The Plus Benefit: FAQ for Members

What is the Plus Benefit?

The Plus Benefit expands the benefits and resources of your traditional plan so you have more choices when you need them. With "Plus" you'll get the added convenience of receiving care from any licensed community provider not in the Kaiser Permanante network, at any time, up to a set number of visits or services each year (with certain limitations and exclusions). Depending on your plan, you may also have some limited coverage if you fill prescriptions at non-Kaiser Permanente pharmacies.[1]

Get to Know Your Plan

While the information in this document applies to most plans, some details can vary. We encourage you to familiarize yourself with your specific plan details by reviewing your Evidence of Coverage. It will only take a few minutes and can help you make the most of this benefit—and potentially save you from extra expenses down the road. Visit **kp.org/eoc** (you'll need to log in first or register, if you haven't already).

How the Plus Benefit adds to traditional plan benefits

Access to Care/Networks

Benefits inside the Kaiser Permanente Network:

- You have access to Kaiser Permanente primary and specialty care, hospital services, pharmacy, emergency coverage and more.
- Integrated care is provided by Kaiser Permanente physicians and contracted hospitals.
- You also have access to affiliated plan providers (considered part of our network). To find a contracted hospital or affiliated plan provider, visit **kp.org/locations**.

Plus Benefits outside the Kaiser Permanente Network:

- If you want to see a provider outside of the Kaiser Permanente network (non-Plan Provider), your Plus Benefit allows you access to primary care, specialty care, and mental health office visits, up to a set number of visits each year.

Primary Care, Lab Tests, X-Rays and Pharmacy

Benefits inside the Kaiser Permanente Network:

- Primary care, lab, X-ray, and pharmacy services are all under one roof at most Kaiser Permanente medical offices.[1]

Plus Benefits outside the Kaiser Permanente Network:

- You get coverage for non-Kaiser Permanente lab tests and diagnostic X-rays, select durable medical equipment, allergy injections, and physical, occupational and speech therapy visits.
- You may have the option to purchase a limited number of prescriptions at a non-Kaiser Permanente pharmacy, depending on your plan.[1]

Online Tools and Extras

Member Resources:

Register at **kp.org** and you'll have convenient services at your fingertips:

- Connect with your Kaiser Permanente care team through email, phone, chat or video visits.[2]
- Check lab results (if you have a designated Kaiser Permanente primary care physician), order prescription refills, and access medical and drug encyclopedias.
- Create a personalized healthy lifestyle program to help you lose weight, quit smoking, eat better or beat stress.
- Find discounts on alternative health services (e.g., acupuncture, chiropractic, and massage therapy) and hundreds of health products.

Q. With the Plus Benefit, can I still visit the doctor I'm currently seeing, even though they're a non-Plan Provider?

A. Yes! You have more choices when it comes to your care. You can continue your routine visits with your current non-Plan Provider (or choose another one) at any time. Just remember that if you do see your non-Plan Provider, your Plus Benefit is tied to a limited number of visits or services (called a visit limit) each year.

885299328_22_PlusPlanMember_FAQ_CO_x1.indd 1 5/13/22 11:55

Q. How does the visit limit each year work? What counts as a visit?

A. Your Plus Benefit includes a limited number of visits each year, and it may also include a limited annual number of prescriptions that can be filled at an out-of-network pharmacy.[1] We've outlined the key services/items that count as a visit below. We encourage you to review the list so you can better track the visits you use (but we'll also keep track for you). For a complete list of items or services available under your Plus Benefit, please refer to your Evidence of Coverage.

Each of the following services/items will count as a separate Plus Benefit visit and will be applied toward your annual Plus Benefit visit limit:

Office Visits: Routine office visits provided by non-Plan Providers are covered at your Plus Benefit cost share (copayment or coinsurance). This includes primary, preventive, and specialty care, as well as mental health and substance use disorder office visits. Procedures performed during an office visit may be billed at the Plus Benefit coinsurance and may count as a separate visit as outlined below. Screening colonoscopies are not covered under the Plus Benefit (they are covered under your traditional plan benefit).

