



Changes to Group Certificates for 2024 Renewal

Improved transparency in Summary of Benefits and Coverage (SBC) by: <ul style="list-style-type: none">• Adding “deductible does not apply” in various locations to clearly indicate when the deductible does not apply based on plan selected; and,• Clarifying under limitations for diagnostic tests and imaging that prior authorization may be required.
Added coverage for over-the-counter hearing aids. Dollar and frequency limits may apply.
Revised panniculectomy exclusion. May be covered following weight loss if medically necessary.
Modified language to support covering services provided via care management programs.
Added general exclusions for “wart removal” and “services not rendered.”
Updated hair removal exclusion to cover if authorized by Quartz for covered gender-affirming care.
Updated coverage at \$0 for the following preventive services: <ul style="list-style-type: none">• Removed requirement to cover aspirin to prevent cardiovascular risk;• Added screening for anxiety for individuals aged 8-18;• Allowed repeat screening for type 2 diabetes six months post-partum for individuals with positive screening test in early post-partum period;• Added COVID-19 vaccinations; and,• Changed upper age limit for HIV screening from 18 to 21.
Clarified that: <ul style="list-style-type: none">• Sublingual allergy treatment is covered if FDA-approved and on the formulary;• Medical benefit drugs are no longer listed in the formulary;• Glucometers and continuous glucose monitors may be covered under the pharmacy, rather than medical, benefit; and,• Quartz plans cover one initial contact lens per eye for specific reasons when medically necessary.
Removed age limits for initiating treatment of autism spectrum disorder.
Revised to support using Cigna for the PPO network and wrap network for HMO and POS plans. <ul style="list-style-type: none">• Allowed Cigna to perform medical necessity determinations & process appeals in certain situations.• Removed requirement that member go in-network for certain services under a PPO or POS plan.• Updated prior authorization lists for PPO and out-of-area services under HMO and POS, and instructions for how a member can locate the correct list.• For HMO and POS plans, allowed that out-of-network referrals and prior authorization requests come to Quartz first but may be redirected to Cigna if provider is outside Quartz service area.
Added a new special enrollment period for individuals voluntarily losing other group coverage during the annual open enrollment period of another employer group health plan.
Clarified that “Extension of Coverage Due to Total Disability” applies only when group policy terminates (not certificate).
Clarified that legal wards of covered spouses are eligible for coverage.
For small group plans, removed language stating Quartz will coordinate benefits with Medicare when a member is eligible for Medicare, even if they did not enroll.
Updated Continuity of Care language to more clearly comply with requirements of the No Surprises Act.
Revised Group Master Policy Agreements to assume responsibility for groups’ compliance with Air Ambulance reporting requirements and submitting the annual Gag Clause Prohibition Compliance Attestation for fully insured groups; updated language to clearly state that group is responsible for providing employer vs. member-paid premium information to Quartz for prescription drug reporting.