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COVID-19 Small Group Carrier Survey

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Disclaimer: This document outlines what carriers and health plans are doing regarding premium payments, eligibility, benefits, and more in response to the COVID-19 pandemic. Information is subject to change due to the fluidity of this time.

Table of Contents

CONTENTS

Disclaimer: This document outlines what carriers and health plans are doing regarding premium payments, eligibility, benefits, and more in response to the COVID-19 pandemic. Information is subject to change due to the fluidity of this time.

COVID- 19 Testing

Question: How is the carrier covering COVID-19 Testing?

Carrier	Response
Aetna	Aetna is waiving member cost sharing for diagnostic testing related to COVID-19. The test can be done by any authorized testing facility. This member cost-sharing waiver applies to all Commercial, Medicare and Medicaid lines of business. The policy aligns with the Families First and CARES legislation and regulations requiring all health plans to provide coverage of COVID-19 testing without cost share. The requirement also applies to self-insured plans. Per guidance from the Centers for Medicare & Medicaid Services (CMS), the Department of Labor and the Department of the Treasury, all Commercial, Medicaid and Medicare plans must cover COVID-19 serological (antibody) testing with no cost-sharing. Aetna will cover, without cost share, diagnostic (molecular PCR or antigen) tests to determine the need for member treatment.1 This includes to direct-to-consumer/home-based diagnostic or antigen tests. Aetna's health plans generally do not cover a test performed at the direction of a member's employer in order to obtain or maintain employment or to perform the member's normal work functions or for return to school or recreational activities, except as required by applicable law.
Anthem Blue Cross	Anthem is waiving: Cost-sharing for COVID-19 screening related tests (e.g., influenza tests, blood tests, etc.) performed during a provider visit that results in an order for, or administration of, diagnostic testing for COVID-19 will also be covered with no cost sharing for members. This is effective throughout the duration of the public emergency. Cost sharing for visits to receive the COVID-19 diagnostic test, regardless of whether the test is administered, beginning March 18 for members of our employer-sponsored, individual, Medicare and Medicaid plans. This is effective throughout the duration of the public emergency. The cost-sharing waiver includes copays, coinsurance and deductibles. For additional services, members will pay any cost sharing their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.

Blue Shield of CA	During the public health emergency, Blue Shield will cover COVID-19 tests and waive out-of-pocket costs for copays, coinsurance, and deductibles for these tests. But the following conditions must be met: • Test must be medically necessary and ordered by a healthcare provider licensed to order COVID-19 tests • Test must be FDA-approved, emergency use authorized, or authorized under other guidance from the Secretary of the Department of Health and Human Services consistent with the federal CARES Act • The test must be processed in accordance with FDA and other applicable guidance. Out-of-pocket testing costs will be waived during the federal public health emergency. This remains as long as state and federal mandates for the coverage of testing without out-of-pocket costs (copays, coinsurance, or deductibles) still apply. If the test is for an essential worker without symptoms or known or suspected exposure, out-of-pocket costs will apply based on the member's benefit plan. This means you may be required to pay a copay, coinsurance or deductible for your test as defined by your plan benefits. This is addressed in the DMHC's emergency regulation. The tests below are covered by Blue Shield and Blue Shield Promise only if the above conditions are met: • Diagnostic tests (including self-administered or home test kits) • Antibody or serology tests when used for diagnostic purposes.
CaliforniaChoice	Based on the carrier coverage
Health Net	Health Net is waiving all member cost-sharing requirements including, but not limited to, copayments, deductibles, or coinsurance for all medically necessary screening and testing for COVID-19, including hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19. Testing can be ordered only by physicians or other authorized health care providers. Members seeking testing for COVID-19 should consult with their physician or health care provider who may order the test if they determine the patient meets testing criteria.

