COVID-19 Coverage Post PHE and NE

Post Public Health Emergency and National Emergency

External

Frequently Asked Questions

October 31, 2023

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RESOURCES

Centers for Disease Control and Prevention COVID-19 site

"What Do I Need to Know: CMS Waivers, Flexibilities, and the Transition Forward from the End of the COVID-19 Public Health Emergency."

Statement on HR 382 & HJR 7 – Administration Policy ending PHE and NE

Statement on HR 497 OMB Administration Policy Statement on Vaccines
California Post PHE requirements

Tri-Agency FAQs Part 58

PUBLIC HEALTH EMERGENCY AND NATIONAL EMERGENCY OVERVIEW

PHE and NE Ends Update 4/19/23

COVID-19 declaration	Applies to	Ends
Public Health Emergency (PHE)	**COVID-19 mandates tied to benefits including** vaccines/boosters, testing, OTC test kits	**May 11, 2023**
President's National Emergency (NE)	**Timely filing and support impacting** • claim, appeals and timely filing • COBRA dates and payment • special enrollment flexibilities	Signed **April 10, 2023** Outbreak Period Ends **July 10, 2023**

What guidance has CMS provided regarding the end of COVID-19 Public Health Emergency (PHE)? *Update 4/21/23

On January 30, the Department of Health and Human Services (HHS) released guidance that the Public Health Emergency (PHE) and the President's National Emergency would end on May 11.

The Centers for Medicare & Medicaid Services (CMS) released a guidance document, "What Do I Need to Know: CMS Waivers, Flexibilities, and the Transition Forward from the End of the COVID-19 Public Health Emergency."

This guidance addresses CMS changes to required coverage of COVID-19 tests, treatments, and vaccines by Medicare, Medicaid, and private health insurance once the Public Health Emergency (PHE) expires at the end of the day on May 11, 2023. In addition, CMS discusses certain waivers and flexibilities for provider services that may be impacted by the end of the PHE.

* Based on the recent Joint Resolution passed by the House and Senate and signed by the President on April 10, 2023, the date for the end of the President's National Emergency is April 10, 2023, but the DOL announced that the Outbreak Period would end on July 10, 2023, as indicated earlier.

What guidance was offered for Medicare or Medicaid? New 3/3/23

Refer to the CMS Fact Sheet for information.

Does the Surest and UMR approach to COVID coverage after the end of the public health emergency on May 11 follow UHC standards? Update 5/9/23

Surest and UMR will follow the UnitedHealthcare standard.

Will UnitedHealthcare support the California law for fully insured plans that requires coverage for treatment In California, COVID-19 vaccines, and COVID-19 testing at zero cost share for 6 months (11/11/23) after the end of the public health emergency? Update 5/9/23

Yes. Fully insured customers situsedin California will automatically be updated to follow California state mandate COVID-19 requirements

For more information access https://www.dmhc.ca.gov/Portals/0/Docs/DO/COVID-FactSheet2022.pdf for full details on CA COVID-19 requirements.

Does the standard approach apply to grandfathered plans? Update 5/9/23

UnitedHealthcare will support a request for a self-funded customer to cover COVID-19 immunizations and administration only when other preventive immunizations are covered.

UnitedHealthcare will support a request for a self-funded customer to cover COVID-19 immunizations only when other ACA preventive immunizations are covered.

PHE Standard Benefits Chart

What standard benefits are available after the end of the PHE and what non standard benefits are available? Update 4/19/23

Benefit	Standard
Over-the-Counter (OTC) Test Kit	• No medical/pharmacy coverage of OTC COVID-19 tests for dates of service starting after 5/11 unless mandated by state regulatory requirements. • Members may use their account plans, such as Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) to purchase OTC tests.
Lab Testing & Related Visits ○ Diagnostic and Antibody	• Coverage of FDA approved or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) in accordance with the member's standard medical plan benefit.
Surveillance Testing	• No coverage of in-network or out-of-network surveillance testing.
Vaccines	• Cover ACIP recommended and CDC adopted COVID-19 vaccine and booster serum and administration as part of preventive benefits at zero-dollar cost share, when in network. Out-of-network follows standard plan benefit.
Medical and Pharmacy COVID-19 Treatment	• Coverage for FDA approved or authorized COVID-19 medical and pharmacy treatments in accordance with a member's standard plan benefits.
Telehealth	• Coverage for telehealth visits in accordance with the member's standard medical plan benefit for in & out of network (subject to cost share). • Includes medical and behavioral telehealth services.
24/7 Virtual Visits ○ Includes UnitedHealthcare 24/7 Virtual Visit national providers	• Coverage for 24/7 Virtual Visits in accordance with the member's standard medical plan benefit.

- State guidance may result in variance from UnitedHealthcare standard coverage.
- UnitedHealthcare recommends self-funded customers follow the standard coverage.
- Customers should discuss plan changes with their legal counsel and tax professionals

Presidents National Emergency (NE) Benefits

Modifications	Requirements and deadlines beginning July 11, 2023
Claim Timely Filing	• After the end of the NE and the Outbreak Period ending July 10, UnitedHealthcare will revert to applying the normal timeframes for filing a claim. • UnitedHealthcare will update EOB remark codes removing the extending time allowed during the national emergency.
Appeals and External Appeals Timely Filing	• When the outbreak period ends July 10, member's time to appeal an adverse benefit determination or request external appeal will be consistent with the member's benefit plan. • Appeal letters will advise members about the application of the normal claims and appeals rules.
COBRA	For COBRA deadlines, after the end of the National Emergency there are several things to remember: • Qualifying Event Notice (employer) – 30 days for employer to notify the plan of the termination or reduction in hours of the covered employee, death of the covered employee, covered employee becoming eligible for Medicare or employer bankruptcy. • Qualifying events notice (covered employee or qualified beneficiary) – 60-day deadline to notify the plan of certain qualifying events such as divorce, child no longer being a dependent etc.) • Election Notice – After receiving notice of a qualifying event, then the plan has a 14-day deadline to provide the COBRA election notice to qualified beneficiaries. ▸ Election – once again is 60 days to elect COBRA. ▸ Payment – now must be 45 days for the first payment and then 30 days for subsequent premium payments. • If employer modified their plan during NE, they may wish to amend their plan documents. Consult with the group counsel or tax professional.
Special Enrollment	Plans must follow the special enrollment requirements that were in place prior to the NE. There are 3 types of qualifying events defined in plan documents: 1. Loss of other group health plan coverage – 30 days to enroll. 2. When there is a marriage, birth, adoption, or placement for adoption – 30 days to enroll. 3. When a member loses eligibility for Medicaid or CHIP or becomes eligible for a subsidy under those programs – 60 days or 90 days (for exchange) to enroll.

