask whether the plan covers your prescription drugs; ask where you can view a list of the health care providers in the plan's network.
- Remember to add up how much you will have to pay out of your pocket for deductibles and co-payments and items that are not covered. High out-of-pocket costs can soon wipe out the savings of lower monthly premiums. You should ask: what is the monthly premium you would pay for the plan, what out-of-pocket costs will you have and whether there is a maximum, and what is the deductible.

***If I didn't get health insurance during the regular open enrollment period, can I get coverage now?***

To ensure that all Massachusetts residents have coverage during this unprecedented public health crisis, the Division, in collaboration with the Massachusetts Health Connector, has also [announced a limited-time special enrollment period \(SEP\) through May 25](#) for Massachusetts residents currently without health insurance for any reason to enroll in a health insurance plan. This means that residents who missed the open enrollment period or mistakenly purchased an unlicensed health insurance plan also have an opportunity to obtain health coverage and access to covered COVID-19 related services.

The Division offers the following advice when choosing a health insurance plan:

- Always take a close look at plan benefits and limitations before you sign up or pay any fees. That way you can see in advance if the plan is right for you and your family.
- Ask what benefits the plan does and does not cover, what benefits have limits; ask whether the plan covers your prescription drugs; ask where you can view a list of the health care providers in the plan's network.
- Remember to add up how much you will have to pay out of your pocket for deductibles and co-payments and items that are not covered. High out-of-pocket costs can soon wipe out the savings of lower monthly premiums. You should ask what is the monthly premium you would pay for the plan, what out-of-pocket costs will you have and whether there is a maximum, and what is the deductible.

***My business has had to furlough or lay-off employees – is there anything I can do to help them with health insurance?***

The Division has asked health insurers to explain to employers the options that allow businesses to continue to pay for employees' health coverage during periods when the employees are on furlough or laid-off. The Division has issued [guidance](#) to health insurers, encouraging them to work with employers to allow flexibility in submitting enrollment, renewal or other information necessary to begin or renew health coverage. The Division also expects insurance companies to have staff available to explain programs allowing for laid-off employees to purchase COBRA or other coverage targeted to the recently unemployed.

Insurance companies acting as administrators for self-funded employment-sponsored health plans are expected to do all that they can to encourage plan sponsors (employers) to take similar steps to remove barriers that affect access to and continuity of health coverage.

**QUESTIONS ABOUT COVERAGE FOR TESTING AND TREATMENT OF COVID-19 (CORONAVIRUS)**

***How can I contact my health insurer to find out about testing and treatment for COVID-19?***

A [contact list](#) with website and phone information for fully-insured health benefit plans in Massachusetts is available on the Division's website. Health insurers are expected to provide information to their members about how to take steps to avoid COVID-19, how to get testing when appropriate, and how to obtain care within the insurer's health care system. Health insurers are also expected to have staff prepared to answer member questions about what benefits might be available under their plans for COVID-19.

***Will there be any out-of-pocket costs for COVID-19 testing?***

There should be no out-of-pocket costs associated with COVID-19 testing if you are a member of a fully-insured health benefit plan regulated by the Division. The Division [instructed](#) health insurance companies in the Commonwealth to forego any cost-sharing (copayments, deductibles, or coinsurance) for medically necessary COVID-19 testing by in-network providers (whether at a doctor's office, an urgent care center or emergency room). When urgent testing, in accordance with Massachusetts Department of Health (DPH) and Centers for Disease Prevention and Control (CDC) guidelines, is not

available from an in-network provider, health insurers are expected to relax prior approval and out-of-network requirements.

The Division expects that insurance companies acting as third-party administrators for self-funded employment-sponsored health plans encourage their plan sponsor (employers) to afford similar protections to their employees for testing.

***Do I need the health insurance company's permission to get tested for COVID-19?***

If a patient is screened for symptoms, either in a face-to-face or telehealth encounter, and the patient's symptoms are consistent with guidance issued by the Massachusetts Department of Health (DPH) or Centers for Disease Control and Prevention (CDC), fully-insured health benefit plans are [not permitted to require prior approval](#) for the patient being tested for COVID-19 by any in-network health practitioner. If an in-network provider is not available for the testing as needed, the fully-insured health benefit plan will pay for necessary testing by an out-of-network provider. Information about how to contact health insurers to access testing and needed care is available on the Division's [website](#).

