



Plan Sponsor Notice:

Planning for the COVID-19 Emergencies Ending on May 11

On January 30, 2023, the federal government announced that the two national emergencies addressing COVID-19, the public health emergency (PHE) and the national emergency, will end on May 11, 2023.

Starting May 12, 2023, health plans and group plan sponsors will no longer be subject to federal requirements for coverage of COVID-19 testing, vaccinations and treatments.

Below is a summary of the changes to COVID-19 coverage that will take place once the federal emergencies end for fully insured or Aetna Funding AdvantageSM plan sponsors.

Aetna plan sponsors who have carved out pharmacy benefits to a third-party administrator will need to consult their Pharmacy Benefit Manager on all benefits other than lab-based COVID-19 tests (covered under the medical plan benefit), and the COBRA, HIPAA and Special Enrollment Period deadline changes.

	During the emergency period	Starting May 12, 2023
COVID-19 vaccines, including boosters	Members pay \$0 for the vaccine at any location.	Members pay \$0 for the vaccine at in-network locations. *
COVID-19 at-home test kits, also known as over-the-counter, or OTC test kits	Members pay \$0 for select test kits. Plans cover eight OTC COVID-19 tests per month with a \$0 member cost share, if obtained at a pharmacy, or with a post-service reimbursement claim.	Members will pay the retail cost of test kits. They are no longer covered. Members will be able to get an at-home test kit for around \$12 per test, or \$24 for a box of two from CVS® and other retailers. Members can also use funds from a health savings account or a flexible spending account toward test kits.
COVID-19 lab tests	Members pay \$0 for lab tests, including rapid diagnostic and swab-and-send tests, at in-network locations.	Members will pay their copay, coinsurance or deductible at in-network locations. It will be applied to their out-patient testing benefit, which is part of their medical plan.
Evaluation & Management Visit (E&M) - Telemedicine, Urgent Care, ER and Office Visits Associated with COVID-19 tests	Members pay \$0 for COVID-19 associated visits (INN and OON) when there's an associated COVID-19 test done within 2 days before or 2 days after.	Members will pay their copay, coinsurance or deductible for COVID-19 associated visits (INN and OON) when there's an associated COVID-19 test done within 2 days before or 2 days after.
COVID-19 anti-viral medications or treatments, like Paxlovid*	Members pay \$0 for these prescriptions.	No change. Members pay \$0 for these prescriptions while the government supply is available.

Pharmacist Assessment and Prescribing of Paxlovid program	Members pay \$0 for pharmacist assessment and prescribing of Paxlovid at pharmacies, including CVS.	No change.
COVID-19 monoclonal antibody treatments	Members pay normal cost sharing for EUA-approved monoclonal antibody treatments.*	No change. Members will continue to pay normal cost sharing for EUA-approved monoclonal antibody treatments.*
COBRA, HIPAA, special enrollment and benefit claims and appeals	The national emergency extended deadlines for: <ul style="list-style-type: none"> • COBRA elections • Paying COBRA premiums • Electing HIPAA special enrollment • Filing claims, appeals and requests for external review 	Deadlines return to normal timeframes starting July 10, 2023.

**Under an EUA declaration, the FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions.*

Certain state COVID-19 coverage requirements may have expiration dates that are not tied to the end of the federal emergencies. Aetna will follow all federal and state mandates, as required.

We will continue to provide updates if needed.

Sincerely,

Your Aetna Account Team

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