Healthy Together
See how our care and coverage can help you thrive

LEWIS & CLARK COLLEGE
December 2018
What we will review

- HMO Plan overview
- Added Choice Education Presentation
- Alternative Care
- Vision Coverage
- Transition of Care
- Deductible & Out-of-Pocket Maximum Credits
- Added Choice High Deductible Health Plan
Traditional HMO Plan - $0 Deductible!

<table>
<thead>
<tr>
<th>Covered service</th>
<th>Kaiser Permanente &amp; The Portland Clinic</th>
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<tr>
<td>Annual deductible</td>
<td>$0 ind. / $ family</td>
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<tr>
<td>Out-of-pocket max</td>
<td>$1,250 ind. / $2,500 family</td>
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<tr>
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<td>Specialty visit</td>
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<td>CT, MRI, Pet scans</td>
<td>$0 copay/department visit</td>
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<td>Emergency Room</td>
<td>$75 copay (Waived if Admitted)</td>
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<tr>
<td>Inpatient Hospitalization</td>
<td>$250 copay</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Pharmacy</td>
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<tr>
<td>Alternative Care (Through CHP Group)</td>
<td>$15 copay Chiropractic, Naturopathic, and Acupuncture $25 copay Massage Therapy (up 12 visits/year) $1,500 combined annual benefit maximum</td>
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Please refer to Evidence of Coverage (EOC) for greater details.
With Added Choice, your employees can:

- Choose to move between tiers anytime.
- Choose their provider.
- Choose their medical facility or hospital.

Added Choice offers 3 levels of coverage, known as tiers, with Tier 1 having the richest benefits.

**TIER 1**

**SELECT PROVIDERS**

Choose a Kaiser Permanente, The Portland Clinic, or other contracted community providers and facilities conveniently located throughout our service area. This tier has the lowest out-of-pocket costs.

**TIER 2**

**PPO PROVIDERS**

Choose a preferred provider (PPO) from First Choice Health Network. This is a good option for those who want to keep their current PPO provider or who live outside our service area.

**TIER 3**

**NON-PARTICIPATING PROVIDERS**

Choose a non-participating provider nationwide. Non-participating providers include any licensed providers who are not select providers or PPO providers. This tier has the highest out-of-pocket costs.
### Added Choice Plan Design

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<tr>
<td>Annual deductible</td>
<td>$750 ind. / $2,250 family</td>
<td>$1,000 ind. / $3,000 family</td>
<td>$3,000 ind. / $9,000 family</td>
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<td>Out-of-pocket max</td>
<td>$2,250 ind. / $4,500 family</td>
<td>$3,000 ind. / $9,000 family</td>
<td>$6,000 ind. / $12,000 family</td>
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<tr>
<td>Office visits</td>
<td>$15 copay</td>
<td>$25 copay</td>
<td>40% after deductible</td>
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- Employees may move freely across tiers and pay the cost shares associated with each service within that tier.
- Employees may bring in orders for Rx, MRI, Lab & DME into KP for Tier 1 cost sharing as a way to test the KP experience and save money.
- Tier 2 is a national network. Emergency services (worldwide) fall under Tier 1.
## Alternative Care

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<th>Covered service</th>
<th>TIER 1 CHP Group</th>
<th>TIER 2 PPO Providers (First Choice Health Network)</th>
<th>TIER 3 Non-Participating (All other providers)</th>
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<tr>
<td>Alternative Care</td>
<td></td>
<td>$1,500 Combined Benefit Maximum per Year</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Massage (12-visit limit per year)</td>
<td>$25 copay</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Naturopathy</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$15 copay</td>
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- Self-Referred benefit (no physician referral required)
- After $1,500 or 12-visit limit has been reached, 20% member discount provided for any additional services during that calendar year.
- CHP Group alternative care network – chpgroup.com
How to Find an Alternative Care Provider

1. Visit [www.chpgroup.com](http://www.chpgroup.com) and click on green “Find a Provider” button

2. Plan (required): Choose Kaiser Permanente Self-Referred

How can I find out how much of my benefit I’ve used?
- 800-449-9479
- info@chpgroup.com
# Vision Benefits

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<tr>
<td>Pediatric Eye Exam (up to age 19)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Pediatric Vision Hardware (up to age 19)</td>
<td>No charge for eyeglass lenses, frames, or contact lenses every 12 months.</td>
<td></td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>Adult Eye Exam</td>
<td>$15 copay</td>
<td>$25 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Vision Hardware</td>
<td>Initial allowance of up to $250 for eyeglasses or contact lenses, not more than once every 12 months.</td>
<td></td>
<td></td>
</tr>
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</table>

**How the Calendar Year Renewal works:**

**12 Month Renewal**

Every year on January 1st the hardware benefit renews and is available for use, regardless of last date of usage.

