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FAQs: COVID-19 and Your Health Insurance

The following information is provided by the Division of Insurance for the purpose of addressing questions about COVID-19 and your health insurance. For information about COVID-19 in Nevada, visit http://dpbh.nv.gov/Programs/OPHIE/dta/Hot_Topics/Coronavirus/.

Is testing for COVID-19 free? Is the patient exam free?

Yes. An emergency regulation requires health insurers to cover—with no out-of-pocket cost—testing for COVID-19 and the office, urgent care center, or emergency room visit when the purpose of the visit is to be tested for COVID-19. No “out-of-pocket cost” means that you cannot be charged a copay or have to meet your deductible for the test or visit.

Where do I get tested?

Contact your health care provider for information on how to get tested.

Does my health insurance have to cover medical services related to my treatment of COVID-19?

Treatment of COVID-19 must be covered according to your insurance policy. Health insurance plans cover medically necessary services. Treatment related to COVID-19 should be no different. Contact your health insurer for coverage details. If your insurance policy has copays and deductibles, they will apply to treatment for COVID-19.

Is my provider required to test me if I want a test regardless of whether I have symptoms?

Testing protocols are up to providers. The testing or treatment required to address a patient’s situation is between the patient and the patient’s provider.

What if my health insurance refuses to cover my doctor’s visit?

If your health insurer does not cover medical services related to COVID-19 testing, file a consumer complaint through the Division of Insurance consumer complaint portal at <http://doi.nv.gov/Consumers/File-A-Complaint/> or by calling consumer services at (775)687-0700.

Can I see an out-of-network provider for COVID-19 testing if my in-network provider cannot see me?

Yes. If there is an issue with accessing care through an in-network provider that would prolong testing for COVID-19, testing performed by an out-of-network provider must be covered by your health insurer at no out-of-pocket cost.

Are all health insurance plans required to cover medical services related to testing for COVID-19?

No. Health insurance plans that are regulated by the Division of Insurance (individual health plans, small group plans, large group plans, and catastrophic plans) must cover certain medical services related to testing for COVID-19. Coverage for COVID-19 testing is not required of short-term limited duration plans. Self-funded plans, Medicaid, Medicare, federal health plans for members of the military or veterans, and health sharing ministries are not regulated by the Division of Insurance. Therefore, these plans are not required to follow the emergency regulation. If you are unsure what type of health plan you have, contact your employer or health insurer.

What do I do if my health insurance is a self-funded plan, Medicare, Medicaid, a federal health plan (military or veteran), or a health-sharing ministry?

Contact your employer or health insurer to find out what is covered by your health plan.

Does my short-term limited duration plan have to cover the cost of COVID-19 testing?

It depends. While a short-term limited duration plan is not required to follow the emergency regulation, the plan may cover preventive services, such as testing. Contact your health insurer to find out what is covered by your health plan.

My pharmacy does not have my medication because it is low on supplies. What is my health insurer required to cover?

If prescription drugs are not available due to supply disruptions, health insurers must cover off-formulary prescriptions at no additional cost to you.

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