



## **Plan Sponsor Notice:**

### **Planning for the COVID-19 Emergencies Ending on May 11**

On January 30, 2023, the federal government announced that the two national emergencies addressing COVID-19, the public health emergency (PHE) and the national emergency, will end on May 11, 2023.

Starting May 12, 2023, health plans and group plan sponsors will no longer be subject to federal requirements for coverage of COVID-19 testing, vaccinations and treatments.

Below is a summary of the changes to COVID-19 coverage that will take place once the federal emergencies end for self-funded plan sponsors.

Please note that, as a self-funded plan sponsor, you may elect to extend coverage through the end of 2023 or the end of your plan year. If you would like to consider that, please contact your account team by March 31, 2023.

*Aetna® plan sponsors who have carved out pharmacy benefits to a third-party administrator will need to consult their Pharmacy Benefit Manager on all benefits other than lab-based COVID-19 tests (covered under the medical plan benefit), and the COBRA, HIPAA and Special Enrollment Period deadline changes.*

	<b>During the emergency period</b>	<b>Starting May 12, 2023</b>
<b>COVID-19 vaccines, including boosters</b>	<p>Members pay \$0 for the vaccine at any location.</p> <p>The government covers the ingredient cost of the COVID-19 vaccine and requires plans to cover all vaccines at 100%, both in and out of network.</p>	<p>Members will pay \$0 for the vaccine at in-network locations.*</p> <p>Many pharmacies now have ample supply of the government funded vaccines.</p> <p>Although timing is unknown, it is likely that COVID-19 vaccines will be commercially available in the summer or fall. At that time, we expect the COVID-19 vaccine will be added to the Aetna standard seasonal vaccine program.</p> <p>Note that, once federal supply is exhausted, the vaccines will continue at 100% coverage for in-network administration. Normal plan cost share will apply for out-of-network administration, like the flu vaccine.</p>
<b>COVID-19 at-home test kits, also known as over-the-counter, or OTC test kits</b>	<p>Members pay \$0 for select test kits.</p> <p>Plans cover eight OTC COVID-19 tests per month with a \$0 member cost share, if obtained at a pharmacy, or with a post-service reimbursement claim.</p>	<p>Members will pay the retail cost of test kits. They are no longer covered.</p> <p>Members will be able to get an at-home test kit for around \$12 per test, or \$24 for a box of two from CVS® and other retailers.</p> <p>Members can also use funds from a health savings account or a flexible spending account toward test kits.</p>
<b>COVID-19 lab tests</b>	<p>Members pay \$0 for lab tests, including rapid diagnostic and swab-and-send tests, at in-network locations.</p>	<p>Members will pay their copay, coinsurance or deductible at in-network locations. It will be applied to their out-patient testing benefit, which is part of their medical plan.</p>
<b>Evaluation &amp; Management Visit (E&amp;M) - Telemedicine, Urgent Care, ER and Office Visits Associated with COVID-19 tests</b>	<p>Members pay \$0 for COVID-19 associated visits (INN and OON) when there's an associated COVID-19 test done within 2 days before or 2 days after.</p>	<p>Members will pay their copay, coinsurance or deductible for COVID-19 associated visits (INN and OON) when there's an associated COVID-19 test done within 2 days before or 2 days after.</p>
<b>COVID-19 anti-viral medications or treatments, like Paxlovid*</b>	<p>Members pay \$0 for these prescriptions.</p>	<p>No change. Members will pay \$0 for these prescriptions while the government supply is available.</p>

<b>Pharmacist Assessment and Prescribing of Paxlovid program</b>	For plan sponsors with this program, members pay \$0 for pharmacist assessment and prescribing of Paxlovid at pharmacies, including CVS.	No change.  For plan sponsors with this program, coverage will continue, consistent with their current benefits.
<b>COVID-19 monoclonal antibodies</b>	Members pay normal cost sharing for EUA-approved monoclonal antibody treatments.*	No change. Members will continue to pay normal cost sharing for EUA-approved monoclonal antibody treatments.*
<b>COBRA, HIPAA, special enrollment and benefit claims and appeals</b>	The national emergency extended deadlines for: <ul style="list-style-type: none"> <li>• COBRA elections</li> <li>• Paying COBRA premiums</li> <li>• Electing HIPAA special enrollment</li> <li>• Filing claims, appeals and requests for external review</li> </ul>	Deadlines return to normal timeframes starting July 10, 2023.

*\*Under an EUA declaration, the FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions.*

Certain state COVID-19 requirements may have expiration dates that are not tied to the end of the federal emergencies. Aetna will follow all federal and state mandates, as required.

We will continue to provide updates if needed.

Sincerely,

Your Aetna Account Team

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