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

LEWIS & CLARK COLLEGE
Open Enrollment 2020
What we will review

- HMO Plan overview
- Added Choice High Deductible Plan (HDHP) Overview
- Added Choice Point of Service (POS) Plan Overview
- Alternative Care
- Vision Coverage
- Other important Kaiser information
## Traditional HMO Plan - $0 Deductible!

<table>
<thead>
<tr>
<th>Covered service</th>
<th>Kaiser Permanente &amp; The Portland Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$0 ind. / $ family</td>
</tr>
<tr>
<td>Out-of-pocket max</td>
<td>$1,250 ind. / $2,500 family</td>
</tr>
<tr>
<td>Office visits</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Specialty visit</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Lab tests &amp; x-ray</td>
<td>$0 copay/per department visit</td>
</tr>
<tr>
<td>CT, MRI, Pet scans</td>
<td>$0 copay/department visit</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$75 copay (Waived if Admitted)</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>$250 copay</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Generic $15 copay, Preferred Brand $30 copay, Non-Preferred Brand $50 copay (Mail Order 2x’s retail)</td>
</tr>
<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>
</tr>
</tbody>
</table>

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 – High Deductible Plan (HDHP with HSA)

<table>
<thead>
<tr>
<th>Covered service</th>
<th>TIER 1 Kaiser Permanente &amp; The Portland Clinic</th>
<th>TIER 2 PPO Providers (First Choice Health Network)</th>
<th>TIER 3 Non-Participating (All other providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$1,500 ind. / $3,000 family</td>
<td>$2,500 ind. / $5,000 family</td>
<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>
<td>$0 (deductible doe NOT apply)</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Office visits</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Specialty visit</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Lab tests &amp; x-ray</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>CT, MRI, Pet scans</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
<td>10% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Pharmacy *After deductible</td>
<td>Generic $15 copay, Preferred Brand $30 copay, Non-Preferred Brand $50 copay (Mail Order 2x’s retail)</td>
<td>Generic $20 copay, Preferred Brand $40 copay, Non-preferred Brand $60 copay (Mail Order 3x’s retail)</td>
<td></td>
</tr>
</tbody>
</table>

- Tier 2 is a national network. Emergency services (worldwide) fall under Tier 1.
- Lewis & Clark contributes money to the Health Savings Account (HSA) for employees electing the HDHP.
### Added Choice Plan Design - POS

<table>
<thead>
<tr>
<th>Covered service</th>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kaiser Permanente &amp; The Portland Clinic</td>
<td>PPO Providers (First Choice Health Network)</td>
<td>Non-Participating (All other providers)</td>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Office visits</td>
<td>$15 copay</td>
<td>$25 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Specialty visit</td>
<td>$35 copay</td>
<td>$50 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$35 copay</td>
<td>$50 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Lab tests &amp; x-ray</td>
<td>$15 copay/per department visit</td>
<td>20% coinsurance</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>CT, MRI, Pet scans</td>
<td>$100 copay/department visit</td>
<td>20% coinsurance</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>------------------------</td>
<td>$250 copay (Waived if admitted)</td>
<td>-------------------</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>10% after deductible</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Generic $15 copay, Preferred Brand $30 copay, Non-Preferred Brand $50 copay (Mail Order 2x’s retail)</td>
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</tr>
</tbody>
</table>

- Tier 2 is a national network. Emergency services (worldwide) fall under Tier 1.
### Alternative Care

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Care</td>
<td>$1,500 Combined Benefit Maximum per Year</td>
<td></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>
</tr>
</tbody>
</table>

- 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 and click on the green "Find a Provider" button.

Plan (required): Choose Kaiser Permanente Self-Refered

How can I find out how much of my benefit I've used?

- 800-449-9479
- info@chpgroup.com

Contact Us: 800-449-9479 or info@chpgroup.com

CHP - Smart solutions. Healthy results.
## Vision Benefits

<table>
<thead>
<tr>
<th>Covered service</th>
<th>TIER 1 Kaiser Permanente &amp; The Portland Clinic</th>
<th>TIER 2 PPO Providers (First Choice Health Network)</th>
<th>TIER 3 Non-Participating (All other providers)</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</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 the last date of usage.

**Example:**

Member has a plan that renews every 12 months on a calendar year basis. The member purchased eyeglasses on 8/24/19. When would the benefit renew?

The benefit would renew on 1/1/20.
Sample Medical ID Cards

KP Traditional

◆

Added Choice®

First Choice Health is our PPO provider network.

Health record number:

RxPCN: 70000 RxBIN: 003565 RxGroup: KP007
This card is for identification only and is not transferable. To be entitled
to coverage, the cardholder must be a member complying with all provisions
of the service agreement. Underwritten by Kaiser Foundation Health Plan of
the Northwest.

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

Pharmacy information when transferring or
refilling prescriptions.

Northwest Region

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.

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 (local shipping)
- 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.

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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
THANK YOU

Questions?