

Important: Covered persons impacted by Hurricane Helene or Hurricane Milton may have more time to complete certain claims and appeals transactions

The U.S. Department of Labor (DOL) is providing temporary relief to workers and their families whose access to their job-based health plan coverage benefits may be affected by Hurricane Helene or Hurricane Milton.

The DOL relief period directive temporarily extends standard deadlines for claims and appeals filings for covered individuals in FEMA-designated Hurricane disaster areas.

Relief Period disaster areas designated as eligible for Individual Assistance by FEMA	Relief Period Begin Date	Relief Period End Date
Florida because of the devastation caused by Hurricane Helene	September 23, 2024	May 1, 2025
Georgia because of the devastation caused by Hurricane Helene	September 24, 2024	May 1, 2025
North Carolina , South Carolina , and Virginia because of the devastation caused by Hurricane Helene or Tropical Storm Helene	September 25, 2024	May 1, 2025
Tennessee because of the devastation caused by Tropical Storm Helene	September 26, 2024	May 1, 2025
Florida because of the devastation caused by Hurricane Milton	October 5, 2024	May 1, 2025

Covered individual means a participant, beneficiary, qualified beneficiary, or claimant directly affected by Hurricane/Tropical Storm Helene or Hurricane Milton:

- who resided, lived, or worked in one of the disaster areas at the time of the hurricane or tropical storm; or
- whose coverage was under an employee benefit plan that was directly affected.

Deadline extensions

A covered individual may be eligible for a claim or appeal filing extension. If any portion of a standard deadline to submit a claim or appeal falls in the relief period, a covered individual may have additional time to submit a claim or appeal under a plan subject to ERISA, such as a group health plan (including pharmacy, dental, vision, and FSAs).

Examples of Extended Deadlines

Example 1: Claim for medical treatment under a group health plan – claim incurred prior to the Relief Period

Q: Individual D lives in Caldwell County, North Carolina and is a participant in a group health plan. On October 15, 2023, Individual D received medical treatment for a condition covered under the plan, but a claim relating to the medical treatment was not submitted until October 20, 2024. Under the plan, claims must be submitted within 365 days of the participant's receipt of the medical treatment. Was Individual D's claim timely?

A: Yes. Absent this relief, the last day for Individual D to submit a claim was October 14, 2024. For purposes of determining the 365-day period applicable to Individual D's claim, the Relief Period is disregarded [that is, the counting of 365 days is paused during the disaster relief period]. As of the first day of the Relief Period, Individual D had 19 days to file the claim (September 25, 2024, through October 14, 2024). Therefore, Individual D's last day to submit a claim is 19 days after May 1, 2025, which is May 20, 2025, so Individual D's claim was timely. If the plan has already denied Individual D's claim as untimely, the claim may have to be resubmitted and, if the claim is fully or partially denied, the plan may need to send an updated adverse benefit determination.

Example 2: Claim for medical treatment under a group health plan – claim incurred during the Relief Period

Q: Individual F lives in Caldwell County, North Carolina and is a participant in a group health plan. On September 30, 2024, Individual F received medical treatment for a condition covered under the plan, but a claim relating to the medical treatment was not submitted until April 11, 2025. Under the plan, OON claims must be submitted within 180 days after services are provided. Was Individual F's claim timely?

A: Yes. Absent this relief, the last day for Individual F to submit a claim was March 29, 2025. For purposes of determining the 180-day period applicable to Individual D's claim, the Relief Period is disregarded [that is, the counting of 180 days is paused during the disaster relief period]. Under the terms of the plan, Individual F had 180 days to file the OON claim (September 30, 2024, through March 29, 2025). Due to the Relief Period extensions, Individual F's last day to submit a claim is 180 days after May 1, 2025, which is October 28, 2025, so Individual F's claim was timely. If the plan has already denied Individual F's claim as untimely, the claim may have to be resubmitted and, if the claim is fully or partially denied, the plan may need to send an updated adverse benefit determination.