



# Healthy Together

See how our care and coverage can help you thrive

**LEWIS & CLARK COLLEGE**

Open Enrollment 2020

KAISER PERMANENTE  **thrive**

# 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!

| Covered service                      | Kaiser Permanente & The Portland Clinic  |
|--------------------------------------|--|
| Annual deductible                    | \$0 ind. / \$ family   |
| Out-of-pocket max                    | \$1,250 ind. / \$2,500 family  |
| Office visits                        | \$15 copay   |
| Specialty visit                      | \$15 copay   |
| Urgent Care                          | \$35 copay   |
| Lab tests & x-ray                    | \$0 copay/per department visit   |
| CT, MRI, Pet scans                   | \$0 copay/department visit   |
| Emergency Room                       | \$75 copay (Waived if Admitted)  |
| Inpatient Hospitalization            | \$250 copay  |
| Outpatient Surgery                   | \$15 copay   |
| Pharmacy                             | Generic \$15 copay, Preferred Brand \$30 copay, Non-Preferred Brand \$50 copay ( <b>Mail Order 2x's retail</b> )   |
| Alternative Care (Through CHP Group) | \$15 copay Chiropractic, Naturopathic, and Acupuncture<br>\$25 copay Massage Therapy (up 12 visits/year)<br><b>\$1,500 combined annual benefit maximum</b> |

Please refer to Evidence of Coverage (EOC) for greater details.

# Added Choice Plan Design

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)

| Covered service            | TIER 1<br>Kaiser Permanente &<br>The Portland Clinic  | TIER 2<br>PPO Providers<br>(First Choice Health Network)   | TIER 3<br>Non-Participating<br>(All other providers) |
|----------------------------|---|--|--|
| Annual deductible          | \$1,500 ind. / \$3,000 family   | \$2,500 ind. / \$5,000 family  | \$3,500 ind. / \$7,000 family                        |
| Out-of-pocket max          | \$2,500 ind. / \$5,000 family   | \$4,000 ind. / \$7,350 family  | \$5,000 ind. / \$10,000 family                       |
| Routine Preventive         | \$0 (deductible doe <b>NOT</b> apply)   | \$0 (deductible doe <b>NOT</b> apply)  | 30% after deductible                                 |
| Office visits              | 10% after deductible  | 20% after deductible   | 30% after deductible                                 |
| Specialty visit            | 10% after deductible  | 20% after deductible   | 30% after deductible                                 |
| Urgent Care                | 10% after deductible  | 20% after deductible   | 30% after deductible                                 |
| Lab tests & x-ray          | 10% after deductible  | 20% after deductible   | 30% after deductible                                 |
| CT, MRI, Pet scans         | 10% after deductible  | 20% after deductible   | 30% after deductible                                 |
| Emergency Room             | ----- 10% after deductible -----  |  |  |
| Inpatient Hospitalization  | 10% after deductible  | 20% after deductible   | 30% after deductible                                 |
| Outpatient Surgery         | 10% after deductible  | 20% after deductible   | 30% after deductible                                 |
| Pharmacy *After deductible | Generic \$15 copay, Preferred Brand \$30 copay, Non-Preferred Brand \$50 copay<br>( <b>Mail Order 2x's retail</b> ) | Generic \$20 copay, Preferred Brand \$40 copay, Non-preferred Brand \$60 copay ( <b>Mail Order 3x's retail</b> ) |  |

