

Ending of COVID-19 National and Public Health Emergencies

What this means for your employee health plan

April 26, 2023

In the early days of the COVID-19 pandemic, federal authorities issued emergency declarations mandating certain health plan coverages and deadline extensions. Two of those emergency declarations now are ending – specifically, the COVID-19 National Emergency (which ended on April 10, 2023), and the COVID-19 Public Health Emergency (set to end on May 11, 2023). Due to this, your health plan's COVID coverages and deadline extensions will soon change.

COVID testing and immunization coverage adjustments

With the Public Health Emergency's expiration, **your health plan's COVID coverages will change on June 1, 2023.**

- **COVID diagnostic testing:** Any COVID diagnostic tests and related services ordered or administered by a health professional will be covered in the same manner that your plan would otherwise cover such testing and services in the absence of the Public Health Emergency. This means that you, as a participant, may need to cover COVID testing costs based on your specific plan's coverage, as set forth in the plan documents.
- **At-home COVID tests:** At-home or over-the-counter COVID test kits will no longer be available free of charge or covered by your health plan. You may purchase COVID test kits from pharmacy retailers, but the cost will not be applied to your health plan's deductible or out-of-pocket accumulators.
- **COVID immunizations:** Your health plan will continue covering COVID vaccinations and boosters at no cost if obtained from an in-network provider, per your plan's documents. Please refer to your plan's documents to determine how your group health plan will cover vaccines obtained out-of-network.

Return to non-extended deadlines

With the National Emergency's expiration, **your health plan will return to its non-extended plan deadlines on July 11, 2023.** Impacted deadlines include:

- **HIPAA time frames:** The 30-day period (or 60-day, under CHIPRA¹) to request special enrollment.
- **COBRA² time frames:** The period to elect COBRA coverage and make COBRA premium payments, as well as the date to notify the plan of a qualifying event or disability determination.
- **Claims procedure time frames:** The date to file a benefit claim, appeal or adverse benefit determination under the plan's claims procedure.
- **External review process time frames:** The date to request an external review following an adverse or final internal adverse benefit determination.

Additional resources

More information on the ending of the COVID emergency periods are available on the Department of Labor's [Response to COVID-19 webpage](#). Questions regarding your plan benefits may be directed to your health plan administrator.

¹CHIPRA refers to the Children's Health Insurance Program Reauthorization Act of 2009.

²COBRA applies to group health plans subject to ERISA (the Employee Retirement Income Act of 1974) only.

