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## **The ARPA and COBRA Subsidies: What Do Benefit Producers Need to Know?**

**A child was covered under Dad's group plan. Dad passed away from COVID. In that case, is it true that the dependent child is not eligible for the subsidy?**

Yes. The dependent child is a qualified beneficiary under COBRA, but does not qualify as an "assistance eligible individual" (AEI) under the American Rescue Plan Act (ARPA), and therefore is not entitled to the COBRA subsidy.

**If the QB was eligible for COBRA 6/1/20 and did not elect, are you saying they can now elect COBRA, would owe the COBRA cost for 6/1/20 through 3/31/21, and then COBRA is subsidized from 4/1/21 - 9/30/21?**

Yes, that is correct, so long as the individual otherwise qualifies as an AEI. The AEI can pay for the cost of COBRA coverage through March 31, 2021, or have a gap in coverage.

**I thought because a group is over 20 lives and is in California, they are entitled to 36 months of COBRA? You keep talking about 18 months of coverage.**

Under COBRA, the maximum length of COBRA coverage due to a termination of employment or reduction in hours is 18 months. This is true whether the plan is fully insured or self-funded.

In California, there is additional continuation coverage available to those who are covered by fully insured plans. Under one provision of Cal-COBRA, those who exhaust their maximum period of coverage under COBRA may be eligible for up to a total of 36 months of continuation coverage. For example, if someone is terminated and covered by a fully insured plan—and there are no intervening events to cut off continuation coverage benefits early—the individual would be entitled to up to 18 months of continuation coverage under COBRA, and then up to another 18 months of continuation coverage under Cal-COBRA. We do not know if the Cal-COBRA extension of federal COBRA will be considered "comparable" state coverage and thus subject to the ARPA COBRA subsidies.

**How does it work with Cal-COBRA? If a member is on federal COBRA currently, and is eligible for Cal-COBRA, does the member qualify for the subsidy then?**

Please see the response to the prior question.

**What happens to a dependent of a recently eligible Medicare individual who applies for COBRA/Cal-COBRA?**

Additional facts may be necessary. If the parent qualifies as an AEI due to an involuntary termination or reduction in hours, and the dependent child was also covered by the parent's plan, then the cost of the dependent child's COBRA premium will also be covered by the subsidy. If the dependent's qualifying event is not due to an involuntary termination or reduction in hours, then the dependent child is not entitled to the subsidy. We require guidance on whether a second qualifying event will extend the length of the subsidy.

If someone has 1 month left of COBRA (April) and notices must go out by 5/31/21, how do they notify that employee within 15-45 days prior to 4/30/21 to let him/her know that the subsidy is ending? Maybe I have some of the timing-deadlines wrong...

**Example: Someone gets an ARPA notice May 15, 2021. They have up to 60 days to elect. If they do elect, then their coverage begins April 1, is that correct?**

Yes.

**What happens after the ARPA COBRA subsidy ends? Can person go to the Marketplace and get an individual plan?**

The individual can stay on COBRA and pay the premiums. Or, the individual may be able to obtain a Marketplace plan, if the Marketplace treats the loss of the subsidy as a special enrollment event. The Department of Labor (DOL) announced in the FAQs accompanying the model notices that the federal Marketplace will treat this situation as a special enrollment event, and the AEI can then purchase an individual policy and perhaps qualify for a premium tax credit. From the DOL FAQs:

**Q21: Can I qualify for a special enrollment period (SEP) to enroll in individual market health insurance coverage, such as through a Health Insurance Marketplace®, when my COBRA premium assistance ends on September 30? What about if my COBRA continuation coverage ends sooner than that?**

When your COBRA premium assistance ends, you may be eligible for a SEP to enroll in coverage through a Health Insurance Marketplace®, or to enroll in individual health insurance coverage outside of the Marketplace. You may also qualify for a SEP when you reach the end of your maximum COBRA coverage period. For more information about this SEP, see:

<https://www.healthcare.gov/unemployed/COBRA-coverage/>.

For more information about enrolling in Marketplace coverage, see: HealthCare.gov, or you can call 1-800-318-2596 (TTY: 1-855-889-4325). If your state has its own Marketplace platform, find contact information for your State Marketplace here: <https://www.healthcare.gov/marketplace-in-your-state/>.

You may apply for and, if eligible, enroll in Medicaid coverage at any time. For more information, go to: <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/>.

