

More Health Plan Changes for Plan Sponsors with the Anticipated End of the COVID Emergency Period Looming

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As plan sponsors scramble to process the latest round of employee benefit plan changes triggered by SECURE 2.0, along with President Biden's recent announcement of his intention to end the extended COVID national and public health emergencies on May 11, 2023, there are additional changes that plan sponsors will need to consider.

By way of background, in connection with the COVID emergency, the Department of Labor ("DOL") announced some welcomed relief in the form of a general extension of time for meeting many of the deadlines pertaining to health and welfare plans. Notably, after more than three years, this relief is set to expire 60 days after the end of the COVID-19 emergency or July 10, 2023.

During the emergency period, the DOL took the position that plan sponsors would not be treated as having violated ERISA's reporting and disclosure rules as long as they make a reasonable effort to do so "as soon as administratively practicable." For plan sponsors, this meant that a delay in providing documents such as annual participant benefit statements, summary plan descriptions, a summary of material modifications, summaries of benefit coverages, annual funding notices, and benefit claims and appeals notices would not be actionable as long as the plan sponsor met the requirements for the extension of time.

Likewise, during the emergency period, plan participants had additional time to meet certain deadlines, including the election of COBRA continuation coverage and payment of the required premium, pursuing a claim for benefits, filing appeals of denied claims and pursuing their special enrollment rights.

It may be easier to think of this as just a return to the familiar. In other words, with the end of the declared COVID emergency period, the old rules for claims procedures, COBRA administration and ERISA disclosures will essentially be reinstated.

Another consideration in connection with the pending expiration of the COVID emergency period relates to the mandated coverage of the costs associated with COVID testing services and out-of-network costs for COVID vaccines on a first-dollar basis. While you will need to continue to cover the in-network costs for COVID vaccines, with the expiration of the COVID emergency period you will no longer be required to cover the cost of COVID testing and out-of-network vaccines on a first-dollar basis.

If you have any questions about these new regulations and requirements, please contact [Mark Smith](#) or anyone in the Barley Snyder [Employee Benefits practice](#).

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