



Healthy Together

See how our care and coverage can help you thrive

LEWIS & CLARK COLLEGE

December 2018

KAISER PERMANENTE  thrive

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!

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 (Mail Order 2x's retail)
Alternative Care (Through CHP Group)	\$15 copay Chiropractic, Naturopathic, and Acupuncture \$25 copay Massage Therapy (up 12 visits/year) \$1,500 combined annual benefit maximum

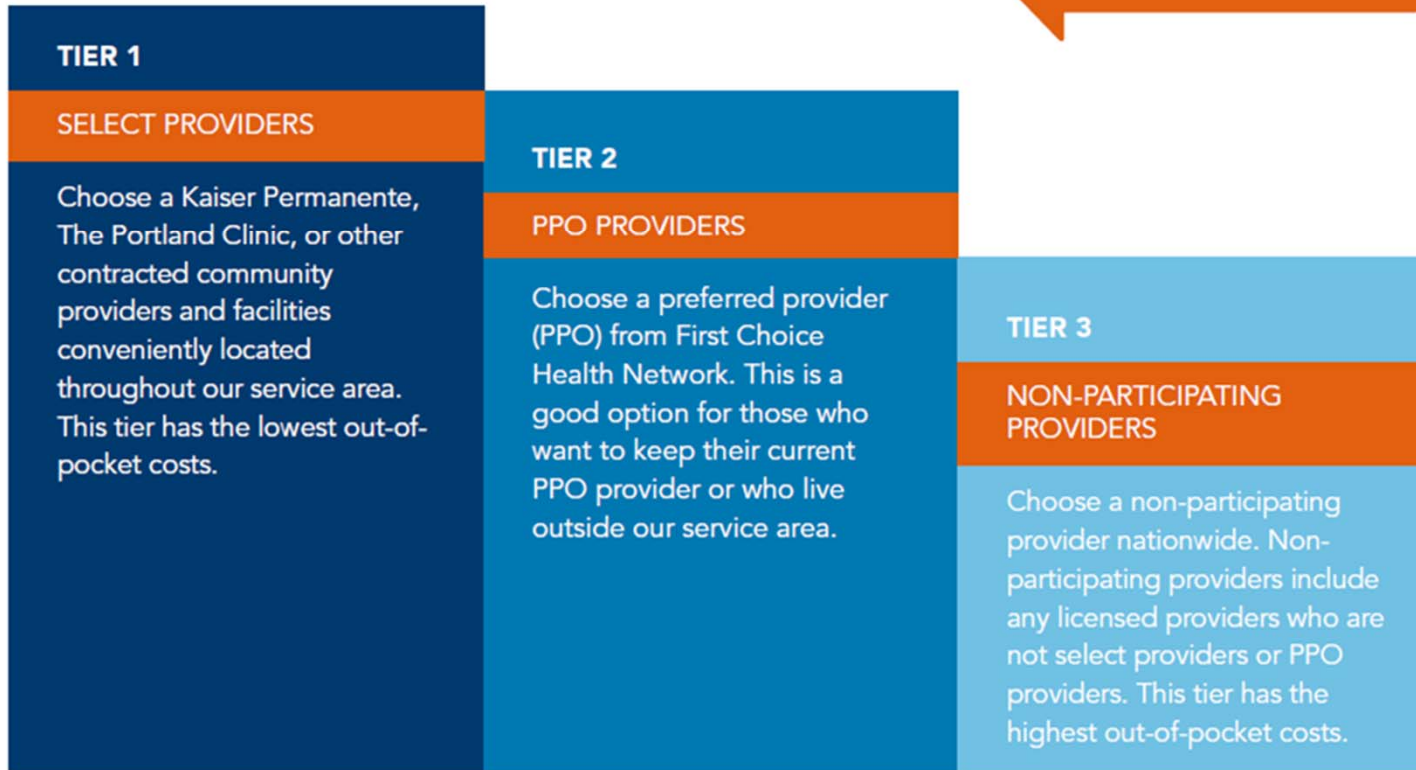
Please refer to Evidence of Coverage (EOC) for greater details.

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.



Added Choice Plan Design

Covered service	TIER 1 Kaiser Permanente & The Portland Clinic	TIER 2 PPO Providers (First Choice Health Network)	TIER 3 Non-Participating (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 (Mail Order 2x's retail)	Generic \$20 copay, Preferred Brand \$40 copay, Non-preferred Brand \$60 copay (Mail Order 3x's retail)	

- 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

Covered service	TIER 1 CHP Group	TIER 2 PPO Providers (First Choice Health Network)	TIER 3 Non-Participating (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

How to Find an Alternative Care Provider

1. Visit 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



Smart Solutions. Healthy Results.