For those states that have their own Marketplace—including California and Colorado—you should check with the state Marketplace to determine whether they will treat the loss of the subsidy as a special enrollment event. However, Covered California has announced that it will keep open enrollment open through the end of the year.

**When subsidies end on 9/30/21, will they get a special enrollment period (SEP) to get individual coverage, even though their COBRA doesn't terminate? Not needed in CA, but may be needed in other states.**

Please see response above.

**If a dependent ages out and is offered COBRA are they eligible for ARPA COBRA subsidy?**

No.

**Is Cal-COBRA also included as part of the COBRA subsidy?**

We do not yet know, but it is possible. ARPA provides that the subsidy will be available “under a State program that provides comparable continuation coverage.” We are awaiting further guidance from the IRS on the meaning of “comparable,” and input from the carriers on their interpretation of this provision would be helpful.

**Does this apply to fully insured group health plans that cover employers with under 20 employees (in other words, those that are subject to Cal-COBRA)?**

Please see response above.

**Does this mean that a Cal-COBRA eligible group does not need to take any action? Since the carrier is the Cal-COBRA administrator and the employer is out of the loop completely, does this mean 1-19 employee groups need not take any action?**

If Cal-COBRA is deemed to be comparable, the obligation to cover the Cal-COBRA premium will fall on the carrier. It also appears that the carrier will be obligated to furnish relevant notices to QBs. However, since this is an evolving issue, it is advisable to watch for further developments. In addition, the employer should communicate with the carrier to ensure that the carrier is taking the steps required under the law, particularly since the employer is bound to receive inquiries from QBs, and the carrier will undoubtedly need information from the employer which the carrier does not have (such as information as to who qualifies as an AEI and who does not, because the carrier will not know who voluntarily terminated and who was involuntarily terminated).

**Is the subsidy applicable to state continuation or mini-COBRA laws (i.e., NY)?**

Please see response above. The determination will be made on a state-by-state basis.

**What if a terminated employee if would have elected COBRA, their COBRA would have ended in May, would they only be eligible for 1 month or does it extend?**

If, for example, their 18-month maximum period of COBRA coverage would end on May 31, 2021, then they would be entitled to two months (April and May 2021) of subsidized COBRA coverage, if they timely respond to the notice from the employer.

**An overage dependent went on COBRA in 2020 and coverage lapsed. Is she entitled to the subsidy?**

No. An individual whose COBRA qualifying event is a loss of coverage due to loss of dependent status does not qualify as an AEI.

**What is considered gross misconduct?**

“Gross misconduct” is not defined in the COBRA statute or regulations. As a result, it is defined by the courts, and there is not a consistent definition of the term. Typically, however, courts set a high bar before they will agree

that an individual has committed gross misconduct. Employers are advised to seek the advice of legal counsel before denying a former employee benefits based on this ground.

**If Cal-COBRA is determined to be included does that mean the employer needs to contact former employees going back 36 months?**

Perhaps. However, the obligation to provide these notices may fall on the carrier, but it will have to be in coordination with the employer, because the carrier will not have all necessary information. Further guidance is needed.

**Will self-funded plans receive any help?**

Employers that offer self-funded plans may seek a tax credit for the amount of the COBRA subsidy.

**Will COBRA TPA's be sending out these notices?**

They will probably provide this service, but employers need to communicate with their TPAs to confirm what services the TPAs will provide, what data or assistance they may require from employers, and whether they will charge for these services.

**How does the tax credit work for non-profits and public entities which do not pay taxes?**

The tax credit is taken against quarterly payroll taxes—specifically, the employer’s share of the Medicare tax—and non-profits do pay payroll taxes. We are awaiting further guidance on the mechanics of this process, including with regard to state and local government plans.

**Can you clarify what a multi-employer plan is?**

ERISA contains a lengthy definition of multi-employer plans. In brief, it is defined as:

- (37) (A)**The term “multiemployer plan” means a plan—
  - (i)** to which more than one employer is required to contribute,
  - (ii)** which is maintained pursuant to one or more collective bargaining agreements between one or more employee organizations and more than one employer, and
  - (iii)** which satisfies such other requirements as the Secretary may prescribe by regulation.

