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COVID-19: Extended Deadlines and Health Plan Coverage of COVID-19

Insight — April 20, 2020

Extended Deadlines

Last updated 4.20.2020

What's The Problem: COVID-19 has made it difficult to meet certain deadlines with respect to plan administration.

Answer: The IRS granted limited relief to filing deadlines, including certain Form 5500 relief, under IRS Notice 2020-23 on April 9, 2020. A Form 5500 that is required to be filed between April 1, 2020 and July 14, 2020 is now due July 15, 2020. The relief does not impact calendar year plans as the normal due date for filing Form 5500 (July 31st) falls outside of the delay period. This extension helps some non-calendar year plans and potentially plans with short plan years that caused the Form 5500 deadline to occur during that period.

Health Plan Coverage of COVID-19

Last updated 4.1.2020

What's the Problem: One potential barrier to getting people tested is the expense of medical treatment. For participants in employer-sponsored health plans, they may be reluctant to incur copay or deductible expenses.

Answer: The Family First Coronavirus Response Act now requires (as of the date of the enactment of the Act, March 18, 2020) all group health plans (fully insured and self-insured) to provide COVID-19 testing to plan participants and their covered beneficiaries without cost sharing (i.e., copays, deductibles and coinsurance) and without imposing prior authorization requirements or other medical management requirements. The Families First Coronavirus Response Act is available [here](#).

Covered services include facility charges (including office visit, urgent care visit, emergency room visit) and the cost of all services (provided in person or by telemedicine) and all items used in administering the COVID-19 test as well as the costs associated with evaluating whether a COVID-19 test is required. The coverage requirements are limited in duration to the period of a national health emergency as declared by the Director of Health and Human Services. Failure to provide these benefits would constitute a violation of Part 7 of the Employee Retirement Income Security Act and

other similar benefits laws.

The CARES Act (signed on March 27, 2020) has modified and expanded on a permanent basis required coverage for COVID-19 testing without cost sharing to include COVID-19 tests that are in the process of being approved by the federal government, tests that have been approved by certain state labs, and other tests the Secretary of the Health and Human Services approves.

In addition, group health plans (fully insured and self-insured) are also required to cover COVID-19 immunizations and similar mitigation services as preventive health services without cost sharing. These services must be made available under the plan within 15 days of the date the immunization is given an “A” or “B” rating by the United States Preventive Services Task Force or is recommended by the CDC as an appropriate immunization for the person considered.

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