The Division expects that insurance companies acting as third-party administrators for self-funded employment-sponsored health plans encourage their plan sponsor (employers) to take all possible steps to allow members to get medically necessary COVID-19 treatment as quickly as possible.

**QUESTIONS ABOUT COVERAGE FOR TREATMENT OF COVID-19 (CORONAVIRUS)**

***Will there be any out-of-pocket costs for COVID-19 treatment?***

Via [Bulletin 2020-04](#) and [Bulletin 2020-13](#), the Division instructed health insurance companies in the Commonwealth to forego prior authorization requirements and cost-sharing (copayments, deductibles, or coinsurance) for medically necessary COVID-19 treatment when delivered in-person or via telehealth by in-network providers. More recently, the Division [expanded](#) this instruction to require no cost-sharing (copayments, deductibles, or coinsurance) for medically necessary inpatient or emergency department treatment provided by both in-network and out-of-network providers, including for in-hospital professional, diagnostic or laboratory services, in accordance with Massachusetts Department of Health (DPH) and Centers for Disease Prevention and Control (CDC) guidelines.

***Will I have coverage for if I need to go out-of-network for COVID-19 treatment?***

The Division has [announced](#) that it expects health insurance companies will provide coverage to members of a fully-insured health benefit plan regulated the Division, without any prior authorization requirements, for medically necessary emergency department and inpatient services rendered by out-of-network acute care hospitals licensed by Massachusetts Department of Health (DPH), including professional, diagnostic, or laboratory services, in accordance with DPH and Centers for Disease Prevention and Control (CDC) guidelines. For outpatient services, you should contact your health plan if you are unable to find non-emergency outpatient services from network providers for the plan to authorize care from out-of-network providers.

## **QUESTIONS ABOUT TREATMENT FOR SERVICES OTHER THAN TESTING/TREATING COVID-19**

### ***How can I seek health care services if I'm supposed to stay at home?***

To restrict face-to-face encounters to treat health conditions, health insurers are expected to permit all in-network providers to deliver clinically appropriate, medically necessary covered health services to covered members via telehealth during the state of emergency. The Division has issued [guidelines](#) for these telehealth encounters. However, because certain services might only be provided on an in-person basis, they would likely not cover via telehealth. You should check with your plan about available covered services.

Health insurance companies acting as administrators for self-funded employment-sponsored health plans are expected to encourage plan sponsors (employers) to make similar accommodations for employees.

### ***How can I contact my health insurer to find out about coverage for telehealth services?***

A [contact list](#) with website and phone information for the fully-insured health plans in the Commonwealth is available on the Division's website. Health insurers are expected to provide information to their members about how to obtain care within the insurer's health care system. Health insurers are also expected to have staff prepared to answer member questions about how to use their telehealth platform.

### ***Am I able to use telehealth for behavioral health?***

Health plans are expected to make available to members all covered medically necessary services provided by in-network providers that may be clinically appropriate to be provided through telehealth, including for example, behavioral health, medical doctor and non-physician care which do not require in-person treatment of a patient. The Division has issued [guidelines](#) for these telehealth encounters.

Health insurance companies acting as administrators for self-funded employment-sponsored health plans are expected to encourage plan sponsors (employers) to make similar accommodations in order to restrict person-to-person contacts.

## **QUESTIONS ABOUT OBTAINING MEDICATIONS DURING THE COVID-19 EMERGENCY**

### ***I regularly take certain medications – can I still get them, and will they be covered by health insurance?***

Because of public health and safety concerns, health insurers have been [advised](#) to provide as much flexibility as is reasonably possible during the state of emergency for prescription drug coverage. With a fully insured health benefit plan regulated by the Division, there should be no signature requirements for in-person prescription receipts or in-home prescription delivery. Health insurers are also expected to allow members to use their health insurance benefits early for maintenance drugs (other than Schedule II substances, i.e. opioids and stimulants), where appropriate.