**If someone was laid off and they went to the individual market (not the exchange) can they get the subsidy and even if they made a high income before the layoff?**

Income does not affect eligibility for the subsidy. With regard to dropping individual coverage in favor of COBRA, the DOL offers some guidance in the FAQs it recently issued, including the following:

**Q18: I am currently enrolled in individual market health insurance coverage, but I am potentially an Assistance Eligible Individual. Can I switch to COBRA continuation coverage with premium assistance?**

Yes, Potential Assistance Eligible Individuals can use the election period to change from individual market health insurance coverage (that they got either through a Health Insurance Marketplace®, such as through HealthCare.gov, or outside of the Marketplace) to COBRA continuation coverage with premium assistance. Additionally, you may apply for and, if eligible enroll in Medicaid at any time. If you elect to enroll in COBRA continuation coverage with premium assistance, you will no longer be eligible for a premium tax credit, or advance payments of the premium tax credit, for Marketplace coverage you otherwise would qualify for during this premium assistance period. You must contact the Marketplace to let them know that you've enrolled in other minimum essential coverage or you may have to repay some or all of the advance payments of the premium tax credit made on your behalf during the period you were enrolled in both COBRA continuation coverage and Marketplace coverage. This repayment would be required when filing your income tax return for 2021 (see additional information about contacting the Marketplace below).

**Q19: Can I end my individual health insurance coverage retroactively if I can qualify for COBRA with premium assistance starting on April 1?**

Enrollees generally are not permitted to terminate coverage purchased through a Marketplace retroactively. You must do so prospectively. If you want to end coverage that you got from a Health Insurance Marketplace®, such as on HealthCare.gov, because you want to change to COBRA continuation coverage with premium assistance, you must update your Marketplace application or call the Marketplace to do so. If you enrolled in coverage through HealthCare.gov, you can call 1-800-318-2596 (TTY: 1-855-889-4325). If your state has its own Marketplace platform, find contact information for your State Marketplace here: <https://www.healthcare.gov/marketplace-in-your-state/>.

If you want to end individual health insurance coverage that you got outside of a Marketplace, such as directly from an insurance company, you must contact the insurance company to do so.

If you change coverage, you will be subject to a new deductible limit and out-of-pocket maximum. The DOL FAQs outline other factors that should be considered when deciding whether to change from an individual plan to COBRA.

**What happens if the business owner blows all this off? How will anyone know?**

Business owners should always comply with the law. Failure to comply with the law could result in IRS and DOL penalties, excise taxes, participant lawsuits, and DOL and IRS audits. Further, the Departments will be conducting outreach to the public—it is mandated by the law.

The DOL included this comment in the FAQs:

DOL is committed to ensuring that individuals receive the benefits to which they are entitled under the ARP. Employers or multiemployer plans may also be subject to an excise tax under the Internal Revenue Code for failing to satisfy the COBRA continuation coverage requirements. This tax could be as much as \$100 per qualified beneficiary, but not more than \$200 per family, for each day that the taxpayer is in violation of the COBRA rules.

**Is the subsidy applicable to only medical, or also for dental and vision, even if the ancillary carrier is different from the medical carrier?**

We are awaiting formal confirmation, but it appears that the subsidy will apply to medical, dental, and vision, even if the dental and vision coverage are offered by a different carrier.

**If the former employee didn't have all lines of coverage previously (let's say it was medical only), but just wanted to elect dental for the first time, is this something they would be able to do? Or only for the lines of coverage they previously had?**

Consistent with COBRA, it appears that QBs/AEIs would only be able to elect the coverage they had on the day before their qualifying event. This is not an opportunity to elect new coverages they did not previously have. There is one exception to this: Employers may—but do not have to—allow employees the opportunity to switch to a plan that costs the same or less than the coverage they are currently on, so long as it is also offered to similarly situated active employees and is not limited to dental-only and vision-only coverage (among other rules that must be followed).

**If the new COBRA Notice is sent out at the end of April, or early May, does the AEI still get enrolled back to 04/01/21, or would it be effective first of the month following their election form being submitted?**

Coverage would be effective, and the subsidy would be available, April 1, 2021.

**Can you go over the differences between federal and state mini-COBRA?**

The scope of this question is too broad for this summary. However, state mini-COBRA laws—which are different in each state—are typically designed to cover gaps in COBRA continuation coverage. For example, state mini-COBRA laws may apply to employers that are too small to be subject to COBRA, or state mini-COBRA laws may provide for continuation coverage for a longer period of time than federal COBRA provides for.

