

A BETTER WAY TO TAKE CARE OF BUSINESS

POS & PPO Product Enhancements



To better serve you and your employees, we continuously work to improve our products. Now, we're announcing three product enhancements aimed at making our POS and PPO insurance plans more competitive and providing a more seamless customer and member experience.



Redesigned 2022 POS & PPO Portfolio

- Our Choice Product portfolio has been redesigned with 9 new market-driven plans:
 - 3 new POS plans with a range of copay and coinsurance options
 - 5 new PPO plans with deductibles ranging between \$500 and \$2000
 - 1 new HSA-qualified PPO plan with a \$3000 deductible
- The portfolio is strengthened by incremental rate improvements and our newly enhanced customer service model.



Specialized Customer support

- We have invested in designated support teams to simplify and improve the customer and member service for our Choice Products.
- Dedicated staff in the **Employer Broker Services** team are trained on the POS and PPO products and are skilled at resolving complex customer questions and concerns.
- Customer Service Representatives aim to provide first-call resolution, but for escalated member issues, our recently established **Expert Advisors** are brought in to provide additional member support.



Personalized Member Onboarding

- New members receive a welcome call and email from one of our **Expert Advisors** before coverage even begins.
- Proactive personal outreach ensures a smooth transition by helping transfer prescriptions, transition care, find a doctor, and answer plan benefit questions.

2022 POS Plans

POS plans

NCAL/SCAL plan ID	13886/13887			13890/13891			13894/13895		
Tiers	HMO Tier	Participating Provider Tier	Nonparticipating Provider Tier	HMO Tier	Participating Provider Tier	Nonparticipating Provider Tier	HMO Tier	Participating Provider Tier	Nonparticipating Provider Tier
Plan deductible (individual/family)	\$0 / \$0	\$500 / \$1000	\$1000 / \$2000	\$0 / \$0	\$1000 / \$2000	\$2000 / \$4000	\$0 / \$0	\$1500 / \$3000	\$3000 / \$6000
Out-of-pocket maximum (individual/family)	\$1500 / \$3000	\$3000 / \$6000	\$6000 / \$12,000	\$2000 / \$4000	\$3500 / \$7000	\$7000 / \$14,000	\$2500 / \$5000	\$4500 / \$9000	\$9000 / \$18,000
Office visit	\$20	\$35	40% after plan deductible	\$25	\$50	40% after plan deductible	\$30	20% after plan deductible	50% after plan deductible
Hospital inpatient	\$250	\$250, then 20% after plan deductible	\$500, then 40% after plan deductible	\$250	\$250, then 20% after plan deductible	\$500, then 40% after plan deductible	\$500	\$500, then 20% after plan deductible	\$1000, then 40% after plan deductible
Prescription drugs									
Generic preferred	\$10	\$20	not covered	\$10	\$20	not covered	\$10	\$20	not covered
Generic nonpreferred	\$10*	\$50	not covered	\$10*	\$50	not covered	\$10*	\$50	not covered
Brand preferred	\$30	\$40	not covered	\$30	\$40	not covered	\$30	\$40	not covered
Brand nonpreferred	\$30*	\$50	not covered	\$30*	\$50	not covered	\$30*	\$50	not covered
Specialty	20% not to exceed \$250	30% not to exceed \$250	not covered	20% not to exceed \$250	30% not to exceed \$250	not covered	20% not to exceed \$250	30% not to exceed \$250	not covered

*Nonpreferred drugs are covered at a Kaiser Permanente pharmacy only when prescribed by Kaiser Permanente Plan Providers through the exception process or when related to emergency care, out-of-area urgent care, or an authorized referral.

The HMO tier of the point-of-service (POS) plan is underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC) underwrites the participating and nonparticipating provider tiers of the POS plan.

2022 PPO Plans

PPO plans

NCAL/SCAL plan ID	13898/13899		13902/13903		13906/13907		13910/13911		13914/13915		HSA Qualified 13918/13919	
Tiers	Participating Provider Tier	Nonparticipating Provider Tier	Participating Provider Tier	Nonparticipating Provider Tier	Participating Provider Tier	Nonparticipating Provider Tier	Participating Provider Tier	Nonparticipating Provider Tier	Participating Provider Tier	Nonparticipating Provider Tier	Participating Provider Tier	Nonparticipating Provider Tier
Plan deductible (individual/family)	\$500 / \$1000	\$1500 / \$3000	\$750 / \$1500	\$1750 / \$3500	\$1000 / \$2000	\$2000 / \$4000	\$1500 / \$3000	\$3000 / \$6000	\$2000 / \$4000	\$4000 / \$8000	\$3000 / \$6000	\$5000 / \$10,000
Out-of-pocket maximum (individual/family)	\$3500 / \$7000	\$7000 / \$14,000	\$5000 / \$10,000	\$10,000 / \$20,000	\$5000 / \$10,000	\$10,000 / \$20,000	\$5000 / \$10,000	\$10,000 / \$20,000	\$5000 / \$10,000	\$10,000 / \$20,000	\$6000 / \$12,000	\$12,000 / \$24,000
Office visit	\$20	40% after plan deductible	\$30	40% after plan deductible	\$35	40% after plan deductible	\$35	40% after plan deductible	\$40	50% after plan deductible	\$40 after plan deductible	40% after plan deductible
Hospital inpatient	\$250, then 20% after plan deductible	\$500, then 40% after plan deductible	\$250, then 20% after plan deductible	\$500, then 40% after plan deductible	\$250, then 20% after plan deductible	\$500, then 40% after plan deductible	\$250, then 20% after plan deductible	\$500, then 40% after plan deductible	\$500, then 30% after plan deductible	\$1000, then 50% after plan deductible	20% after plan deductible	40% after plan deductible
Prescription drugs												
Generic	\$15	not covered	\$15	not covered	\$15	not covered	\$15	not covered	\$15	not covered	\$15	not covered
Brand	\$40	not covered	\$40	not covered	\$40	not covered	\$40	not covered	\$40	not covered	\$40	not covered
Specialty	30% not to exceed \$250	not covered	30% not to exceed \$250	not covered	30% not to exceed \$250	not covered	30% not to exceed \$250	not covered	30% not to exceed \$250	not covered	30% not to exceed \$250	not covered

The Kaiser Permanente PPO plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).