

# IN THE KNOW

Bulletins for Benefits & HR Professionals

November 13, 2020



## Agencies Issue Regs on Coverage of COVID-19 Vaccines

“The regulations implement the CARES Act requirement that most group health plans cover, without cost-sharing, qualifying coronavirus preventive services, including immunizations, that receive specified recommendations from the CDC...To address plan concerns about providers failing to post cash prices, the regulations provide further posting instructions and details about how the requirement will be enforced. The agencies seek comments on related issues.” [Full Article](#)

*Thomson Reuters*



## When Can Employers Terminate COBRA Coverage During the COVID-19 Outbreak Period?

“With the lack of guidance from the DOL and IRS...it makes sense for a plan to treat a qualified beneficiary's COBRA coverage status during the election period and payment period -- which are lengthened by the outbreak period -- using the same method as the plan treats a qualified beneficiary's COBRA coverage status during the election and payment periods absent the outbreak period. And, whatever option a plan chooses, it must make sure that a qualified beneficiary's COBRA coverage status during the election and payment periods is clearly communicated to any health care provider that inquires.” [Full Article](#)

*Miller Johnson*

## In This Issue

### Page 1

Agencies Issue Regs on Coverage of COVID-19 Vaccines

*Thomson Reuters*

When Can Employers Terminate COBRA Coverage During the COVID-19 Outbreak Period?

*Miller Johnson*

### Page 2

Transparency in Coverage Regs Add Expansive Cost-Sharing Disclosures for Health Plans and Insurers

*Thomson Reuters*

COVID-19 Extension Guidance Makes the Interplay Between COBRA and Medicare (A Bit) Trickier

*Verrill Dana LLP*

Employers Paid 67 Percent of Premiums for Family Health Care Coverage in 2020

*U.S. Bureau of Labor Statistics*

Massive Healthcare Fraud Takedown Focused on Fraudulent Telemedicine Schemes

*Goodwin Procter*

## Transparency in Coverage Regs Add Expansive Cost-Sharing Disclosures for Health Plans and Insurers

“The regulations implement a trove of new disclosures for group health plans, and January 2022 will arrive sooner than we can imagine. Although a 'good faith' safe harbor allows for errors and temporary website inaccessibility (so long as the issue is corrected as soon as practicable), plans and insurers face significant work to implement these new requirements.” [Full Article](#)

Thomson Reuters



## COVID-19 Extension Guidance Makes the Interplay Between COBRA and Medicare (A Bit) Trickier

“Because the deadline for a qualified beneficiary to make a COBRA election typically occurs close in time to the date his or her coverage terminates, some employers have incorrectly assumed that COBRA continuation coverage must be offered only if the qualified beneficiary was entitled to Medicare before the qualified beneficiary's loss of coverage or qualifying event.... Because, under the Joint Notice, a qualified beneficiary's COBRA election could take place months after his or her qualifying event or loss of coverage date, employers must be sure to provide COBRA election notices to, and credit the COBRA elections of, qualified beneficiaries who enroll in Medicare after their qualifying event or loss of coverage date.” [Full Article](#)

Verrill Dana LLP



## Employers Paid 67 Percent of Premiums for Family Health Care Coverage in 2020

“Employers paid 67 percent of premiums for family medical care coverage in March 2020. Civilian workers participating in these plans paid the remaining 33 percent.

Employers paid 59 percent of premiums for workers with the lowest 25 percent of wages and 71 percent of premiums for workers with the highest 25 percent of wages.” [Full Article](#)

U.S. Bureau of Labor Statistics

## Massive Healthcare Fraud Takedown Focused on Fraudulent Telemedicine Schemes

“The Department of Justice (DOJ), along with the [FBI], [HHS] Office of Inspector General, and the Drug Enforcement Administration (DEA) announced enforcement actions involving 345 individuals across 51 districts in what the U.S. government described as the 'largest healthcare fraud takedown in the agency's history.' Collectively, the cases announced in this nationwide enforcement operation alleged more than \$6 billion in false and fraudulent claims to private insurers and federal healthcare programs.” [Full Article](#)

Goodwin Procter