



HEALTHCARE AND DIRECTORS AND OFFICERS QUESTION OF THE MONTH: COVID-19 COVERAGE REQUIRED UNDER GROUP HEALTH PLANS?

Question: What costs does our group health plan have to cover regarding the coronavirus/COVID-19?

Answer: The [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) became law on March 27, 2020, and amended the provisions of the Families First Coronavirus Response Act (signed into law on March 18, 2020) related to diagnostic testing. The CARES Act requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered health plans) to provide coverage, without any cost sharing requirements (including deductibles, copayments, and coinsurance) or prior authorization or other medical management requirements, for the following items and services furnished:

- An in vitro diagnostic test defined in section 809.3 of title 21, Code of Federal Regulations (or successor regulations) for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such a test, that:
 - Is approved, cleared, or authorized under the Federal Food, Drug, and Cosmetic Act;
 - The developer has requested, or intends to request, emergency use authorization under section 564 of the Federal Food, Drug, and Cosmetic Act, unless and until the emergency use authorization request under such section 564 has been denied or the developer of such test does not submit a request under such section within a reasonable timeframe;
 - Is developed in and authorized by a State that has notified the Secretary of Health and Human Services of its intention to review tests intended to diagnose COVID-19; or
 - Other tests that the Secretary determines are appropriate.

The CARES Act also provides for the coverage of preventive services for coronavirus/COVID-19. The Act requires group health plans and health insurance issuers offering group or individual health insurance to cover (without cost-sharing) any qualifying coronavirus preventive service. The term “qualifying coronavirus preventive service” means an item, service, or immunization that is intended to prevent or mitigate coronavirus disease 2019 (COVID-19) and that is:

- An evidence-based item or service that has in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; or

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- An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

Plan participants and covered dependents that become sick with coronavirus or COVID-19 should be covered in accordance with the group health plan's rules. We will provide updated information as it becomes available.