X-Rays and Laboratory Tests: Diagnostic radiology services and laboratory tests performed by your non-Plan Provider during a visit will be covered at your Plus Benefit copayment or coinsurance.

- Each diagnostic X-ray, or set of lab tests (per day, per laboratory) received will count as one visit against your annual visit limit.
- To save yourself an extra "visit," consider choosing to have these services performed at Kaiser Permanente under your traditional plan benefit. The results can be sent to your non-Plan Provider.

Durable Medical Equipment (DME): Select DME, such as a walking boot or sling, given to you during the non-Plan Provider's office visit is covered at Plus Benefit coinsurance. Each article of DME will count as an additional Plus Benefit visit. DME received outside of the non-Plan Provider's office is NOT covered under the Plus Benefit.

Allergy Injections: Allergy injections received at a non-Plan Provider's office are covered under the Plus Benefit. You'll pay your Plus Benefit cost share (copayment or coinsurance), and these injections will count toward your Plus Benefit visit limit.

Therapy: Physical, occupational and speech therapy received in an office visit from a non-Plan Provider are covered under the Plus Benefit. You'll pay your Plus Benefit cost share (copayment or coinsurance), and each therapy session will count toward your Plus Benefit visit limit.

Prescriptions: If your Plus Benefit includes coverage for out-of-network pharmacy, this annual limit is separate from the Plus Benefit visit limit described above. If covered, you can fill a limited number of prescriptions at an out-of-network pharmacy each year, subject to your Plus Benefit cost share.

Excluded Services: The following benefits are not covered under the Plus Benefit: Inpatient services; outpatient surgery; radiation therapy; screening colonoscopies; infertility, prenatal and maternity care; chiropractic, acupuncture, or massage services; special procedures; genetic testing; contact lens fittings; dental care; and many other medical benefits that are not described as covered under the Plus Benefit.[1] Services not covered under traditional plan benefits will not be covered under your Plus Benefit. Refer to your Evidence of Coverage for plan details.

Q. How can I get the most bang for my buck with the Plus Benefit?

A. If you can, we encourage you to do a little planning before you visit or receive care from non-Plan Providers or at non-network facilities.

Check on the costs for services/procedures ahead of time so you have a ballpark idea of your out-of-pocket expenses.

Consider having lab tests and radiology done "in-house" at Kaiser Permanente medical offices, that way these services can be covered under your traditional plan benefit. You can request that the results be sent to your non-Plan Provider. This helps preserve your Plus Benefit visits for face-to-face time with your provider, whether it's for a regular appointment, initial diagnosis or second opinion. Also, you may pay less if you utilize Kaiser Permanente's network for labs and X-rays. Bring a copy of the flyer "The Plus Benefit: Plan Information for Physicians" with you to the appointment and give it to your doctor, so they know how to order exams using Kaiser Permanente facilities. (**Visit kp.org/formsandpubs**, select "Forms" from the menu on the left. The form is listed under "Before your visit".)

Q. What happens when I reach the set visit limit of my Plus Benefit?

A. Any services received from a non-Plan Provider after the Plus Benefit is exhausted will be at your own expense.

Q. How do I know when I've reached my set visit limit?

A. Please call Customer Service at the number listed on the last page of this FAQ.

Costs & Reimbursement

Q. Are there any costs associated with seeing a non-Plan Provider?

A. Yes. You will pay your Plus Benefit cost share (copayment or coinsurance) to see your non-Plan Provider. You may also pay coinsurance for procedures performed in this provider's office. You are responsible for any amount billed that is above the allowed amount for a given service. You may be asked to pay the full cost of the visit upfront.

Upon receipt of the claim for these services, Kaiser Permanente will reimburse you for your individual cost share and any billed amount up to eligible charges (allowed amount). Member is responsible for any amounts that exceed the allowed amount.

Q. Do my costs for non-Plan Provider services under the Plus Benefit accrue toward my deductible (if applicable) and out-of-pocket maximum?

