

COVID-19 Guidance Summary

June 2023 Update

The end of the National Emergency and Public Health Emergency will phase out certain COVID-19 related relief as summarized below. We will update this document as the Departments of Labor, Treasury and Health and Human Services provide additional guidance.

Rule	Duration	Optional/Mandatory	Recommendation
FFCRA/CARES Act required coverage for COVID testing. Originally had a medically necessary standard that was eliminated by subsequent guidance.	Beginning March 1, 2020 and lasting through the duration of the COVID-19 public health emergency (extended in 90 day durations by HHS). Effective Jan. 15, 2022 includes OTC testing. Ends May 11, 2023.	Mandatory if diagnostic. Does not cover save return testing. Some states may require insured plans to cover essential worker testing.	Decide whether to continue to provide free COVID testing. Work with carriers/TPAs to implement any changes to COVID testing costs.
CARES Act option to cover telehealth below the deductible of a high deductible health plans (HSA compatible).	Effective Jan. 1, 2020, for plan years beginning on or before December 31, 2021. Extended by the CAA of 2023 for plan years beginning before January 1, 2025.	Optional.	Recommended if carriers and TPAs can implement.
CARES Act and existing ACA preventive care coverage mandate require plans to provide coverage without cost sharing for all COVID-19 vaccines that have received a recommendation that makes them a qualifying coronavirus preventive service.	Effective December 2020 (based on vaccine approval). Ongoing. Mandate to cover costs for certain out of network providers ends May 11, 2023.	Mandatory for non-grandfathered plans.	Comply with mandate as applicable.
COVID testing and treatment as described in Notice 2020-15 are considered to be HSA compatible coverage.	Effective March 11, 2020. Applies only with respect to plan years ending on or before December 31, 2024.	Optional.	Recommended.
DOL allows large employers to offer telehealth to employees who are not eligible for coverage under any other group health plan offered by that employer.	Effective June, 24, 2020, for plan years beginning before the end of the public health emergency related to COVID-19. No longer available for plan years beginning on or after May 11, 2023.	Optional.	Not recommended due to significant compliance considerations and limited duration. Compliance relief only extends to ACA market reforms. Plans that expanded telehealth to ineligible employees will need to communicate that this benefit will end at the close of the current plan year.

<p>DOL Mandatory Deadline Extensions: HIPAA Special Enrollment deadline, COBRA election, payment, and certain notice deadlines, ERISA claims and appeals deadlines.</p>	<p>March 1, 2020, through the end of the Outbreak Period (linked to the National Emergency Declaration by the White House – separate from COVID testing public health emergency declared by HHS).</p> <p>All deadline tolling ends 60 days after May, 11, 2023 or July 10, 2023.</p>	<p>Mandatory for ERISA plans. Optional for non-ERISA plans</p>	<p>Work with COBRA and GHP TPAs or carriers on end of Outbreak Period Extensions.</p>
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