

OHIO DEPARTMENT OF INSURANCE
CORONAVIRUS BULLETINS

(effective March 20, 2020)

On March 9, 2020, Governor Mike DeWine, declared a state of emergency in Ohio to protect the well-being of Ohioans from the dangerous effects of COVID-19, and directed state agencies to develop and implement procedures consistent with recommendations from the Department of Health designed to prevent or alleviate the public health threat. (See Executive Order 2020-01D.)

Accordingly, the following Orders were released by the Ohio Department of Insurance and are effective March 20, 2020 and expire upon the expiration of the state of emergency declared by Governor DeWine described above.

HEALTH INSURANCE COVERAGE FLEXIBILITY FOR OHIO EMPLOYEES

Insurers, including health plan insurers, stop-loss carriers, non-federal governmental health plans, and self-funded plans sponsored by Ohio public employers, must comply with the following:

1. **Employee Eligibility:** Permit the group health plans or policies to continue covering employees even if the employee would otherwise become ineligible due to a decrease in hours worked per week, regardless of any “actively at work” or similar eligibility requirements in the plans or policies. Additionally, insurers are prohibited from increasing premium rates based on a group decreased enrollment or participation due to COVID-19.
2. **Grace Period for Premium Payment:** Give all insureds and self-funded covered individuals the option of deferring premium payments coming due, interest free, for up to 60 calendar days from each original premium due date.
3. **Continuation Coverage:** For employers that employ 20 or more employees, provided one person remains actively employed, eligible employees may elect to continue coverage under COBRA under the normal notice and election procedures. If not, active employees remain covered under a plan, COBRA is not an option and employees will be eligible for a special enrollment period.

COVID-19 TESTING AND TREATMENT: OUT-OF-NETWORK COVERAGE

In an ongoing effort to contain and treat the COVID-19 virus, testing and treatment for COVID-19 may be geographically regionalized – meaning testing and treatment will be provided by designated hospitals throughout the state. There may be some cases where an insured or covered individual is directed to a hospital considered out-of-network under their health plan coverage. Health plan insurers, non-federal governmental health plans, and self-funded plans sponsored by Ohio public employers, must comply with the following:

1. Emergency medical conditions under Ohio law include testing and treatment related to the COVID-19 virus. These emergency services must be covered without preauthorization and must be covered at the same cost sharing level as provided in-network.
2. The affected plans and policies must provide benefits with respect to emergency services in an amount at least equal to the greatest of:
 - a. the amount negotiated with in-network providers; or
 - b. the amount calculated using the same methods the plan generally uses to determine payment of out-of-network services; or
 - c. the amount that would be paid under Medicare.

OHIO DEPARTMENT OF INSURANCE CORONAVIRUS BULLETINS (Summary)