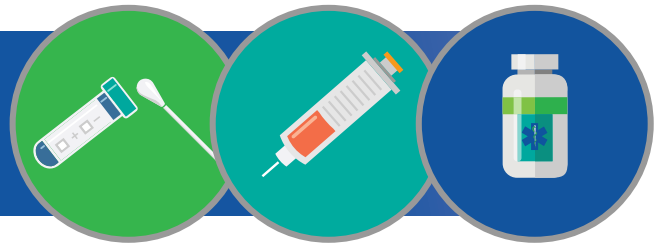# KNOW YOUR
HEALTH CARE RIGHTS

COVID-19 Tests, Vaccines & Treatment

Health Plan Enrollees Have the Right to COVID-19 Tests, Vaccines and Treatment with No Cost-Sharing

Health plans[1] regulated by the California Department of Managed Health Care (DMHC) must cover COVID-19 tests, vaccines and treatment[2] with no health plan prior authorization. If you access these services from a provider **in your health plan's network**, you will not need to pay anything for these services. If you access the services from an **out-of-network provider**, you may be charged cost-sharing, such as a co-pay or co-insurance.

Did You Know?

- Plans must cover at least eight COVID-19 tests per enrollee, per month.
- Enrollees may be charged if they obtain tests from out-of-network providers.
- Plans may limit reimbursement to $12/test for COVID-19 tests an enrollee purchases from an out-of-network provider.

Need Help?

Contact the DMHC Help Center at www.HealthHelp.ca.gov or **1-888-466-2219**. You can also find more information and resources at www.covid19.ca.gov.

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[1] Commercial and Medi-Cal managed care plans regulated by the DMHC.

[2] Treatment means therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a licensed health care provider acting within their scope of practice and the standard of care (HSC Section 1342.2 (h)(1)).

Where can I find more information about COVID-19 tests, vaccines and treatment?

Your health plan should provide you with information about how to get COVID-19 tests, vaccines and treatment. You can also find more information at www.covid19.ca.gov.

How do I get a free at-home COVID-19 test?

Health plans are required to cover eight free over-the-counter at-home tests per covered individual per month. Contact your health plan directly for help to get free at-home COVID-19 tests, or to find other COVID-19 testing options. You can also visit www.covid19.ca.gov for more information.

What should I do if I receive a charge or bill for receiving a COVID-19 test, vaccine or treatment?

If you have health coverage through a health plan and receive a charge or bill related to the coverage or administration of a qualifying COVID-19 test, vaccine or treatment, you should first contact your health plan to file a grievance, sometimes called an appeal, and include a copy of the bill.

The health plan will review the grievance and should ensure you are not charged or are reimbursed if you already paid a bill. If you do not agree with your health plan's response or if the plan takes more than 30 days to fix the problem, you should contact the DMHC Help Center at www.HealthHelp.ca.gov or **1-888-466-2219**.

What happened to the federal Public Health Emergency and California's State of Emergency?

The federal Public Health Emergency and California's State of Emergency have ended. Enrollees can continue to get COVID-19 tests, vaccines and treatment with no prior authorization or cost sharing when they access these services through their health plan's network. Health plan enrollees can be charged for cost-sharing only if these services are provided out of network.

What if I don't have health insurance?

There are many options you can explore to find health care coverage that fits your needs.

Those having difficulty obtaining vaccines can contact their local health department for help finding a place to get immunized. The Centers for Disease Control and Prevention Bridge Access Program will provide COVID-19 vaccines to uninsured and underinsured adults through December 2024. The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children (18 and younger) who might not otherwise be vaccinated because of inability to pay.

Visit www.covid19.ca.gov for more COVID-19 information and resources.

**DEPARTMENT OF
Managed Health Care**

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