



Weekly Digest

• December 8, 2020 •



Employer Health Plans Must Pay the Cost of a COVID-19 Vaccine

“The CARES Act requires group health plans to provide first-dollar coverage of COVID-19 vaccines within 15 business days after the vaccine receives an 'A' or 'B' rating from the United States Preventive Services Task Force or receives a recommendation from the Advisory Committee on Immunization Practices of the CDC. Group health plans and insurers must pay the full cost of COVID-19 vaccines regardless of whether administered in- or out-of-network.” [Full Article](#)

McAfee & Taft



Proactive Employer Measures for Avoiding Coronavirus-Related Benefits Litigation

“Issues to consider include investment decisions for retirement plans, benefits for laid off or furloughed employees, benefits notifications for separating employees, and changes to COVID-19-related benefits strategy.” [Full Article](#)

Hall Benefits Law

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IRS Explains 'Qualified Health Plan Expenses' for Purposes of FFCRA Tax Credit

"The IRS explains that the amount of qualified health plan expenses taken into account in determining the credits generally includes both the portion of the cost paid by the employer and the portion of the cost paid by the employee through pre-tax salary reduction contributions, but not amounts that the employee paid with after-tax contributions." [Full Article](#)

The Wagner Law Group



Health Plan Fiduciaries Breached ERISA's Fiduciary Duties by Failing to Remit Participant Contributions

"A Virginia district court has held that an employer and its owner violated their ERISA fiduciary duties by: [1] Failing to remit participant contributions that were withheld under an ERISA health plan to the plan's insurer. [2] Using the participant contributions, which were plan assets, to pay the employer's other operating expenses. [3] Not informing the plaintiff-participant that her health plan coverage had lapsed due to their failure to remit the withheld contributions." [Full Article](#)

Thomson Reuters Practical Law

Final Transparency Rules Mean More Disclosures by Plan Sponsors

"For plan years beginning January 1, 2022, health plans and insurers must disclose three separate files on their websites that include detailed pricing information for all covered items and services under the applicable plan. The first file must show negotiated rates for all in-network covered items and services. The second file must show information regarding charges from, and payments to, out-of-network providers. The third file must provide historical information regarding in-network prescription drug pricing by pharmacy location." [Full Article](#)

Graydon



Miscommunication Between Employer and Insurer About Employee's Medical Leave Causes Loss of Coverage -- and a Lawsuit

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Thomson Reuters / EBI