

COVID-19 MEDICAL PLAN DESIGN & COVERAGE UPDATES

Effective May 11, 2023

The federal government has announced that the COVID-19 national emergency (NE) and public health emergency (PHE) declarations will end on May 11, 2023. The end of these emergency declarations will impact some of the temporary coverage requirements and cost-share waivers that were put in place during the pandemic. See below for details.

VACCINES COVERED AT \$0

In accordance with the Affordable Care Act and preventive care guidelines, members will continue to pay \$0 cost-share for COVID-19 vaccinations (including boosters) when received in-network. If an office visit is billed in addition to the administration of the vaccination, the office visit will be subject to the plan benefits (i.e. copay, deductible, or coinsurance).

COVID-19 TESTING

When the PHE ends, so will many of the requirements that insurance companies fully cover COVID testing at no cost-share. When ordered by a healthcare provider, the cost of FDA-approved or authorized lab tests will continue to be covered, with the member's responsibility subject to their plan benefits (i.e. copay, deductible, or coinsurance). Consistent with other over-the-counter (OTC) products, the COVID home test kits will no longer be covered by insurance. Members may use Health Savings Accounts (HSA) or Flexible Spending Accounts (FSA) to purchase OTC tests if available.

COVID-19 TREATMENT

All costs related to the treatment of a COVID-19 diagnosis will be subject to the plan benefits (i.e. copay, deductible, or coinsurance).

VIRTUAL VISITS & TELEHEALTH

After the end of the PHE, cost-share for virtual and/or telehealth visits related to COVID testing or testing-related services will no longer be waived. All virtual/telehealth visits will be covered in accordance with plan benefits, regardless of reason for visit.