Health insurance companies acting as administrators for self-funded employment-sponsored health plans are expected to encourage plan sponsors (employers) to make similar accommodations for prescription drug benefits.

***I've heard that malaria treatments might be effective in treating COVID-19 – can I get a prescription?***

All treatment for COVID-19 should be administered by an appropriately licensed medical professional. The Division is aware that there are [questions about two prescription drugs](#) – chloroquine and hydroxychloroquine (also known as Plaquenil) – commonly used to treat malaria, as well as certain rheumatologic and dermatologic conditions. For both of these drugs, although there have been early reports that have suggested that these drugs may be useful in limiting the severity and length of COVID-19, there has not been any conclusive evidence from clinical trials that these prescriptions provide therapeutic value for COVID-19 patients. Health insurers, working with pharmacy benefit managers, have implemented systems to prevent the hoarding or inappropriate use of these prescription drugs.

Health insurance companies acting as administrators for self-funded employment-sponsored health plans are expected to encourage plan sponsors (employers) to take steps to aid members' ability to access prescription drugs by the safest possible means.

**QUESTIONS ABOUT BUSINESS INTERRUPTION INSURANCE**

***What does my business interruption insurance cover?***

Business interruption insurance coverage protects against losses sustained due to periods of suspended operations. It covers loss of revenue that would have been earned had there been no business interruption. The coverage generally requires physical loss to property that leads the interruption of business, and policies may have specific exclusions for viral infections such as COVID-19.

Your insurance policy should list or describe the types of events it covers and identify exclusions, as well as coverage limits and applicable deductibles. You should also determine if the policy requires your business interruption to last for a certain time period before you are entitled to any policy benefits.

Business owners should review their existing insurance policies and contact their agent or insurance company to discuss what coverage they currently have.

***Do I have business interruption coverage for losses from COVID-19 (Coronavirus)?***

It is unlikely that a current business interruption policy has contemplated the COVID-19 specifically, and whether losses from COVID-19 would be covered will most likely depend on the policy. Your policy may have an exclusion that would disable coverage for an incident triggered by an epidemic or pandemic, such as COVID-19 situation evolves.

***Do I have business interruption coverage for losses resulting from the state of emergency or stay-at-home advisory?***

The state of emergency and stay-at-home advisory do not change the terms of your business interruption policy. Any claim would still need to be related to property damage for coverage to be triggered. However, these actions indicate the serious nature of COVID-19 and the attention that the

Governor is giving to the public health crisis. Given this unprecedented situation, the Division wants to ensure that consumers are well-informed about their business interruption insurance.

***Does my business interruption insurance policy cover my business if my employees stay home out of concern about COVID-19?***

Business interruption coverage requires related property damage. Fear of COVID-19 alone is unlikely to trigger business interruption insurance coverage. However, it is important that businesses adhere to the Governor's [emergency order](#) requiring all businesses and organizations that do not provide "COVID-19 Essential Services" to close their physical workplaces and facilities to workers, customers and the public. Businesses are encouraged to continue operations remotely.

***I have a policy that is called a contingent business interruption insurance policy – how is that different from a regular business interruption insurance policy?***

As explained in "What does my business interruption insurance cover?" above, business interruption coverage requires a related physical property damage. For a contingent business interruption insurance policy, that property damage can be on or to someone else's property but causing your business interruption. An example where contingent business interruption coverage is triggered could be that a fire in a building on your street has closed the street to traffic and prevented your employees from coming to the office. As with regular business interruption insurance policies, coverage can vary and you should consult your insurance producer (broker or agent) or insurer.

***If I do not have an existing business insurance policy that covers COVID-19, can I buy one?***

Insurers typically do not write policies to cover known events for which the extent of potential damage is not easily understood, although it is possible to insure specialty risks such as business interruption due to COVID-19 in the surplus lines market. Because the surplus lines insurance is not regulated like traditional insurance, the Division cautions that there is much less regulatory protection for consumers in the surplus lines market and the cost may be excessive. You should discuss any potential purchase in the surplus lines market with your broker or insurance consultant.

