PLAN UPDATES

WASHINGTON
2021

What's new for Washington (Clark and Cowlitz counties) small business group plans with coverage effective on or after January 1, 2021

This booklet contains a summary of important information you will want to know about our 2021 small group plans. For more details on plan design, refer to the Medical Plans Overview for Washington Small Businesses.

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All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

Your partner in good health

At Kaiser Permanente, we offer a fully integrated health care delivery system with providers, hospitals, pharmacies, and labs working together to provide coordinated care for our members.

WHAT'S NEW AT KAISER PERMANENTE

Below are some of the exciting changes over the past year

Care from the comfort of home	Your employees can rest assured knowing they can continue to get the high-quality care they depend on for all their health care needs. For primary care, specialty care, and mental health services, they can connect with their care team with e-visits, video visits, or phone appointments.
Self-care at your fingertips – at no additional cost to members	Kaiser Permanente is now offering 2 digital self-care apps, Calm and myStrength, at no additional cost to members to help support their mental health and emotional well-being.[1,2] Visit **kp.org/selfcareapps** for more information.
Access to on-demand exercise videos	Your employees get no-cost access to thousands of on-demand workout videos at classpass.com,[3] plus free trials and reduced rates on ClassPass membership to access live-streaming and in-person exercise classes from top studios worldwide. Visit **kp.org/exercise** for more information.
Now open – Chase Gardens Medical Office	The new state-of-the-art medical office, which opened in May, gives Kaiser Permanente Northwest members in Lane County greater access to primary care and additional on-site services, including pharmacy, lab, and imaging.
Dental advice at home	Members with medical and dental plans can send photos and communicate with their dental team via email through **kp.org** and the Kaiser Permanente app.
Getting connected to an interpreter, made easier	Members calling the language interpretation services number **1-800-324-8010**, listed on the back of their Kaiser Permanente ID card, will go through a new flow that connects them with an interpreter before contacting the call center.

[1]Calm and myStrength are only available to Kaiser Permanente members with medical coverage.
[2]myStrength is a wholly owned subsidiary of Livongo Health, Inc.
[3]Only available to Kaiser Permanente members with medical coverage.

Below are some of the exciting changes over the past year

Improved billing experience for visiting members getting care in Kaiser Permanente Washington	Kaiser Permanente Northwest members seeking care in our Washington Region will get the same financial experience as when they receive care here in Oregon and Southwest Washington.
Bringing healing home with virtual cardiac rehabilitation	Kaiser Permanente is home to Oregon's first virtual cardiac rehab program. In its first year, 87% of participants completed Kaiser Permanente's 8-week virtual rehab program using wearable technology, compared with a less than 50% national average completion rate for those attending in-person rehab programs.*
Seeking tomorrow's cure, today	Our cancer team is at the forefront of clinical trials, testing immunotherapy and other treatments that help give patients more options for leading-edge care. In fact, Kaiser Permanente is a part of one of the largest cancer clinical research groups in the country.
Vision Essentials by Kaiser Permanente – working toward a sustainable future	Vision Essentials optical has been consolidated to 6 retail locations – Beaverton Medical and Dental Office, Clackamas Eye Care, Interstate Medical Office Central, Longview-Kelso Medical Office, North Lancaster Medical Office, and Salmon Creek Medical Office. This helps create a more sustainable model and fulfills our mission of providing high-quality, affordable health care for our members.

2021 medical plan portfolio

Our plan portfolio offers choice and flexibility. We have multiple plans to choose from in all 4 metal levels. As actuarial values update each year, we have made necessary cost-sharing changes to help keep plans within their respective metal levels as well as additional changes to ensure portfolio balance for 2021. No plans have been discontinued; however, our most notable plan change is to the KP WA Bronze 5200/20% HSA, which has been changed to the KP WA Bronze 6900/0% HSA. Additionally, we have added 2 leaner plan options in the gold and silver metal levels: KP WA Gold 2000/40 and KP WA Silver 5500/50. Specific cost-sharing changes for each plan are provided in the 2021 Medical Plan Changes section of this document. Groups may choose to renew with their current plan or select any other plan within our portfolio.

