

PLAN UPDATES

What's new for Oregon small business group plans with coverage effective on or after January 1, 2022

OREGON
2022



This booklet contains a summary of important information you will want to know about our 2022 small group plans. For more details on plan design, refer to the Medical Plans Overview for Oregon Small Businesses.

account.kp.org



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.¹



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.² Visit kp.org/selfcareapps for more information.



New Kaiser Permanente On-the-Job™ clinic openings in September

We're adding 3 new stand-alone occupational health clinics to provide injury care and employment-related exams and screenings. For more information, visit kp.org/kpoj/nw.



Resources to help navigate the current economic environment

We recently launched the Resilience Compass, a public good website that helps small businesses find support resources. The site, found at resiliencecompass.org, includes funding opportunities, training webinars, technology discounts, and more for these challenging times.



Getting 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.³



Getting connected to an interpreter, made easier

Members can now call the interpretation services number on the back of their Kaiser Permanente ID card to go through a new flow that connects them directly with an interpreter.

¹When appropriate and available. For high deductible health plan members, phone and video appointments are subject to your plan's annual deductible. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

²Calm and myStrength are only available to Kaiser Permanente members with medical coverage. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

³When appropriate and available. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

WHAT'S NEW AT KAISER PERMANENTE

Below are some of the exciting changes over the past year



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.¹



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.²



Furthering our mission with community health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2019 alone, we invested more than \$3.4 billion in the community.³

2022 medical plan portfolio

Our plan portfolio offers choice and flexibility with multiple plans to choose from in all 4 metal levels. We have made necessary cost-sharing changes to keep plans within their respective metal levels while helping ensure a variety of price points to choose from. No plans have been added or discontinued. Our most notable plan change is to alternative care benefits outlined below. Specific cost-sharing changes for each plan are provided in the 2022 Medical Plan Changes section of this document. Groups may choose to renew with their current plan or select any other plan within our portfolio.

¹Randal J. Thomas et al., "Home-Based Cardiac Rehabilitation: A Scientific Statement From the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Heart Association, and the American College of Cardiology," *Circulation*, July 2, 2019, p. e69. pubmed.ncbi.nlm.nih.gov/31097258

²Kaiser Permanente Center for Health Research, research.kpchr.org/Research/Research-Areas/Cancer, accessed August 11, 2021.

³2019 Kaiser Permanente Community Health Snapshot, about.kaiserpermanente.org/content/dam/internet/kp/comms/community-health/kp-community-health-snapshot-2019.pdf, accessed August 11, 2021.

Alternative care changes

New regulations have paved the way for access to additional alternative care coverage! Chiropractic and acupuncture services are now considered essential health benefits by the state of Oregon. Cost shares for these 2 services will apply to the out-of-pocket maximum. All plans will now include the following without the purchase of additional coverage:

Chiropractic:

20 self-referred visits per year.

Acupuncture:

12 self-referred visits per year.

Naturopathic:

Unlimited self-referred visits (previously 6 visits per year).

Refer to plan-specific Summary of Benefits for chiropractic, acupuncture, and naturopathic cost-sharing details.

Additional information:

Over-the-counter medications (prescription or nonprescription), including vitamins or dietary supplements, are **not covered** under the plan's naturopathic health benefit.

Naturopathic physicians may order tests and perform them in their office if they so choose; the member would be responsible for lab cost shares associated with their plan.

The CHP network of naturopathic providers are not able to refer and coordinate care for members within the Kaiser Permanente delivery system as a traditional primary care provider (PCP) would. Therefore, members may not select a naturopath as a PCP unless they are on an Added Choice®/PPO plan network.

Added Choice/PPO plans: If a naturopath is credentialed as a PCP, they can act as a member's PCP.

With these new essential health benefits provided on a self-referred basis, the physician-referred benefit will no longer be covered for chiropractic, acupuncture, and naturopathic services.