A. Depending on your plan benefits, your costs under the Plus Benefit may apply to your deductible or out-of-pocket maximum for the year. If you have a High Deductible Health Plan (HDHP) that qualifies for a Health Savings Account (HSA), your costs under the Plus benefit will apply to your deductible.[3] If you have an HMO or Deductible HMO plan, your costs under the Plus benefit may not be applied toward your deductible (if applicable) or out-of-pocket maximum for the year. Please refer to your Evidence of Coverage for details.

Q. Is there a way for me to estimate how much it costs to get care with a non-Plan provider?

A. You can call your non-Plan provider's office and ask them about their fees for office visits, in-office lab and in-office radiology. It's always best to know what your costs are BEFORE your visit so you can plan how to best use your Plus Benefit.

Q. With the Plus Benefit, how do I determine the portion of the cost I'm responsible for?

A. Services that fall under the Plus Benefit are covered at either a copay or at Plus Benefit coinsurance.

In addition to any copayment or coinsurance, you are responsible for any amounts that exceed eligible charges (allowed amount).

If you have the Plus Benefit, and an HMO or DHMO plan, the chart below illustrates an example of how your cost for services may vary if you were to visit a non-Plan Provider. This example assumes your Plus Benefits are a $30 copay for primary care office visits and 20% coinsurance.

Explanations:

Office Visit: Because the "Allowed Amount" for the office visit is the same as the "Billed Fees," in this example your total cost would simply be the copay. Because you visited a non-Plan Provider, this would also count toward your Plus Benefit visit limit.

Diagnostic X-ray: Because the cost of the "Billed Fees" is more than the "Allowed Amount," you'll be responsible for the $25 difference, plus 20% of the Allowed Amount.

Members with Plus Benefit and a traditional Plan: Example of how costs can vary when seeing a non-Plan Provider

Service	Billed Fees	Allowed Amount	Your Copay or Coinsurance	Your additional costs for services billed above allowed amount	Your Total Cost	Number of Plus Benefit Visits
Office Visit	$150	$150	$30	$0	$30	1
Lab Test	$50	$50	20% of $50=$10	$0	$10	1
Diagnostic X-Ray	$125	$100	20% of $100=$20	$125-$100=$25	$45	1
Total	$325	$300		$25	$85	3

Important: If you're enrolled in a High Deductible Health Plan (HDHP), costs under the Plus Benefit may be subject to the plan deductible and out-of-pocket maximum. If you have a HDHP plan that qualifies for a Health Savings Account (HSA), your costs under the Plus benefit will apply to your deductible.[3]

Step-by-Step Guide to Filing a Claim

Before Your Visit:

Find out if you'll need to submit a claim

- When making your appointment, be sure to ask your provider if they intend to submit the claim to Kaiser Permanente on your behalf.
- Please print and take the "Plus Benefit: Plan Information for Physicians" flyer, with you to the appointment. This flyer will help them care for you, while keeping your costs more affordable. To access the flyer, visit **kp.org/formsandpubs** (you'll need to register if you haven't already). Once you're there, select "Forms" from the menu on the left. In the middle of the screen, look for "Before your visit" and choose the "Plus Plan Information for Physicians."

At Your Provider's Office

Collect the Necessary Documentation

- On the day of the visit, take the "Plus Benefit: Plan Information for Physicians" flyer with you and give it to your provider.
- If they will be submitting the claim for your visit, please ask them to follow the instructions on the flyer.
- If they confirm that you should submit the claim, be sure to collect and keep copies of:
  - Itemized bill(s) showing the amount charged, the amount you paid, as well as diagnosis or treatment codes.
  - Receipts for any charges you paid that show a zero balance.

After Your Visit

Submit Your Claim Online or by Mail

- To submit your claim, gather your itemized bill(s) and receipt(s).
- Make copies for your records.
- Write "process under the Plus Benefit" at the top of the bill. This will ensure that the claim gets processed as quickly as possible.

To Submit Online

- Go to **kp.org/coverageandcosts** and sign into your account.
- Select "Submit a Claim."
- Select "Submit Medical Claim Online."
- Follow the instructions and upload your itemized bill(s) and receipt(s).