VACCINES

Standard Vaccine Coverage

After the end of the Public Health Emergency, how will COVID vaccines be covered Update 5/9/23

UnitedHealthcare standard for plans that cover Preventive Services will be to cover ACIP recommended and CDC adopted COVID-19 vaccine and booster serum and administration as part of preventive benefits at zero-dollar cost share, when in network.

Out of network coverage will follow out of network preventive benefits.

Did the government change the requirement for vaccines for federal employees? New 5/1/23

The Administration will end the COVID-19 vaccine requirements for Federal employees, Federal contractors, and international air travelers at the end of the day on May 11, the same day that the COVID-19 public health emergency ends.

Are other vaccine requirements ending with the PHE? New 5/1/23

On May 1, HHS and DHS announced they will start the process to end their vaccination requirements for Head Start educators, CMS-certified healthcare facilities, and certain noncitizens at the land border. Further details related to ending these requirements will be provided prior to May 11.

When will the government cease covering the vaccine serum? Update 10/3/23

The government has announced that the older bivalent and government funded vaccine serum ended September 11, 2023 with the new monovalent vaccines released. Going forward health plans will cover both serum and administration/distribution fee, whether covered under medical or pharmacy benefit.

The government will require vaccines to have FDA approval or Emergency Use Authorization before distribution.

Fall 2023 COVID-19 formulation is a monovalent formulation focused on newer variants.

The vaccine manufacturers publish their serum costs. Information on vaccines may be found on the CDC vaccine page.

ASO Options to Non-standard COVID-19 Vaccine Coverage

Can UnitedHealthcare support a request to cover COVID-19 vaccines and booster at no cost share both in network and out of network? Update 5/1/23

UnitedHealthcare will support a request for a self-funded customer to cover COVID-19 immunizations only when other ACA preventive immunizations are covered.

The customer should notify their UnitedHealthcare representative if they wish to modify coverage as noted above.

Customers should discuss plan changes with their legal counsel and tax professionals.

Can a grandfathered self-funded customer that does not cover non COVID-19 immunizations choose to cover just COVID-19 vaccines at no cost share? Update 5/1/23

UnitedHealthcare will support a request for a self-funded customer to cover COVID-19 immunizations only when other ACA preventive immunizations are covered.

The customer must notify their UnitedHealthcare representative and will need to update plan documents.

Customers should discuss plan changes with their legal counsel and tax professionals.

COVID-19 Approved/Authorized Vaccines

UnitedHealthcare standard coverage for vaccines is outlined in the Standard Vaccine Coverage section of this FAQ. For questions on non-standard refer to your plan benefits or discuss with your UnitedHealthcare representative.

Are monovalent vaccines approved or authorized for preventive services? Update 10/3/23

Although between May 12 and Sept. 11 the FDA removed approvals and EUA authorization from monovalent COVID-19 vaccines. However, with the new monovalent vaccines approved or authorized in September 2023, the older bivalent vaccines are no longer approved or authorized.

What is the CDC recommendation if someone had the Novavax or Johnson and Johnson (Janssen) vaccine and not either of the mRNA vaccines? New 4/26/23

Novavax COVID-19 Vaccine remains authorized for certain limited situations. Refer to the CDC vaccine site.

J&J Janssen COVID-19 vaccine is no longer authorized. For persons who received the Janssen primary series, they should receive a bivalent does of Moderna or Pfizer as outlined on the CDC vaccine site.

What COVID-19 vaccines are approved or authorized for preventive services? Update 10/3/23

Persons not immunocompromised

The COVID-19 vaccination schedule for people who are not moderately or severely immunocompromised is outlined on the CDC poral. This schedule is organized by age, vaccine (Moderna or Pfizer), number of recommended doses, and intervals between doses.

The CMS schedule is organized by age and COVID-19 vaccination history.

Persons not immunocompromised

The chart for persons immunocompromised is posted on the CDC vaccine site shortly.

What is the CDC's recommendation for vaccines and vaccine schedules? New 4/26/23

Refer to the cdc.gov vaccine site. The CDC recommends that people stay up to date with COVID-19 vaccination.

Is the serum for COVID-19 still provided by the government? Update 5/9/23

Government stockpiles will still be available after May 11, 2023. There will be no cost sharing for the member as long as government provides the serum. Pharmacies will continue to receive the $40 administration/dispensing fee for these vaccines. The administration/dispensing fee may vary.

Will the dispensing fee apply when administered in the pharmacy when the PHE ends? Update 5/9/23

The administration (dispensing) fee will still be in place for the commercial COVID-19 vaccine. Members with Preventive Care Services as outlined in the CDG will be able to get the COVID-19 vaccine at no cost share.

- When the government product is no longer available and commercial products are on the market, the cost of the serum including a standard administration (dispensing) fee will be applied.
- An administration fee may apply when administered in a doctor's office
- If the group has OON benefits, the member cost share for COVID-19 vaccines will be determined based on the plan benefit.

New COVID-19 Monovalent Vaccines – Medical and Pharmacy

COVID-19 vaccines may be covered under the medical benefit only, the pharmacy benefit only or both depending on the members benefit plan.

