

End of COVID-19 Public Health Emergency Employer Checklist

Employer Considerations are for Large Employers (typically with 50+ employees depending on the state)

Provision	Explanation	Impact When PHE Ends	Employer Considerations
COVID-19 Testing	All Group health plans must cover COVID-19 tests (including OTC tests) and other services resulting in the order for a test without cost-sharing (both in-network and out-of-network) prior authorization, or medical management and includes both traditional and non-traditional care settings in which a COVID-19 test is ordered or administered.	Requirement no longer applies	 Continue "as is" Continue 100% in-network only Continue, but subject to cost sharing Exclude OTC tests Exclude all COVID-19 testing Provide timely notice of change, if applicable
COVID-19 Vaccines	All non-grandfathered group health plans must cover COVID-19 vaccines (including cost of administering) and related office visit costs without cost- sharing; this applies, to both in-network and out-of-network providers.	Non-grandfathered plans must still cover COVID-19 vaccines in-network without cost-sharing under the ACA's preventive care mandate. Coverage OON is no longer required. Any new recommendations related to the COVID-19 vaccine apply immediately.	 Exclude OON vaccines or impose cost-sharing Continue to cover OON without cost-sharing Provide timely notice of change, if applicable
Excepted Benefits and COVID-19 Testing	An Employee Assistance Program ("EAP") will not be considered to provide significant medical benefits solely because it offers benefits for diagnosis and testing for COVID-19 during the PHE and therefore, will be able to maintain status as an excepted benefit.	If applicable	 Remove, testing benefits from EAP Provide timely notice of change

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Expanded Telehealth and Remote Care Services	Large Employers (51 or more employees) with plan years that begin before the end of the PHE may offer telehealth or other remote care services to employees (and their dependents) who are not eligible for other group health plan coverage offered by the employer.	If applicable: For plans years that begin after May 11, 2023 (e.g., June 1, 2023 and thereafter), this relief is no longer available.	 Prepare to revoke this coverage first plan year after PHE ends Provide timely notice of change, if applicable. Should not trigger COBRA
Summary of Benefits and Coverage ("SBC") Changes	Group health plans may notify plan members of changes as soon as practicable and are not held to the 60 day advance notice requirement for changes affecting the SBC during the plan year or for the reversal of COVID-19 changes once the PHE expires, provided the plan members are timely made aware of any increase and/or decrease in plan benefits summarized on the SBC.	When reversing any COVID-19 changes at the end of the PHE, 60 days advance notice is not required when the change affects the SBC. However timely notice of any increase or decrease to the benefit should be made. Any other mid- year changes to the SBC made after the end of the PHE will be subject to the 60 day advance notice requirement.	Once PHE ends, provide 60-day advance notice of any mid-year change that affects the SBC
Grandfathered plans	If a grandfathered plan enhanced benefits related to COVID-19 for the duration of the PHE (e.g., added telehealth or reduced or eliminated cost-sharing), the plan will not lose grandfathered status if the changes are later reversed when the PHE expires.	If applicable	 Continue "as is" Remove benefits enhanced during the related to COVID-19 pandemic