



On January 30, 2023, the federal government announced that the two national emergencies addressing COVID-19, the public health emergency (PHE) and the national emergency, were scheduled to end on May 11, 2023. Then, on April 10, 2023, President Biden signed a resolution ending the national emergency effective April 10, 2023. The PHE is still scheduled to end May 11, 2023. The end of the emergency periods will affect Plan Sponsors and their members in a number of ways, primarily:

May 11, 2023: The end of the free COVID testing/vaccine mandate; and

June 9, 2023: The end of the Outbreak Period extensions for several key health plan deadlines

With the PHE staying with the May 11 end date, plans are still required to cover COVID-19 testing and vaccines for both in- and out-of-network, without cost sharing or any preauthorization or medical management techniques up until May 11.

With the national emergency ending April 10, this prompts the end of the “Outbreak Period,” which gives additional time for individuals to elect and pay for COBRA, exercise HIPAA Special Enrollment Rights, and file claims and request appeals of adverse claim decisions under ERISA. The outbreak period ends 60 days after the end of the national emergency, which is June 9, 2023.

How a Plan Sponsor can react:

With two separate end dates for both the public health emergency and the national emergency, Plan Sponsors will potentially need to send separate communications for the end of these extended timeframes and benefits. Cowden is happy to assist in any way that we can.

- Review and update Summaries of Benefits and Coverage (SBCs), as applicable. If updated, they should be distributed out to participants as soon as possible.
- It’s also important to create a summary of material modifications if there are any changes to your plan.
- As a Plan Sponsor, you will want to understand reverted deadlines for a COBRA qualifying event, a HIPAA status change, or a claim filed under ERISA and how those deadlines will not apply to plan participants. Engage with your COBRA TPA to determine what role they will play in communications and updated administration.

Please note that, as a self-funded plan sponsor, you may elect to extend coverage through the end of 2023 or the end of your plan year. You could also choose to extend the cost-share waivers through May 31, 2023, to allow for an orderly transition. It is important to watch for final vendor communications from your medical vendor regarding their approach to the discontinuation of the benefit provisions.

Below is a summary of the changes to COVID-19 coverage that will take place once the federal emergencies end. There is also additional information on how you as the plan sponsor can choose to continue coverage similar to under the public health emergency (PHE) if you choose. **BOLDED text represents the best practice or recommended option for self-insured plans. If your plan is fully insured, you should receive communications from the health plan insurer on how they plan to update these coverage provisions.**

	During the Emergency Period	Starting May 12, 2023	
COVID-19 vaccines, including boosters	Members pay \$0 for the vaccine at any location. The government covers the ingredient cost of the COVID-19 vaccine and requires plans to cover all vaccines at 100% both in and out of network	Option 1: Members will pay \$0 for the vaccine at in-network locations. Normal plan cost share will apply for out-of-network administration, similar to the flu vaccine.	Option 2: As the plan sponsor, you could choose to cover the cost of vaccines in out-of-network locations as well.
COVID-19 at home test kits, also known as over the counter, or OTC test kits	Members pay \$0 for select kits. Plans cover eight OTC COVID-19 tests per month with a \$0 member cost share, if obtained at a pharmacy, or with a post-service reimbursement claim.	Option 1: Members will pay the retail cost of test kits. They are no longer covered. Members can also use funds from a health savings account or a flexible spending account towards test kits.	Option 2: As the plan sponsor, you could opt to reimburse members for the cost of their kits or give members funds in their health savings account or flexible spending account to go towards test kits.
COVID-19 lab tests and associated provider visits	Members pay \$0 for lab tests, including rapid diagnostic and swab-and-send tests at in-network locations. Plans cover certain associated provider visits at \$0 cost share.	Option 1: Members will pay their copay, coinsurance, or deductible at in-network locations. It will be applied to their out-patient testing benefit, which is part of their medical plan. Associated provider visits will also follow normal copay, coinsurance, or deductible requirements.	Option 2: As a self-funded employer, you could choose to continue to cover the cost of lab tests for members.

	During the Emergency Period	Starting May 12, 2023
COVID-19 anti-viral medication or treatments like Paxlovid	Members pay \$0 for these prescriptions.	No change. Members will pay \$0 for these prescriptions while the government supply is available.
COVID-19 monoclonal antibodies	Members pay normal cost sharing from EUA-approved monoclonal antibody treatments.	No change. Members will continue to pay normal cost sharing for EUA-approved monoclonal antibody treatments.
COBRA, HIPAA, special enrollment and benefit claims and appeals	The national emergency extended deadlines for: <ul style="list-style-type: none"> • COBRA elections • Paying COBRA premiums • Electing HIPAA special enrollment • Filing claims, appeals, and requests for external review 	Deadlines return to normal timeframes starting July 10, 2023.

Certain state COVID-19 requirements may have expiration dates that are not tied to the end of the federal emergencies. Your medical vendor should follow all federal and state mandates, as required.

Contact Cowden for assistance or more information.