Visit chpgroup.com for a list of providers. If purchased with Added Choice plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities.

Massage buy-up (optional):

12 visits per year.

\$25 cost share. Cost shares are after deductible for all HDHP plans.

Massage cost share on the 6900/0% HSA will be 0% after deductible is met.

Refer to plan-specific summaries for cost sharing details in Preferred and Non-Participating Provider networks.

Since acupuncture, chiropractic, and naturopathic services will now be covered on all plans, groups that previously offered these benefits under our optional buy-up coverage will now have the massage buy-up. Massage is available on all plans except the Oregon Standard plans.

2022 dental plan portfolio

New \$3,000 benefit maximum plan options are available on Traditional Family plans.

Discontinuation of Family plans with preventive services covered at 80% (\$1,000 benefit maximum). To further promote preventive care, groups on these plans will be migrated to our 100% preventive coverage plans upon renewal (\$1,000 benefit maximum). For all other groups that currently offer dental coverage, the same plan will be provided upon renewal; however, you may select any plan within our Traditional and Dental Choice PPO family plan portfolio.

The annual out-of-pocket maximum for in-network services has increased from \$350 to \$375 for an individual under 19 years of age, and from \$700 to \$750 for a family (of 2 or more pediatric members enrolled).

As a reminder, our Family dental plans provide coverage for both adults and pediatric dependents together on one plan, including medically necessary orthodontia for members under 19 years of age. Coverage for cosmetic orthodontia and implants is also available on some plans when selected. Select a plan that fits your needs at any age.

Stand-alone pediatric dental coverage is provided for groups that do not offer dental coverage to all employees.

Voluntary dental plan options

New voluntary family dental plan options are now being offered to small employer groups and their employees. Traditional and Dental Choice PPO plan options range from \$1,000 to \$2,000 benefit maximum with \$50 deductible. See the Dental Product Portfolio brochure for additional details. The following rules apply:

- **Employee** contributes 51% to 100% of premium.
- Group participation minimum of 5 employees or 25%, whichever is greater.
- **Employer** sets up payroll deductions and submits premiums on behalf of employees.
- Standard open enrollment and qualifying life event change rules apply.
- Voluntary dental plans **may not** be elected in combination with nonvoluntary plans.

Pediatric dental services and coverage for your renewal

Pediatric dental coverage for members is required by law, so all of our medical plans are offered along with an ACA-compliant pediatric dental plan with a choice of Traditional and Dental Choice PPO plans. Coverage for standard orthodontia to address misaligned teeth is also offered on both Traditional and Dental Choice PPO plans. If you have an ACA-compliant pediatric dental plan offered by another carrier, you may opt out of our coverage by attesting to this fact on your New Group Application or Renewal Decision Form.

If your group previously attested to having other ACA-compliant pediatric dental coverage and waived this coverage, you must provide an updated attestation upon renewal each year, by using the Renewal Decision Form. If a plan is not selected or an updated attestation received, this coverage will be added on your behalf.

Automatic renewals

For your renewal in 2022, 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 help 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 Oregon Small Businesses.

2022 PLAN HIGHLIGHTS AND REMINDERS

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-network benefit design with different cost-sharing amounts for generic, preferred brand, non-preferred brand, 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 2 times the 30-day supply copay when using Kaiser Permanente mail-order pharmacy. We can mail most prescription medications to you within 3 to 5 days, and you don't pay any extra for standard U.S. postage.

Massage, routine vision eye exam and hardware benefits

All our medical plans (except the Oregon Standard plans) may be purchased with additional coverage to meet your needs. The 3 buy-up options include medical plans with self-referred massage; medical plans with adult vision hardware and routine eye exam; and medical plans with self-referred massage, vision hardware, and routine eye exam. The massage buy-up option includes a 12-visit limit per calendar year. Members can access this benefit through the CHP network of providers.

