NIS
National Insurance Services

2020 Benefit COVID-Related and Other Benefit Plan Changes

Benefit	Changes	Effective Dates	Mandatory or Permissive
Group Health Plans: Preventive Services	FDA-approved in vitro diagnostic COVID-19 testing and preventive services covered by both fully insured and self-funded group health plans without cost sharing, prior authorization requirement or medical management requirement for benefits.	March 18, 2020 through the end of the COVID-19 National Emergency.	Mandatory Some carriers and self-insured plans may choose to continue this coverage voluntarily beyond the end date.
	Group health plan or insurer must reimburse the provider for either the negotiated cost of the testing or, if there is no negotiated price, for the case price of the diagnostic testing as reflected on the provider's website. Providers are required to publicize the price of the testing on a publicly available website, with a fine of $300/day for noncompliance.	March 18, 2020 through the end of the COVID-19 National Emergency.	Mandatory
	If preventive measures to prevent or mitigate COVID-19 become available, group health plans and insurers must also cover such preventive measures with no cost-sharing.	March 18, 2020 through the end of the COVID-19 National Emergency.	Mandatory
Group Health Plans: HIPAA Special Enrollment Rights	Establishes an "Outbreak Period" of time from March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency. Plans must disregard the Outbreak Period for purposes of: • The 30-day period to request special enrollment in a group health plan. • The 60-day period to request enrollment into a group health plan upon losing eligibility for CHIP coverage or becoming eligible for the CHIP subsidy	From March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency + the usual statutory period of time.	Mandatory

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Group Health Plans: Claims Procedures and External Review Process	Establishes an "Outbreak Period" of time from March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency. Plans must disregard the Outbreak Period for purposes of t/he date within which individuals/a claimant may file: • a benefit claim under a plan's claims procedures. • an appeal of an adverse benefit determination under a plan's claims procedures. • a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination. • information to perfect a request for external review upon a finding that the claim was not complete.	From March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency + the usual statutory period of time.	Mandatory
Cafeteria Plans	Employers may amend their cafeteria plans to allow employees to make some or all of the following changes mid-year, without satisfying standard criteria: • Enroll in health coverage if the employee was initially denied. • Switch plans or tiers of health coverage including a change from self-only to family coverage. • Drop coverage to switch to other health coverage including individual coverage but only if the employee attests in writing that the employee is enrolled or immediately will enroll in other health coverage. • Enroll, cancel, increase or decrease elections for health or dependent care FSA.	For calendar year 2020 only.	Permissive
HSAs	A plan will not fail to be a high deductible health plan by failing to have a deductible for telehealth and other remote care services.	For plan years beginning on or before December 31, 2021 and until further guidance is issued.	Permissive
	Repeal of ACA rule prohibiting non-prescribed OTC medicines from being "qualified medical expenses."	January 1, 2020-permanent.	Mandatory for plans that cover OTC
	Adds menstrual products to the definition of "qualified medical expenses."	January 1, 2020-permanent.	Mandatory for plans that cover OTC
	2019 HSA contribution deadline moved to 7/15/2020.	2020 only. This change was made to conform with the extension of the deadline to file 2019 tax returns.	Mandatory
	Deadline to remove excess contributions from HSAs moved to 7/15/2020.	2020 only. This change was made to conform with the extension of the deadline to file 2019 tax returns.	Mandatory

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FSAs	Repeal of ACA rule prohibiting non-prescribed OTC medicines from being "qualified medical expenses."	January 1, 2020-permanent.	Mandatory for plans that cover OTC
	Adds menstrual products to the definition of "qualified medical expenses."	January 1, 2020-permanent.	Mandatory for plans that cover OTC
	Employer may extend the "grace period" for health or dependent care FSAs through December 31, 2020.	Calendar year 2020 only.	Permissive
	Employer may extend spend-down period for carryover funds in health FSAs through December 31, 2020.	Calendar year 2020 only.	Permissive
	Employers may allow up to a $550 carryover for health FSAs (prior maximum was $500).	Calendar year 2020. Amount will increase with inflation as health FSA limit increases in future years.	Permissive
COBRA—timeframes for employees/ qualified beneficiaries	Establishes an "Outbreak Period" of time from March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency. Plans must disregard the Outbreak Period for purposes of: • The date a covered employee or qualified beneficiary must notify the plan of certain qualifying events (divorce/legal separation or dependent child ceasing to be an eligible dependent). • The 60-day election period for COBRA continuation coverage. • The date for making COBRA premium payments.	From March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency + the usual statutory period of time.	Mandatory
COBRA—timeframes for employers	Establishes an "Outbreak Period" of time from March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency. Plans may disregard the Outbreak Period for purposes of the date that a group health plan, sponsor or administrator must provide a COBRA election notice.	From March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency + the usual statutory period of time.	Permissive. Employers are advised to comply with usual regulatory timeframes to the extent possible.
COBRA notices revised	IRS issued revised COBRA notices that clarify Medicare implications of COBRA election for individuals eligible for both.	On or after May 1, 2020.	Permissive. Employers do not have to use model notices, but they are a safe harbor.

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FMLA	Expanded circumstances under which an employee is entitled to take a leave to include a qualifying need related to a public health emergency to: • Comply with a recommendation or order by a public health official or health care provider that the physical presence of the employee on the job will jeopardize the health of others because of exposure to the coronavirus or exhibition of coronavirus symptoms and the employee is unable to perform their job functions while complying with the recommendation or order. • Care for a family member to which the bullet above applies. • To care for the employee's child under the age of 18 if the child's school or place of care has been closed or if the child's care provider is unavailable due to a public health emergency.	April 1, 2020 through December 31, 2020.	Mandatory

COVID-19 Disclaimer: Any statements contained herein relating to the impact of COVID-19 and/or the coronavirus on insurance coverage or any insurance policy is not a legal opinion, warranty, or guarantee and should not be relied upon as such. The situation surrounding COVID-19/coronavirus is changing constantly; as a result, any discussions that might take place may not necessarily reflect the latest information regarding recently-enacted, or pending or proposed legislation or guidance that could override, alter or otherwise affect existing insurance coverage. Answers to policy-specific questions will always depend on the terms and conditions of an individual policy and the specific facts relating to a potential claim. As insurance agents/brokers, we do not have the authority to make coverage decisions or render legal advice.

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