COVID-19 Vaccines Under Medical Benefit

What changes for COVID-9 vaccine codes have been made and will be updated in UnitedHealthcare's Preventive Care Services Medical Policy? New 10/3/23

COVID-19 codes appear in the Vaccine Codes Appendix that was updated Sept.18, 2023.

New codes are payable under the medical benefit as of Sept. 12, 2023 at no cost share in-network for members with coverage for Preventive Care Services, otherwise they are paid at the member's benefit plan.

Monovalent

- 91318 (new)
- 91319 (new)
- 91320 (new)
- 91321 (new)
- 91322 (new)

Novavax

- 91304 (no change)

COVID-19 Administration Code

- 90480 (no change)

Deleted codes no longer covered under the medical benefit:

The guide also deletes Pfizer and Moderna's bivalent vaccine administration codes since these are no longer authorized for use in the USA.

- Deleted bivalent codes 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A
- The Preventive Care Services benefit for these codes ended Sep. 11, 2023. The update to the Preventive Services Medical Policy document was retroactive to September 11, 2023.

Documentation:

Refer to the Preventive Care Services Vaccine Code document for detail.

The updated list of applicable CPT codes for Covid-19 Vaccines in the Preventive Services Medical Policy guide as of 10/1/23.

COVID-19 Vaccines Under the UnitedHealthcare Pharmacy Benefit

What changes for COVID-9 vaccine codes covered under the pharmacy benefit have been made? New 10/3/23

Vaccines paid under the pharmacy benefit are based on NDC/GPI codes and are covered at no cost share for those members with ACA preventive services. Otherwise, they are paid at the member's benefit plan.

UHCP pharmacy reimbursement of the commercial COVID vaccines varies by product and is based on a flat, bundled rate that includes both the cost of the drug and a fee. For pharmacy coverage, both the Moderna (EUA pediatric doses & FDA Spikevax) and Pfizer (EUA pediatric & FDA Comirnaty) rates vary based on dose/age.

The codes were updated for pharmacies on Sept. 15, 2023 and payable under the pharmacy benefits (integrated OptumRx) back to Sept. 12.

New RSV Vaccines – Medical and Pharmacy

When[VTP[1]] were the Respiratory Syncytial Virus (RSV) vaccine codes paid under the medical benefit added to the Preventive Care Services Medical Policy? New 10/3/23

RSV vaccines are covered under pharmacy and medical based on the benefit plan. For UnitedHealthcare, these vaccines are considered preventive and will be offered without costsharing.

Medical RSV codes 90380, 90381, 90678, 90679 have been added to the Preventive Care Services Medical Policy on Oct 1, 2023. These codes are effective as of Sept. 12, 2023.

For pharmacy, RSV vaccines are based on NDC/GPI codes and are covered at no cost share for those members with ACA preventive services. Otherwise, they are paid at the member's benefit plan.

For UnitedHealthcare, these vaccines are considered preventive and will be offered without costsharing.

Refer to the Preventive Care Services Vaccine Code document for detail.

TESTING — DIAGNOSTIC AND ANTIBODY

Standard Testing Coverage

After the end of the Public Health Emergency , how will UnitedHealthcare cover COVID testing? Update 3/21/23

UnitedHealthcare will cover FDA approved or authorized COVID-19 lab-based testing and related services when ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) in accordance with the member's standard medical plan benefit.

This includes diagnostic and antibody testing.

This does not include over-the-counter testing.

UnitedHealthcare recommends self-funded customers follow the standard coverage.

What did the Tri-Agencies clarify on pricing for COVID-19 lab tests? New 4/5/23

The requirement to cover items or services related to COVID-19 diagnostic testing ends after the PHE. In addition, insurers and plans are no longer required to pay the cash price for diagnostic tests posted on the provider's website, or a negotiated amount, after the end of the PHE. If coverage is continued after the end of the PHE, the health insurer or group health plan may impose cost-sharing, apply medical management, and limit coverage to INN providers.

For testing are office visits covered? Are lab facilities covered? New 3/14/23

For standard coverage for COVID-19 tests, UnitedHealthcare will cover FDA approved or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) in accordance with the member's standard medical plan benefit. These tests are generally done in a physician or health care providers office and then sent to a lab for processing.

If the pandemic returns, what will coverage for testing look like? New 3/14/23

UnitedHealthcare will help customers and members understand their benefits if there are future modifications to their coverage resulting from the pandemic and in consideration of any guidance that may be issued.

For provider administered tests, which are sent to a lab, will there be a flat negotiated rate for these services, or will contracted rates vary from provider to provider? **New 4/14/23**

For the covid testing procedure codes that were developed specifically due to the NPHE and will continue to be eligible for coverage once the NPHE ends, UnitedHealthcare will follow the provider contract for those service types.

- **For a par provider**, these services would fall under their contract, the same as other lab tests. The CMS NPHE rates would not be applicable.
- **For non-par provider**, either vendor pricing or the UnitedHealthcare MNRP/ENRP/R&C fee cuts would be applicable based on the customer's selections.

If cruise ships or airlines, encourage COVID testing at a lab nearby, who will cover those tests (for personal or business travel purposes)? Update 5/9/23

Testing for travel, whether personal or business, is considered surveillance testing, which is not a covered benefit.

HDHP with HSA Testing

Can HDHP continue to cover COVID-19 testing or treatment below the deductible? New 7/18/23

No. IRS Notice 2023-37 provides guidance regarding the end of safe harbor protection granted by IRS Notice 2020-15 for COVID-19 testing and treatment coverage pre-deductible under high-deductible health plans (HDHPs).

The relief granted by IRS Notice 2020-15 that allows coverage of medical care services and items purchased related to testing for and treatment of COVID-19 prior to deductible applies only with respect to plan years ending on or before Dec. 31, 2024.

Can you clarify what is meant by Notice 2023-37 and coverage allowed for HDHP with HSA?

