

Oregon large employer groups

Preliminary changes and clarifications for 2009 contract year

These preliminary changes and clarifications do not include changes that may occur throughout the remainder of the year, including but not limited to mandated federal and state changes. To the extent that this summary of 2009 contract changes and clarifications conflicts with, modifies, or supplements the information contained in your 2009 *Evidence of Coverage (EOC)*, the information contained in your 2009 EOC packet shall supersede what is set forth below. Unless another date is listed, the changes in this document are effective when your group renews in 2009. The products below are offered and underwritten by Kaiser Foundation Health Plan of the Northwest.

Benefit and administrative changes or clarifications that apply to the Traditional, Deductible, High-Deductible, and Added Choice® plans

Changes to Senior Advantage plans are explained at the end of this flyer.

Benefit changes

- The cost share for chemical dependency day treatment services has changed from the residential cost share to the primary care office visit copayment per day.
- Intensive outpatient services are listed under "Outpatient Services" rather than "Residential Services" in the "Mental Health Services" section of the EOC and benefit summary. The cost share has changed from the residential cost share to the primary care office visit copayment per day.

Benefit clarifications

- The "Ambulance Services" and "Emergency, Post-Stabilization, and Urgent Care" sections have been rewritten to clarify the way these benefits work.
- We have revised the "Alternative Care Referred Services" section to clarify our existing business practice. Alternative care referred services require a referral and are subject to utilization review. *This does not apply to Tier 2 or Tier 3 of Added Choice.*

- We have added a "Chemotherapy and Radiation Therapy Services" section to the "Rehabilitative Therapy Services" section of the EOC to clarify the cost share for these services.

Revised definitions

- We have revised the definitions for charges emergency care, emergency medical condition, and urgent care.

Administrative changes or clarifications

- Effective January 1, 2009, a new federal statute requires group health plans such as Kaiser Foundation Health Plan of the Northwest to send the Centers for Medicare & Medicaid Services (CMS) information about certain commercial group members so that CMS can determine if any of these members are entitled to Medicare. The information that CMS requires includes these members' Social Security numbers and the tax identification numbers (TINs) of their employer groups. This is part of the CMS effort to administer the Medicare-as-Secondary-

Payor laws. We have added a new "Social Security and Tax Identification Numbers" section to the *Group Agreement*.

- We have updated terminology in Oregon to bring consistency across the health plans we offer. "Participating" now replaces "Plan," and "Company" replaces "Health Plan."
- Due to an employer law change, we have clarified the "Coordination of Benefits" section to reflect that the difference between the cost of a semi-private hospital room and a private hospital room is not an allowable expense unless one of the plans provides coverage for private hospital room expenses.
- We have rewritten the "Named Fiduciary" section to clarify when we assume the role of named fiduciary. The section has been renamed "Delegation of Claims Review Authority" in the *Group Agreement* and "Claims Review Authority" in the EOC.
- The "Student Out-of-Area Coverage" section has been updated to reflect our practice of allowing the accredited college

or accredited vocational school to determine the full-time status of a student. *This does not apply to Added Choice.*

- We have clarified the information on how to enroll in a portability or individual plan when your group coverage ends in the “Strike, Lock-Out, or Other Labor Disputes” section.
- The “Injuries Alleged to be Caused by Third Parties” section has been revised to clarify our existing billing practice. In a third-party liability situation, a member does not pay more for a service than we paid.
- Other group-specific changes may apply, such as movement to standard benefits. See rate exhibit for details.

Hearing aid rider clarification

- If your group has purchased a hearing aid rider, the rider provides coverage to members 18 or older.

Additional changes that apply to plans with deductibles

Benefit clarification

- The “Annual Deductible and Lifetime Benefit Maximum” section has been revised to use consistent language across contracts. Dollar amounts for lifetime benefit maximums are now listed in the benefit summary.

Additional changes for Added Choice point-of-service plans

Administrative changes

- The EOC now names the tiers for coverage.