Kaiser	Testing and diagnosis at Kaiser Permanente are available at no cost to members. In addition to testing available through Kaiser Permanente, you may choose to be tested at an external licensed, independent facility (for example, CVS, Walgreens, Walmart or other retail locations or at a private lab). Many of these facilities bill Kaiser Permanente directly, so you may not have to pay anything out of pocket. But if you are charged, Kaiser Permanente will provide reimbursement for the cost of the test as long as it is conducted by a licensed facility. Here's how we file a claim 1. Go to kp.org/coverageandcosts. 2. Below "Helpful resources," click "Submit a claim." 3. Below "Claim forms," click the PDF to download. (If you're redirected to our Claim Services website, select "Documents and Forms" from the Resources menu and then download the medical claim form.) 4. Fill out the form and then mail it to the address listed on the form. Remember that if you test positive outside of Kaiser Permanente, your results aren't shared with your doctor's office. Email a scanned copy of your test results to your Kaiser Permanente doctor's office so we can update your medical record. The report should include your name and at least one other personal identifier, like your date of birth. 1. Go to kp.org and create a new message to your doctor's office using the subject line, "COV19 outside lab report." 2. Click on the "Attach an image" link at the bottom of the message to add your scanned report. Please follow the instructions you get with your test result about isolation and physical distancing. If you need care guidance, call our appointment and advice center 24/7.
UnitedHealthcare	During the national public health emergency period, UHC will cover medically appropriate COVID-19 testing at no cost-share (copayment, coinsurance or deductible) when ordered by a physician or health care professional for purposes of diagnosis or treatment of an individual member.

COVID-19 Antibody Testing

Question: Are the carriers covering Antibody/Antigen Testing?

Carrier	Response
Aetna	Aetna will cover, without cost share, serological (antibody) tests that are ordered by a physician or authorized health care professional and are medically necessary. Aetna's health plans do not cover serological (antibody) tests that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Refer to the CDC website for the most recent guidance on antibody testing. This policy for diagnostic and antibody testing applies to Commercial, Medicare and Medicaid plans.
Anthem Blue Cross	Anthem is waiving cost sharing for COVID-19 diagnostic tests, including serology or antibody tests, for members of our employer-sponsored, Individual, Medicare and Medicaid plans. This is effective throughout the duration of the public emergency. The cost-sharing waiver includes copays, coinsurance and deductibles. For additional services, members will pay any cost sharing their plan requires, unless otherwise determined by state law or regulation. Members can call the number on the back of their identification card to confirm coverage. Providers should continue to verify eligibility and benefits for all members prior to rendering services.
Blue Shield of CA	During the public health emergency, Blue Shield will cover COVID-19 tests and waive out-of-pocket costs for copays, coinsurance, and deductibles for these tests. But the following conditions must be met: • Test must be medically necessary and ordered by a healthcare provider licensed to order COVID-19 tests • Test must be FDA-approved, emergency use authorized, or authorized under other guidance from the Secretary of the Department of Health and Human Services consistent with the federal CARES Act • The test must be processed in accordance with FDA and other applicable guidance. Out-of-pocket testing costs will be waived during the federal public health emergency. This remains as long as state and federal mandates for the coverage of testing without out-of-pocket costs (copays, coinsurance, or deductibles) still apply. If the test is for an essential worker without symptoms or known or suspected exposure, out-of-pocket costs **will** apply based on the member's benefit plan. This means you may be required to pay a copay, coinsurance or deductible for

	your test as defined by your plan benefits. This is addressed in the DMHC's emergency regulation. The tests below are covered by Blue Shield and Blue Shield Promise only if the above conditions are met: • Diagnostic tests (including self-administered or home test kits) • Antibody or serology tests when used for diagnostic purposes.
CaliforniaChoice	Based on the carrier coverage
Health Net	During this emergency period, Health Net's benefit plans cover medically necessary serologic (antibody) testing, using AMA approved CPT codes and CDC guidance for appropriate use of FDA approved antibody tests.
Kaiser	Antibody testing at Kaiser Permanente is available at no cost to members. If you decide to get tested through an outside lab, you may need to pay for your test, but you can file a claim form for reimbursement. Please note that Kaiser Permanente will cover the cost of testing only if it was conducted by a licensed provider. Keep in mind that, regardless of where you're tested, Kaiser is not recommending antibody testing outside of research studies at this time because the results are highly variable. If you paid for an antibody test from a licensed, independent facility after March 1, you can file a claim form for reimbursement: Go to kp.org/coverageandcosts. Below "Helpful resources," click "Submit a claim." Below "Claim forms," click the PDF to download (If you're redirected to our Claim Services website, select "Documents and Forms" from the Resources menu and then download the medical claim form.) Fill out the form and then mail it to the address listed on the form. To share your test results with Kaiser Permanente, email a scanned copy to your doctor's office. The report should include your name and at least one other personal identifier, like your date of birth. Go to kp.org and create a new message to your doctor's office using the subject line, "COV19 Antibody Test outside lab report." Click on the "Attach an image" link at the bottom of the message to add your scanned report.
UnitedHealthcare	Antigen tests are diagnostic tests and covered through the national public health emergency when approved by FDA or FDA emergency approval and are ordered by a provider.