*Kaiser Permanente internal data, data covering the period from June 2019 through December 2019.

2021 dental plan portfolio

All current traditional and PPO dental plan designs will continue for adults only (19 and older) with the addition of dental implant coverage options! For 2021, we will offer 2 Traditional Adult dental plan options that may be purchased with dental implant coverage for adults ages 19+. We also offer plan options with adult cosmetic orthodontia coverage. Note: Pediatric dental coverage will continue to be provided as part of the medical plan.

If you currently offer dental coverage, the same plan will be provided upon renewal; however, you may select any plan within our portfolio.

Group Medicare Senior Advantage

Upon renewal in 2021, stand-alone Kaiser Permanente Senior Advantage plan subgroups will be eliminated. Senior Advantage members who have dependents or who are dependents of an employee will rejoin their families. Subscribers without dependents will be placed on the subgroup with all other members or the lowest-cost plan being offered. This new practice will help alleviate administrative issues with regards to billing and benefits administration some groups may have experienced but **will not affect the member's current benefits.**

It's important to note that this change **may result in a premium change.** If your group health plan is subject to Medicare Secondary/TEFRA 2 Payer rules, the plan rate for your members who enroll in Senior Advantage will be the 64+ rate assigned to the plan you offer to all employees. If your group offers multiple plans and the member has their subscriber or dependents enrolled on a buy-up plan, their rate will be based on that plan, rather than the lowest offered plan. Medicare Primary/TEFRA 1 groups will continue to pay the Senior Advantage rate listed in the renewal packet. Letters will be mailed directly to groups that are affected by this change with additional detail.

For groups that do not currently have Senior Advantage plan enrollment, this change will not affect your members. Should you have members who become Medicare eligible and wish to enroll in Senior Advantage, rate details are included in your renewal packet.

Automatic renewals

For your renewal in 2021, we will automatically provide you with coverage from one of the plans that best matches the plan or plans your business offers today. But you can choose from any of our other plans available to small employers if you prefer. Please indicate on the Renewal Decision Form whether you'd like to accept the renewal as offered or make changes.

Bundle options

As you consider alternatives to lower your health care costs, consider offering employees a plan with 1 or 2 buy-up alternatives. These bundle plan options are provided at no additional charge and allow you to tailor your plan offerings, giving employees more choice and more control over their monthly premium cost.

You contribute the same amount toward each plan (no less than 50% of the lowest premium plan) and let your employees decide if they want to pay more for a buy-up option. For more details, refer to the Medical Plans Overview for Washington Small Businesses.

Prescription drug coverage is automatically covered on all medical plans

All our plans come with built-in coverage for outpatient prescription drugs. All prescription drug plans have a 4-tier benefit design with different cost-sharing amounts for generic, preferred brand-name, non-preferred brand-name, and specialty drugs.

Your employees can save time and money by ordering prescription refills online or by phone. Members can get a 90-day supply for only twice the 30-day supply copay when we mail their prescription drugs. We can mail most prescription drugs within 10 days, and there's no extra cost for standard U.S. postage.

Pediatric vision coverage on all medical plans

No charge for 1 pair of frames with lenses or conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or up to a 12-month supply of disposable contact lenses per year); no charge for low vision aid or medically necessary contact lenses (does not apply to non-contracted tiers).

Alternative care benefits

To help your employees achieve total health, naturopathic care is provided on all plans as a core benefit and includes 6 self-referred visits per year at the Specialty Office Visit cost share. Your plan also covers 12 acupuncture treatments per calendar year without referral and coverage for self-referred spinal manipulation (chiropractic) therapy up to 10 visits per calendar year.

Members on Traditional, Deductible, and High Deductible plans can access these benefits through the CHP network of providers in our service area. Visit chpgroup.com to find a participating provider.

Members on our Added Choice® plans can access these benefits through CHP, PPO, and other nonparticipating providers and facilities.

Members on our PPO Plus® plans can access these benefits through PPO and other nonparticipating providers and facilities.

