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INFORMATION ON THE COVID-19 VACCINE AND THE COVID-19 VACCINE INTERIM FINAL RULE

## Information on the COVID-19 Vaccine and the COVID-19 Vaccine Interim Final Rule

The COVID-19 vaccine will be paid for by the federal government through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, but administration of the vaccine by a provider will be paid for by the applicable plan or insurance policy.

The U.S. Departments of the Treasury, Labor and Health and Human Services, released an interim final rule (IFR), effective Nov. 2, 2020, on the COVID-19 vaccine and testing for COVID-19 with a request for comments.

### Interim Final Rule with Request for Comments

The IFR includes provisions for implementing that section of the [CARES Act](#) requiring non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance to provide coverage during the public health emergency, without cost sharing, for qualifying coronavirus preventive services, which includes administration of the COVID-19 vaccine.

This coverage is required to be provided within 15 business days after the date on which the U.S. Preventive Services Task Force or the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) makes an applicable recommendation relating to a qualifying coronavirus preventive service.

Specifically, plans and issuers must cover COVID-19 immunizations that have in effect a recommendation of ACIP, even if not listed for routine use on the Immunization Schedules of the CDC.

This IFC also provides that:

- During the public health emergency for COVID-19, plans and issuers must cover – without cost-sharing – qualifying coronavirus preventive services (this would include the immunization if it was not provided free of charge by the federal government, and its administration), regardless of whether an in-network or out-of-network provider delivers such services.
- Non-grandfathered plans and issuers offering non-grandfathered group and individual plans/policies must cover – without cost-sharing – items and services that are integral to the furnishing of recommended preventive services, including the administration of COVID-19 immunizations.
- For a provider with whom the plan or issuer does not have a negotiated rate for such service (such as an out-of-network provider), the plan or issuer must reimburse the provider for such service in an amount that is reasonable, as determined in comparison to prevailing market rates for such service.
- The departments consider the amount of payment to be reasonable, for example, if the plan or issuer pays the provider the amount that would be paid under Medicare for the item or service.

The Centers for Medicare & Medicaid Services (CMS) has stated that it issued guidelines to help states, localities and territories to develop vaccine programs and establish populations for prioritized vaccination. CMS has also indicated that VaccineFinder will be updated once COVID-19 vaccinations are widely available to the public to help direct people to find a vaccine provider near them.

**Trustmark will post additional updates as they become available.**

» Cadillac

» Rx plans for Part D eligible retirees

Transparency in Coverage Final Rule

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This material represents a high-level summary of ACA provisions and may not be construed as tax, legal, or compliance advice. Please consult your professional benefits adviser or legal counsel regarding how these provisions may impact your specific health plan. Last updated: February 26, 2019.

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