COVID-19 Treatment

Question: How is COVID-19 Treatment covered?

Carrier	Response
Aetna	Aetna will waive member cost sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. This policy applies to all Aetna-insured commercial and Medicare Advantage plans and is effective immediately for any such admission through February 28, 2021. Self-insured plan sponsors offer this waiver at their discretion. For more info, click here.
Anthem Blue Cross	Anthem is waiving cost sharing for the treatment of COVID-19 by in-network through January 31, 2021 for members of its fully-insured employer, Individual, Medicare Advantage and Medicaid plans. This includes FDA-approved medications for the treatment of COVID-19 when they become available. We encourage our self-funded customers to participate and these plans will have an opportunity to opt in. For more info, click here.
Blue Shield of California	There are no prior approvals needed for COVID-19 treatment. Blue Shield will waive copays, coinsurance, and deductibles for COVID-19 treatments received between March 1, 2020 – February 28, 2021. For more info, click here.
CaliforniaChoice	This decision is made by each individual carrier.
Health Net	Effective immediately, Health Net will waive member cost sharing for COVID-19 related treatments for all Medicare, Medi-Cal and commercial fully insured members. For more info, click here.

Kaiser Permanente	Testing and diagnosis at Kaiser Permanente are available at no cost to members. In addition to testing available through Kaiser Permanente, you may choose to be tested at an external licensed, independent facility (for example, CVS, Walgreens, Walmart or other retail locations or at a private lab). Many of these facilities bill Kaiser Permanente directly, so you may not have to pay anything out of pocket. But if you are charged, Kaiser Permanente will provide reimbursement with claim submission for the cost of the test as long as it is conducted by a licensed facility. For more info, click here.
UnitedHealthcare	For COVID-19 inpatient treatment, you will have $0 cost-share (copay, coinsurance or deductible) at in-network facilities from Jan. 1, 2021 through Jan. 31, 2021. Beginning Feb. 1, 2021, cost-sharing will be according to your benefit plan. Coverage for out-of-network services will be determined by your benefit plan. For more info, click here.

COVID-19 Vaccine

Question: How will the COVID-19 Vaccine be covered once available?
Note: Once a COVID-19 vaccine is FDA authorized, Centers for Disease Control and Prevention (CDC) will work with state health agencies to determine where the COVID-19 vaccine will be available and distribution priority.

Carrier	Response
Aetna	Aetna will cover COVID-19 vaccine administration fees without cost-sharing, for both in- and out-of-network providers, for Commercial and Medicaid members. For more info, click here.
Anthem Blue Cross	Anthem will waive cost-sharing and coverage for COVID-19 vaccines and their administration for all members in-network or out-of-network within 15 days of their recommendation by either the Advisory Committee on Immunization Practices of the Centers for Disease Control or the U.S. Preventive Services Task Force. For more info, click here.
Blue Shield of California	COVID-19 vaccines will be provided at no out-of-pocket costs to members. Vaccines purchased with U.S. taxpayer dollars will be given to the American people at no cost. Vaccination providers will be able to charge administration fees for giving the shot. These will be paid for by Blue Shield of California or Blue Shield of California Promise Health Plan. Those who receive the vaccine are not allowed to be charged for the vaccine or vaccine administration. For more info, click here.
CaliforniaChoice	This decision is made by each individual carrier.
Health Net	Health Net members will not have any member cost share (deductibles, copayments and coinsurance are waived). Members should contact their primary care physicians or PPG for details on where to receive the vaccine. For more info, click here.