***My business has paid insurance premiums for years, but the insurer is denying my claim – can they do that?***

Filing an insurance claim can sometimes be a frustrating and confusing process, especially during a crisis. It is important to know your policy and understand what it says. The policy is a contract between you and your insurance company, with sections relating to coverage and exclusions, as well as deductibles and limits. Insurance will pay only for losses or damages that are covered by the policy. If your loss or damage was not caused by a covered event, or resulted from event that it excluded, there would not be insurance coverage available. For example, a commercial general liability policy does not provide coverage for employee claims for work-related injury or loss.

Your insurance producer (broker or agent) should be able explain your coverage benefits. The insurance company should be able to do the same. They may have a website that explains your insurance benefits. Also, if you think the insurance company has violated an insurance law or regulation, you are welcome to file a complaint with us ([online here](#)).

## **QUESTIONS ABOUT LIFE AND DISABILITY INCOME INSURANCE**

### ***Can a life insurance company refuse to pay a claim if someone dies from an illness related to COVID-19?***

A life insurance policy must pay claims based on the policy. If there is a policy exclusion that would allow the denial, the company may deny the claim. An insurance company may deny claims within the two years after the date the policy is issued if there were material misrepresentations on the application.

### ***Can a life insurance, long-term care insurance, or disability insurance company refuse to sell me a policy if I am diagnosed with COVID-19?***

In deciding whether to write a new policy, an insurance company must follow its underwriting guidelines, and the guidelines must comply with Massachusetts law. These guidelines may allow an insurance company to decline to sell you a policy.

### ***I have been told that I need to stay home because my business does not provide essential services, will my disability policy pay a claim?***

A disability policy will only pay when the covered person is “disabled” as defined in the policy. There may also be an elimination period that must be satisfied before a claim is paid.

### ***If I am told that I need to stay home because I have tested positive for COVID-19, will my disability policy pay my claim?***

Your disability policy will only pay if you meet the definition of disability in the policy and have satisfied any elimination period.

## **QUESTIONS ABOUT AUTO INSURANCE**

### ***I haven't been driving to work since the Governor's order. Can I withhold my monthly premium payment since I am not using my auto?***

Withholding or missing a premium payment for any insurance policy is never a good idea as it can result in your policy being cancelled. However, if you have concerns about your premium payments, you should contact your agent or insurance company because insurance companies have been directed by the Commissioner to work with consumers to be flexible and make every possible effort to avoid policy cancellation. Many companies are also offering refunds or credits as a result of work-at-home orders, where there are significantly fewer cars travelling on the Commonwealth's roads and highways. You should contact your insurance company or your agent for information about relief being offered.

### ***I've heard that auto insurers are offering refunds during the state of emergency – is my insurer offering a refund and how do I get it?***

The Insurance Commissioner has been in discussions with a number of auto insurance companies that are developing programs to assist consumers with premium relief, such as refunds or premium credits,

during this emergency to reflect that residents are driving much less. As a direct result of these conversations, so far, insurance companies representing 90% of the private passenger auto insurance market have filed, or identified that they will file, to provide some type of relief to their insureds. These discussions will continue with additional auto insurance companies in the immediate future to explore additional relief. The Division is expediting its review of the companies' filings to ensure that consumers get the financial benefit as quickly as possible. Many companies are implementing the refunds or credits without you having to do anything, but you should contact your insurance company or your agent for information about relief being offered.

***My company has recently begun offering delivery service in order to help recoup some of the losses we have incurred and my employees are using their own vehicles to make deliveries. If my employee is in an accident, will their own auto insurance pay for any damages?***

A standard private passenger auto policy typically does not cover losses incurred while driving for business use. You and your employees should contact your agents or insurance companies to discuss your options as many insurance companies are offering new endorsements for delivery drivers during the state of emergency.

***I was in an accident and my vehicle was deemed a total loss. My auto policy limits the number of days that my insurer will pay for my rental vehicle. Can they do that?***

Your insurer is only required to provide rental coverage in accordance with the conditions set forth in your policy. However, due to the current circumstances, the Division of Insurance has directed insurance companies to be as flexible as possible with consumers regarding premium payments and the processing of claims. You should contact your company or agent and discuss the particulars of your situation.