**What about COBRA dependents, would their premium be covered 4/1 through 9/30?**

If the former employee is an AEI, and the dependents are QBs, then the subsidy would also apply to them.

**Who sends the notices to AEI's who are eligible for mini-COBRA (such as Cal-COBRA) notices?**

It appears these notices will be sent by the carrier. However, the employer should communicate with the carrier as to this process and to ensure it will be done and to determine whether any data sharing or coordination will be required between the employer and the carrier (such as which former employees might qualify as AEIs and which ones do not—the carrier will not have this information in its possession).

**If Cal-COBRA, will the health carrier automatically generate appropriate COBRA documents to employees that were terminated or had reduced hours? OR will the employer need to notify the health carrier which employees should receive the new notices?**

Under Cal-COBRA, employers have an obligation to notify the carrier, within a specific timeframe, when there is a Cal-COBRA qualifying event. Under these circumstances, the carrier will have to be informed which Cal-COBRA

qualified beneficiaries qualify as AEIs (carriers will not know, for example, if someone voluntarily terminated or was involuntarily terminated). Some coordination and information sharing will be necessary.

**With regard to the COBRA subsidy: Is the employer responsible to notify employees on both Federal COBRA and Cal-COBRA? Are there any financial guidelines for qualifying for the COBRA subsidy or does everyone qualify?**

Employers subject to COBRA will have to send out notices, as explained more fully in the DOL's FAQs. For state mini-COBRA laws that are subject to the subsidy, the notices will apparently be sent by the carrier, but probably with some coordination with the employer (please see responses above). There are no financial guidelines for the subsidy.

**Please clarify QSEHRA qualification. How about ICHRAs?**

No guidance has been provided on ICHRAs. With regard to QSEHRAs, eligibility for a QSEHRA does not disqualify you as an AEI and does not cut off the subsidy.

**What is there is not enough tax credit for the employer to get a refund?**

We are awaiting guidance from the IRS, but it appears that overpayments will be refunded.

**In case # 3 and # 4 related to Taylor. Are groups responsible for back paying COBRA premiums if an employer has COBRA back dated? Or does the employer only need to pay beginning 4/1 and then Taylor is responsible for back paying COBRA premiums?**

If Taylor wants COBRA coverage for any month prior to April 1, Taylor must pay for the COBRA coverage for those months.

**If group was Cal-COBRA until 2021 and an employee was termed in 2020 for cause, which COBRA handles the ARPA COBRA offer?**

There is no guidance on this yet.

**If employer has a TPA is the TPA responsible for all this or does the employer still have to take action?**

The employer is ultimately responsible. The employer can contract with the TPA to provide these services. The employer should consult with its TPA as to whether the TPA will provide these services, and whether there will be any additional cost.

**Will TPAs automatically send these "new" forms out on behalf of the group?**

No. Please see previous response.

**Just to be clear, this law applies to federal COBRA and Cal-COBRA?**

The ARPA COBRA subsidies apply to federal COBRA and "comparable" state mini-COBRA laws.

**What if the employee has a spouse covered under their policy? Does the ARA apply to both the employee and dependent's coverage?**

If the employee is an AEI, and the spouse and dependent child are QBs, then they are entitled to the subsidy for the cost of their coverage, if they are otherwise eligible for the subsidy.

**Why is Alex's voluntary reduction in hours able to be covered/subsidized? I thought "voluntary" scenarios were not. What am I missing?**

An AEI is someone who lost coverage due to a reduction in hours—which may be voluntary or involuntary—or an involuntary termination. From the DOL's FAQs:

**Q1: I have heard that the ARP included temporary COBRA premium assistance to pay for health coverage. I would like more information.**

The ARP provides temporary premium assistance for COBRA continuation coverage for Assistance Eligible Individuals (see Q3 to determine if you are eligible). COBRA allows certain people to extend employment-based group health plan coverage, if they would otherwise lose the coverage due to certain life events such as loss of a job.

Individuals may be eligible for premium assistance if they are eligible for and elect COBRA continuation coverage because of their own or a family member's reduction in hours or an involuntary termination from employment. This premium assistance is available for periods of coverage from April 1, 2021 through September 30, 2021. This premium assistance is generally available for continuation coverage under the Federal COBRA provisions, as well as for group health insurance coverage under comparable state continuation coverage ("mini-COBRA") laws.

