

## **COVID-19 Related Benefits**

### Health Plan Meeting

#### Attachment 1

During the public health emergency, plans were mandated to cover COVID-19 related benefits at a certain benefit level. The public health emergency has expired, which resulted in the benefits reverting to the standard plan design.

- At home COVID-19 tests purchased from a pharmacy or retailer will no longer be covered under the health plan. These tests are an HSA qualified expense if members are enrolled on an HSA qualified high deductible health plan.
- Diagnostic tests ordered by a health care professional will be covered at the same cost share as any other diagnostic testing. Members will be responsible for any applicable copays, coinsurance, or deductibles.
- All COVID-19 vaccines, including boosters, will be covered under the Priority Health Preventive Guidelines based on recommendation of the United States Preventive Services Task Force or recommendation from the Advisory Committee on Immunization Practices (ACIP). The administrative fee for the vaccine will be the responsibility of the health plan. The estimated cost could vary from \$17 to \$40 dollars per dose. These are covered as a preventive service if the member sees an in-network provider. If they see an out of network provider, member cost share will apply.
- Treatments for COVID-19 will continue to be covered at the appropriate member cost-share (copay, coinsurance, deductible). This has been in place since 2021.