**Coverage after PHE (*alternatives based on customer options*)**

You may need to customize the member flyer based on your specific PHE and post-PHE coverage. The flyer includes the standard PHE and post-PHE benefits. You can cut and paste the wording below, based on your coverage intentions. The wording below is from the Options Guide. Select the appropriate option below based on your selections.

**COVID-19 Vaccines**

Option 1:

Cover ACIP recommended and CDC adopted COVID-19 vaccine and booster serum and administration as part of preventive benefits at zero-dollar cost share, when in- or out-of-network.

Option 2:

Cover ACIP recommended and CDC adopted COVID-19 vaccine and booster serum and administration as part of preventive benefits at zero-dollar cost share, when in-network and at plan benefits when out-of-network.

Option 3:

Cover ACIP recommended and CDC adopted COVID-19 vaccine and booster serum and administration as part of preventive benefits at plan benefits when in- or out-of-network.

**COVID-19 OTC Tests**

Option 1:

Cover OTC test at zero-dollar cost share, under medical and/or pharmacy.

Option 2:

Cover OTC test at plan benefits, under medical and/or pharmacy.

**COVID-19 Lab Tests**

Option 1:

Cover FDA approved or authorized COVID-19 lab testing and testing-related visits for covered services at zero-dollar cost share, when in-network only.

Option 2:

Cover FDA approved or authorized COVID-19 lab testing and testing-related visits for covered services at zero-dollar cost share, when in- or out-of-network.

**COVID-19 Treatment**

Option 1:

Cover COVID-19 treatment at zero cost-share when in- and out-of-network.

Option 2:

Cover COVID-19 treatment at zero cost-share, when in-network only.

**Telehealth**

Option 1:

Cover telehealth visits with cost share (copayments, coinsurance, deductibles).

Option 2:

Cover telehealth visits at zero-cost share.

Option 3:

Telehealth visits are not covered.

**Telemedicine**

Option 1:

Cover telemedicine visits with cost share (copayments, coinsurance, deductibles).

Option 2:

Cover telemedicine visits at zero-cost share.

Option 3:

Telehealth visits are not covered.