If you were offered Federal COBRA continuation coverage as a result of a reduction in hours or an involuntary termination of employment, and you declined to take COBRA continuation coverage at that time, or you elected Federal COBRA continuation coverage and later discontinued it, you may have another opportunity to elect COBRA continuation coverage and receive the premium assistance, if the maximum period you would have been eligible for COBRA continuation coverage has not yet expired (if COBRA continuation coverage had been elected or not discontinued).

**Q3: How can I tell if I am eligible to receive the COBRA premium assistance?**

The ARP makes the premium assistance available for "Assistance Eligible Individuals." An Assistance Eligible Individual is a COBRA qualified beneficiary who meets the following requirements during the period from April 1, 2021 through September 30, 2021:

- Is eligible for COBRA continuation coverage by reason of a qualifying event that is a reduction in hours (such as reduced hours due to change in a business's hours of operations, a change from full-time to part-time status, taking of a temporary leave of absence, or an individual's participation in a lawful labor strike, as long as the individual remains an employee at the time that hours are reduced) or an involuntary termination of employment (not including a voluntary termination); and



- Elects COBRA continuation coverage.

However, you are not eligible for the premium assistance if you are eligible for other group health coverage, such as through a new employer's plan or a spouse's plan (not including excepted benefits, a qualified small employer health reimbursement arrangement (QSEHRA), or a health flexible spending arrangement (FSA)), or if you are eligible for Medicare. Note that if you have individual health insurance coverage, like a plan through the Health Insurance Marketplace<sup>®2</sup>, or if you have Medicaid, you may be eligible for ARP premium assistance. However, if you elect to enroll in COBRA continuation coverage with premium assistance, you will no longer be eligible for a premium tax credit, advance payments of the premium tax credit, or the health insurance tax credit for your health coverage during that period.

Note: If the employee's termination of employment was for gross misconduct, the employee and any dependents would not qualify for COBRA continuation coverage or the premium assistance.

**Is there any direction as to how COBRA Administrators will collect the 2%?**

The employer/insurer/plan will recoup the administrative fee through the tax credit. Any fees owed to the TPA, as a service provider for the plan, will have to be arranged through the employer or plan and the TPA.

**We have a client who is a private school that is a non-profit corporation and exempt from ERISA. They have a fully insured plan and they are a federal COBRA group. Do you expect that the insurer will be responsible for subsidized COBRA premiums?**

No. Based on these facts, the employer would be responsible. (Some church plans may not be responsible for the subsidy and, in such a case, the carrier would be.)

**What about groups subject to state continuation (less than 20)?**

Please see earlier responses.

Will the subsidies apply to dental and vision even if the carrier doesn't recognize state continuation?

More facts are needed.

**What if Alex who qualifies for COBRA 1-1-21 elects COBRA and defers premium for a year and then does not pay it. Who and how do you collect the premium?**

If Alex does not pay the premium for COBRA coverage—for those months that are not subsidized—Alex is not entitled to coverage for those months.

**If the employee dies, are dependents who are qualified beneficiaries under COBRA also considered AEIs?**

No. Please see the explanation of who qualifies as an AEI, above.

**For those on Cal-COBRA, will the carrier send the notices or is the employer responsible for sending the notice?**

Please see earlier responses.

**Who is responsible to send out all the notices for mini-COBRA plans? (Groups under 20 employees.)**

Please see earlier responses.

**If an employee is off due to a medical disability does that qualify for this subsidy?**

We are awaiting further guidance, and additional facts may be required.

**If an employee passes away during the period and the spouse is offered COBRA does the company have to pay the subsidy for the spouse?**

No. Please see the explanation of who qualifies as an AEI, above.

**Does the COBRA subsidy apply only to former employees? Or what if the employee passes away, will the covered dependents get this as well?**

It only applies to AEIs. An individual who is a QB due to the death of an employee is not an AEI. Please see the explanation of who qualifies as an AEI, above.

**Did you say a dependent who ages off will be qualified?**

No. Please see previous responses.

**If someone elected COBRA coverage in the past several months and is paying for it, is the employer required to pay for it from 4/1/ through 9/30 if the person has not exhausted COBRA? What about Cal-COBRA?**

Yes, this individual on COBRA is eligible for the subsidy. Please see previous responses regarding Cal-COBRA.