In Notice 2023-37, the Internal Revenue Service (IRS) addresses how the end of the COVID-19 public health emergency and national emergency impacts coverage for preventive services under a high-deductive health plan (HDHP) offered in connection with a Health Savings Account (HSA). The guidance also pertains to certain preventive care services recommended by the United States Preventive Services Task Force (USPSTF).

Specifically, Notice 2023-37 clarifies that:

1. For plan years ending after December 31, 2024, an HSA qualified HDHP is not permitted to provide health benefits associated with testing for and treatment of COVID-19 without a deductible (or with a deductible below the minimum deductible).
2. Effective June 23, 2023, COVID-19 is testing and treatments are not considered preventive services for purposes of the HSA qualified HDHP safe harbor allowing coverage of preventive services without a deductible (or with a deductible below the minimum deductible). This change does not impact the guidance allowing HDHPs to cover COVID-19 testing and treatments without a deductible (or with a deductible below the minimum deductible) for plan years ending on or before December 31, 2024.
3. Items and services recommended with an "A" or "B" rating by the USPSTF on or after March 23, 2010 (i.e., the date the Affordable Care Act was enacted), are treated as preventive care for purposes of Internal Revenue Code Section 223, regardless of whether these items and services must be covered, without cost sharing, under Public Health Service Act section 2713.

With the publication of this notice, the IRS notes that Notice 2020-15 is hereby modified, and Notice 2004-23 is clarified.

Surveillance Testing

Will UnitedHealthcare cover COVID surveillance testing? New 3/8/23

There is no coverage of in- or out-of-network surveillance testing.

Members may use spending accounts to acquire over the counter tests to purchase this type of testing.

ASO Options for Non-standard COVID-19 Test Coverage

Can a self-funded customer request to cover diagnostic or antibody tests at no cost share? Update 4/14/23

Yes. Self-funded customers can request coverage of only the FDA approved or authorized physician or health care provider (e.g., pharmacist, nurse, or doctor) ordered lab COVID-19 tests with no member cost share. The customer must notify their UnitedHealthcare representative and will need to update plan documents.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? New 4/5/23

Contact your UnitedHealthcare representative before April 19 in order to be claim and service ready on May 12.

OVER THE COUNTER AT HOME TESTING

Will UnitedHealthcare pay for over the counter tests for members after the end of the public health emergency (PHE)? **Update 5/9/23**

No. There is no medical or pharmacy coverage of OTC COVID-19 tests for dates of service starting after May 11, 2023 unless mandated by state regulatory requirements.

Members may use their account plans, such as Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) to purchase OTC tests.

UnitedHealthcare recommends self-funded customers follow the standard coverage.

Does the government provide free at home tests for COVID-19? New 9/25/23

Yes. On Sept. 25, the U.S. government announced that every U.S. household can again place an order at www.covid.gov/tests to receive four free COVID-19 rapid at-home tests delivered directly to their home.

Participants only need to add their contact information. Complimentary tests will then be sent directly to the address provided via the U.S. Postal Service. There is no charge for shipping or handling.

- There is a limit of one order per residential address.
- One order includes four individual rapid antigen COVID-19 tests*, including extended shelf life and updated expiration dates.
- Orders will ship free starting the week of Oct. 2.

** Additional details about COVID-19 at-home test kits are provided at covidtests.gov.*

Note: The U.S. government also suggests that before consumers discard of any COVID-19 tests that may have an expiration date to check the U.S. Food and Drug Administration website to determine if the test expiration date has been extended.

TREATMENT

Standard Medical and Pharmacy Treatment Coverage

How will UnitedHealthcare cover medical and pharmacy treatment after the end of the Public Health Emergency on May 11, 2023? Update 3/21/23

UnitedHealthcare standard will be to provide coverage for FDA approved or authorized COVID-19 medical and pharmacy treatments, including Paxlovid and Molnupiravir (Lagevrio), in accordance with a member's standard plan benefits.

Coverage for FDA approved or authorized COVID-19 treatments when medically necessary include monoclonal antibodies, antiviral Infusions, oral Antivirals, and plasma.

UnitedHealthcare recommends self-funded customers follow the standard coverage.

Are COVID-19 antivirals (Paxlovid and molnupiravir (Lagevrio)covered and if so how are the covered? Update 3/20/23

UnitedHealthcare will cover Paxlovid and molnupiravir (Lagevrio), in accordance with a member's standard plan benefits. Tier placement and associated cost shares may vary depending on plan design. Members can find coverage information on myuhc.com.

The Paxlovid and Lagevrio antivirals are covered under the pharmacy benefit

Are other COVID-19 treatments covered when medically necessary? Update 5/9/23

UnitedHealthcare standard will be to provide coverage for FDA approved or authorized COVID-19 medical and pharmacy treatments, including monoclonal antibodies, antiviral Infusions, oral Antivirals, and plasma, in accordance with the members plan benefits.

ASO Options for Non-standard Treatment Coverage

Can a self-funded customer cover COVID-19 medical or pharmacy treatments at no cost share? Update 4/14/23

Yes. UnitedHealthcare will support coverage for FDA approved or authorized COVID-19 medical and pharmacy treatments with no member cost share.

This includes FDA approved or authorized treatments such as oral antivirals (Paxlovid or Lagevrio), antiviral infusions, monoclonal antibodies, and plasma.

The customer must notify their UnitedHealthcare representative and will need to update plan documents.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? **Update 5/9/23**

Contact your UnitedHealthcare representative.

TELEHEALTH

Standard Telehealth Coverage

How will UnitedHealthcare cover telehealth after the end of the Public Health Emergency on May 11, 2023? Update 3/21/23

UnitedHealthcare standard will be to cover telehealth visits in accordance with the member's standard medical plan benefit for in & out of network (subject to cost share).

UnitedHealthcare recommends self-funded customers follow the standard coverage.

Did the government provide an extension for telehealth prescribing for controlled drugs? New 5/11/23

Yes. The DEA/SAMHSA extended COVID-19 telemedicine flexibilities for prescription of controlled medications.

