Additional Federal Guidance Regarding COVID-19 and Telehealth Coverage: Some Employer Take-Aways

June 30, 2020

The U.S. Departments of Labor, Treasury, and Health and Human Services (the ?ÃÂ£***Departments***?ÃÂ¥) recently issued FAQs regarding the Families First Coronavirus Response Act, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and COVID-19. A number of these FAQs address a group health plan?ÃÃs required coverage of COVID-19 tests, including which tests must be covered, related facility fees, reimbursement rates, and balance billing to patients. Employers should ensure that the third party administrators of their group health plans have incorporated this guidance for plan administration purposes. In addition, some of the other FAQs may be of interest to employers. For example, the FAQs provide that, if a group health plan reverses the increased coverage of COVID-19 or telehealth after the COVID-19 public health emergency period is over, the Departments will consider the plan to have satisfied the requirement to provide advance notice of changes to the Summary of Benefits and Coverage (SBC) if the plan:

1. had previously notified participants of the general duration of the additional benefits coverage or reduced cost sharing (*e.g.*, the increased coverage applies only during the COVID-19 emergency period); or
2. notifies participants of the general duration of the additional benefits coverage or reduced cost sharing within a reasonable timeframe in advance of the reversal of such changes.

The FAQs also provide that a group health plan that is grandfathered under the Affordable Care Act (?ÃÂ£***ACA***?ÃÂ¥) will not lose its grandfathered status solely because it reverses the increased coverage of COVID-19 and/or telehealth once the COVID-19 emergency period has ended. In addition, the FAQs permit a stand-alone telehealth plan (which is generally not possible due to certain ACA requirements) for the duration of any plan year beginning before the end of the COVID-19 emergency period, if the employer is a ?ÃÂ£large employer?ÃÂ¥ (determined under Section 2791(e)(2) of the Public Health Service Act) and the telehealth plan is offered to employees who are not eligible for any other group health plan offered by the employer. Employers should be aware that additional guidance continues to be issued regarding both the imposition of the new requirements and relief from the old requirements, as applicable to group health plans during the COVID-19 emergency period. The FAQs are available **here**.

© 2026 Haynes and Boone, LLP