Kaiser Permanente	Kaiser Permanente won't charge its members for the vaccine. Vaccine doses purchased with taxpayer dollars are required by the federal government to be given at no cost. You'll be able to get the vaccine from any facility that has been approved as a COVID-19 vaccine provider by its state department of health. Non–Kaiser Permanente members will also be able to get the vaccine through Kaiser Permanente at no cost. For more info, click here.
UnitedHealthcare	Members will have $0 cost-share at both in- and out-of-network providers through the national public health emergency period. For more info, click here.

Premium Grace Period

Question: Will there be any additional grace period for premium payments in response to COVID-19?

Carrier	Exceptions
Aetna	Aetna current contracts already include a provision for a grace period (31 days) for those struggling to meet monthly payments. If questions on this, Aetna Billing can be reached at **1-800-343-6101**
Aetna Funding Advantage (NV)	The Aetna Answer Team (**1-800-343-6101** or WestAAT@aetna.com) will work with each individual plan sponsor to determine an appropriate payment plan for their circumstances. Payment plans would apply to the stop loss premium, ASC fees and maximum claim funding.
Anthem Blue Cross	Grace period is included in the Anthem policy and they will adhere to mandates and /or regulatory direction regarding grace period. Groups unable to make premium can call Anthem at **855-854-1429**.
Blue Shield of California	For customers who are having difficulty paying their monthly premiums, the company is offering a variety of ways to help. Blue Shield introduced a flexible payment program for the Individual and Family Plan and Medicare Supplement plan members, and Small Business groups. These members and groups may use the flexible payment program for up to two months during the months of April, May, June, July, August, and September 2020. Please reach out to Blue Shield billing at 800-325-5166 if any question on billing
CaliforniaChoice	If customers are having trouble making payments, they should reach out to customer service (800-558-8003). CaliforniaChoice will evaluate payment extensions on a case-by case basis.
Health Net	No change to 30-day grace period policy for employer groups. Health Net requires full payment of premium for employees covered. Employers may choose to adjust their premium remittance for current terminations as long as they: 1. do not terminate employees retroactive to the current invoice remittance, and 2. clearly identify on their remittance, the employees who will remain active on their payroll, so Health Net can appropriately and timely process any terminations. 3. Remit the "true" amount which is Current Due total less terminated employees
Kaiser Permanente	Kaiser Permanente is following the California Insurance Commissioner's recommendation of suspending terminations for a 60-day grace period. Kaiser Permanente understands the financial impact that COVID-19 has had on our customers, members, and communities. Kaiser billing can be reached at **800-790-4661**.
UnitedHealthcare	UnitedHealthcare will review on case-by-case basis. Call **888-842-4571** to discuss payment options.

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Leave or Reduction of Hours

Question: Can employers continue to offer coverage to employees if there is a reduction of hours below full time or employees are not actively at work in response to COVID-19?

Note: Coverage must be offered and maintained on non-discriminatory basis

Carrier	Response
Aetna/Aetna Health Advantage (NV)	Your employees can maintain their coverage on your Aetna plans so long as (1) the reduction in hours/lay off is a temporary measure resulting from the COVID-19 pandemic; (2) you continue to pay your monthly bill and (3) you do not terminate the employee(s). This option is available to customers until March 31, 2021.
Anthem Blue Cross	Anthem's requirement for employees to be actively working in order to be eligible for coverage will be relaxed through March 31, 2021 as long as the monthly premium payment is received.
Blue Shield of California	The terms of the group service agreement continue to apply to employee eligibility for coverage. Please refer to your agreement, and note that there are provisions in most group service agreements that may allow for continued coverage for members who are impacted by a temporary suspension of work or temporary reduction of hours in certain circumstances (such as a layoff, furlough, or approved leave of absence), if permitted under the employer's policies regarding coverage, under the following conditions: • If the subscriber ceases active work because of a disability due to illness or bodily injury, or because of an approved leave of absence or temporary layoff, payment of dues for that subscriber shall continue coverage in force in accordance with the employer's policy regarding such coverage. • If the employer is subject to the California Family Rights Act of 1991 and/or the Federal Family & Medical Leave Act of 1993, and the approved leave of absence is for family leave pursuant to such Acts, payment of dues for that subscriber shall keep coverage in force for the duration(s) prescribed by the Acts. The employer is solely responsible for notifying employees of the availability and duration of family leaves.
CaliforniaChoice	As long as the group and employees are current on their monthly payments, CaliforniaChoice will allow employees that would otherwise have lost eligibility to remain on the plan. COBRA is available to employees where there is an active employer policy.
Health Net	Through March 31, 2021, Health Net is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow employers to cover their reduced-hour employees, as long as employers pay the monthly premium
Kaiser Permanente	As long as the group and employee are current on their monthly payments, Kaiser Permanente will allow employees that would otherwise have lost eligibility to remain on the plan.

