

Additional Rules Issued Regarding Coverage of COVID-19 Preventive Care

November 3, 2020

Federal agencies issued a new interim final rule that applies to group health plans that are subject to the Affordable Care Act (ACA) and not grandfathered under the ACA. These plans are required to cover, without cost-sharing, qualifying coronavirus preventive services (including recommended COVID-19 immunizations) within 15 business days after the date the preventive service either (i) receives an A or B rating from the United States Preventive Services Task Force or (ii) has a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Coverage must be provided for any qualifying coronavirus preventive service received in-network or out-of-network. If there is no negotiated rate between the plan and provider, the plan must pay the provider the prevailing market rate for such service. The new rules are effective upon being published in the Federal Register and apply until the end of the public health emergency declared by the U.S. Department of Health and Human Services. The interim final rule is available [here](#).