Choose your optional buy-up coverage

All of our medical plans can be paired with the following buy-up option.

Vision: Adult vision hardware ($200 benefit/2-year period) with adult vision exam (primary care office visit cost share applies). To offer choice and affordability, plans that are not purchased with this option do not include adult routine eye exams. Go to **kp2020.org** for more information, including our 6 optical locations.

PPO Plus® plans

PPO Plus provides you with the opportunity to give your employees living and working outside the Kaiser Permanente Northwest service area more provider choice, while offering the benefits of single carrier administration and health care cost containment.

Members can receive services from any licensed provider or facility they choose; however, they will experience the lowest out-of-pocket costs by using the PPO network tier served by First Choice Health, First Health Network, and Kaiser Permanente providers.

Benefits that accrue to the medical out-of-pocket maximum

Most benefits, including copays and coinsurance for services not subject to deductible, as well as the deductible itself, accrue to the medical out-of-pocket maximum. Copays and coinsurance that accrue to the out-of-pocket maximum are waived once an individual or family has reached that maximum.

Underwriting guidelines

Please be sure to review the Rating and Underwriting Assumptions Policy effective January 1, 2021, for Washington groups with 50 or fewer employees.

2021 MEDICAL PLAN CHANGES

YEAR	2020	2021
PLAN NAME	**KP WA Gold 0/30**	**KP WA Gold 0/30**
ANNUAL OUT-OF-POCKET MAXIMUM	$6,750 per individual; $13,500 per family	$7,500 per individual; $15,000 per family
BENEFITS	Member pays	
OUTPATIENT PRESCRIPTION DRUGS	$30 preferred brand-name	$40 preferred brand-name

YEAR	2020	2021
PLAN NAME	**KP WA Gold 1000/20**	**KP WA Gold 1000/20**
ANNUAL OUT-OF-POCKET MAXIMUM	$6,500 per individual; $13,000 per family	$7,500 per individual; $15,000 per family
BENEFITS	Member pays	
OUTPATIENT SURGERY	20%*	25%*
INPATIENT HOSPITAL CARE	20%*	25%*
EMERGENCY DEPARTMENT VISIT	20%*	25%*
AMBULANCE SERVICES	20%*	25%*
MENTAL HEALTH SERVICES Inpatient psychiatric care	20%*	25%*
Residential treatment	20%*	25%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	20%*	25%*
Residential treatment	20%*	25%*
DURABLE MEDICAL EQUIPMENT	20%*	25%*
OUTPATIENT ADMINISTERED MEDICATIONS	20%*	25%*
MATERNITY CARE Inpatient	20%*	25%*

*Subject to annual medical deductible.

YEAR	2020	2021
PLAN NAME	**KP WA Silver 2500/45**	**KP WA Silver 2500/45**
ANNUAL OUT-OF-POCKET MAXIMUM	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family

YEAR	2020	2021
PLAN NAME	**KP WA Silver 3500/40**	**KP WA Silver 3500/40**
ANNUAL OUT-OF-POCKET MAXIMUM	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family

YEAR	2020	2021
PLAN NAME	**KP WA Silver 4500/45**	**KP WA Silver 4500/45**
ANNUAL OUT-OF-POCKET MAXIMUM	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family

YEAR	2020	2021
PLAN NAME	**KP WA Bronze 5500/50**	**KP WA Bronze 7000/50**
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	$5,500 per individual; $11,000 per family	$7,000 per individual; $14,000 per family
PRESCRIPTION DRUG DEDUCTIBLE	$900	$1,000
ANNUAL OUT-OF-POCKET MAXIMUM	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family

YEAR	2020	2021
PLAN NAME	**KP WA Bronze 8150/40**	**KP WA Bronze 8550/40**
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family
ANNUAL OUT-OF-POCKET MAXIMUM	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family

