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Health Plan Amendments – What Employers Must Know

There are several coronavirus-related issues that may require that your health plan be amended. The following is a summary of the issues, as well as a process to manage these changes, next steps and best practices to help ensure your plan is in compliance.

Health Plan Amendments – What Employers Must Know

- 1 Coronavirus Testing**
Only tests approved by FDA and HHS, state-developed tests, and tests provided on an emergency basis are covered.
- 2 Coronavirus Treatment**
Coronavirus treatment coverage is not mandated by federal law. State insurance laws could mandate testing, while plan/insurance contracts may be broader.
- 3 Telemedicine Services**
Coverage for telemedicine services is not mandated by federal law; however, it may be mandated by state insurance law.
- 4 Process to Manage These Changes**
 - Review plan document to accommodate employer's changes
 - Communicate plan changes to participants via SMM
 - Review language contained in Summary Plan Description
 - Review Summary of Benefits and Coverage
- 5 Next Steps & Best Practices to Ensure Compliance**
Review the full article for best practices and further steps.

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Coronavirus Testing (*effective March 18, 2020*)

Of all of the potential plan amendments, coronavirus testing coverage is the only one that is federally mandated. It requires plans to provide first-dollar coverage for COVID-19 testing and related testing services. Only tests approved by FDA and HHS, state-developed tests, and tests provided by labs on an emergency basis are covered. State insurance laws may be broader, while plan/insurance contracts may be broader still.

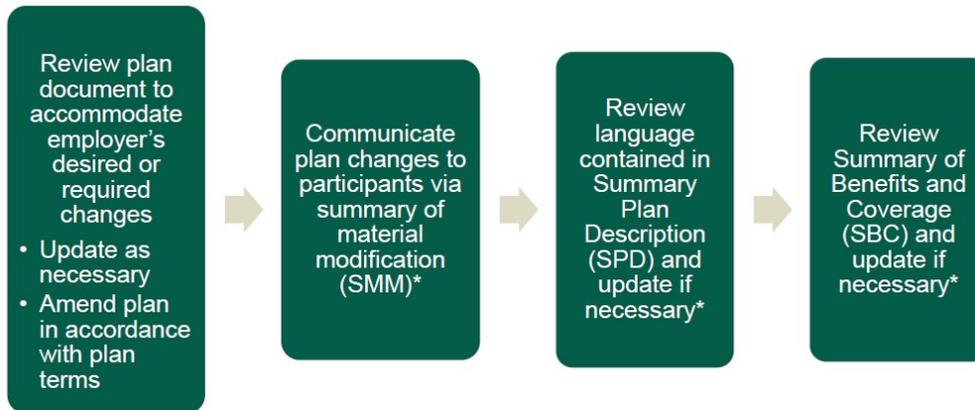
Coronavirus Treatment

Coronavirus treatment coverage is not mandated by federal law. Keep in mind, to the extent it's an essential health benefit under ACA, restrictions apply (no annual or lifetime limits, etc.). State insurance laws could mandate testing, while plan/insurance contracts may be broader.

Telemedicine Services

Coverage for telemedicine services is not mandated by federal law; however, it may be mandated by state insurance law. While the federal government says you do not have to cover these services, if you do decide to do so, it won't jeopardize HSA eligibility. This applies to plans beginning on or before Dec. 31, 2021 (effectively before 2022 plan year).

Process to Manage These Changes



** Temporary relief from timing of disclosure available - see EBSA/HHS Implementation FAQs about FFCRA and CARES Act (issued 4/11/20)*
<http://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-42.pdf>

Next Steps & Best Practices to Ensure Compliance

1. Determine which laws apply to your employee population. Begin with federal laws. Then, review each state and local jurisdiction in which employees are employed.
2. Determine how to integrate the benefits of each law into your workplace policy. Remember, individuals are entitled to the most generous benefit of each law.
3. Be aware of both employee and employer notice obligations and the applicable workplace posting requirements of each law or ordinance.
4. Regularly review your plans, especially when circumstances change, and update the plan documentation as needed.
5. Consult with your legal counsel when appropriate.

