

Last Updated on May 4, 2023

COVID-19 UPDATE: THE END OF THE PUBLIC HEALTH EMERGENCY

The federal government confirmed May 11, 2023, as the end of the Public Health Emergency (PHE). The Motion Picture Industry Pension & Health Plans (MPIPHP) have been preparing for this change and reviewing recent guidance from the government agencies on how the end of the PHE affects COVID-19 vaccines, testing and treatments.

Starting May 12, 2023, coverage of COVID-19-related benefits will be based on MPIPHP's established benefit levels, as described in the *Summary Plan Description* (Active or Retiree, as applicable), except as described below. The coverage described below applies to participants of the Anthem Blue Cross PPO plan and participants of the Oxford Health Plan. For participants in the HMO plans (Kaiser Permanente and Health Net) a combination of state and federal guidelines applies to these plans and are not fully established at this time. The Motion Picture Industry Health Plan (MPIHP) recommends that members of the HMO plans contact those plans directly for the latest updates on COVID-19-related services.

ACTIVE PARTICIPANTS

Enrolled in Anthem Blue Cross or the Oxford Health Plan

Beginning May 12, 2023, the coverage for COVID-19 vaccines, testing and treatment for the Anthem Blue Cross plan and the Oxford Health Plan will be as follows:

- **COVID-19 vaccines:** Covers U.S. Centers for Disease Control and Preventionrecommended (CDC) and CDC-adopted COVID-19 vaccine at no cost through December 31, 2023.
- **COVID-19 over-the-counter tests:** No medical or pharmacy coverage of over-thecounter (OTC) COVID-19 tests as OTC products are a specific Motion Picture Industry Health Plan (MPIHP) exclusion.



- **COVID-19 lab-based testing:** Coverage of U.S. Food and Drug Administrationapproved (FDA) or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse or doctor) with applicable co-payment and coinsurance.
- COVID-19 treatment:
 - Coverage for treatment of COVID-19 as a primary diagnosis with applicable co-payment and coinsurance.
 - FDA-approved or authorized COVID-19 treatments, including Paxlovid and molnupiravir (Lagevrio), will be covered subject to established co-payments per the CVS-Caremark prescription benefits.
- **Telemedicine/Virtual visits:** Telemedicine and virtual visits are covered pursuant to the summary plan descriptions for MPIHP, in accordance with applicable co-payments and coinsurance.

RETIRED PARTICIPANTS

Enrolled in Anthem Medicare Preferred Plan/Medicare Advantage

Beginning May 12, 2023, the coverage for COVID-19 vaccines, testing and treatment for the Anthem Medicare Preferred Plan/Medicare Advantage plan will be as follows:

- **COVID-19 vaccines:** Covers U.S. Centers for Disease Control and Preventionrecommended (CDC) and CDC-adopted COVID-19 vaccine.
- **COVID-19 over-the-counter tests:** No medical or pharmacy coverage of over-the-counter (OTC) COVID-19 tests.
- **COVID-19 lab-based testing:** U.S. Food and Drug Administration-approved (FDA) or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse or doctor) are covered at no cost.
- Televisits:
 - Medicare extended telehealth options through December 31, 2024.
 Participants have access to telehealth services through LiveHealth Online with no co-payment required.
 - Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as through a smartphone or computer.

Enrolled in the Oxford Health Plan

Beginning May 12, 2023, the coverage for COVID-19 vaccines, testing and treatment for the Oxford Health Plan will be as follows:

- **COVID-19 vaccines:** Covers U.S. Centers for Disease Control and Preventionrecommended (CDC) and CDC-adopted COVID-19 vaccine at no cost when in-network.
- **COVID-19 over-the-counter tests:** No medical or pharmacy coverage of over-thecounter (OTC) COVID-19 tests as OTC products are a specific MPIHP exclusion.
- **COVID-19 lab-based testing:** Coverage of U.S. Food and Drug Administrationapproved (FDA) or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse or doctor) with applicable co-payment and coinsurance.

• COVID-19 treatment:

- Coverage for treatment of COVID-19 as a primary diagnosis will revert to standard co-payments and coinsurance as applicable.
- FDA-approved or authorized COVID-19 treatments, including Paxlovid and molnupiravir (Lagevrio) will be covered, subject to established copayments per the CVS-Caremark prescription benefits.
- **Telemedicine/Virtual visits:** Telemedicine and virtual visits are covered pursuant to the summary plan descriptions for MPIHP in accordance with applicable co-payments and coinsurance.

ALL PARTICIPANTS

Extension of deadlines during COVID-19 pandemic ends

• End of the Outbreak Period on July 10, 2023

We previously announced that certain deadlines were extended during the COVID-19 National Emergency. Specifically, the "Outbreak Period" (up to a maximum of one year) is not counted when MPIHP determines the timeliness of certain events. The Outbreak Period is defined as the period from March 1, 2020 until 60 days after the COVID-19 National Emergency ends (or such other date determined by the federal government).

The National Emergency has now ended and the Outbreak Period will end on July 10, 2023. Please note further federal or state guidance may be forthcoming and may result in a different date applying, particularly for participants in HMO plans (Kaiser Permanente and Health Net).

The following deadlines were extended during the Outbreak Period:

- The period to request special enrollment in MPIHP after losing other health coverage or acquiring a new dependent due to birth, marriage, adoption or placement for adoption.
- The deadlines for filing a benefit claim or an appeal of a denied claim (or other adverse benefit determination).
- The 60-day COBRA election period and the 60-day period for notifying MPIHP of a COBRA qualifying event or disability determination.
- The deadlines for paying initial and monthly COBRA premiums.

With the Outbreak Period ending July 10, 2023, any deadline starting on or after July 11, 2023 will revert to established deadlines as noted in the summary plan descriptions for the plans:

Health Plan

- **Deadline to file a benefit appeal:** 180 days to file an appeal
- **Deadline to file a medical claim:** 15 months to file a medical claim

- Special enrollment deadline (qualified life event): 30- or 60-day window for participant or dependent enrollment, following a qualified life event
- **COBRA election deadline:** 60 days to elect COBRA
- **COBRA payment grace period:** 30-day COBRA payment grace period

Pension & Individual Account Plans

• **Deadline to file a benefit appeal:** 90 days to file an appeal

For events that occurred before the end of the Outbreak Period, the remaining days in the Outbreak Period will not count in determining the above deadlines, except that no deadline will be extended by more than one year. As an example, if you got married on June 5 (during the Outbreak Period), the normal 30-day deadline to enroll your spouse in the Health Plan outside of open enrollment would not begin to run until July 11. Your deadline would therefore be August 9 (30 days from July 11). However, if you got married on August 1 (after the Outbreak Period), the normal 30-day deadline would apply. Similarly, if you lost MPIHP coverage due to a reduction in hours, and your 60 days to elect COBRA coverage would normally start to run on July 1 (during the Outbreak Period), the remaining days of the Outbreak Period (July 1 - 10) do not count when determining your deadline to elect COBRA. Your deadline to elect COBRA would be 60 days from July 11, the day after the end of the Outbreak Period (or September 8).

For questions regarding the end of the Outbreak Period and any deadlines applicable to your benefits, you may contact the Participant Services Center at (855) ASK-4MPI.

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