- Temporary telehealth expansion that was in effect during PHE for certain controlled medications. This rule goes in 5/11 to 11/11/23.
- Allows providers to prescribe schedule II –V controlled medications via audio –video and allows schedule II-V controlled medications for withdrawal treatment of Opioid use via audio only.
- This telehealth flexibility was extended through 11/11/24 for providers and patients who have an existing relationship prior to 11/12/23.

How will UnitedHealthcare cover 24/7 Virtual Visits after the end of the Public Health Emergency on May 11, 2023? New 3/8/23

UnitedHealthcare standard will be to cover virtual visits in accordance with the member's standard medical plan benefit, including medical and behavioral.

CAA 2023 and 2024 HDHP Telehealth Guidance

Will UnitedHealthcare's support pre-deductible telehealth for self-funded customers with qualified high deductible health plans (HDHP)? New 3/8/23

Yes, based on the CAA, UnitedHealthcare will support a self-funded customer's request to cover telehealth pre-deductible for plan years 2023 and 2024. The self-funded customer will need to update plan documents.

Self-funded customers interested in taking advantage of this for their members should reach out to their UnitedHealthcare representative.

Non calendar year customers may add this to their plan on renewal in 2023.

ASO Options for Non-standard COVID-19 Virtual Visit Coverage

Can a self-funded customer request waiving cost share for telehealth? New 3/20/23

A self-funded group may wish to cover telehealth services at no cost share. The customer must discuss this with their UnitedHealthcare representative, who will submit the request for approval. Customers will need to update plan documents

Note: this does not apply to HDHP with health savings accounts (HSS), unless the customer has also taken advantage of the CAA regulation that permits self-funded groups to cover telehealth below the members HDHP deductible for plan years 2023 and 2024.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? New 4/5/23

Contact your UnitedHealthcare representative before April 19 in order to be claim and service ready on May 12.

24/7 VIRTUAL VISITS

Standard 24/7 Virtual Visit Coverage

How will UnitedHealthcare cover 24/7 Virtual Visits after the end of the Public Health Emergency on May 11, 2023? Update 5/9/23

UnitedHealthcare standard will be to cover 24/7 Virtual Visits in accordance with the member's standard medical plan benefit.

Fully Insured: for fully insured groups, UnitedHealthcare has changed the 24/7 Virtual Visits benefit to a zero cost share for new business or renewal on or after the effective date as follows:

- Large Groups - July 1, 2023
- Small Business - Jan. 1, 2024.

HSA Plans — Coverage at no cost share will only apply to a qualified high deductible plan for plan years 2023 and 2024 (same effective dates as above).

ASO Options for Non-standard COVID-19 Virtual Visit Coverage

Can a self-funded customer request waiving cost share for virtual visits? Update 3/20/23

A self-funded group may wish to cover virtual visits at no cost share. The customer must notify their UnitedHealthcare representative and will need to update plan documents.

Note: this does not apply to HDHP with health savings accounts (HSS), unless the customer has also taken advantage of the CAA regulation that permits self-funded groups to cover telehealth below the members HDHP deductible for plan years 2023 and 2024.

Customers should discuss plan changes with their legal counsel and tax professionals.

If the customers plan's coverage that varies from standard, when should the request for the non-standard be requested from the UnitedHealthcare account team? Update 5/9/23

Contact your UnitedHealthcare representative.

ASO RULES OF THE ROAD

What is important to know for customers looking to provide a non-standard coverage for any of the coverage options once the PHE ends? Update 5/9/23

- All customers will default to the post-PHE standards May 12 unless a plan change has been submitted.
- If the benefit is standard and will follow the UnitedHealthcare standard, no action is needed.
- If the benefit is standard moving to a non-standard option, a plan change is required.
- An EMT should be submitted only for requested benefits that do not align with standard, non-standard but acceptable, or no exception.
    - Use Topic: Benefits Medical; Subtopic: COVID-19 except for telehealth cost-shares.

For telehealth, use Topic: Network; Subtopic: Telemedicine/Virtual Care

COVERAGE DOCUMENTS

Do COCs and SPDs have to be updated once the COVID-19 PHE ends? How will members be communicated to about changes to vaccines, testing or treatment? New 3/20/23

During the COVID-19 public health emergency (PHE), UnitedHealthcare provided temporary alternative notices that the government stated were permissible as notifications rather than changing the COC or SPD. Those alternative notices outlined coverage changes or mandates due to the COVID-19 PHE. These are no longer required effective 5/12/2023. Because of this, there is no impact to the COCs or SPDs.

There will be information for the members on uhc.com and myuhc.com. Member advocates will have talking points to answer member questions.

Employers may remind their employees that some services like testing, treatments and vaccines will be based on plan benefits in place prior to the PHE.

CALIFORNIA VACCINES, TESTING AND TREATMENT

What was the California requirement for COVID-19 coverage for their extension of PHE for six months? Update 10/31/23

The following information was posted on portals for members with coverage in California.

If a fully insured policy originates in California, coverage for COVID-19 will remain in place, even after the National Public Health Emergency (PHE) ends on May 11, 2023.

While the PHE is ending, we recommend that you continue to follow guidelines and recommendations set by health experts. Visit the CDC to find updated information and guidance.

Understanding coverage for CA fully insured groups after the PHE ends on May 11

Immunization

Your plan will continue to cover COVID-19 immunizations without cost share in and out-of-network, until November 11, 2023.

After November 11, 2023:
- In network coverage will continue at no cost share.
- If you have an out-of-network benefit, vaccines will be covered based on your plan benefits.

COVID-19 lab tests

FDA approved and authorized COVID-19 lab tests ordered by a provider (e.g., pharmacist, nurse, or doctor) will be covered at no cost share in and out-of-network until November 11, 2023.

After November 11, 2023:

- In network coverage will continue at no cost share.
- If you have an out-of-network benefit, lab tests will be covered based on your plan benefits.

