

2021 NOTICE OF CHANGES AND CLARIFICATIONS Large Group HMO Member Certificate and Plans

Group Health Cooperative of South Central Wisconsin (GHC-SCW) continually monitors Federal and State rules and regulations to ensure our plan design and benefits are compliant. Certain changes and clarifications outlined below reflect ongoing requirements of the Patient Protection and Affordable Care Act and other changes to Federal and State rules and regulations.

This **Notice of Changes and Clarifications** provides a list of significant Certificate Clarifications, Benefit Changes, and Cost-Sharing Changes to GHC-SCW's 2021 Large Group HMO plans with an effective date on or after January 1, 2021. A **Certificate Clarification** does not affect coverage of a Covered Health Service, but aims to clarify and improve understanding of GHC-SCW's Member Certificate. A **Benefit Change** means that coverage of a Covered Health Service has been modified. Benefit Changes communicate either an enhancement to, or reduction of, Covered Health Services. A **Cost-Sharing Change** communicates a change to a Member's out-of-pocket cost for a covered Benefit. A Cost-Sharing Change does not result in a change to the Benefit covered, only the cost of utilizing such Benefit. **Not all communicated Cost-Sharing Changes will affect all plans.**

2021 CERTIFICATE CLARIFICATIONS		
Benefit	Prior Language or Purpose of Clarification	2021 Certificate Clarification
General Revisions	Style and Clarity	We continually review our Certificates for ways to improve communication with our Members. We have added modified, reformatted, and/or reordered definitions, headings, and other language for style consistency and clarity.
Outpatient Prescription Drugs	To clarify Pharmacy Policy, which based on Medical Necessity, excludes coverage of brand-name drugs that have an available "authorized generic", a generically branded drugs that, unlike a typical generic, shares the exact composition as the corresponding brand-name drug.	The following language has been added to the "Non-Covered Health Services" section of the Outpatient Prescription Drugs Benefit: "Any brand-name drug that has an available "authorized generic". For purposes of this section, authorized generic means a generic product marketed under a brand-name drug's New Drug Application submitted to the FDA."
General Revisions to Article II: Coverage	To clarify existing GHC-SCW Policy on Third-Party Premium Payments.	A new Section has been added to Article II: Coverage, regarding Third-Party Premium Payments. Except under limited circumstances, GHC-SCW does not accept premium payments made directly or indirectly (indirect payments include, for example, a third party making a check out to or otherwise paying an enrollee to enable the enrollee to make a payment) by third parties on behalf of enrollees of its health plans.

2021 BENEFIT CHANGES			
Benefit	Plan Type	2020 Benefit	2021 Benefit Change
Couples Counseling	All Plans	Under certain circumstances, Couples Counseling was previously covered under the Mental Health and Substance Use Disorder (SUD) Services benefit.	2021 plans will no longer cover Couples Counseling. Couples Counseling has been added to the list of Non-Covered Health Services under the Mental Health and Substance Use Disorder (SUD) Services benefit.

2021 COST-SHARING CHANGES		
Benefit	Plan Type	2021 Cost-Sharing Change
ACA Maximum Out-of-Pocket (MOOP)	All Plans with an \$8,150 Individual MOOP	The ACA Maximum Out-of-Pocket (MOOP) for an Individual is increasing from \$8,150 to \$8,550. Based on plan benefit design, plans with an \$8,150 Individual MOOP will be increasing to \$8,550. Family MOOPs will also reflect an increase. See Benefit Summary for specific Family MOOPs, as applicable. 2020 Individual ACA MOOP: \$8,150 2021 Individual ACA MOOP: \$8,550

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2021 COST-SHARING CHANGES (continued)		
Benefit	Plan Type	2021 Cost-Sharing Change
Durable Medical Equipment (DME)	All Plans (except for HSA-eligible High Deductible Health Plans (HDHP))	DME Cost-Sharing for In-Network Services will be aligned to GHC-SCW's standard DME Cost-Sharing of 20% Coinsurance. The Deductible, if applicable, does not need to be met first.
High Deductible Health Plan (HDHP) Maximum Out-of-Pocket (MOOP)	All HSA-eligible High Deductible Health Plans (HDHP) with a \$6,900 Individual MOOP	The High Deductible Health Plan (HDHP) (HSA-eligible) Maximum Out-of-Pocket (MOOP) for an Individual is increasing from \$6,900 to \$7,000. Based on plan benefit design, High Deductible Health Plans (HDHP) (HSA-eligible) with a \$6,900 Individual MOOP will be increasing to \$7,000. Family MOOPs will also reflect an increase. See Benefit Summary for specific Family MOOPs, as applicable. 2020 Individual HDHP MOOP: \$6,900 2021 Individual HDHP MOOP: \$7,000
Mammogram (Non-Preventive)	All Plans	Non-preventive (diagnostic) Mammogram Cost-Sharing previously aligned with the X-ray/Diagnostic Imaging benefit. Mammogram imaging technology has advanced to the point where these services are now considered Advanced Radiology. Non-preventive (diagnostic) Mammogram Cost-Sharing will be aligned to the Advanced Radiology benefit

For a complete description of services and coverage, please refer to your 2021 Large Group HMO Member Certificate, Benefit Summary, Summary of Benefit and Coverage ("SBC"), Formulary, and any applicable Amendments. Your plan documents are available at <http://planfinder.ghcscw.com/>.