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UnitedHealthcare	UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as you pay the monthly premium. If the employee is on a customer approved leave of absence/furlough and the customer continues to pay required medical premiums, and the employee was eligible for and enrolled in coverage before the absence/furlough, the coverage will remain in force the later of the end of the public health emergency, or no longer than 20 consecutive weeks after the public health emergency for non-medical leaves (i.e., temporarily laid off) or no longer than 26 consecutive weeks for a medical leave.

Rehire Eligibility

Question: If an employee is terminated from policy, what are requirements for waiting period if rehired?

Carrier	Response
Aetna/Aetna Funding Advantage (NV)	Through March 31, 2021, we are prepared to support changes to the waiting period rules. Any change in the waiting period rules that extends into the next plan year will be considered in the renewal.
Anthem Blue Cross	If the employee is rehired or converted to actively at work within 60 days of termination or date of furlough (in normal times it is 30 days, but we will extend to 60 days for enrollment receipt dates through March 31, 2021), the standard will be to reinstate as of the original effective date. This means: • No break in coverage • Employer is responsible for back-payment of one or two months of premium • Deductible and OOP accumulators do not reset – it is as if the member never left the plan at all If employee is rehired or converted to actively at work within 60 days of termination or date of furlough and the employer's eligibility rules do not permit the employee to be reinstated as of the original effective date: • Employer will need to let us know what effective date to use – would either be rehire date or some date in the future • Employer not responsible for back-payment of premium • Results in break in coverage • Deductible and OOP accumulators reset, unless terms of benefit booklet or certificate specifically state otherwise If employee is rehired or converted to actively at work between 61-92 days (or 61-365 days for Maine groups) of termination: • Employee will not need to satisfy the waiting period again • Employer will need to let us know what effective date to use – would either be rehire date or some date in the future • Employer not responsible for back-payment of premium • Results in break in coverage • Deductible and OOP accumulators reset, unless terms of benefit booklet or certificate specifically state otherwise • If employee is rehired after the expiration of the periods above, the answers are the same, except the employee will need to satisfy any applicable waiting period, or where permitted, join via an earlier open enrollment period. Note that Employer Access/Portal is not designed to process requests outside of the normal processes. All COVID-19 rehire requests must be submitted via paper. The employer must clearly state on the application/spreadsheet or email that the request is due to Qualifying Event: COVID-19.
Blue Shield of California	Blue Shield standard provision allows for waiving of waiting period if rehired within six months of cancellation of coverage
CaliforniaChoice	CaliforniaChoice will allow the group to define the waiting period when the employee returns to work

Health Net	Health Net will waive the normal waiting period for rehired employees. Employees rehired by March 31, 2021 will not be subject to a waiting period. Rehired employees must submit a new enrollment form. Please write "COVID-19 SEP" on the enrollment form.
Kaiser Permanente	Kaiser Permanente will allow the group to define the waiting period when the employee returns to work, with no minimum, but no greater than 90 days.
UnitedHealthcare	Please follow your own company eligibility policies for rehire. UnitedHealthcare will waive any rehire waiting period for re-hired employees

COBRA Premiums

Question: COBRA coverage cannot be canceled for late or delinquent payment from 3/1 through the conclusion of the pandemic. When HHS declares the pandemic to be over, COBRA participants will have 30 days to make all retroactive payments for COBRA premiums. If they don't, they'll be retroactively canceled. How are the carriers administering this?

Note: Groups may have additional COBRA compliance obligations related to the extended COBRA deadlines and should consult their attorneys or compliance advisors regarding any legal or compliance questions.