- 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

| Covered service           | TIER 1<br>Kaiser Permanente &<br>The Portland Clinic   | TIER 2<br>PPO Providers<br>(First Choice Health Network)   | TIER 3<br>Non-Participating<br>(All other providers) |
|---------------------------|--|--|--|
| Annual deductible         | \$750 ind. / \$2,250 family  | \$1,000 ind. / \$3,000 family  | \$3,000 ind. / \$9,000 family                        |
| Out-of-pocket max         | \$2,250 ind. / \$4,500 family  | \$3,000 ind. / \$9,000 family  | \$6,000 ind. / \$12,000 family                       |
| Office visits             | \$15 copay   | \$25 copay   | 40% after deductible                                 |
| Specialty visit           | \$35 copay   | \$50 copay   | 40% after deductible                                 |
| Urgent Care               | \$35 copay   | \$50 copay   | 40% after deductible                                 |
| Lab tests & x-ray         | \$15 copay/per department visit  | 20% coinsurance  | 40% after deductible                                 |
| CT, MRI, Pet scans        | \$100 copay/department visit   | 20% coinsurance  | 40% after deductible                                 |
| Emergency Room            | ----- \$250 copay (Waived if admitted) -----   |  |  |
| Inpatient Hospitalization | 10% after deductible   | 20% after deductible   | 40% after deductible                                 |
| Outpatient Surgery        | 10% after deductible   | 20% after deductible   | 40% after deductible                                 |
| Pharmacy                  | Generic \$15 copay, Preferred Brand \$30 copay, Non-Preferred Brand \$50 copay<br>(Mail Order 2x's retail) | Generic \$20 copay, Preferred Brand \$40 copay,<br>Non-preferred Brand \$60 copay (Mail Order 3x's retail) |  |

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

# Alternative Care

| Covered service                   | TIER 1<br>CHP Group                       | TIER 2<br>PPO Providers<br>(First Choice Health Network) | TIER 3<br>Non-Participating<br>(All other providers) |
|-----------------------------------|---|--|--|
| Alternative Care                  | \$1,500 Combined Benefit Maximum per Year |  |  |
| Acupuncture                       | \$15 copay                                | \$15 copay   | \$15 copay   |
| Chiropractic                      | \$15 copay                                | \$15 copay   | \$15 copay   |
| Massage (12-visit limit per year) | \$25 copay                                | \$25 copay   | \$25 copay   |
| Naturopathy                       | \$15 copay                                | \$15 copay   | \$15 copay   |

- 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](http://chpgroup.com)

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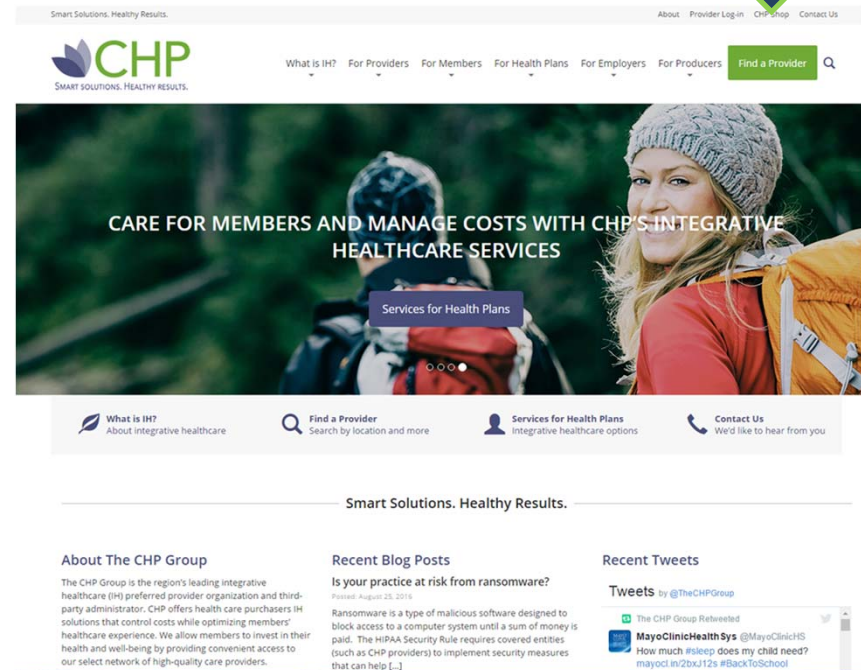
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# Vision Benefits



| Covered service                          | TIER 1<br>Kaiser Permanente &<br>The Portland Clinic   | TIER 2<br>PPO Providers<br>(First Choice Health Network) | TIER 3<br>Non-Participating<br>(All other providers) |
|--|--|--|--|
| Pediatric Eye Exam (up to age 19)        | \$0 copay  | \$0 copay  | 40% after deductible                                 |
| Pediatric Vision Hardware (up to age 19) | No charge for eyeglass lenses, frames, or contact lenses every 12 months.                              |  | 50% coinsurance                                      |
| Adult Eye Exam                           | \$15 copay   | \$25 copay   | 40% after deductible                                 |
| Vision Hardware                          | Initial allowance of up to \$250 for eyeglasses or contact lenses, not more than once every 12 months. |  |  |

