

## 2023 NOTICE OF COST-SHARING AND BENEFIT CHANGES

### 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 Cost-Sharing and Benefit Changes** provides a list of significant Certificate Clarifications, Benefit Changes, and Cost-Sharing Changes to GHC-SCW's 2023 Large Group HMO plans with an effective date on or after January 1, 2023. 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.**

#### 2023 CERTIFICATE CLARIFICATIONS

Benefit	Prior Language or Purpose of Clarification	2023 Certificate Clarification
<b>General Revisions</b>	Style and Clarity	In an effort to improve communication with our Members, we continually review our Certificates and modify language to more clearly define benefit coverages, limitations, and exclusions. We have added, modified, reformatted, and/or reordered definitions, headings, and other language for style consistency and clarity.
<b>All Benefits for Dependents</b>	Prior definition of "Child" did not clearly specify that a Subscriber's child born via Traditional Surrogate or Gestational Carrier is included in the definition.	Language was added to the definition of "Child" to clearly specify that a Subscriber's child born via Traditional Surrogate or Gestational Carrier is included in the definition.
<b>Maternity and Newborn Services</b>	Newborn Services were not a separately identified Covered Health Service under the Maternity Services Benefit.	Maternity Services and Newborn Services are now separate Covered Health Services under the newly named "Maternity and Newborn Services" Benefit.

#### 2023 BENEFIT CHANGES

Benefit	2022 Benefit	2023 Benefit Change
<b>Complementary Medicine Services</b>	Complementary Medicine Services (for example: acupuncture and massage therapy) when provided at a GHC-SCW Clinic by a GHC-SCW Provider designated to provide Complementary Medicine professional services were covered as an insurance benefit. Cost-sharing was equal to the reduced Member fee. Members on a High Deductible Health Plan (HSA-Eligible) had to meet their Deductible before they received the reduced Member fee.	Complementary Medicine Services are now available directly from GHC-SCW Providers for the reduced Member fee. This change in complementary medicine services means that, while still available at a reduced Member Fee, services are no longer covered as an insurance benefit under GHC-SCW policies. Pricing is subject to change. Please contact GHC-SCW clinics or visit our GHC-SCW website for information about current pricing.
<b>Medicare Coordination of Benefits</b>	Except for kidney disease treatment required under s. 632.895 (4), Wis. Stat., failure to enroll in Medicare Part A and B will result in the Member paying out-of-pocket expenses for services that Medicare might have covered because GHC-SCW will process the Member's claims as if the Member is enrolled in Medicare.	Unless State or Federal law requires this policy to be the primary payer for a particular Covered Service, failure to enroll in Medicare Part A and B will result in the Member paying out-of-pocket expenses for services that Medicare might have covered because GHC-SCW will process the Member's claims as if the Member is enrolled in Medicare.

**(Cost-Sharing Changes on Next Page)**

## 2023 NOTICE OF COST-SHARING AND BENEFIT CHANGES

### Large Group HMO Member Certificate and Plans

2023 COST-SHARING CHANGES		
Benefit	Plan Type	2023 Cost-Sharing Change
<b>ACA Maximum Out-of-Pocket (MOOP)</b>	All 2022 Plans with an In-Network Individual MOOP of \$8,700	<p>The In-Network ACA Maximum Out-of-Pocket (MOOP) for an Individual is increasing from \$8,700 to \$9,100. Based on plan benefit design, plans with an In-Network Individual MOOP of \$8,700 will be increasing to \$9,100. Family MOOPs will also reflect an increase. Please see Your Benefit Summary for Your plan's Family MOOP.</p> <p style="text-align: center;">2022 Individual ACA MOOP: \$8,700                      2023 Individual ACA MOOP: \$9,100</p>
<b>High Deductible Health Plan (HDHP) Deductible</b>	All 2022 HSA-eligible High Deductible Health Plans (HDHP) with an In-Network Individual Deductible of \$1,400 or In-Network Family Deductible of \$2,800	<p>The High Deductible Health Plan (HDHP) (HSA-eligible) Deductible for an Individual is increasing from \$1,400 to \$1,500 and for a Family is increasing from \$2,800 to \$3,000. Based on plan benefit design, HDHPs (HSA-eligible) with an In-Network Individual Deductible of \$1,400 will be increasing to \$1,500 and those with an In-Network Family Deductible of \$2,800 will be increasing to \$3,000.</p> <p style="text-align: center;">2022 Individual HDHP Deductible: \$1,400      2023 Individual HDHP Deductible: \$1,500 2022 Family HDHP Deductible: \$2,800      2023 Family HDHP Deductible: \$3,000</p>
<b>High Deductible Health Plan (HDHP) Embedded / Non-Embedded</b>	HSA-eligible High Deductible Health Plans (HDHP) with an In-Network Individual Deductible of \$3,000 or more in 2023	<p>2022 HDHP (HSA-eligible) Non-Embedded (Aggregate) plans that will have an In-Network Individual Deductible of \$3,000 or more in 2023 will be Embedded.</p> <p>2022 HDHP (HSA-eligible) Embedded plans that had a \$2,800 In-Network Individual Deductible will be increasing to a \$3,000 In-Network Individual Deductible to keep the plan Embedded in 2023. Please see Your Benefit Summary for Your plan's Family Deductible.</p> <p>Embedded means each individual Member has their own Deductible and Maximum Out-of-Pocket (MOOP) for a benefit plan. In addition, there is a shared family Deductible and Maximum Out-of-Pocket (MOOP).</p>
<b>High Deductible Health Plan (HDHP) Maximum Out-of-Pocket (MOOP)</b>	All 2022 HSA-eligible High Deductible Health Plans (HDHP) with an In-Network Individual MOOP of \$7,050	<p>The High Deductible Health Plan (HDHP) (HSA-eligible) Maximum Out-of-Pocket (MOOP) for an Individual is increasing from \$7,050 to \$7,500. Based on plan benefit design, HDHPs (HSA-eligible) with an In-Network Individual MOOP of \$7,050 will be increasing to \$7,500. Family MOOPs will also reflect an increase. Please see Your Benefit Summary for Your plan's Family MOOP.</p> <p style="text-align: center;">2022 Individual HDHP MOOP: \$7,050                      2023 Individual HDHP MOOP: \$7,500</p>

For a complete description of services and coverage, please refer to your 2023 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/>.