May 13, 2020

Dear Plan Sponsor,

When COVID-19 escalated in the United States, Aetna, a CVS Health Company, was among the first in the industry to implement short-term crisis policy changes to support you and your workforce. As we shift to recovery planning, some of these policies will remain, while others will end.

The benefit liberalizations chart below applies to Aetna insured customers and summarizes our updated policy changes and effective dates. We are closely monitoring the progress of the pandemic, federal and state policies and the associated impact on our members, customers and providers. We'll continue to adjust our policies, as appropriate, to ensure access to care.

Aetna understands that self-funded plan sponsors are responsible for determining their own policy adjustments and resulting medical costs. Should you choose to follow the extensions for inpatient treatment and behavioral health telemedicine, no action is necessary. Additionally, if you're currently applying cost share to these services, that will continue. Please contact your account representative for changes to your application for cost share waivers.

In addition to supporting members' access to needed care, we continue to focus on protecting patient access to medication and have extended the following actions:

- Waiving early refill limits on 30-day prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark.
- Continuing to encourage members to take advantage of plan benefits for 90-day maintenance medication prescriptions.

For a complete list of underwriting and business policies, please visit our employer FAQs for companies with 2-100 employees and companies with 101+ employees. For additional COVID-19-related resources, please review our employer and producers resources page or member FAQs or contact your account representative.

Thank you for your continued support and partnership.

Provisions that are nearing completion:

Mandate/policy	Description	Effective through
Telemedicine cost share waiver	Member cost shares are waived for all in-network telemedicine visits, including general medical, behavioral health and dermatology (see below for more detail on behavioral health telemedicine visits).	June 4
MinuteClinic virtual visit cost share waiver	MinuteClinic Video Visit providers can answer questions about the virus, assess member risk, and provide support to help relieve symptoms.	June 4

Provisions that will be extended:

Mandate/policy	Description	Effective through
COVID-19 testing cost share waiver	As mandated by the Families First Coronavirus Relief Act, members are eligible for COVID-19 testing and doctor visits at no cost.	For the duration of the federal mandate
Inpatient COVID-19 treatment cost share waiver	Member cost shares are waived for inpatient admissions at all in-network and out-of-network facilities for treatment of COVID-19 or associated health complications.	September 30
Behavioral and mental health telemedicine visits	Member cost shares are waived for all in-network outpatient behavioral and mental health telemedicine visits.	September 30
Prior authorization: Medication	Clinical prior authorizations are extended to prevent gaps in therapy (includes Specialty).	Extended by an additional 90 days, up to nine months, not to exceed the member's plan benefit year or December 31, 2020.