# **Clackamas County Benefits & Coverage during COVID-19**

## 10/5/22

| KAISER PERMANENTE                                                                                                                                                                                                     |                                           |                            |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|--|--|--|--|--|
| <ul> <li>COVID-19 Related Benefit Coverage</li> <li>Free COVID testing/screening through the end of Federal National Emergency Declaration order.</li> <li>COVID treatment as shown below after 7/31/2021.</li> </ul> | General County                            | Peace Officers Association |  |  |  |  |  |
| Coverage in-network:                                                                                                                                                                                                  |                                           |                            |  |  |  |  |  |
| Office visit - primary, urgent care                                                                                                                                                                                   | \$10 Co-pay                               | \$10 Co-pay                |  |  |  |  |  |
| Online/virtual visit                                                                                                                                                                                                  | Covered in full                           | Covered in full            |  |  |  |  |  |
| Emergency room visit                                                                                                                                                                                                  | \$75 Co-pay                               | \$75 Co-pay                |  |  |  |  |  |
| Screening                                                                                                                                                                                                             | covered in full                           | covered in full            |  |  |  |  |  |
| Lab testing                                                                                                                                                                                                           | covered in full                           | covered in full            |  |  |  |  |  |
| Radiology                                                                                                                                                                                                             | covered in full                           | covered in full            |  |  |  |  |  |
| Hospitalization  Coverage outside the network:                                                                                                                                                                        | 10% co-insurance; after deductible is met | covered in full            |  |  |  |  |  |

#### Coverage outside the network:

Members who have traveled outside of the service area that are experiencing COVID-19 symptoms can be screened and tested where they are and the plan will cover claims at the in-network benefit level. If diagnosed with COVID-19, the member will be moved to an in-network facility if they are able or can be treated at an out-of-network facility at the in-network benefit level.

| PROVIDENCE HEALTH PLANS                                                                                                                                                                                                                         |                               |                           |                               |                           |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|-------------------------------|---------------------------|--|--|--|
| <ul> <li>COVID-19 Related Benefit Coverage</li> <li>Free COVID testing through the end of Federal National Emergency Declaration order.</li> <li>COVID treatment as shown below through 12/31/2021, then back to regular cost share.</li> </ul> | General County                |                           | Peace Officers Association    |                           |  |  |  |
| Coverage in-network:                                                                                                                                                                                                                            | Providence<br>Personal Option | Providence Open<br>Option | Providence<br>Personal Option | Providence Open<br>Option |  |  |  |
| Office visit - primary, urgent care, online/virtual visit or emergency room  Screening                                                                                                                                                          | \$20 Co-pay                   | \$20 Co-pay               | covered in full               | covered in full           |  |  |  |

| Lab testing     | covered in full   | covered in full   | covered in full | covered in full |
|-----------------|-------------------|-------------------|-----------------|-----------------|
| Radiology       | covered in full   | covered in full   | covered in full | covered in full |
|                 | 20% co-           | 10% co-           |                 |                 |
|                 | insurance; after  | insurance; after  |                 |                 |
| Hospitalization | deductible is met | deductible is met | covered in full | covered in full |

#### PROVIDENCE HEALTH PLANS

#### Coverage outside the network:

If a member chooses to receive treatment from an Out-of-Network provider:

- Out-of-Network benefits apply if member has Out-of-Network benefits (*Open Option only*).
- If the member's plan does not have Out-of-Network benefits (*Personal Option*), claims will be denied unless services are initiated in an ER or Urgent Care.
- If a member is travelling (such as outside the US) and needs treatment for COVID-19, the member must seek treatment in an ER or Urgent Care.
- All members have ER and Urgent benefits in and out-of-network. ER out-of-network applies the same cost share as in-network.
- If the member does not initiate services at an ER or Urgent care, claims will be reviewed after processing.

## 10/05/22

### Department of Labor (DOL) Notice and American Rescue Plan Act (ARPA) of 2021

Two key regulatory changes occurred in February and March 2021, resulting in changes to Flexible Spending Arrangements (FSAs) and COBRA administration. The DOL released <u>EBSA Disaster Relief Notice 2021-01</u> in February, which changes and clarifies deadlines for COBRA and FSA plans. Additionally, Congress has passed the <u>American Rescue Plan Act of 2021</u> (ARPA), and President Biden signed it into law Friday, March 12<sup>th</sup>, which also make changes to FSA and COBRA benefits. These mandatory changes are outlined below:

#### EBSA Disaster Relief Notice 2021-01:

- Flexible Spending Account Extension of claims run out period:
  - The most recent notice (EBSA Disaster Relief Notice 2021-01) extends the claims run out period deadline from 8/29/2020 to a full year (3/31/2021). This is the date within which individuals must file a claim under the plan's claims procedures for any claims incurred during the previous year. Additionally, the new notice allows plan participants a full year extension of the claims runout period for plan years 2020 and 2021 as well.
- COBRA Election and Payment Extensions:

The April 2020 notice extended certain deadlines associated with COBRA coverage. These extensions affected due dates for the election period, premium payments and notification of qualified life events. The most recent notice (EBSA Disaster Relief Notice 2021-01) clarifies that due to the limitation granted by ERISA and the IRC, the extension of these deadlines should be the **lesser of** 1 year from the date of the qualifying event or 60 days after the Federal government declares the national emergency for COVID-19 over, whichever is sooner. Please see the <u>detailed flyer</u> for more information.

For more information specific to your plan go to: https://www.clackamas.us/des/plan-details

If you have any questions, please contact the Benefits team at benefits@clackamas.us or 503-655-8550.