COVID-19 Changes

In light of COVID-19 and the recently enacted CARES ACT and LDI Emergency Rule 40, the Office of Group Benefits (OGB) will make the following changes to its benefit offerings, plans, and procedures:

1. Extend the healthcare FSA run-out period to June 30, 2020 (for Plan Year 2019);
2. Allow members to increase or decrease their dependent care contributions. Decreases cannot exceed the amount the member has already contributed to his or her dependent care FSA;
3. Include over-the-counter (OTC) medications as eligible expenses* under the healthcare FSA or HSA plans without a doctor’s prescription**. All expenses incurred after December 31, 2019 qualify, and the provision has no expiration date;
4. Menstrual care products are now considered a qualified medical expense and are eligible for payment or reimbursement through an FSA or HSA. All expenses incurred after December 31, 2019 qualify, and the provision has no expiration date;
5. HSA-qualified health plans can now cover telehealth and other remote care service expenses prior to a plan participant meeting the HDHP deductible limit, or at no or low-cost sharing, without affecting an account holder’s ability to continue contributing to their HSA. This provision will last until December 31, 2021; and
6. Halt policy cancellations (and collections) for non-payment of health or life premiums (Louisiana Department of Insurance Emergency Rule 40).

For more on the CARES Act, click here.

For more on LDI Emergency Rule 40, click here.

If you have questions, please reach out to OGB customer service at 1-800-272-8451 or OGB.customerservice@la.gov.

*At this time, the Pelican HRA 1000 plan document does not allow for coverage of OTC medications, menstrual care products, or for reimbursement of any Internal Revenue Code Section 105(b) medical expenses. This means the OTC and menstrual product coverage provisions of the CARES Act are inapplicable to Pelican HRA 1000 enrollees.

**These changes apply to pre-existing accounts.