Telehealth Guidance

1. What is Telehealth?

Telehealth is the provision of healthcare remotely by means of telecommunications technology, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient.

Telehealth services may occur in your own home, from a kiosk in your local pharmacy, or in a hospital or other health care facility. A doctor or other licensed health care practitioner may talk with you or conduct a visit with you via your phone or computer, as long as the device allows the doctor to see and talk with you.

To be covered, an audio conversation must allow for both the telehealth provider and the patient to talk to one another and for the telehealth provider to have a live, real-time visual image of the patient and the patient to have a live, real-time video image of the provider.

2. Is Telehealth available to State Employees?

Effective March 26, 2020, through Executive Order 20-85, members of the State Group Insurance Health Plans (Standard and High Deductible HMO Plans and the PPO Plan) may use telehealth to access covered health care services from health care practitioners acting within the scope of their licenses and Florida law. Telehealth services will be covered the same as an in-office visit.

Expanding telehealth access is vital for both those undergoing treatment of COVID-19, experiencing symptoms, or for those seeking preventative care. Telehealth also complies with the social distancing guidance issued by the Centers for Disease Control and Prevention (CDC).

Early access to and waiver of cost sharing for telehealth services will be effective through the expiration of the state of emergency. Preventive telehealth services will become effective under the State Group Health Insurance Plan on January 1, 2021.

3. Are there additional costs to Health Plan Members who utilize Telehealth?

The employee has no out-of-pocket costs, including no deductible, co-insurance, or co-payment for services regardless of the service type or place of delivery.

4. Does Medicare cover telehealth services?

Yes. Medicare members are also eligible to receive services through telehealth. To see what is covered under Part B (Medical Services) for Medicare and the
conditions for physician participation, visit the Centers for Medicare and Medicaid Services’ Telehealth Information page.

5. I need to see a doctor about something other than COVID-19, can I use telehealth?

During the state of emergency, which is specified in the Governor’s Executive Order 20-52, telehealth services for any health care service provided by a licensed health care provider acting within the scope of his or her license is covered.

Immunizations Guidance

1. Do state employee healthcare benefits cover immunizations?

Yes, your State Group Health Insurance Benefits covers all immunizations recommended by the ACIP (Advisory Committee on Immunization Practices).

2. Is there an immunization for COVID-19?

No, there is not currently an immunization or vaccine for COVID-19. However, while a flu vaccination is not a cure for the COVID-19 virus, both are respiratory viruses, and this preventive measure can help lessen your chances, and your family’s chances, of illness and exposure. Additional information is available at the National Foundation for Infectious Diseases.

3. Where can health plan members receive immunizations?

Under current health plans, members can receive immunizations at their physician’s office.

Additionally, under Executive Order 20-85, Governor DeSantis has authorized the option for members to receive all immunizations at retail pharmacies such as CVS, Wal-Mart, Winn-Dixie, or other local community pharmacies until the COVID-19 public health emergency has ended.

4. Is there a cost to Health Plan Members for immunizations?

For any immunization on the ACIP schedule, there is no cost to the member for the immunization. If the immunization is not on the ACIP schedule, the member may be responsible for up to 100 percent of the cost of the immunization.

If the immunization is provided in a physician’s office and it is a non-preventive office visit, the employee may incur an office visit fee. The office fee will vary depending on whether the member is in an HMO or PPO, whether the physician is a primary care provider or specialist, whether the provider is in or out of network, and finally, the setting in which the immunization was given (office, urgent care, hospital, etc.).