



When Will the Pandemic End for Employer-Sponsored Health Plans?

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While many in the U.S. have attempted to resume a sense of normalcy despite the ongoing COVID-19 pandemic, for employer-sponsored health plans, special “emergency” pandemic rules and extensions remain in effect. As previously noted in prior **Department of Labor guidance**, many deadlines and health benefit election periods were extended until after the announced end of the COVID-19 National Emergency (the National Emergency). Such extended periods and deadlines included the HIPAA special enrollment period, COBRA election period, and deadlines to file, appeal, or request external review of claims. These periods and deadlines continue to be extended until the earlier of 60 days after the end of the National Emergency, or one year after a person became eligible for such extension.

In addition to the National Emergency, the Department of Health and Human Services (HHS) declared a separate Public Health Emergency related to the pandemic (the Public Health Emergency). As part of this Public Health Emergency, health plans have been required to cover the cost of COVID-19 diagnostic testing, including over-the-counter tests, and associated services, with no cost sharing to participants. Further, standalone telehealth benefits (offered to employees not enrolled in an employer’s health plan) may be offered without being subject to the Affordable Care Act and other health care mandates.

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Currently, the National Emergency declaration is scheduled to end on February 28, 2023, unless the White House acts to extend it or end it early. The Public Health Emergency is scheduled to end on October 12, 2022, unless HHS acts to extend it. When these emergencies end, employers sponsoring group health plans should be aware that COBRA deadlines will once again need to be enforced, which will require, among other things, identifying those individuals within an extended election/premium payment period. In addition, employers will need to review any standalone telehealth benefits and consider to what extent to offer coverage for COVID-19 testing and other benefits currently mandated, but that may become optional.