



California end of COVID-19 Public Health Emergency (PHE) benefits for Fully Insured groups:

- **Diagnostic/Screening/Testing:** Per CA APL 22-014, SB 510 requires health plans to cover costs associated with COVID-19 diagnostic and screening testing as well as immunization against COVID-19 without cost sharing, prior authorization, utilization management or in-network requirements
 - Services include specimen collection and handling, hospital or healthcare provider office visits for the purpose of receiving testing for COVID-19, products related to testing, and items and services furnished to enrollee as part of the testing (COVID-19 antibody tests)
 - SB 510 also requires health plans to cover COVID-19 immunizations, as well as items and services intended to prevent or mitigate COVID-19 until November 11, 2023 (6 months after end of PHE) for out-of-network (OON); after November 11, 2023 OON may be subject to cost share
- **Therapeutics:** Per APL 22-032, SB 1473 requires health plans to cover therapeutics for the treatment of COVID-19 without cost sharing, utilization management or in network requirements until November 11, 2023 (6 months after end of PHE) for OON; after November 11, 2023 OON may be subject to cost share
- **Testing:** SB 510 requires plans to cover up to 8 over-the-counter tests per month indefinitely. OON after November 11, 2023 may be subject to cost share
- **Provider reimbursement:** OON reimbursement must be at least 125% of Medicare until May 11, 2023
 - After Federal PHE ends, amount of reimbursement for OON COVID-19 testing, immunizations and therapeutics are governed by CA law
 - OON reimbursement must still be at least 125% of Medicare from May 11, 2023 to November 11, 2023
 - Reimbursement for COVID-19 testing, immunizations and therapeutics must be at least 100% of Medicare After November 11, 2023