**Example:**

Member has a plan that renews every 12 months on a calendar year basis. The member purchased eyeglasses on 8/24/18. When would the benefit renew?

The benefit would renew on 1/1/19.
Sample Medical ID Cards

KP Traditional

Added Choice®

First Choice Health is our PPO provider network.

Call Resource Stewardship for prior authorization for services with PPO providers and non-participating providers.

Pharmacy information when transferring or refilling prescriptions.

For questions about eligibility, benefits, or your network, call:
Member Services: 1-866-616-0047; TTY: 711; language interpretation services, 1-800-324-8010. Or visit kp.org/addedchoice/nw.

For required preauthorization (e.g., surgery, inpatient care), call: 1-855-281-1840. Failure to get preauthorization may result in greater cost to you.

To make an appointment with a Kaiser Permanente provider, call: 1-866-616-0047.

If you are hospitalized outside of our network, you must notify Kaiser Permanente no later than 24 hours after any admission, or as soon as reasonably possible, at 1-877-813-5993 (toll free).

Mail claims to: Kaiser Permanente National Claims Administration — Northwest, PO Box 370050, Denver, CO 80237-9998.

Members in states outside the First Choice Health coverage area can utilize providers in the First Health Network.

Where your PPO provider and non-participating provider can mail claims.
National Coverage through PPO Network: more choice, greater flexibility

Local and regional coverage
Access to the regional First Choice Health network with more than 88,000 providers.

National coverage
Access to First Health Network with 5,000 hospitals, 90,000 ancillary facilities, and more than 1 million health care professional service locations.

To search for PPO providers and facilities, visit kp.org/addedchoice/nw or contact Concierge team at 503-813-1299 or kpconcierge-nw@kp.org
Is my provider in the Added Choice Network?
Contact KP Concierge Team NW – 503-813-1299 – kpconcierge-nw@kp.org

Visit www.kp.org/addedchoice/nw
First Choice Hospitals

Included:
Legacy Hospitals
Samaritan Health Services
Portland Adventist
Santiam Memorial
Silverton Hospital
Tuality Forest Grove, Hillsboro
Oregon Health & Science University
Doernbecher Children’s
Shriners Hospital for Children
Southwest Medical Center

Out of Network: (Tier 3, $$$)
Providence Portland
Providence St Vincent’s
Providence Seaside
Every insurance company has a different formulary that is continuously updated.

To find out if your prescription medications are on the plan drug formulary, by contacting our KP Concierge Team NW -- 503-813-1299 -- kpconcierge-nw@kp.org

**In Person**

**Tier 1:** Kaiser Pharmacies

**Tier 2:** You can fill prescriptions (written by any provider) at MedImpact pharmacies such as Walgreens, Fred Meyers, Safeway, & Costco

**By Mail**

Use **Tier 1** services:

- Quick delivery (ships from Portland airport!)
- 3 months for the price of 2
- Free shipping

**NOTE:** If a generic equivalent is available and you, or your prescribing provider choose a the Brand-Name Drug, you pay the difference in cost between the Brand-Name Drug and the Generic equivalent Drug, in addition to the copay.
Prior Authorizations

▪ Require 48 hours advance notice.

▪ Prior Authorization
  1-855-281-1840.

▪ Prior Authorization NOT required for:
  • Emergency Services
  • Maternity Care
  • Routine Office visits
  • Durable Medical Equipment under $500
  • Outpatient Lab/Xray

THE FOLLOWING REQUIRE PRIOR AUTHORIZATION:

- Inpatient admissions and services.
- Inpatient rehabilitation therapy admissions, services, and programs.
- Subacute admissions and services.
- Inpatient skilled nursing facility and long-term care admissions and services.
- Inpatient mental health and chemical dependency admissions and services.
- Non-hospital residential services, partial hospitalization and day treatment for mental health and chemical dependency OP.
- Bariatric surgery/gastric bypass, stapling, or banding.
- Orthognathic surgery/TMJ.
- Cosmetic procedures.
- Diagnostic procedures.
- Home health (all services, including home uterine monitoring).
- Home infusion (including tocolytics).
- Pain management.
- Varicose vein treatment/sclerotherapy.
- Upper airway procedures.
- Enhanced external counterpulsation (EECP).
- Plasmapheresis for multiple sclerosis.
- Anodyne therapy.
- Vagal nerve stimulation for epilepsy.
- Orthotics/prosthetics.
- Imaging services — MRI, MRA, CTA, PET, EBCT.
- Infertility referral and related services.
- Durable medical equipment.

Note: This list is provided for summary purposes only and is subject to change. For complete details of coverage and pre-authorization requirements, see the group agreement.
Transition of Care

For your employees who are managing chronic conditions or have specialty medical needs, it can be tough to make the change to a new health care system. We have a team that’s dedicated to helping them connect with the right doctors, specialists, and prescription medications to minimize disruption and manage their care transition.

