Can Short Term disability help us pay for an employee who is in self quarantine?
Generally, no. The benefit can be used if the person is actually infected and out as a result. (Mike McKenna)

Can Telemedicine help?
Yes. Similar to the State of Oregon’s decision to encourage the use of telemedicine as an alternative of going to an office setting and potentially transmitting the Flu to others. I spoke with our telemedicine provider (800MD) and the network doctors are fully prepared to handle calls relating to possible Coronavirus. Remember, most of you have zero-dollar copayments and reduce the barrier to getting the care you may need. As a comparison, the insurance company embedded telemedicine benefits typically have a large copayment, video is often the only method to connect and results in a claim against your experience. The 800MD does not have cost nor does it produce a claim. (Mike McKenna)

What are the local insurers doing to assist employers and patients?
We will keep you up to date on this. In Massachusetts, for example, the Division of Insurance has replicated the President’s request that insurers eliminate a out of pocket cost barriers to getting tested and treated for the virus. Right now, Tufts Health Plan and Always Health have agreed in principle to the request. From a claims processing and member cost standpoint, they are trying to figure out how to code the system and pay for these items as there are no ICD9 codes that exist to drive administration of benefit levels. We will keep you informed as to how the other insurers will respond. I suspect they will respond similarly. (Mike McKenna)

Will the insurance companies charge us more for our premiums as a result of the virus?
Right now, yes. They will not charge any employer off anniversary. The Actuaries are trying to determine what the financial impact “could be”. We will then know what the additional cost will be on premium paying customers. Self-funded clients will also get an estimate to budget for the anticipated additional claims. (Mike McKenna)

If some employees are still required to travel, what should I know about my insurance coverage?
All medical plans have coverage for out of area Urgent and Emergency services. Some cover these items better than others. The prudent thing to do is read your contract (or call us) to get clarity on how services will be covered. For international travel, we HIGHLY recommend you purchase Travel/Accident insurance. It's cheap (although will cost more now) and can

(Note: This document will be updated with more questions and responses as they are received)
If you have an itch on your face or get something in your eye, what technique should you use to minimize the chance of getting sick?
Touching your face is very common and studies of indicated that humans touch their face an average of over 20 times per hour. To avoid contracting the virus by touching your face then keep your hands washed on a regular basis especially if you have a need to touch your face always wash your hands first. Beyond that you can use a clean tissue paper towel or cloth to clean your face or scratch without skin to skin contact. (Dr Nicholas Argy)

If you get the coronavirus and recover, would you become immune?
After getting coronavirus you should be immune and there is ongoing work to develop an antibody Test. While there are some reported cases of reoccurrences of coronavirus, this would be an exceptionally unusual event and should not be a driver for any change in behavior other than if you develop symptoms again it would be prudent to check to make sure this rare event has not occurred. (Dr Nicholas Argy)

Since Summer is in the Southern Hemisphere, what is the outbreak in those countries? Or, in the tropics for that matter?
The question about whether this will be a seasonal flu is interesting. Unfortunately, the current evidence showing significant spread in Australia where it is already summertime is significant and if history is a measure, the Spanish flu in 1918 was not seasonal and took almost 24 months to run its course. (Dr Nicholas Argy)

Is there still a high risk if an infected droplet dries on a surface and then the dry surface is touched by another person?
The issue of contaminated surfaces is quite controversial, but the vast majority of experts believe that droplets need to be moist or wet to transmit the virus. A dried surface is highly unlikely to or much less likely to transmit the virus and studies that indicate that the virus can be found or cultured does not mean that it can transmit the disease if on a dry surface for more than a few hours. (Dr Nicholas Argy)

What should we do if a member tells staff they are sick?
I think that depends on the detail and what they actually tell them. If it is simply that they have a cold, I don’t know if it makes sense to institute measures to pull them in for a conversation. However, if it is a dialogue that leads the staff member to reasonably deduce that there is something more, I would suggest that the staff member engage HR and have a conversation as to what was said. This may trigger the need to then have HR and perhaps the Branch Manager or Safety Manager to engage the member for more detail to know whether it would trigger follow up measures akin to your Coronavirus responsive plans or not. If the answer to that is no, then it may be worthwhile to educate the Member not to engage in those types of communications due to the current climate and the disruptive impact that it is having to your office. If the answer is yes, then following your responsive protocols that have been put into place and making the Member aware of those next steps would be recommended. (Mark Adams)

For credit unions that are increasing paid time off specific to the coronavirus, how is it being handled administratively, as far as determining who is eligible? Are you applying this to preventive self-quarantines (IE – after personal travel or potential
I would say there is no universal trend on the subject. It is not a majority practice as of yet. I have heard companies who are limiting it to self-quarantine situations and/or when they have been symptomatic and only providing such time when time is not otherwise available. I have seen companies provide the time up front regardless. (Mark Adams)

I'm hoping to hear what you recommend for member communications and the specific points you think are important to make at this time.

The way your credit union communicates with its many key publics, from members and staff to service providers and community leaders both reflects and fuels the culture of the organization and its values as well. Too little communications, statements colored by spin or intended to divert attention from the facts will produce serious consequences for the entire organization, negatively impacting its brand and undermining any sense of trust that exists between these audiences and your credit union. And, once that trust begins to deteriorate, look out! It’s a long uphill battle to restore it.

I've always maintained that one cannot communicate enough with your key audiences. In today's fast-paced and media-centric world, where consumers dictate when and how they wish to access communications, if we truly want our message to be received and acknowledged then we need to engage audiences across a variety of media channels, 24/7.

My recommendations: 1) Maintain responsible, frequent and transparent communications, most especially with members and staff. 2) Inform and educate them, as that is part of the credit union DNA. 3) Take the opportunity to underscore all the protective measures and actions your credit union is pursuing as a natural course of action governed by the values and principles that define your credit union and what it represents to all its various publics. 4) Tell them, then tell them again, and again. Remember the marketing rule of seven. Whether it’s seven, 10 or 14 times, a person needs to hear a message multiple times before they actually “get” the message. (Walt Laskos)