As a reminder, to offer choice and affordability, plans purchased without the vision hardware benefit do not provide coverage for adult routine eye exams. Go to kp2020.org for more information, including our optical locations.

Pediatric vision coverage on all medical plans

All our plans cover pediatric vision exams and one pair of standard frames with lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to one pair per year for conventional lenses or up to a 6-month supply of disposable contact lenses per year) at no additional charge.

Standard plans

Our plan portfolio includes standard plans that have been designed by the state of Oregon, and all carriers are required to offer these particular plans. Because they were not designed by Kaiser Permanente, the coverage may differ slightly from our typical plans. Differences include benefits such as hospice, infertility, and dependent out of area. Please refer to your Sales Summary of Benefits for details.

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, 2022, for Oregon groups with 50 or fewer employees.

2022 MEDICAL PLAN CHANGES

YEAR	2021	2022
PLAN NAME	KP OR Platinum 250/20	KP OR Platinum 250/20
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$3,000 per individual; \$6,000 per family
BENEFITS	Member pays	
OUTPATIENT SURGERY	10%*	15%*
CT, MRI, AND PET SCANS	10%*	15%*
INPATIENT HOSPITAL CARE	10%*	15%*
EMERGENCY DEPARTMENT VISIT	10%*	15%*
AMBULANCE SERVICES	10%*	15%*
DURABLE MEDICAL EQUIPMENT	10%*	15%*
OUTPATIENT ADMINISTERED MEDICATIONS	10%*	15%*
COINSURANCE	10%*	15%*
SKILLED NURSING	10%*	15%*

YEAR	2021	2022
PLAN NAME	KP OR Gold 1500/35	KP OR Gold 1500/35
ANNUAL OUT-OF-POCKET MAXIMUM	\$7,000 per individual; \$14,000 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%*
DURABLE MEDICAL EQUIPMENT	20%*	25%*
OUTPATIENT ADMINISTERED MEDICATIONS	20%*	25%*
COINSURANCE	20%*	25%*
SKILLED NURSING	20%*	25%*

*Subject to annual medical deductible.

YEAR	2021	2022
PLAN NAME	KP OR Silver 3500/40	KP OR Silver 3500/40
BENEFITS	Member pays	
OFFICE VISITS Specialty Care	\$50*	\$55*
OUTPATIENT THERAPIES	\$50*	\$55*
OUTPATIENT SURGERY	30%*	35%*
CT, MRI, AND PET SCANS	30%*	35%*
INPATIENT HOSPITAL CARE	30%*	35%*
EMERGENCY DEPARTMENT VISIT	30%*	35%*
AMBULANCE SERVICES	30%*	35%*
DURABLE MEDICAL EQUIPMENT	30%*	35%*
NON-PREFERRED BRAND RX	30%*	35%*
OUTPATIENT ADMINISTERED MEDICATIONS	30%*	35%*
COINSURANCE	30%*	35%*
SKILLED NURSING	30%*	35%*

YEAR	2021	2022
PLAN NAME	KP OR Silver 4500/45	KP OR Silver 4500/45
BENEFITS	Member pays	
OFFICE VISITS Specialty Care	\$55*	\$65*
OUTPATIENT THERAPIES	\$55*	\$65*
OUTPATIENT SURGERY	30%*	35%*
CT, MRI, AND PET SCANS	30%*	35%*
INPATIENT HOSPITAL CARE	30%*	35%*
EMERGENCY DEPARTMENT VISIT	30%*	35%*
AMBULANCE SERVICES	30%*	35%*
DURABLE MEDICAL EQUIPMENT	30%*	35%*
OUTPATIENT ADMINISTERED MEDICATIONS	30%*	35%*
COINSURANCE	30%*	35%*
SKILLED NURSING	30%*	35%*

YEAR	2021	2022
PLAN NAME	KP Oregon Standard Bronze Plan	KP Oregon Standard Bronze Plan
ANNUAL MEDICAL DEDUCTIBLE	\$8,550 per individual; \$17,100 per family	\$8,700 per individual; \$17,400 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,550 per individual; \$17,100 per family	\$8,700 per individual; \$17,400 per family

*Subject to annual medical deductible.