Over-the-counter COVID-19 tests

Over-the-counter tests are covered at in and out-of-network pharmacies at no cost share for up to 8 tests per member, per month.

- You may acquire your over-the-counter tests at a preferred pharmacy retailer with no out-of-pocket costs.
- If your pharmacy benefit is integrated with your medical benefit plan, please visit Optum store.
- If you purchase the test yourself, you may submit the receipt to UnitedHealthcare for reimbursement.

What does California require for COVID-19 fully insured coverage after November 11, 2023?
New 10/31/23

The following applies to fully insured plans that originates in California.
For self-funded plans refer to the plan benefits for coverage detail.

Vaccine immunization for COVID-19:

- In-Network coverage without cost share
- Out of Network coverage based on plan design

COVID-19 Testing:

- In-Network coverage without cost share
- Out of Network coverage based on plan design

Over the Counter Covid-19 Tests:

- Preferred Pharmacy: Over the Counter COVID-19 Tests purchased at a preferred pharmacy are covered without cost share at a maximum of 8 Tests per member per month
- Non Preferred Pharmacy: If you purchase COVID-19 Tests from a non-preferred pharmacy or retailer, submit receipts to UnitedHealthcare for reimbursement. Reimbursement is as follows:
    - 8 Tests per member per month
    - Maximum Allowable of $12/Test
    - Deductibles/Out of Pocket Apply

MEMBER COMMUNICATION AND SUPPORT

How will these changes to coverage (e.g., diagnostic testing, vaccinations, virtual health, etc.) be communicated to members in advance of the emergency declaration expiration? Update 5/9/23

Our primary method of member communication during COVID-19 was through the member portal (myuhc.com) and uhc.com.

Myuhc.com and uhc.com have been updated. When the member logs in to myuhc.com, they will see information according to their standard benefit plan. In addition, COVID specific details, e.g., Testing, Treatment, Vaccines, are available for the member.

Where appropriate, we will include language in member communications, such as EOBs and COBRA letters, which will let our members know that the Outbreak Period is coming to an end.

UnitedHealthcare will continue to share information about the end of the outbreak period through our normal channels, which include written communications to members when warranted.

Is there a requirement on any employer to notify employees of these impending changes? If not, what are the resources where members will be advised? Update 5/9/23

Both the Public Health Emergency (PHE) and the President's National Emergency are set to end May 11, 2023. The NE has a built in "outbreak period" of 60 days that extends the date before prior claim and appeal deadlines go back into effect until July 10, 2023.

Our primary method of member communication during COVID-19 was through the member portal (myuhc.com) and uhc.com.

Myuhc.com and uhc.com have been updated. When members log in, they will see information according to their standard benefit plan. In addition, COVID specific details, e.g., Testing, Treatment, Vaccines, are available for the member.

Communications relative to the end of the NE and Outbreak Period July 11, 2023:

- UnitedHealthcare will render claim, appeal or external review decisions consistent with normal benefit plan timeframes.
- UnitedHealthcare will remove language from EOBs regarding the extended timely filing after July 10.
- Certain COBRA letters will alert members that the normal COBRA rules will apply after July 10.
- HIPAA Special Enrollment materials will be distributed through our normal communication channels.
- UnitedHealthcare systems are operationalized to compute and apply the correct tolling period to determine timely filing for claims, appeals and reviews when submitted.

PRESIDENT'S NATIONAL EMERGENCY

Does the Presidents National Emergency end on 5/11/23? Update 5/9/23

The United States House of Representatives and Senate passed a joint resolution and the President signed ending the Presidents National Emergency on April 10. The outbreak time period remains July 10.

Does the "60-day outbreak period" mean the PHE actually ends on 7/10/23? Previously it was stated that the coverage changes take effect 5/12/23. What are the implications of the 60- period? Update 5/9/23

Regulations enacted during the pandemic relaxed certain timely filing deadlines for claims and appeals, COBRA, and special enrollment requirements for a time period extending to 60 days after the end of the President's National Emergency, and that 60-day timeframe is referred to as the "Outbreak period". The outbreak period will end on July 10, after which standard timeframes and deadlines will apply.

* Based on the recent Joint Resolution passed by the House and Senate and signed by the President on April 10, 2023, the date for the end of the President's National Emergency is April 10, 2023, but the DOL announced that the Outbreak Period would end on July 10, 2023, as indicated earlier.

What is the definition of the outbreak period and does it apply to both the Public Health Emergency and the Presidents National Emergency? Update 5/9/23

The Outbreak Period is a term that applies to the COVID-19 "tolling of plan timelines" provisions that were published in guidance issued by the DOL and IRS. (85 Fed. Reg. Fed Reg 26351, May 4, 2020) This relief from the normal benefit plan timelines was authorized due to the declaration of the President's National Emergency (NE), rather than under the Public Health Emergency.

The "Outbreak Period" refers to the total amount of time that must be disregarded or "tolled" when determining certain timeframes under COBRA, ERISA and HIPAA. The Outbreak Period consists of two parts: (i) the amount of time the President's NE is in place and (iii) an additional 60 days for members to take action under their plan.

Right now, since the President's NE will end on May 11, 2023. This means that the Outbreak Period will last for an additional 60 days, or July 10, 2023. Accordingly, as of July 11, 2023, the normal ERISA, COBRA and HIPAA timeframes will apply.

Some changes to expect July 11, 2023, following the outbreak period:

- UnitedHealthcare will render claim, appeal or external review decisions consistent with normal benefit plan timeframes.
- UnitedHealthcare will remove language from EOBs regarding the extended timely filing after July 10.
- Certain COBRA letters will alert members that the normal COBRA rules will apply after July 10.
- HIPAA Special Enrollment materials will be distributed through our normal communication channels.
- UnitedHealthcare systems are operationalized to compute and apply the correct tolling period to determine timely filing for claims, appeals and reviews when submitted.

