# 2024 *Group Agreement* Summary of Changes and Clarifications Notice For Effective Dates from January 1, 2024, through December 1, 2024

This *Group Agreement Summary of Changes and Clarifications Notice ("Notice")* includes a summary of the changes and clarifications that will be effective when your *Group Agreement* ("*Agreement*") is renewed in 2024 ("*2024 Agreement")*, unless a different effective date is stated. Unless otherwise indicated, the changes and clarifications described here apply to each type of coverage that will be effective upon renewal of your *Agreement*.

## Global Changes to the *Agreement*, including *EOC* documents

### 988 Crisis Services (AB 988)

***For consistency with state law effective January 1, 2023,*** *we have updated the "Services from Non-Plan Providers" section under "Behavioral Health Treatment for Autism Spectrum Disorder," "Mental Health Services," and "Substance Use Disorder Treatment" in non-Medicare EOCs to explain that we cover behavioral health crisis services provided to an enrollee by a 988 center, mobile crisis team, or other provider of behavioral health crisis services, regardless of whether the service is provided in-network or out-of-network, without prior authorization.*

### Abortion and Abortion-Related Services (SB 245)

***In accordance with state law effective January 1, 2023,*** *Cost Share for abortion and abortion-related Services is no charge in all plans (except that these Services are subject to the Plan Deductible in HSA-Qualified High Deductible Health Plans). In conjunction with this change, in non-Medicare EOCs we have restructured the "Family Planning Services" section, and changed the name of this section to "Reproductive Health Services."*

### CARE Courts (SB 1338)

***For consistency with state law effective January 1, 2023,*** *we have added a new section titled "CARE Plans" to the "Cost Share Summary" section of non-Medicare EOCs to explain that we cover health care services required under a court-approved Community Assistance, Recovery, and Empowerment ("CARE") plan at no cost and without prior authorization, with the exception of prescription drugs.*

### Contraceptive Equity (SB 523)

***For consistency with state law effective January 1, 2023,*** *we have expanded contraceptive coverage to all enrollees. In accord with this change, we have made the following changes:*

- *Removed the limitation that contraceptives are "for women" from the "Contraceptive drugs and devices" table in the "Cost Share Summary" section of non-Medicare EOCs*
- *We have removed the verbiage "when prescribed by a Plan Provider" from the "Contraceptive Drugs and Devices" table in the "Cost Share Summary" section of non-Medicare EOCs, for consistency with other tables in the Cost Share Summary. Drugs still require a prescription, as specified in the "Outpatient Prescription Drugs, Supplies, and Supplements" section, except for over-the-counter contraceptives*
- *Added language clarifying how enrollees may obtain a 365-day supply of contraceptives under "Day supply limit" in the "Outpatient Prescription Drugs, Supplies, and Supplements" section of non-Medicare EOCs*

### Contraceptive Gel

***In accord with ACA FAQ part 51****, we added a disclosure to the "Contraceptive drugs and devices" table in the "Cost Share Summary" section of non-Medicare EOCs that we cover contraceptive gel, which is a new type of contraceptive.*

### No Surprises Act

*We have made the following changes to non-Medicare EOCs* ***for the purpose of compliance with the federal No Surprises Act****:*

- *Throughout EOCs, we have added the term "independent freestanding emergency department," and used more general language to refer to the facilities at which post-stabilization care may be provided*
- *Under "Definitions," we have updated the definition of "Charges" to include the recognized amount under the No Surprises Act*
- *Under "Definitions," we have updated the definition of "Emergency Services" to include post-stabilization care that is considered emergency care under federal law*
- *Under "Definitions," we have updated the definition of "Post-Stabilization Care" by moving a portion of the text previously printing under "Post-Stabilization Care" in the "Emergency Services and Urgent Care" section into this definition*
- *Under "Post-Stabilization Care" in the "Emergency Services and Urgent Care" section, we have explained when post-stabilization care may be considered emergency care, and that a member may consent to waive balance billing protections under the No Surprises Act*
- *Under "Payment and Reimbursement" in the "Emergency Services and Urgent Care" section, we have deleted the word "Emergency" to align with current policy. This policy also covers Post-Stabilization Care and Out-of-Area Urgent Care as described earlier in the paragraph*

### Post-Stabilization Care

***To reflect a new arrangement with Cigna Payer Solutions****, under "Post-Stabilization Care" in the "Emergency and Urgent Care" section of the EOC, we have revised language to describe the circumstances under which Cigna Payer Solutions is responsible for authorizing any necessary post-stabilization care. In accord with this change, we have also added two new defined terms to the "Definitions" section of non-Medicare EOCs: "Cigna PPO Network" and "Kaiser Permanente State."*

### Reproductive Health Equity (AB 2134)

***For consistency with state law effective January 1, 2023,*** *under "Outpatient prescription drugs, supplies and supplements exclusions" and "Reproductive health Services exclusions" in religious employer non-Medicare EOCs that do not include coverage for contraception, we have added a notice stating that additional services may be available through the California Reproductive Health Equity Program.*