YEAR	2021			2022		
PLAN NAME	KP OR Platinum 250/20 3T POS			KP OR Platinum 250/20 3T POS		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$3,500 per individual; \$7,000 per family	\$7,000 per individual; \$14,000 per family	\$3,000 per individual; \$6,000 per family	\$4,000 per individual; \$8,000 per family	No change
BENEFITS	Member pays			Member pays		
OUTPATIENT SURGERY	10% ¹	25% ¹	35% ¹	15% ¹	No change	No change
CT, MRI, AND PET SCANS	10% ¹	25% ¹	35% ¹	15% ¹	No change	No change
INPATIENT HOSPITAL CARE	10% ¹	25% ¹	35% ¹	15% ¹	No change	No change
EMERGENCY DEPARTMENT VISIT	10% ¹			15% ¹		
AMBULANCE SERVICES	10% ¹			15% ¹		
DURABLE MEDICAL EQUIPMENT	10% ¹	25% ¹	35% ¹	15% ¹	No change	No change
OUTPATIENT ADMINISTERED MEDICATIONS	10% ¹	25% ¹	35% ¹	15% ¹	No change	No change
COINSURANCE	10% ¹	25% ¹	35% ¹	15% ¹	No change	No change
SKILLED NURSING	10% ¹	25% ¹	35% ¹	15% ¹	No change	No change

YEAR	2021			2022		
PLAN NAME	KP OR Platinum 250/20 3T POS OOA			KP OR Platinum 250/20 3T POS OOA		
NETWORK	Select Providers	PPO Providers	Nonparticipating Providers	Select Providers	PPO Providers	Nonparticipating Providers
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$2,500 per individual; \$5,000 per family	\$7,000 per individual; \$14,000 per family	\$3,000 per individual; \$6,000 per family	\$3,000 per individual; \$6,000 per family	No change
BENEFITS	Member pays			Member pays		
OUTPATIENT SURGERY	10% ¹	10% ¹	35% ¹	15% ¹	15% ¹	No change
INPATIENT HOSPITAL CARE	10% ¹	10% ¹	35% ¹	15% ¹	15% ¹	No change
EMERGENCY DEPARTMENT VISIT	10% ¹			15% ¹		
AMBULANCE SERVICES	10% ¹			15% ¹		
DURABLE MEDICAL EQUIPMENT	10% ¹	10% ¹	35% ¹	15% ¹	15% ¹	No change
OUTPATIENT ADMINISTERED MEDICATIONS	10% ¹	10% ¹	35% ¹	15% ¹	15% ¹	No change
COINSURANCE	10% ¹	10% ¹	35% ¹	15% ¹	15% ¹	No change
SKILLED NURSING	10% ¹	10% ¹	35% ¹	15% ¹	15% ¹	No change

YEAR	2021	2022
PLAN NAME	KP OR Gold 1000/35 3T POS OOA	KP OR Gold 1000/35 3T POS OOA
BENEFITS	Member pays	
OUTPATIENT PRESCRIPTION DRUGS	Tier 1 preferred brand drugs \$20 ²	Tier 1 preferred brand drugs \$30 ²

¹Subject to annual medical deductible.

²2021 EOCs printed a \$20 copay instead of \$30. As such, members were charged \$20. EOCs will be corrected to reflect the \$30 copay for 2022.