Three-tier plans:

- Tier 1 is used to describe services provided by Select Providers, Select Facilities, and Select Vendors. In general, these are the services provided by Kaiser Permanente.
- Tier 2 is used to describe services provided by PPO Providers, PPO Facilities, and PPO Vendors.
- Tier 3 is used to describe services provided by Non-Participating Providers, Non-Participating Facilities, and Non-Participating Vendors.

Two-tier plans:

- Tier 1 is used to describe services provided by Select Providers, Select Facilities, and Select Vendors. In general, these are the services provided by Kaiser Permanente.
- Tier 2 is used to describe services provided by Non-Participating Providers, Non-Participating Facilities, and Non-Participating Vendors.
- Added Choice is available to employees who live or work outside the service area. The eligibility requirements have been updated to reflect this change.

Benefit changes

- Previously, vision exams were available only from Select Providers. In three-tier plans, vision exams are now available from PPO Providers in Tier 2 and Non-Participating Providers in Tier 3. In two-tier plans, vision exams are now available from Non-Participating Providers in Tier 2.

New or revised definitions

- We have revised the definition for charges and have added definitions for Non-Participating Facility, Non-Participating Physician, Non-Participating Provider, and Non-Participating Vendor.

Changes to riders

- If your group has purchased a chiropractic services rider, you may receive services from Select Providers in Tier 1, PPO Providers in Tier 2, and Non-Participating Providers in Tier 3.
- If your group has purchased an alternative care rider, you may receive services from Select Providers in Tier 1, PPO Providers in Tier 2, and Non-Participating Providers in Tier 3.
- If your group has purchased a vision hardware rider, you may obtain vision hardware (eye glasses and contact lenses) from your choice of vendors—Select Vendors in Tier 1, PPO Vendors in Tier 2, and Non-Participating Vendors in Tier 3.

Benefit and administrative changes or clarifications that apply to dental plans

Dental PPO plan clarifications

- Group Dental Services has a new TTY number: 1-866-910-0844.

Dental PPO plan benefit changes

- You must obtain prior authorization before receiving dental services valued at \$500 or more. This is an increase from \$300 in 2008.

Preliminary benefit and administrative changes or clarifications that apply to all Senior Advantage plans

The changes in this document are effective on January 1, 2009, rather than when your group renews in 2009, unless otherwise noted.

Changes to group Senior Advantage plans

- Effective as groups renew in 2009, the outpatient surgery copayment applies for outpatient procedures performed at ambulatory surgery centers and hospitals. (In 2008, the specialty office visit copayment applies for outpatient procedures performed at ambulatory surgery centers and hospitals when done in a room other than an operating room.)

- The cost share for intensive outpatient mental health services has changed from the residential cost share to the primary care office visit copayment per day.
- The cost share for intensive outpatient/day treatment chemical dependency services has changed from the residential cost share to the primary office visit copayment per day.
- Effective as groups renew in 2009, Senior Advantage members covered under an employer group can have only one employer group Senior Advantage coverage. However, they can be enrolled in Senior Advantage employer group coverage and also have Kaiser Permanente commercial plan coverage if that second commercial coverage meets the group's eligibility rules.
- If your group has purchased a hearing aid rider, the rider provides coverage to members 18 or older.
- The Senior Advantage employer group travel benefit will no longer cover preventive services, routine, follow-up and continuing care obtained outside the United States. Members will still be covered for emergency and urgent care world-wide.

- The "Student Out-of-Area Coverage" section in the Senior Advantage EOC has been updated to reflect our practice of allowing the accredited college or accredited vocational school to determine the full-time status of a student.

Benefit clarifications

- We have clarified our existing business practice for alternative care referred services. These services require a referral from a participating provider and are subject to utilization review.

Administrative clarifications

- We have updated terminology to bring consistency across the health plans we offer. "Participating" now replaces "Plan," and "Company" replaces "Health Plan."
- Other group-specific changes may apply, such as movement to standard employer group Senior Advantage benefits. See rate exhibit for details.

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