## Global Clarifications to the *Agreement*, including *EOC* documents

### Deductibles and Out-of-Pocket Maximums

In the "Cost Share Summary" section of non-Medicare *EOCs*, we have made the following change for clarity:

- When we provide an allowance for supplemental hearing aids or eyewear, the Cost Share Summary will say that those services don't apply to the out-of-pocket maximum because there is never any out-of-pocket cost for covered Services
- When pediatric eyewear is covered at no charge, the Cost Share Summary will say that those services don't apply to the out-of-pocket maximum because there is never any out-of-pocket cost for covered Services

### Drug Tiers

We have revised the description of drug coverage for clarity. In the "Cost Share Summary" section of non-Medicare *EOCs*, we now refer to the tiers as "Tier 1," "Tier 2," and "Tier 4" to align with how tiers are presented in the drug formulary. We have revised the definition of these tiers under "About the drug formulary" in the "Outpatient Drugs, Supplies, and Supplements" section for consistency with the descriptions used in the drug formulary. Also in that section, we have revised the "Day supply limit" and "About the drug formulary" sections to align with similar disclosures in the drug formulary.

### Gender Inclusivity

Throughout *EOC*s, we have made several changes for the purpose of gender inclusivity, including the following:

- Changed the term "breast pump" to "milk pump" and changed "breastfeeding supplies" to "lactation supplies"
- Changed sterilization language to reference gender assigned at birth
- Eliminated other unnecessary gendered references

These changes are for clarity and do not have an impact on the scope of services that are covered or the people who may obtain services.

### Infertility Definition

In the "Definitions" section of *EOCs*, we have added the defined term "Infertility." This definition replaces the definition that previously appeared under "Diagnosis and treatment of infertility" in the "Fertility Services" section. This is a clarification to *EOC* language only and does not affect coverage under the plan.

### Newborn Coverage

Under "If you have a baby" in the "Who is Eligible" section of *EOCs*, we have removed language stating that the automatic coverage period for a newborn would be terminated if the newborn was enrolled in another plan, to align with operational practice. Enrollment in another plan would not affect the 31-day period of automatic coverage for a baby. This is a clarification to *EOC* language only and does not reflect a change in practice.

### Nonduplication Agreement

We have added a new section to *Group Agreements* entitled "Nonduplication Agreement" which outlines the responsibilities we have agreed to undertake for the purpose of complying with the federal regulations related to Transparency in Coverage, Prescription Drug and Health Care Cost reporting, and the No Surprises Act. A group may satisfy its obligations with respect to certain reporting and other transparency activities by entering into a written agreement with a group health plan to perform such activities.

### Premium Due Date

Under "Cal-COBRA enrollment and Premiums" and "Termination for nonpayment of Cal-COBRA premiums" in group *EOCs*, we have clarified that premium payments for the upcoming month of coverage are due on the last day of the preceding month.

### Reductions

Under "Injuries or illnesses alleged to be caused by other parties" in the "Reductions" section of *EOCs*, we have clarified the sources from we may obtain judgment or settlement proceeds to secure our right to reimbursement for Services provided when another party allegedly caused an injury or illness. This is a clarification to *EOC* language only and does not reflect a change in practice.

### Retiree Coverage

We have revised the disclosure under "Members with Medicare and Retirees" about eligibility of retirees so that the exception for guaranteed associations appears in all *EOCs*. This ensures that an accurate disclosure about the eligibility of retirees is provided if an employer is a member of a guaranteed association during that plan year.

### Telehealth Visits (AB 457)

For consistency with state law effective January 1, 2022, under "Telehealth Visits" in the "Benefits" section of non-Medicare *EOCs*, we have clarified that Members are not required to use Telehealth Visits and may choose to receive in-person services instead. We have also clarified that if a Member visits a Plan Provider that offers Services exclusively through a telehealth technology platform and has no physical location at which they can receive Services, they may access their medical record of the Telehealth Visit and, unless they object, such information will be added to their Health Plan electronic medical record and shared with their Primary Care Physician.

### Travel and Lodging

We have moved the "Travel and lodging for certain referrals" section of *EOCs* from the "Getting a Referral" section into a separate section, and changed the heading to "Travel and Lodging for Certain Services." This is because some services that qualify for travel and lodging do not require a referral. Additionally, we have added a bullet point to the list of examples of when we may arrange or provide reimbursement for certain travel and lodging expenses that reads "If you are outside of California and you need an abortion on an emergency or urgent basis, and the abortion can't be obtained in a timely manner due to a near total or total ban on health care providers' ability to provide such Services." These changes do not constitute changes in policy, but clarifications in the *EOC*.

### Weight Loss Aids

We have updated the heading "Oral nutrition" in the "Exclusions" section to read "Oral nutrition and weight loss aids." This paragraph was revised for clarity only; weight loss aids were already listed in this exclusion. Weight loss aids are weight loss programs and do not include weight loss drugs.