Quartz

Summary of Changes to Group Certificates for 2025 Renewal

This is a non-exhaustive list. Please see your Certificate of Coverage to review all changes.

Removed certain restrictions on bone anchored hearing aid coverage. Coverage is provided for all medically necessary bone anchored hearing aids.
Removed the requirement that in-network prescription drug claims be submitted electronically for benefits to be payable.
Added language to the Summary of Benefits and Coverage (SBC) and Schedule of Benefits (SOB) to accommodate plans with a six-tier drug formulary.
Added a definition for gender dysphoria and modified language surrounding gender dysphoria and gender-affirming service to clarify covered services.
Added an exclusion for the clinically-administered drug delandistrogene moxeparvovec-rokl (Elevidys).
Added an exclusion for hair transplantation.
Updated contact numbers for: • Obtaining prior authorization on prescription drugs - (800) 496-7509; and, • Filing an appeal - (608)644-3416 or Toll Free (866)569-3426.
Added a $20,000 annual limit on claims for emergency services obtained or provided outside of the 50 United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Non-emergency services obtained or provided outside of the country remain non-covered services.
Clarified that standard allergy testing (excluding sublingual allergy testing) is a covered benefit under diagnostic testing.
Reinforced that an individual did not need to be covered under the current policy at time of injury to a sound natural tooth for benefits to be payable for extraction and replacement.
Added language to reiterate that treatment, services, and supplies that exceed any maximum benefit limit specified in the policy (e.g., a visit limit) are not covered.
Modified continuity of care (COC) language in Certificates to clarify that COC rights provided under the No Surprises Act are in addition to state-specific COC requirements which could end sooner.
Clarified: • Breast reconstruction is covered when functional impairment results from a congenital defect; • For HMO and PPO plans, where an employee must reside to be eligible, by directing members to the applicable online map; • That the Out-of-Area Dependent Rider for the HMO plan does not cover specialist care; and, • For plans with an embedded deductible, benefits will start to pay for a member once they have met the individual deductible, even if the family deductible has not been met.