

Capital Blue Cross Medical Plan Coverage Information **for COVID-19 Services after the Public Health** **Emergency expires**

The federal government's COVID-19 public health emergency (PHE) expires on May 11, 2023. The PHE – first issued on January 31, 2020 – allowed the government to take important steps to help address the pandemic.

Capital Blue Cross will continue serving the health and wellness of its members.

Below are some key details about coverage for COVID-19 changes after the PHE ends. For more information and resources, please visit the [Capital Blue Cross webpage on COVID-19 Resources](#).

Health plan coverage for COVID-19 testing, treatment, and vaccines

Vaccines and boosters

- When the PHE ends, members will continue to have coverage for COVID-19 vaccines as a preventive service with no cost share when you get a vaccine from an in-network provider. If you receive a vaccine from an out-of-network provider, you may have to pay out-of-pocket costs.
- Get more details about vaccines and boosters by visiting the Centers for Disease Control and Prevention's [COVID-19 vaccine webpage](#).
- Contact your provider if you have specific questions about vaccines.
- You can also find general information in the Capital Blue Cross [COVID-19 vaccines FAQ](#).

Diagnostic testing

- After the PHE ends, medically necessary COVID-19 diagnostic tests will be covered; however, cost share may apply for services on or after May 12, 2023 based on your plan's benefits. Members will be responsible for their plan-specific copay, coinsurance or deductible.

Over-the-counter (OTC) tests

- OTC tests for COVID-19 purchased on or after May 12, 2023 will no longer be covered through medical or pharmacy benefits. However, you can use your own personal HSA or FSA funds (if any) to pay for OTC tests.

Provider visits resulting in a COVID-19 test

- For services received on or after May 12, 2023, cost share for office, urgent care, or emergency room visit resulting in a COVID-19 test will be covered; however, cost share may apply based on your plan's benefits. Members will be responsible for their plan-specific copay, coinsurance or deductible.

Inpatient treatment for COVID-19

- Inpatient treatment for COVID-19 is covered; however, any member cost share (such as deductibles, copays, and coinsurance) will apply based on your plan's benefits.

Oral antivirals and monoclonal antibody treatments for COVID-19

- Oral antivirals and monoclonal antibodies prescribed on or after May 12, 2023 will be covered based on medical necessity of treatment related to COVID-19. Some services that were covered by regulation during the PHE may no longer be considered medically necessary.