YEAR	2020	2021
PLAN NAME	**KP WA Bronze 5200/20% HSA**	**KP WA Bronze 6900/0% HSA**
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	$5,200 per individual; $10,400 per family	$6,900 per individual; $13,800 per family
BENEFITS	Member pays	
OFFICE VISITS Primary care	20%*	0%*
Urgent care	50%*	0%*
Specialty care	30%*	0%*
Allergy shots and other injections	50%*	0%*
OUTPATIENT THERAPIES	30%*	0%*
OUTPATIENT SURGERY	50%*	0%*
LAB	50%*	0%*
X-RAY/DIAGNOSTIC TEST	50%*	0%*
CT, MRI, AND PET SCANS	50%*	0%*
INPATIENT HOSPITAL CARE	50%*	0%*
EMERGENCY DEPARTMENT VISIT	50%*	0%*
AMBULANCE SERVICES	50%*	0%*
MENTAL HEALTH SERVICES Inpatient psychiatric care	50%*	0%*
Residential treatment	50%*	0%*
Outpatient/day treatment	20%*	0%*
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	50%*	0%*
Residential treatment	50%*	0%*
Outpatient/day treatment	20%*	0%*
DURABLE MEDICAL EQUIPMENT	50%*	0%*
INFERTILITY SERVICES (diagnosis)	50%*	0%*
DEPENDENT OUT-OF-AREA	20%*	0%*
PHYSICIAN-REFERRED ALTERNATIVE CARE	30%*	0%*
OUTPATIENT PRESCRIPTION DRUGS	$20* generic; 50%* preferred brand-name; 50%* non-preferred brand-name; 50%* specialty	0%* generic; 0%* preferred brand-name; 0%* non-preferred brand-name; 0%* specialty
OUTPATIENT ADMINISTERED MEDICATIONS	50%*	0%*
MATERNITY CARE Inpatient	50%*	0%*

*Subject to annual medical deductible.

YEAR	2020			2021		
PLAN NAME	KP WA Gold 600/35 3T POS			KP WA Gold 500/35 3T POS		
Tier	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	$600 per individual; $1,200 per family	$1,800 per individual; $3,600 per family	$4,500 per individual; $9,000 per family	$500 per individual; $1,000 per family	$1,500 per individual; $3,000 per family	No change
ANNUAL OUT-OF-POCKET MAXIMUM	$4,000 per individual; $8,000 per family	$6,000 per individual; $12,000 per family	$8,000 per individual; $16,000 per family	$5,000 per individual; $10,000 per family	$7,000 per individual; $14,000 per family	$9,000 per individual; $18,000 per family
BENEFITS	Member pays			Member pays		
OFFICE VISITS Specialty care	$45	$70	50%*	$55	$80	No change
OUTPATIENT THERAPIES	$45	$70	50%*	$55	$80	No change

YEAR	2020		2021	
PLAN NAME	KP WA Gold 1000/20 3T POS		KP WA Gold 1000/20 3T POS	
Tier	Tier 1	Tier 2	Tier 1	Tier 2
ANNUAL OUT-OF-POCKET MAXIMUM	$5,000 per individual; $10,000 per family	$7,500 per individual; $15,000 per family	$6,000 per individual; $12,000 per family	$8,000 per individual; $16,000 per family

YEAR	2020		2021	
PLAN NAME	KP WA Silver 2500/45 3T POS		KP WA Silver 2500/45 3T POS	
Tier	Tier 1	Tier 2	Tier 1	Tier 2
ANNUAL OUT-OF-POCKET MAXIMUM	$8,150 per individual; $16,300 per family	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family	$8,550 per individual; $17,100 per family

*Subject to annual medical deductible.