About Provider Login CHP Group Contact Us

CHP SMART SOLUTIONS. HEALTHY RESULTS.

What is IH? For Providers For Members For Health Plans For Employers For Producers Find a Provider

CARE FOR MEMBERS AND MANAGE COSTS WITH CHP'S INTEGRATIVE HEALTHCARE SERVICES

Services for Health Plans

What is IH? About integrative healthcare Find a Provider Search by location and more Services for Health Plans Integrative healthcare options Contact Us We'd like to hear from you

Smart Solutions. Healthy Results.

About The CHP Group The CHP Group is the region's leading integrative healthcare (IH) preferred provider organization and third-party administrator. CHP offers health care purchasers IH solutions that control costs while optimizing members' healthcare experience. We allow members to invest in their health and well-being by providing convenient access to our select network of high-quality care providers.

Recent Blog Posts Is your practice at risk from ransomware? Posted August 22, 2016 Ransomware is a type of malicious software designed to block access to a computer system until a sum of money is paid. The HIPAA Security Rule requires covered entities (such as CHP providers) to implement security measures that can help [...]

Recent Tweets Tweets by @TheCHPGroup The CHP Group Retweeted MayoClinicHealthSys @MayoClinicHS How much #sleep does my child need? mayoclinic/26xj12s #BackToSchool

Vision Benefits



Covered service	TIER 1 Kaiser Permanente & The Portland Clinic	TIER 2 PPO Providers (First Choice Health Network)	TIER 3 Non-Participating (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 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.

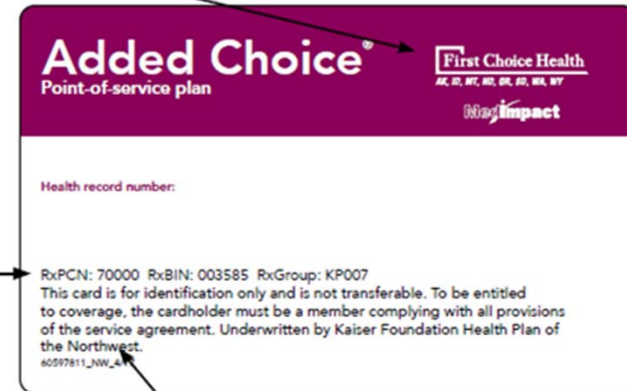
Sample Medical ID Cards

KP Traditional



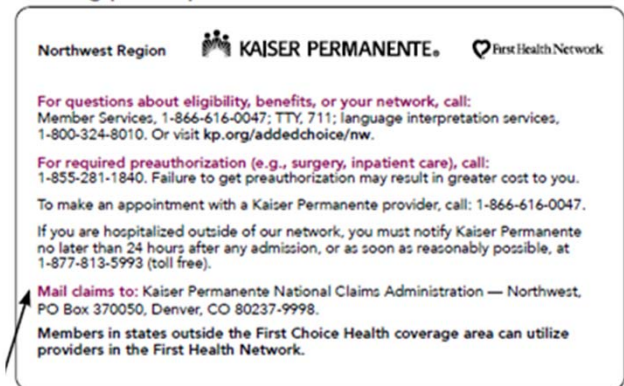
Added Choice[®]

First Choice Health is our PPO provider network.