Carrier	Response
Aetna/ Aetna Funding Advantage (NV)	Pending Response
Anthem Blue Cross	Timeframes are suspended until 60 days after the end of the National Emergency or Outbreak Period. After this 60-day period, Anthem will start counting days against timeframes. Because each situation may be different, Anthem recommends submitting information as soon as possible.

Blue Shield of California	If a group wants to keep a COBRA enrollee's coverage in force, the group is required to pay the applicable premium. If the group has not received the premium payment from the COBRA qualified beneficiary, Blue Shield will not make an exception to this requirement. In this case, the group would have two options: (1) Pay the premium on behalf of the COBRA enrollee to keep the coverage in force and try to collect the premium from the COBRA enrollee; or (2) Disenroll the COBRA enrollee until the COBRA enrollee pays the applicable COBRA premium, at which point the group could seek to retroactively enroll the individual. If a group follows option (1) and the COBRA enrollee fails to timely pay the required COBRA premium, the group may want to retroactively disenroll the individual and obtain a refund of the premium paid on the individual's behalf. A group's ability to request retroactive disenrollment and obtain a premium refund is defined in the group agreement. Blue Shield's group agreements generally limit retroactive disenrollment requests to a period of 60 or 90 days (groups should check their agreements for the applicable limitation). Blue Shield will not make exceptions to permit retroactive disenrollment going back further than what is permitted under the group's agreement, even if the retroactive disenrollment is related to the extended COBRA deadlines. For option (2), Blue Shield will extend retroactive enrollment timelines beyond the current limitations in our group agreements to permit employers to make retroactive enrollments that are required to comply with the extended COBRA deadlines. For example, if an employer delays enrollment of a COBRA qualified beneficiary who has elected COBRA continuation coverage until the individual provides timely payment of the applicable COBRA premiums, Blue Shield will permit retroactive enrollment even if requested going back further than the retroactive enrollment period stated in the applicable group agreement. Similarly, if an employer group chooses to disenroll an individual who has delayed payment of COBRA premiums based on the extended premium payment deadline, and the group later wants to re-enroll the individual retroactively after receipt of the applicable COBRA premium payments, Blue Shield will permit the retroactive enrollment even if it exceeds the retroactive enrollment period stated in the applicable group agreement. In all cases, for Blue Shield to process the retroactive enrollment, the group would need to pay all applicable premiums for the period of retroactive enrollment
CaliforniaChoice	At this time, the group must continue to pay Choice as billed. If the member is retroactively terminated and payment has been made to Choice, the premium would be returned to the group via a credit on their invoice.

Health Net	Health Net will comply with the DOL and IRS guidelines related to COBRA extension during the COVID19 outbreak period. We will be working through the operational implications of administering COBRA extension eligibility and claims adjudication, and will update you when we finalize our exception process. Please note that employees and dependents who lose coverage under the employer plan have affordable alternatives to COBRA, including Health Net's Individual and Family Plans with subsidies through Covered California which could reduce their costs.
Kaiser Permanente	In general, Kaiser Permanente relies on the group to determine special enrollment period (SEP) and COBRA eligibility and/or to make enrollment decisions. Kaiser Permanente will look to groups to administer the COBRA election notice and termination under the Joint Notice unless Kaiser Permanente provides COBRA administration to your group health plan. Kaiser Permanente will process enrollments and terminations as provided by groups, and we will remove administrative controls that would limit the groups' ability to comply (i.e., retroactivity limits on enrollment and auto-termination for COBRA premium non-payment) until the outbreak period ends.
UnitedHealthcare	If the participant defers payment and does not make payments during Outbreak Period, claims may be denied until the premium payments are made. COBRA Participants who defer making payments during the Outbreak Period will be able to activate coverage at any time prior to 30 days after the end of the Outbreak Period. They will be required to pay for months covered, even though payments may be deferred during the Outbreak Period. Any premium balance owed would be due 30 days at end of Outbreak Period. Groups are not responsible for COBRA premium. If the group collects the premium, and the qualified beneficiary cannot pay the premium, then the coverage terminates. Under the Final Rule, the plan can require that all premiums be paid within 30 days of the end of the Outbreak.