YEAR	2020		2021	
PLAN NAME	KP WA Gold 1000/30 PPO Plus		KP WA Gold 1000/35 PPO Plus	
Tier	Tier 1	Tier 2	Tier 1	Tier 2
ANNUAL OUT-OF-POCKET MAXIMUM	$5,000 per individual; $10,000 per family	$10,000 per individual; $20,000 per family	$6,000 per individual; $12,000 per family	No change
BENEFITS	Member pays		Member pays	
OFFICE VISITS Primary care	$30	45%*	$35	No change
Urgent care	$50	45%*	$65	No change
Specialty care	$40	45%*	$55	No change
OUTPATIENT THERAPIES	$40	45%*	$55	No change
OUTPATIENT SURGERY	30%*	45%*	35%*	No change
LAB	$30	45%*	$35	No change
X-RAY/DIAGNOSTIC TEST	$30	45%*	$35	No change
CT, MRI, AND PET SCANS	30%*	45%*	35%*	No change
INPATIENT HOSPITAL CARE	30%*	45%*	35%*	No change
EMERGENCY DEPARTMENT VISIT	30%*		35%*	
AMBULANCE SERVICES	30%*		35%*	
MENTAL HEALTH SERVICES Inpatient psychiatric care	30%*	45%*	35%*	No change
Residential treatment	30%*	45%*	35%*	No change
Outpatient/day treatment	$30	45%*	$35	No change
CHEMICAL DEPENDENCY SERVICES Inpatient psychiatric care	30%*	45%*	35%*	No change
Residential treatment	30%*	45%*	35%*	No change
Outpatient/day treatment	$30	45%*	$35	No change
DURABLE MEDICAL EQUIPMENT	30%*	45%*	35%*	No change
OUTPATIENT ADMINISTERED MEDICATIONS	30%*	45%*	35%*	No change
MATERNITY CARE Inpatient	30%*	45%*	35%*	No change

*Subject to annual medical deductible.

YEAR	2020	2021
PLAN NAME	**KP WA Silver 2500/45 PPO Plus**	**KP WA Silver 2500/45 PPO Plus**
Tier	Tier 1	Tier 1
ANNUAL OUT-OF-POCKET MAXIMUM	$8,150 per individual; $16,300 per family	$8,550 per individual; $17,100 per family

2021 DENTAL PLAN CHANGES

NEW 2021 Optional Adult Dental Coverage Options

Implant Coverage	
IMPLANT COVERAGE CAN BE ADDED TO ANY OF THE FOLLOWING PLANS:	KP WA Adult Traditional 100 – $2500 Max + Implant
	KP WA Adult Traditional 100 – $2000 Max + Implant
Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	

Cosmetic Orthodontia + Implant Coverage	
ORTHODONTIC AND IMPLANT COVERAGE CAN BE ADDED TO ANY OF THE FOLLOWING PLANS:	KP WA Adult Traditional 100 – $2500 Max + Ortho + Implant
	KP WA Adult Traditional 100 – $2000 Max + Ortho + Implant
Orthodontic lifetime benefit maximum is $1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter. Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	

2021 *GROUP AGREEMENT* AND *EVIDENCE OF COVERAGE* SUMMARY OF CHANGES AND CLARIFICATIONS FOR WASHINGTON SMALL EMPLOYER GROUPS

This is a summary of changes and clarifications that we have made to your *Group Agreement*. The *Group Agreement* includes the *Evidence of Coverage (EOC),* benefit summary, and any applicable endorsement documents. This summary does not include minor changes and clarifications we are making to improve the readability and accuracy of the *Group Agreement*. These changes and clarifications do not include changes that may occur throughout the remainder of the year as a result of federal or state mandates.

Other Group-specific or product-specific plan design changes (including changes to Copayment or Coinsurance amounts) may apply, such as moving to standard benefits. Refer to the previous pages in this Plan Updates document for information about these types of changes.

To the extent that this summary of changes and clarifications conflicts with, modifies, or supplements the information contained in your *Group Agreement*, the information contained in the *Group Agreement* shall supersede what is set forth below. Unless another date is listed, the changes in this document are effective when your group renews in 2021. The products named below are offered and underwritten by Kaiser Foundation Health Plan of the Northwest.

Changes and clarifications that apply to Traditional, Deductible, High Deductible, Added Choice®, and PPO Plus® medical plans

Changes to Kaiser Permanente Senior Advantage plans are explained at the end of this summary.

