

**NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES  
FIFTY-SEVENTH AMENDMENT TO 11 NYCRR 52  
(INSURANCE REGULATION 62)**

**MINIMUM STANDARDS FOR FORM, CONTENT AND SALE OF HEALTH INSURANCE,  
INCLUDING STANDARDS OF FULL AND FAIR DISCLOSURE**

I, Linda A. Laceywell, Superintendent of Financial Services of the State of New York, pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law and Sections 301, 3216, 3217, 3221, and 4303 of the Insurance Law, do hereby promulgate the Fifty-Seventh Amendment to Part 52 of Title 11 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Insurance Regulation 62), to take effect upon filing with the Secretary of State, to read as follows:

**(ALL MATERIAL IS NEW)**

**Section 52.16(p) is added as follows:**

(p)(1) No policy or contract delivered or issued for delivery in this State that provides hospital, surgical, or medical expense insurance coverage shall impose, and no insured shall be required to pay, copayments, coinsurance, or annual deductibles for the following services when covered under the policy or contract:

(i) in-network laboratory tests to diagnose the novel coronavirus (COVID-19); and

(ii) visits to diagnose the novel coronavirus (COVID-19) at the following locations, including through telehealth: an in-network provider's office, an in-network urgent care center, any other in-network outpatient provider setting able to diagnose the novel coronavirus (COVID-19), or an emergency department of a hospital. Copayments, coinsurance, or annual deductibles may be imposed in accordance with the applicable policy or contract for any follow-up care or treatment for the novel coronavirus (COVID-19), including an inpatient hospital admission, as otherwise permitted by law.

(2) An insurer shall provide written notification to its in-network providers that they shall not collect any deductible, copayment, or coinsurance in accordance with this subdivision.