How are rules that were in place before May 11 handed once the President's National Emergency (NE) ends? Update 5/9/23

Unless the extension of time under the Disaster Relief Notice 2021-01 has expired already, the timely filing rules for claims and appeals will go into effect at the end of the outbreak period, which is July 11, 2023. (60 days after the end of the NE.) At that time, a member's benefits and timing go back to normal filing deadlines outlined in their summary plan description or certificate of coverage .

How are rules that were in place before May 11 handed once the President's National Emergency (NE) ends? Update 5/9/23

Unless the extension of time under the Disaster Relief Notice 2021-01 has expired already, the timely filing rules for claims and appeals will go into effect at the end of the outbreak period, which is July 11, 2023. (60 days after the end of the NE.) At that time, a member's benefits and timing go back to normal filing deadlines outlined in their summary plan description or certificate of coverage .

CLAIM AND TIMELY FILING

Does the "60-day outbreak period" mean the PHE actually ends on 7/10/23? Previously it was stated that the coverage changes take effect 5/12/23. What are the implications of the 60- period? Update 5/9/23

The Public Health Emergency ends on May 11, and certain requirements related to testing, treatment, and vaccines end as of that date.

Regulations enacted during the pandemic relaxed certain timely filing deadlines for claims and appeals, COBRA, and special enrollment requirements for a time period extending to 60 days after the end of the President's National Emergency, and that 60-day timeframe is referred to as the "Outbreak period". The outbreak period ends on July 10, after which standard timeframes and deadlines will apply.

How does UnitedHealthcare plan to handle ERISA claims and appeals timely filing, in light of the government's announcement that the Public Health Emergency (PHE) and President's National Emergency (NE) will end after May 1, 2023? Update 5/9/23

Under the Disaster Relief Notice 2021-01 announced by the Department of Labor (DOL) and Employee Benefits Security Administration. (EBSA), once the National Emergency (NE) is over, employee benefit plan time frames will continue to be disregarded for 60 additional days. Since the administration announced that the NE will end on May 11, 2023, normal benefit plan timeframes will resume after July 10, 2023. This means that as of July 11, 2023, UnitedHealthcare will begin applying the normal filing requirements applicable to claims, appeals and external review deadlines. UnitedHealthcare will apply the guidance announced by the DOL/EBSA consistent with a members benefit plan. Members with additional questions about the end of the NE should visit myuhc.com for additional information or speak with their plan administrator.

Only the President's National Emergency and not the COVID-19 PHE affects the timeframes such as the amount of time to file a claim, elect COBRA or to request special enrollment.

Will UnitedHealthcare revert to the final benefit claims procedure rule that was in place prior to the COVID-19 NE? Update 5/9/23

Yes. After the end of the NE and the additional 60 day extension (together the outbreak period), UnitedHealthcare will revert to applying the normal timeframes for filing a claim or appeal.

UnitedHealthcare is in the process of updating EOBs and appeal letters for claims and appeal decisions. The EOB and appeal letters will advise members about the application of the normal claims and appeals rules. These communications will also advise members with additional questions to seek information and guidance from their employer.

With the end of the President's National Emergency (NE), what will be the impact to account plans?

Update 5/9/23

There will be an impact to HRA and FSA claim runout. The runout to submit prior year claims will now be adjusted from 1 year from the end of the plan year to 60 days after May 11th , which is July 10 (called the outbreak period.) At that time, UnitedHealthcare will go back to the standard claim runout timing for the plan.

APPEALS AND EXTERNAL APPEALS

How does UnitedHealthcare plan to handle ERISA claims and appeals timely filing, in light of the government's announcement that the Public Health Emergency (PHE) and President's National Emergency (NE) will end after May 1, 2023? Update 5/9/23

Under the Disaster Relief Notice 2021-01 announced by the Department of Labor (DOL) and Employee Benefits Security Administration. (EBSA), once the National Emergency (NE) is over, employee benefit plan time frames will continue to be disregarded for 60 additional days. Since the administration announced that the NE will end on May 11, 2023, normal benefit plan timeframes will resume after July 10, 2023. This means that as of July 11, 2023, UnitedHealthcare will begin applying the normal filing requirements applicable to claims, appeals and external review deadlines. UnitedHealthcare will apply the guidance announced by the DOL/EBSA consistent with a members benefit plan. Members with additional questions about the end of the NE should visit myuhc.com for additional information or speak with their plan administrator.

Only the President's National Emergency and not the COVID-19 PHE affects the timeframes such as the amount of time to file a claim , elect COBRA or to request special enrollment.

How does the end of the President's National Emergency (NE) impact appeals including how it impacts any appeals that UnitedHealthcare has received or has begun to process prior to the end of the NE? Update 5/9/23

If a customer modified their plan based on the NE rules, the customer must adjust their plans to go back to the ERISA rules in place prior to the COVID-19 NE.

Example: In terms of appeals that United is in the process of reviewing, it helps to use an example. Suppose a member had a claim denied on April 1, 2023. That member would have their appeals clock tolled for the duration of the NE, or 41 days. In addition, the clock would be further tolled for an additional 60 days or through July 10, 2023. At that point, the outbreak period would be over and the normal appeals clock would begin to run consistent with ERISA and the terms of the plan.

How does the end of NE and the appeals final rule affect appeals for adverse determinations and filing a request for external review? Update 5/9/23

At the end if the Presidents National Emergency (NE) May 11, 2023, there is an additional 60 day period of time for members to take action under their plan. Together, the amount of time that the NE is in effect, plus the additional 60 days, are referred to as the outbreak period. When the outbreak period ends, member's time to appeal an adverse benefit determination will be consistent with the member's benefit

plan. UnitedHealthcare will render a claim or appeal decision within normal timeframes that existed prior to the NE.

It should be noted that while these reflect changes from the PHE and President's National Emergency period, they are consistent with the terms of the member's benefit plan documents.

UnitedHealthcare systems are operationalized to compute and apply the correct tolling period to determine timely filing for claims, appeals and reviews when submitted.