Benefit changes

- **Preventive Care Services.** Pre-exposure prophylaxis (PrEP) has been added to the list of covered preventive care services.
- **Preventive Care Services.** Selected preventive care services have been added to Deductible and High Deductible Health Plans as covered without a deductible for individuals diagnosed with specific chronic conditions, as allowed under the IRS and US Treasury Department Notice 2019-45.
- **Outpatient Durable Medical Equipment (DME).** Home ultraviolet light therapy equipment for treatment of certain skin conditions has been added to the list of covered DME.
- **Outpatient Prescription Drugs and Supplies.** The cost share for insulin is not subject to Deductible and will not exceed $100 per 30-day supply.

Benefit clarifications

- **Post-Stabilization Care.** Language has been added to the Traditional, Deductible, and High Deductible Health Plan *EOC* to confirm that Members are not responsible for paying any amount over the Allowed Amount for Services received from Non-Participating Providers at a Participating Facility, in accordance with the Balance Billing Protection Act (Washington House Bill 1065).
- **Post-Stabilization Care, Pediatric Vision Services, and Vision Hardware and Optical Services.** Modifications have been made to indicate that these benefit provisions apply to covered services from vendors, such as providers of Durable Medical Equipment (DME) and vision hardware.
- **Preventive Care Services.** Members may receive contraceptive drugs on-site at a provider's office per RCW 48.43.195.
- **Mental Health Services.** Modifications have been made to the *EOC* and the Benefit Summary to clarify that partial hospitalization is a covered service.

- **Outpatient Durable Medical Equipment.** The *EOC* has been modified to clarify that both blood glucose monitors and continuous glucose monitors are covered.
- **Exclusions and Limitations.** The surrogacy limitation clarifies that it applies to both traditional and gestational surrogacy arrangements.

Administrative changes or clarifications

- ***Group Agreement.*** Modifications have been made to clarify that Company may terminate the *Group Agreement* if there are no members covered, regardless of whether members reside or work in the service area, as that is not a requirement of eligibility for all products.
- **Definitions.** The term Cost Share has been defined in the *EOC*. Throughout all documents, the defined term Cost Share replaces some, but not all, instances of Deductible, Copayments, or Coinsurance used for improved readability, accuracy, and administrative purposes.
- **Definitions.** The terms Non-Participating Vendor and Participating Vendor have been added to the Traditional, Deductible, and High Deductible Health Plan *EOC* for alignment across products.
- **Injuries or Illnesses Alleged to be Caused by Third Parties or Covered by No-fault Insurance.** The section has been retitled "Injuries or Illnesses Alleged to be Caused by Other Parties or Covered by No-fault Insurance." Language has also been added to clarify that reimbursements due to the Plan are not subject to the Out-of-Pocket Maximum. The address to send notice of claims or legal action has been updated.
- **Surrogacy Arrangements.** This section of the *EOC* has been modified to clarify that the section applies to both traditional and gestational surrogacy arrangements.
- **Moving to Another Kaiser Foundation Health Plan Service Area.** Members may be eligible to enroll in a plan in the other Kaiser Foundation Health Plan Service Area, rather than transferring to another plan; however, they would still need to meet the eligibility requirements of the new plan.

Additional changes and clarifications that apply to Added Choice medical plans only

Benefit changes

- **Services Subject to Prior Authorization Review under Tier 2 and Tier 3.** DME items covered under External Prosthetic Devices and Orthotic Devices and Outpatient Durable Medical Equipment (DME) will now require prior authorization in all tiers.
- **Failure to Satisfy Prior Authorization Review Requirements.** Tier 2 and Tier 3 Out-of-Pocket Maximum sections of the *EOC* have been modified to specify that if a Member does not obtain the required prior authorization for Services from a Non-Participating Provider, Non-Participating Vendor, or Non-Participating Facility, the claim will be denied and the Member will be responsible for the Charges.
- **Cost Share for Covered Drugs and Supplies.** There is a change in how the Member cost share is applied for drugs obtained from MedImpact Pharmacies when a generic equivalent is available, but the Member chooses a brand-name drug. Members will now only pay the Copayment or Coinsurance for the brand-name drug rather than paying the difference between the pharmacy's retail price for the brand-name drug and the generic drug, in addition to the applicable drug tier cost share.

