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California Department of Insurance

FACT SHEET:

Health Insurance Coverage of Testing, Vaccines, and Treatment After the Federal Public Health Emergency for COVID-19 Ends on May 11, 2023

With the end of the federal public health emergency (PHE) for COVID-19 on May 11, 2023, certain federal provisions requiring coverage of COVID-19 diagnostic testing without cost sharing will end. However, if you are in a health insurance policy that is regulated by the state of California, most coverage requirements are permanent. This Fact Sheet is to inform consumers about the changes to the coverage requirements for COVID-19 testing, vaccines and therapeutics following the termination of the PHE.

What policies does state law cover?

If you are in a health insurance policy regulated by the California Department of Insurance, or a health plan regulated by the Department of Managed Health Care, then the state law requirements in this Fact Sheet apply to your coverage. All health policies and plans sold in the individual market, including through Covered California, are regulated by the state.

If you are in an employer-sponsored plan that is regulated by the U.S. Department of Labor or U.S. Department of Health and Human Services, then state law doesn't apply. A self-funded employer plan is a health plan that is sponsored by an employer rather than an insurance company. On most self-funded insurance ID cards, the insurance company will be identified as the plan administrator. You can also ask your employer to confirm which type of coverage you have.

What are the current coverage requirements?

Health insurers regulated by the state of California are currently required to cover the following free of charge to patients:

- COVID-19 diagnostic testing, including over-the-counter (OTC) COVID-19 tests, and any health care items or services that are necessary for delivery of the testing.
- COVID-19 vaccines, and any health care items or services that are necessary for delivery of the vaccine.ⁱ
- COVID-19 therapeutics, including Paxlovid, Legevirio, and Veklury (remdesivir) administration.ⁱⁱ

Regardless of whether you receive these benefits from an in-network or out-of-network provider, your health insurer must cover the benefits without medical management, including prior authorization. In addition, health insurers must cover COVID-19 testing, vaccines, and therapeutics without cost sharing, including a deductible, copayment, or coinsurance.

How long will the current coverage requirements stay in place?

Requirements for health insurers to cover COVID-19 testing, vaccines, therapeutics, and related health care benefits from an in-network provider without out-of-pocket cost are **permanent**.ⁱⁱⁱ However, the same requirements for covering COVID-19 vaccines, testing, and treatment without cost sharing when delivered by an out-of-network provider expire six months after the federal public health emergency ends, on November 11, 2023.

If you are in an employer-sponsored (self-funded) health plan that is regulated by the U.S. Department of Labor or the U.S. Department of Health and Human Services, then the federal rules apply and your coverage for COVID-19 diagnostic testing may change at the end of the federal PHE on May 11, 2023. However, federal requirements to cover COVID-19 immunizations without cost sharing when delivered by an in-network provider will not expire.^{iv}

How will coverage requirements change after November 11, 2023?

Starting **November 12, 2023**, you may have to pay cost sharing for the following services *if* you have coverage for benefits on an out-of-network basis and received them from an out-of-network provider or pharmacy:

- COVID-19 diagnostic testing services and related health care.
- COVID-19 vaccines and any items or services necessary for the delivery of the vaccine.
- COVID-19 therapeutics.^v

Remember that even if you have coverage for benefits on an out-of-network basis, your out-of-pocket cost for using those benefits will be more than if you access your benefits from in-network providers and pharmacies.

The following chart summarizes the information in this fact sheet.

Insurance provider	Benefits	Cost protections
California regulated insurance – in-network provider	COVID-19 diagnostic testing, including OTC tests; vaccines; therapeutics	Permanently covered free of charge
California regulated insurance – out-of-network provider	COVID-19 diagnostic testing, including OTC tests; vaccines; therapeutics	Covered free of charge until November 11, 2023
Federally regulated insurance – in-network provider	COVID-19 vaccines	Permanently covered free of charge (unless health plan is grandfathered)
Federally regulated insurance – in-network and out-of-network provider	COVID-19 diagnostic testing	Cost sharing may apply, and OTC tests may not be covered after May 11, 2023

Where can I go for help?

Our Department's Consumer Services staff are ready to help answer your COVID-19 health insurance coverage questions in many languages. Contact our consumer hotline at 800-927-4357.

ⁱ Items or services include, but are not limited to, office visits and vaccine administration.

ⁱⁱ CIC § 10110.7, subd. (b) & (b)(2); CIC § 10110.7, subd. (c)(4)(A) & (c)(5); CIC § 10110.7, subd. (i)(4) & (i)(5).

ⁱⁱⁱ CIC § 10110.7, subd. (b)(5); CIC § 10110.7, subd. (c)(4)(E), CIC § 10110.7, subd. (i)(5).

^{iv} CMS, FAQ 58 (March 29, 2023) at <https://www.cms.gov/ccio/resources/fact-sheets-and-faqs/downloads/faqs-part-58.pdf>.

^v CIC § 10110.7, subd. (b)(5); CIC § 10110.7, subd. (c)(4)(E) & (c)(5); CIC § 10110.7, subd. (i)(4).