

MANAGEMENT ADVISORY #23-002

DATE: April 11, 2023

TO: Agency and University Personnel Officers and Benefits Coordinators

FROM: Ryan Stokes, Director, Division of State Group Insurance



SUBJECT: COVID-19 Public Health Emergency Expiration, Benefit and Coverage Modification

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**\*\* Please distribute this information to all employees\*\***

In accordance with regulations enacted following the declaration of COVID-19 as a National Emergency (NE) and as a Public Health Emergency (PHE), State of Florida health plans expanded certain benefits and coverage for the duration of the pandemic. On May 11, 2023, the federal government will end the NE and PHE declarations, resulting in the following benefit and coverage modifications.

**Coverage Details for State Group Insurance Program Members, Upon Expiration of the PHE**

- Medically appropriate COVID-19 diagnostic testing will be covered in accordance with the member's health plan policy. Member cost-sharing will apply (i.e., co-pay, co-insurance, deductible).
- Over the counter (OTC) COVID-19 tests will not be covered by the State Employees' Prescription Drug Plan.
- COVID-19 vaccinations will be covered in accordance with the member's health plan policy.
- Telehealth services will continue to be covered according to the member's health plan policy.

**Benefit Plan Deadlines Resuming October 1, 2023**

- The 30-day (or 60-day, if applicable) deadline to request Health Insurance Portability and Accountability Act (HIPAA) special enrollment
- The 60-day deadline for a group health plan to send a COBRA election notice
- The 60-day initial deadline for electing COBRA continuation coverage
- The 45-day initial deadline and the subsequent 30-day deadlines to make COBRA premium payments
- The deadlines for participants to notify the plan of a COBRA qualifying event and of a determination of disability to extend COBRA. For more information related to COBRA, visit [https://www.mybenefits.myflorida.com/health/eligibility\\_and\\_enrollment](https://www.mybenefits.myflorida.com/health/eligibility_and_enrollment)
- The deadline for a participant to file a benefit claim, appeal an adverse benefit determination, or request an IRO or external review under the plan's claim procedure. For more information visit: <https://www.federalregister.gov/documents/2020/05/04/2020-09399/extension-of-certain-timeframes-for-employee-benefit-plans-participants-and-beneficiaries-affected>
- Appeals for adverse determinations prior to October 1, 2023, will be accepted as timely until Friday, March 29, 2024. Appeals relating to services or adverse determinations for dates of service on or after October 1, 2023, must be postmarked or received within 180 days