

2018 RENEWAL PORTFOLIO | CALIFORNIA

Preliminary changes to 2018 benefits



This is an overview of recent California health care legislation and changes we're planning to make to:

- ▶ 2018 Kaiser Foundation Health Plan (KFHP), Inc., *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2018 Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance* documents

Unless otherwise noted, these changes apply to all the plans we offer, and they'll become effective as contracts renew starting in January 2018.¹

These changes may be subject to regulatory approval. This summary doesn't include all changes that may be made for 2018, including changes to Medicare coverage. You'll find information on the final changes and clarifications in your:

- ▶ 2018 renewal notice or renewal contract for KFHP coverage
- ▶ 2018 *Summary of Benefit Changes* for KPIC coverage

Overview of select California legislative updates

The following summaries provide highlights of recently enacted California legislation and represent a small portion of the total bills signed into law. Additional 2017 updates can be found on account.kp.org.

Contraceptives: Annual supply (SB 999)

This law requires health plans to cover a 12-month supply of self-administered hormonal contraceptives provided all at once upon a member's request. The law includes an exception if the prescriber notes that less than 12 months of these contraceptives should be provided.

These changes went into effect January 1, 2017.

(continues on next page)

(continued)

Notice of timely access to care (SB 1135)

This law requires health plans to provide information about appointment wait times and the availability of interpreter services in specified documents. This information will be included in the *Evidence of Coverage*, in select member marketing materials, and on kp.org. The law also requires us to give similar information to providers. These changes went into effect March 1, 2017.

Acquisition of Group Health Cooperative

Kaiser Permanente has acquired the Group Health Cooperative in Washington state. With this acquisition, we now serve more than 11.3 million members in 8 states and the District of Columbia.

The move will bring our high-quality care and coverage to an additional 19 counties in Washington state, including:

- ▶ 25 primary care clinics in 17 cities
- ▶ 3 urgent care facilities
- ▶ 4 outpatient surgery centers

California members who travel to Washington can receive many services covered under their home region plan as a visiting member.²

Pharmacy changes for KPIC members

All nongrandfathered point-of-service plans will have the specialty drug per script max increased from \$150 to \$200.



**For more information,
please see your
renewal notice,
renewal contract, or
Summary of Benefit
Changes.**

This document includes forward-looking statements. All statements made that are not historical facts are subject to a number of risks and uncertainties, and actual results may differ materially.

¹Scheduled dates subject to change.

²Visiting member benefits are not available to members enrolled in an HSA-Qualified DHMO Plan, Medi-Cal, or a QUEST plan. Information may have changed since publication.