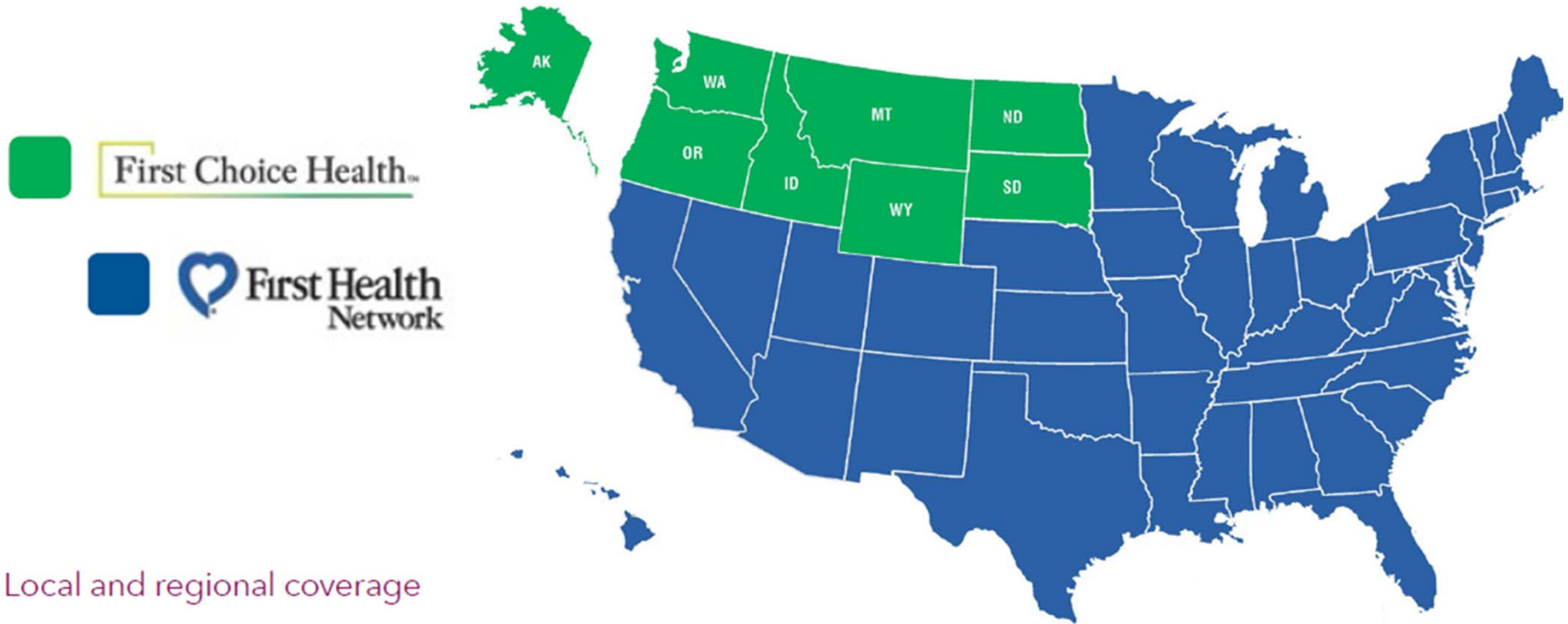
Call Resource Stewardship for prior authorization for services with PPO providers and non-participating providers.

Pharmacy information when transferring or refilling prescriptions.



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

The screenshot shows the Kaiser Permanente website's 'Added Choice' section. The main navigation includes 'Member Information' and 'For Employers & Producers'. The 'Member Information' section is active, with a sub-menu for 'Finding Doctors and Facilities'. A sidebar on the left lists various topics like 'Understanding Your Plan and Benefits', 'How to Access Covered Care', 'Finding Doctors and Facilities', 'Pharmacy', 'Prior Authorization Approval', 'Claims', 'Member Support', 'Documents and Forms', and 'Coverage Documents'. The main content area is titled 'Finding Doctors and Facilities' and explains that members can switch between provider tiers. It lists three tiers: 1 - Select Provider Tier, 2 - Preferred Provider Organization (PPO) Tier, and 3 - Non-Participating Provider Tier. The PPO tier is highlighted in yellow, and a red arrow points to it. Below this, the 'PPO provider tier' section is shown, with 'First Choice Health Network' highlighted in yellow and a red arrow pointing to it. The text under 'First Choice Health Network' states: '(Members receiving care in OR, WA, ID, MT, WY, ND, SD, and AK.)'. Below that, 'First Health Network' is listed with the note: '(Members receiving care in all states EXCEPT OR, WA, ID, MT, WY, ND, SD, and AK.)'

KAISER PERMANENTE Added Choice

Member Information For Employers & Producers

Member Information

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

Finding Doctors and Facilities

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



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

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.

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.

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 Docs¹ 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.²

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
 - $\$1,000 + \sim\$1,560 (\$1,824) = \$2,560$
 - **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
- 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)

Covered service	TIER 1 Kaiser Permanente & The Portland Clinic	TIER 2 PPO Providers (First Choice Health Network)	TIER 3 Non-Participating (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 NOT apply)	\$0 (deductible doe NOT 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 (Mail Order 2x's retail)	Generic \$20 copay, Preferred Brand \$40 copay, Non-preferred Brand \$60 copay (Mail Order 3x's retail)	

- 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.

A photograph of two runners on a dirt trail in a lush forest. The runner in the foreground is wearing a bright orange jacket and black shorts, running towards the right. The runner in the background is wearing a light blue shirt and black shorts, running away from the camera. The forest is dense with tall trees, some with moss on their branches, and a variety of green ferns and plants on the ground. The lighting is soft, suggesting an overcast day.

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.