2022 DENTAL PLAN CHANGES

PREVENTIVE 80% PLAN MIGRATION		
YEAR	2021	2022
PLAN NAMES	KP OR Family Traditional 80 - \$1000 Max KP OR Family Traditional 80 - \$50 Ded/\$1000 Max KP OR Family Traditional 80 - \$100 Ded/\$1000 Max KP OR Family Traditional 80 - \$100 Ded/\$1000 Max + Ortho	KP OR Family Traditional 100 - \$1000 Max KP OR Family Traditional 100 - \$50 Ded/\$1000 Max KP OR Family Traditional 100 - \$100 Ded/\$1000 Max KP OR Family Traditional 100 - \$100 Ded/\$1000 Max + Ortho
ANNUAL BENEFIT MAXIMUM	\$1,000	\$1,000
BENEFITS	Member pays	
PREVENTIVE AND DIAGNOSTIC SERVICES*	20%	0%

YEAR	2021		2022	
PLAN NAMES	KP OR Family Choice 80 - \$50 Ded/\$1000 Max KP OR Family Choice 80 - \$100 Ded/\$1000 Max KP OR Family Choice 80 - \$100 Ded/\$1000 Max + Ortho		KP OR Family Choice 100 - \$50 Ded/\$1000 Max KP OR Family Choice 100 - \$100 Ded/\$1000 Max KP OR Family Choice 100 - \$100 Ded/\$1000 Max + Ortho	
NETWORK	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM	\$1,000	\$1,000	\$1,000	\$1,000
BENEFITS	Member pays		Member pay	
PREVENTIVE AND DIAGNOSTIC SERVICES*	20%	20%	0%	0%

*Not subject to deductible.

2022 DENTAL PLAN CHANGES

PLAN NAMES	NEW 2022 DENTAL PLANS			
	KP OR Family Traditional 100 - \$50 Ded/\$2000 Max - Voluntary	KP OR Family Traditional 100 - \$50 Ded/\$1500 Max - Voluntary	KP OR Family Traditional 100 - \$50 Ded/\$1000 Max - Voluntary	KP OR Family Traditional 100 - \$50 Ded/\$3000 Max KP OR Family Traditional 100 - \$100 Ded/\$3000 Max
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,000	\$1,500	\$1,000	\$3,000
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$375 per member/ \$750 per family	\$375 per member/ \$750 per family	\$375 per member/ \$750 per family	\$375 per member/ \$750 per family
BENEFITS	Member pays			
OFFICE VISIT COPAY The office visit charge applies to all visits.	\$10	\$10	\$10	\$10
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exam and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extraction.	20%	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	50%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	50%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	50%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%
NITROUS OXIDE* • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network: \$25 plus the cost shares that normally apply for nonemergency dental care services. For out-of-network: all charges over \$100.			

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.

	NEW 2022 DENTAL PLANS					
PLAN NAMES	KP OR Family Choice 100 - \$50 Ded/\$2000 Max - Voluntary		KP OR Family Choice 100 - \$50 Ded/\$1500 Max - Voluntary		KP OR Family Choice 100 - \$50 Ded/\$1000 Max - Voluntary	
NETWORK	IN	OUT	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,000		\$1,500		\$1,000	
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$375 per member/ \$750 per family	NA	\$375 per member/ \$750 per family	NA	\$375 per member/ \$750 per family	NA
BENEFITS	Member pays					
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%	0%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extractions.	20%	20%	20%	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%	20%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%	20%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%	20%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%	50%	50%	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%	10%	10%
NITROUS OXIDE* • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network: \$25 plus the cost shares that normally apply for nonemergency dental care services. For out-of-network: the cost shares that normally apply for nonemergency dental care services.					

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.

