



COVID-19 Testing

A health plan enrollee can get a COVID-19 test when needed by any provider, in- or out- of their health plan network, at NO Cost.

The federal government issued new [guidance](#) on February 26, 2021 that clarified health plans must cover COVID-19 diagnostic testing for all health plan enrollees by any provider with no cost-sharing.

The new guidance made changes to the requirements on health plans to cover COVID-19 tests. This means:

- You can get a COVID-19 test from any provider at any time (in- or out- of your health plan's network).
- You **SHOULD NOT** pay anything for a COVID-19 test, including a co-pay or payment toward a deductible. It is not required that you have met your deductible to get a COVID-19 test at no cost to you.
- You **DO NOT** need to have COVID-19 symptoms or possible exposure to COVID-19 for your health plan to cover a COVID-19 test.
- You **DO NOT** need to be an “essential worker” for your plan to cover COVID-19 testing.

What Should You Do if You Are Charged for a COVID-19 Test?

If a health plan enrollee receives a bill related to the coverage of a COVID-19 test, they should first file a grievance with their health plan and include a copy of the bill. Their health plan will review the grievance and should ensure the enrollee is reimbursed. If the enrollee does not agree with their health plan's response or if the plan takes more than 30 days to fix the problem, they should file a complaint with the DMHC Help Center at www.HealthHelp.ca.gov or 1-888-466-2219.

Need Help Getting a COVID-19 Test?

A plan enrollee can contact their health plan at the member services number on their health plan card for assistance, or visit COVID19.CA.GOV to find testing locations near them. If they need additional assistance they can also contact the DMHC Help Center at www.HealthHelp.ca.gov or 1-888-466-2219.

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