**Is the COBRA notification to new hires modified?**

No.

**Regarding sick leave - I also read that that all sick days must reset to 10 days on 4/1 - is this correct?**

Yes.

**What about a spouse, who lost coverage due to divorce?**

No. Please see the explanation of who qualifies as an AEI, above.

**If an employer lays off 30 employees due to COVID and all 30 elect the subsidy for April-September, what happens if the employer cannot financially float that full cost until their tax credit comes in? Is there a provision for that?**

There is not a specific provision for that. The IRS will issue guidance on situations when advances may be made available.

**If an employee is out on an approved medical leave and do not return to work and subsequently terminated, is that person considered to be an AEI?**

Possibly. We are expecting further guidance from the IRS on the meaning of “involuntary” termination in various situations.

**The loss of employer subsidies for COBRA coverage is currently considered a qualifying event in the individual market. It seems likely the loss of this subsidy would be a qualifying event as well.**

Please see the responses above regarding special enrollment events and the Marketplaces.

**Does this mean someone that has a QE 4/1/21, has the subsidy for 6 months, and then doesn’t pay for October 2021 - the group can’t cancel them until after 4/1/22?**

Under the timeframe extension rules, the QB has up to one year (unless the National Emergency, and therefore the Outbreak Period, ends earlier) to pay their COBRA premiums following a qualifying event date that falls during the pandemic. From the DOL/IRS regulations on timeframe extensions, I will share the following examples (for purposes of the examples, the DOL/IRS used an assumed end to the National Emergency of “April 30, 2020, with the Outbreak Period ending on June 29, 2020 (the 60th day after the end of the National Emergency)”:

*Example 3 (COBRA premium payments).* (i) *Facts.* On March 1, 2020, Individual C was receiving COBRA continuation coverage under a group health plan. More than 45 days had passed since Individual C had elected COBRA. Monthly premium payments are due by the first of the month. The plan does not permit qualified beneficiaries longer than the statutory 30-day grace period for making premium payments. Individual C made a timely February payment, but did not make the March payment or any subsequent payments during the Outbreak Period. As of July 1, Individual C has made no premium payments for March, April, May, or June. Does Individual C lose COBRA coverage, and if so for which month(s)?

(ii) *Conclusion.* In this Example 3, the Outbreak Period is disregarded for purposes of determining whether monthly COBRA premium installment payments are timely. Premium payments made by 30 days after June 29, 2020, which is July 29, 2020, for March, April, May, and June 2020, are timely, and Individual C is entitled to COBRA continuation coverage for these months if she timely makes payment. Under the terms of the COBRA statute, premium payments are timely if made within 30 days from the date they are first due. In calculating the 30-day period, however, the Outbreak Period is disregarded, and payments for March, April, May, and June are all deemed to be timely if they are made within 30 days after the end of the Outbreak Period. Accordingly, premium payments for four months (*i.e.*, March, April, May, and June) are all due by July 29, 2020. Individual C is eligible to receive coverage under the terms of the plan during this interim period even though some or all of Individual C’s premium payments may not be received until July 29, 2020. Since the due dates for Individual C’s premiums would be postponed and Individual C’s payment for premiums would be retroactive during the initial COBRA election period, Individual C’s insurer or plan may not deny coverage, and may make retroactive payments for benefits and services received by the participant during this time.

*Example 4 (COBRA premium payments).* (i) *Facts.* Same facts as Example 3. By July 29, 2020, Individual C made a payment equal to two months' premiums. For how long does Individual C have COBRA continuation coverage?

(ii) *Conclusion.* Individual C is entitled to COBRA continuation coverage for March and April of 2020, the two months for which timely premium payments were made, and Individual C is not entitled to COBRA continuation coverage for any month after April 2020. Benefits and services provided by the group health plan (*e.g.*, doctors' visits or filled prescriptions) that occurred on or before April 30, 2020 would be covered under the terms of the plan. The plan would not be obligated to cover benefits or services that occurred after April 2020.

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The information provided during this program does not constitute legal advice. In addition, this program only provides a summary of certain complex and always evolving laws and regulations. Attendees should consult their legal counsel for guidance on the application and implementation of the many federal and state laws that impact employee benefit plans and the workplace, including the topics discussed during this program.

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