To Submit by Mail

Send your itemized bill and receipts to the following address:

Kaiser Foundation Health Plan of Colorado
Claims Department
P.O. Box 373150
Denver, CO 80237-3150

Once we receive all the necessary information, our team will process it as quickly as possible. You should expect to receive payment within 30 days. If not, please call Member Services.

Pharmacy Benefits

Q: Is pharmacy covered under the Plus Benefit?

A. Coverage for using out-of-network pharmacy depends on your plan. To find out if prescriptions are covered under your Plus Benefit, take a few minutes to review your Evidence of Coverage.

Q. What if I want to fill a prescription at a pharmacy that isn't in the Kaiser Permanente network?

A. First, make sure that your Plus Benefit has added out-of-network pharmacy coverage (check your Evidence of Coverage). If so, then you're covered for a limited number of out-of-network prescriptions. However, you may pay less, and prevent the prescription from counting against your Plus Benefit out-of-network prescription fill limit, if you fill your medications at a Kaiser Permanente network pharmacy.

Q. Can I fill a prescription from a provider outside of the Kaiser Permanente network at a Kaiser Permanente pharmacy?

A. If you have a prescription from a non-plan provider, you can fill it at a Kaiser Permanente pharmacy, typically at a lower cost share than an out-of-network pharmacy.

For any prescription to be covered, it must be on the Kaiser Permanente formulary list. To check if a medication is on the Kaiser Permanente formulary, go to **kp.org/formulary**, choose your region, and select the HMO Formulary link.

Q. How do I pay for my prescriptions filled at a non-Kaiser Permanente pharmacy?

A. You'll need to pay for prescriptions filled at a non-Kaiser Permanente pharmacy in full, and then submit your receipt and a copy of the portion of the prescription label that contains the drug name/prescription information to the address below for reimbursement. Upon receipt of the documentation, Kaiser Permanente will reimburse you for your individual cost share and any billed amount up to eligible charges (allowed amount). Member is responsible for any amounts that exceed the allowed amount.

You can file a claim online or by mail, as described on the previous page.

If you use a pharmacy that is not a Kaiser Permanente pharmacy nor an affiliated plan pharmacy, each prescription will count toward your Plus Benefit.

You will likely pay less if your physician refers to our formulary when prescribing a drug. To check if a medication is on the Kaiser Permanente formulary, go to **kp.org/formulary**, choose your region, and select the HMO Formulary link. For more information about the Kaiser Permanente drug formulary, or to receive a copy of it, please call the Customer Service number below.

Your non-Plan Provider can determine if a particular medication is on the Kaiser Permanente formulary or find a medication's equivalent on the formulary by calling a Kaiser Permanente pharmacist at the Clinical Pharmacy Call Center at at **1-866-244-4119** (TTY **711**), from 8 a.m. to 6 p.m., weekdays.

Questions?

Call Customer Service, Monday–Friday, from 8 a.m. to 6 p.m., Mountain time at **1-855-364-3184** (TTY **711**).

Or visit **choiceproducts-colorado.kp.org**

1. The information included in this FAQ applies to most plans. However, certain plans may have exceptions. For a list of services available with your plan, see your Summary of Benefits and Coverage or your Evidence of Coverage. The information provided here is not a contract and is not intended for use as a Summary Plan Description, nor is it designed to serve as your Evidence of Coverage. Upon enrollment, your Evidence of Coverage will contain a description of your coverage, including benefits, exclusions, and limitations. Your Evidence of Coverage will prevail over this or any other plan summary.
2. Some services are available only when you receive care at Kaiser Permanente medical offices.
3.To be eligible for an HSA, you must be enrolled in an HSA-qualified deductible health plan and meet other HSA eligiblity rules. For more information, see IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans at irs.gov/publications. The tax references in this document relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws

Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247
885299328_22_PlusPlanMember_FAQ_CO

885299328_22_PlusPlanMember_FAQ_CO_x1.indd 5 5/13/22 11:55