COBRA

What is expected for COBRA after the end of the outbreak period? Update 5/9/23

The expanded COBRA benefits and timelines expire on July 10, 2023. From July 11, 2023, going forward the normal COBRA notice and payment rules will apply consistent with a member's benefit plan.

Members will no longer be permitted to make required premium payments after the due date. Going forward, premium payments must be timely.

For COBRA deadlines, after the end of the National Emergency there are several things to remember:

- **Qualifying Event Notice** (employer) — 30 days for employer to notify the plan of the termination or reduction in hours of the covered employee, death of the covered employee, covered employee becoming eligible for Medicare or employer bankruptcy.
- **Qualifying events notice** (covered employee or qualified beneficiary) — 60-day deadline to notify the plan of certain qualifying events such as divorce, child no longer being a dependent etc.)
- **Election Notice** — After receiving notice of a qualifying event, then the plan has a 14-day deadline to provide the COBRA election notice to qualified beneficiaries.
- **Election** — once again is 60 days to elect COBRA.
- **Payment** — now must be 45 days for the first payment and then 30 days for subsequent premium payments.

If any employer modified their plan during the NE, they may wish to amend their plan documents. Consult with the group counsel or tax professional.

United Healthcare

SPECIAL ENROLLMENT

What changes will occur to Special Enrollment guidance that was in place during the President's National Emergency (NE)? **Update 5/9/23**

Beginning July 11, 2023, plans must follow the special enrollment requirements that were in place prior to the NE.

A Special Enrollment Period is a time outside of the annual Open Enrollment Period when a member can sign up for health insurance coverage.

These are two types of events. The first is the loss of other group health plan coverage and the second is when there is a marriage, birth, adoption, or placement for adoption. In these situations, the request to enroll must take place within 30 days of the event, which are defined in their plan documents.

There is also a special enrollment opportunity when a member loses eligibility for Medicaid or CHIP or becomes eligible for a subsidy under those programs. In these cases, the request must be made within 60 days of the event.

MEDICAID REDETERMINATION

What is Medicaid redetermination? Update 4/21/23

Medicaid redetermination, also called renewal or recertification, is the process states use to evaluate enrollees continued eligibility for Medicaid coverage. Federal law requires states to cover certain groups of individuals, including low-income families, qualified pregnant women and children, and individuals receiving SSI. States have additional options for coverage and may choose to cover other groups, such as individuals receiving home and community-based services and children in foster care who are not otherwise eligible.

Why have Medicaid redeterminations been paused? Update 4/21/23

Medicaid redeterminations have been paused during the COVID-19 public health emergency (PHE). This is due to the Families First Coronavirus Response Act, and the additional federal Medicaid funding that states are receiving during the public health emergency. In exchange for enhanced funding, states have had to maintain continuous enrollment in Medicaid, meaning an individual cannot have their Medicaid coverage terminated (exceptions include moving out of state and beneficiary request to terminate coverage).

When will the COVID-19 Public Health Emergency End? Update 4/21/23

The U.S. Department of Health & Human Services has declared the U.S. to be in a public health emergency (PHE) since early 2020 due to the COVID-19 pandemic. At this time, we do not know when the COVID-19 PHE will end. However, with the passage of recent legislation, states can end Medicaid coverage for people who are no longer eligible for Medicaid as of April 2023.

When will redeterminations begin again? Update 4/21/23

With the passage of recent legislation, states can end Medicaid coverage for people who are no longer eligible for Medicaid as of April 2023. Beneficiaries may need to take action based on the materials they receive from their state beginning as soon as February 2023.

Does the process vary by state? Update 4/21/23

Yes, the redetermination process varies based on the state and the Medicaid program in which one is enrolled.

What is the impact, not specific to UHC? Update 4/21/23

Since the COVID-19 PHE was first issued in March 2020, Medicaid beneficiaries have grown by approximately18 million people, according to CMS data. 100% of individuals currently enrolled in Medicaid will need to have their eligibility checked within a year of the public health emergency ending. Industry experts are estimating of the 18 million people, roughly 40% of people will remain eligible for Medicaid, roughly 40% will be eligible for employer coverage, and the remaining approximately 20% will be eligible for low-cost individual and family plans offered on the Marketplace.

What should brokers and consultants be thinking about? Update 4/21/23

If someone qualifies for Medicaid, they should ensure they are directing those individuals to take action to maintain their coverage and promptly follow up on any paperwork submission requests to their state Medicaid agencies.

For those that have experienced a change in situation and are no-longer eligible for Medicaid, there is an opportunity to support individuals in finding the best plan for their needs.

Employer groups may need assistance engaging and connecting members who may be losing their Medicaid coverage to their employer group benefits during this qualifying event.

What should happen if an employer contacts the Brokers/Consultant? Update 4/21/23

Brokers/Consultants should treat this as they would any other qualifying event and should include Open Enrollment materials that the employee can leverage to make decisions.

What are rules for enrollment onto employer plans? Update 4/21/23

This should be treated like a qualifying event, as loss of coverage, for the employee, and should follow the same enrollment rules as any other qualifying event.

What is UnitedHealthcare doing to help? Update 4/21/23

We are providing omni-channel support with Community & State, Individual & Family Plans, and Employer & Individual across a range of health care contact points: providers, brokers, employers, members and intend to share the latest impacts as information becomes available. Our goal is to support our customers

and ensure continuity of coverage while working to fulfill our mission of helping people live healthier lives and making the health system work better for everyone.

How long does an employee have to enroll in their employer sponsored coverage? Update 4/21/23

If an individual receives a notice of loss of coverage of Medicaid prior to July 10, 2023, they will have 60 days, from the end of the outbreak period, July 10th to enroll in another plan (September 8, 2023). If the individual loses Medicaid coverage July 10th or after, they have 60 days to enroll in another plan. If employees do not enroll within the time period allotted for the special enrollment period, they will need to wait for the next annual open enrollment period.