## How the Calendar Year Renewal works:

### 12 Month Renewal

Every year on January 1<sup>st</sup> 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.**

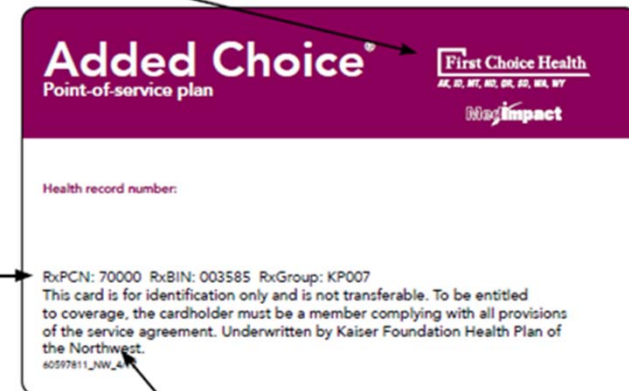
# Sample Medical ID Cards

## KP Traditional



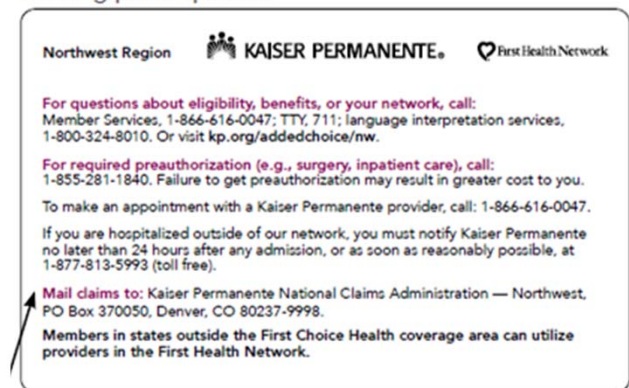
## Added Choice®

First Choice Health is our PPO provider network.



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

Pharmacy information when transferring or refilling prescriptions.



Where your PPO provider and non-participating provider can mail claims.

AK WA OR MT ND ID WY SD

**First Choice Health**

**First Health Network**

Local and regional coverage

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

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

11 | © Kaiser Permanente. All Rights Reserved.

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](http://www.kp.org/addedchoice/nw)

**KAISER PERMANENTE** Added Choice

Member Information For Employers & Producers

**Member Information**

Home > Added Choice > Member Information > Finding Doctors and Facilities

**Finding Doctors and Facilities**

Understanding Your Plan and Benefits  
How to Access Covered Care  
**Finding Doctors and Facilities**  
Pharmacy  
Prior Authorization Approval  
Claims  
Member Support  
Documents and Forms  
Coverage Documents

Having Added Choice® makes it easier to find doctors and facilities for your care. You can switch between provider tiers as you desire.

With Added Choice, there are 3 tiers to choose from: select provider, preferred provider organization (PPO) provider, and non-participating provider.

1 - Select Provider Tier  
**2 - Preferred Provider Organization (PPO) Tier**  
3 - Non-Participating Provider Tier

**PPO provider tier**

First Choice Health Network or First Health Network

- Through the preferred provider organization (PPO) provider tier, you can work directly with providers nationwide.
- You'll find up-to-date information about PPO providers here:

**First Choice Health Network**  
(Members receiving care in OR, WA, ID, MT, WY, ND, SD, and AK.)

First Health Network  
(Members receiving care in all states EXCEPT OR, WA, ID, MT, WY, ND, SD, and AK.)



## 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



PeaceHealth  
Southwest  
Medical Center

# Pharmacy Coverage

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](mailto: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.

# Major Medical Events



## 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.

Hyperbaric oxygen treatment.

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.

# 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



A photograph of two runners on a dirt trail in a forest. The runner in the foreground is wearing a red jacket and black shorts, running towards the right. The runner in the background is wearing a blue shirt and black shorts, running away from the camera. The forest has large trees with moss on their trunks and a dense canopy of green leaves. The ground is covered with ferns and other green plants.

**THANK YOU**

**Questions?**