Whether your employees choose from among Kaiser Permanente’s many Top Docs or select their own providers under our Added Choice* point-of-service product, our team will help them connect to the right care.

- **COMMON NEEDS**
  - Choose a doctor and transfer prescriptions.

- **PARENT AND CHILD NEEDS**
  - Select a pediatrician or family practice doctor.
  - Transfer records and health history.
  - Transfer prescriptions.
  - Schedule vaccinations.

- **SPECIALTY CARE NEEDS**
  - Connect with specialists such as oncologists, neurologists, and dermatologists.
  - Connect with mental health professionals.
  - Choose an ob-gyn and pediatrician.
  - Determine durable medical equipment needs.

- **COMPLEX MEDICAL NEEDS**
  - Connect with specialty care for conditions such as cancer, renal disease, pre-/post-surgery, and transplants.
  - Connect with a pharmacy for specialty prescriptions.
Deductible and Out-of-Pocket Maximum Credits

- Deductible & Out-of-Pocket Maximum credit reports released by prior carrier (Regence) typically 60 days after termination of coverage (i.e. 5/31/2019)
  - This allows time for remaining claims to come in and be processed
- Once Kaiser Permanente receives credit report, it is processed within 30 days
- If someone has met their deductible or Out-of-Pocket Maximum and has an upcoming service, they can submit copies of their most recent EOB to be handled on a case by case basis.
## Case Study 1: Lauri Lewis (chronic condition)

### Tier 2 – Provider, Lab and Pharmacy

**Sole Access**

- **Provider Office visit:** $25 copay  
  - Quarterly
- **Lab services:** 20% coinsurance  
  - Quarterly
- **Pharmacy Access:**
  - Preferred brand: $40 copay
  - Generic: $20 copay
  - Generic: $20 copay  
  - All monthly
- **Total Annual Cost:** $1,160

### Tier 2 - Provider Access  
+ Kaiser Lab and Pharmacy Access

- **Provider Office visit:** $25 copay  
  - Quarterly
- **Kaiser Lab services:** $15 copay  
  - Quarterly *(Flat copay)*
- **Pharmacy Access:**
  - Preferred brand: $60 copay
  - Generic: $30 copay
  - Generic: $30 copay  
  - Quarterly – via Kaiser MailOrder
- **Total Annual Cost:** $640
- **Total savings of $520! + Time**

*For illustration purposes only. Costs subject to change.*
Case Study 2: Henry Kaiser (back surgery)

Tier 2 – Provider, Imaging and Surgery Sole Access

- Provider Office visit: $25 copay
  - 2 Pre-Surgery & 2 Post-Surgery
- Imaging – MRI: 20%
  - ~$440
- Outpatient Back Surgery: 20% after deductible
  - $1,000 + ~$1,560 ($1,824) = $2,560
  - Max Out of Pocket met ($3,000)
- Total Cost: $3,000

Tier 2 - Provider Access + Kaiser Imaging and Surgery Access

- Provider Office visit: $25 copay
  - 2 Pre-Surgery
- Imaging – MRI: $100 copay
  - ~$440
- Outpatient Back Surgery: 10% after deductible
  - $750 + $937 = $1,687
- Kaiser Virtual Visit: $0 copay
  - 2 Post-Surgery follow-up
- Total Cost: $1,837
- Total savings of $1,163!

*For illustration purposes only. Costs subject to change.
What is the first step I need to take?

Contact KP Concierge Team NW  503-813-1299
kpconcierge-nw@kp.org

- Check your current providers
- Check your prescriptions
- Address any upcoming medical events that you are considering
### Added Choice – High Deductible Plan (APS9)

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<tr>
<td>Annual deductible</td>
<td>$1,500 ind. / $3,000 family</td>
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<td>$3,500 ind. / $7,000 family</td>
</tr>
<tr>
<td>Out-of-pocket max</td>
<td>$2,500 ind. / $5,000 family</td>
<td>$4,000 ind. / $7,350 family</td>
<td>$5,000 ind. / $10,000 family</td>
</tr>
<tr>
<td>Routine Preventive</td>
<td>$0 (deductible doe NOT apply)</td>
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<td>30% after deductible</td>
</tr>
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THANK YOU

Questions?
Insurance Language 101

• Deductible
  • The amount you pay each year for covered services before Kaiser Permanente starts paying.

• Copay
  • The set (flat) amount you pay for covered services – for example, a $15 copay for an office visit.

• Coinsurance
  • A percentage of the charges that you pay for covered services. For example, a 20% coinsurance for a $200 procedure means you pay $40.

• Maximum Out-of-Pocket
  • The maximum amount you’ll pay for covered services each year. Includes deductible, copay and coinsurance.

• Balance Billing
  • Amount over the allowable rate for services from Out-of-network providers (tier 3), member is responsible for.