2022 GROUP AGREEMENT AND EVIDENCE OF COVERAGE SUMMARY OF CHANGES AND CLARIFICATIONS FOR OREGON 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, and Added Choice® medical plans

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

Benefit changes

- **Alternative Care.** Alternative care benefits (acupuncture, chiropractic, naturopathic, and massage therapy) updated for 2022 plan year as described below:
 - **Acupuncture Care.** Now an essential health benefit (EHB) for up to 12 visits per year on a self-referred basis through contracted providers. Physician referred is no longer covered.
 - **Chiropractic Care.** Now an EHB for up to 20 visits per year on a self-referred basis through contracted providers. Physician referred is no longer covered.
 - **Naturopathic Care.** Unlimited self-referred visits are now covered at the Primary Office visit cost share through contracted providers. Physician referred is no longer covered.
 - **Massage Therapy.** Optional buy-up coverage available (on all plans except the Oregon Standard plans) providing up to 12 visits per year for therapeutic massage on a self-referred basis through contracted providers.
- **Medical Coverage of Dental Services for Potential Transplant Recipients.** Routine dental services necessary to ensure the oral cavity is clear of infection so the member can be placed on the transplant waitlist will be covered for medical plan members who are potential transplant recipients.
- **Insulin for Treatment of Diabetes.** Limits the cost sharing for insulin for the treatment of diabetes to \$75 for a 30-day supply and \$225 for a 90-day supply. Coverage may not be subject to a deductible.

Benefit clarifications

Refer to your group EOC for additional information on the following:

- **Transplant Services.** Revised benefit description in the EOC to make it clearer that both inpatient and outpatient services related to covered transplants are covered at the cost share applicable to the service/place of service.
- **Healthy Resources.** A new "Healthy Resources" section has been added to explain value-added programs and resources available to members.
- **Telehealth.** An enhanced descriptions of telehealth services has been added to the EOC. An additional section in the OR Benefit Summaries will show the cost share for various types of telehealth services.
- **Outpatient Durable Medical Equipment (DME).** Benefit Summaries have been updated to include home ultraviolet light therapy equipment.
- **Outpatient Prescription Drugs and Supplies.** Changes have been made to provide clarity about nonprescription drugs that we cover.
- **Cost Share for Covered Drugs and Supplies.** Drug manufacturer coupon may be used as payment for Traditional and Deductible plans.

Administrative changes or clarifications

- **Exclusions and Limitations.** Acupuncture and Chiropractic Services exclusions when physician-referred alternative care is not covered have been updated in the EOC. Additionally, the Massage Therapy Services exclusion has been updated for clarity.
- **Gender-Neutral Language.** Existing contract language that contained he/him/his and she/her/hers has been replaced with they, them, the person.

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

Benefit changes

- **Prior Authorization.** Prior authorization requirements for outpatient rehab therapies for services received from PPO and non-participating providers have been removed. Members will have direct access to physical therapy, occupational therapy, and speech therapy providers. The therapist's office may still request a referral.
- **TMD.** PPO network TMD benefit subject to deductible on all Added Choice point-of-service deductible plans.

Benefit clarifications

- **Alternative Care.** For the Alternative care benefit changes, members on Added Choice plans also have access to Non-Contracted providers.

Administrative changes or clarifications

- **Provider Networks.** References to benefit "tiers" has been replaced with language that explains how to obtain services, cost share, and coverage in terms of provider networks.

Changes and clarifications that apply to dental plans

Benefit clarifications

- **Dental Implant Services.** Dental plans that include coverage for dental implants: modifying implant cleaning and maintenance benefits. We cover routine cleaning of the implant surfaces up to 2 visits per year; and implant maintenance, where the prosthesis is removed and reinserted, once every 2 years. Implant maintenance will be covered regardless of whether a Kaiser Permanente provider placed the implant system.

Administrative changes or clarifications

- **Referrals.** The additional sentence added to explain that the referral will specify the services and number of visits, and coverage of the referred services is subject to the plan exclusions and limitations.
- **Gender-Neutral Language.** Existing contract language that contained he/him/his and she/her/hers has been replaced with they, them, the person.
- **Premium, Eligibility, and Enrollment.** The term “handicap” has been changed to “disability” for consistency with similar usage of the term “disability” in other sections.
- **Contribution and Participation Requirements.** The requirements are different between our standard group contributory dental plans and our elective voluntary dental plans.

Changes and clarifications that apply to all Senior Advantage plans

- No changes.