Benefit clarifications

- **How to Obtain Services – General Information.** The language in the *EOC* noting Urgent Care as an exception to the Tier 1 requirements has been removed. Only Emergency Services received at a PPO Facility or Non-Participating Facility are covered under Tier 1. Urgent Care Services received at a PPO Facility or Non-Participating Facility are covered under Tier 2 or Tier 3, whichever applies.
- **Tier 2 and Tier 3 Urgent Care.** The *EOC* has been modified to clarify that we cover Urgent Care under Tier 2 or Tier 3. The language indicating that if a Member receives Urgent Care that is not covered under Tier 1 has been removed as Urgent Care is covered under Tier 1. We do not cover Services in Tier 2 or Tier 3 that are not covered under Tier 1.
- **What You Pay under Tier 3.** Language has been added to confirm that Members are not responsible for paying any amount over the Allowed Amount for Services received from Non-Participating Providers at a Select Facility or PPO Facility, in accordance with the Balance Billing Protection Act (Washington House Bill 1065).

Additional changes and clarifications that apply to PPO Plus medical plans only

Benefit changes

- **Services Subject to Prior Authorization Review.** DME items covered under External Prosthetic Devices and Orthotic Devices, and Outpatient Durable Medical Equipment (DME) will now require prior authorization in both tiers.
- **Failure to Satisfy Prior Authorization Review Requirements and Tier 2 Out-of-Pocket Maximum.** These sections of the EOC have been modified to specify that if a Member does not obtain the required prior authorization for Services from a Non-Participating Provider, Non-Participating Vendor, or Non-Participating Facility, the claim will be denied and the Member will be responsible for the Charges.
- **Cost Share for Covered Drugs and Supplies.** There is a change in how the Member cost share is applied for drugs obtained from MedImpact Pharmacies when a generic equivalent is available, but the Member chooses a brand-name drug. Members will now only pay the Copayment or Coinsurance for the brand-name drug rather than paying the difference between the pharmacy's retail price for the brand-name drug and the generic drug, in addition to the applicable drug tier cost share.

Benefit clarifications

- **What You Pay under Tier 2.** Members are not responsible for paying any amount over the Allowed Amount for Services received from Non-Participating Providers at a PPO Facility, in accordance with the Balance Billing Protection Act (Washington House Bill 1065).
- **Chemical Dependency Services, Mental Health Services, and Skilled Nursing Facility Services.** Drugs prescribed as part of the inpatient plan of care are covered when administered by medical personnel in the facility.

Changes and clarifications that apply to dental plans

Benefit clarifications

- **Limitations.** The hospital call fee limitation was added to the pediatric plans to align with the medically necessary anesthesia benefit.
- **Limitations.** The limitation for periapical X-rays was modified to clarify that these X-rays are not covered unless included in a complete series for diagnosis in conjunction with definitive treatment.
- **Limitations.** A new limitation has been added to clarify that routine fillings are limited to amalgam or glass ionomer fillings on posterior teeth and composite fillings on anterior teeth. This limitation does not change how fillings are currently restored.

Administrative changes or clarifications

- ***Group Agreement.*** Modifications have been made to clarify that Company may terminate the *Group Agreement* if there are no members covered, regardless of whether members reside or work in the service area, as that is not a requirement of eligibility for all products.
- **Participating or Non-Participating Provider.** The PPO *EOC*s have been revised to clarify that all care and Service must be directed by a Participating or Non-Participating Provider within the United States.
- **Injuries or Illnesses Alleged to be Caused by Third Parties.** This section of the *EOC* has been modified for accuracy and clarity. The section has been retitled "Injuries or Illnesses Alleged to be Caused by Other Parties" and references throughout the section to "third parties" have been changed. Language has also been added to clarify that reimbursements due to the Plan are not subject to the Out-of-Pocket Maximum. The address to send notice of claims or legal action has been updated.

Changes and clarifications that apply to all Senior Advantage plans

- **Outpatient Prescription Drugs.** True out-of-pocket cost for Part D covered drugs in a calendar year has increased from $6,350 to $6,550.

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