

PLAN UPDATES

WASHINGTON
2022

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

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Going green with online billing

To help you reduce paper clutter and save you time, we have transitioned our Washington groups to start receiving billing statements electronically. If you have not yet created an online profile, please visit account.kp.org.



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 the naturopathic 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

Naturopathic care:

Unlimited self-referred visits covered at specialty cost share (previously 6 visits per year).

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 physician 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 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. If purchased with PPO Plus® out-of-area plans, these benefits may be used at PPO and other nonparticipating providers and facilities.

Physician-referred chiropractic and acupuncture on Choice Products:

Physician-referred chiropractic and acupuncture network access has been expanded to include services in all Choice Product networks.

2022 dental plan portfolio

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

Discontinuation of Adult plans with preventive 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 plan portfolio.

Stand-alone pediatric dental plans: 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). Not applicable to embedded pediatric dental plans.

Voluntary dental plan options

New voluntary adult 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.

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 Washington 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 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.

Pediatric vision coverage on all medical plans

All our plans cover pediatric vision exams and one pair of 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 12-month supply of disposable contact lenses per year) at no additional charge.

Optional buy-up coverage

All our medical plans can be paired with the following buy-up coverage:

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 optical locations.

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 Washington groups with 50 or fewer employees.

2022 MEDICAL PLAN CHANGES

YEAR	2021	2022
PLAN NAME	KP WA Platinum 250/20	KP WA 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 WA Gold 1500/35	KP WA 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 WA Silver 3500/40	KP WA 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 WA Silver 4500/45	KP WA 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%*

*Subject to annual medical deductible.

YEAR	2021			2022		
PLAN NAME	KP WA Platinum 250/20 3T POS			KP WA 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%*	25%*	35%*	15%*	No change	No change
CT, MRI, AND PET SCANS	10%*	25%*	35%*	15%*	No change	No change
INPATIENT HOSPITAL CARE	10%*	25%*	35%*	15%*	No change	No change
EMERGENCY DEPARTMENT VISIT	10%*			15%*		
AMBULANCE SERVICES	10%*			15%*		
DURABLE MEDICAL EQUIPMENT	10%*	25%*	35%*	15%*	No change	No change
OUTPATIENT ADMINISTERED MEDICATIONS	10%*	25%*	35%*	15%*	No change	No change
COINSURANCE	10%*	25%*	35%*	15%*	No change	No change
SKILLED NURSING	10%*	25%*	35%*	15%*	No change	No change

*Subject to annual medical deductible.

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

*Subject to annual medical deductible.

2022 DENTAL PLAN CHANGES

PREVENTIVE 80% PLAN MIGRATION		
YEAR	2021	2022
PLAN NAMES	KP WA Adult Traditional 80 - \$1000 Max KP WA Adult Traditional 80 - \$50 Ded/\$1000 Max KP WA Adult Traditional 80 - \$100 Ded/\$1000 Max KP WA Adult Traditional 80 - \$100 Ded/\$1000 Max + Ortho	KP WA Adult Traditional 100 - \$1000 Max KP WA Adult Traditional 100 - \$50 Ded/\$1000 Max KP WA Adult Traditional 100 - \$100 Ded/\$1000 Max KP WA Adult 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 WA Adult Choice 80 - \$50 Ded/\$1000 Max KP WA Adult Choice 80 - \$100 Ded/\$1000 Max KP WA Adult Choice 80 - \$100 Ded/\$1000 Max + Ortho		KP WA Adult Choice 100 - \$50 Ded/\$1000 Max KP WA Adult Choice 100 - \$100 Ded/\$1000 Max KP WA Adult 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

	NEW 2022 DENTAL PLANS			
PLAN NAMES	KP WA Adult Traditional 100 - \$50 Ded/\$1000 Max - Voluntary	KP WA Adult Traditional 100 - \$50 Ded/\$1500 Max - Voluntary	KP WA Adult Traditional 100 - \$50 Ded/\$2000 Max - Voluntary	KP WA Adult Traditional 100 - \$50 Ded/\$3000 Max KP WA Adult Traditional 100 - \$100 Ded/\$3000 Max
ANNUAL BENEFIT MAXIMUM	\$1,000	\$1,500	\$2,000	\$3,000
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.	50%	20%	20%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	50%	20%	20%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	50%	20%	20%	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%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%
NITROUS OXIDE*	\$25	\$25	\$25	\$25
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, plus amounts that exceed usual and customary charges for qualifying claims.			

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. These plans cover members age 19 and older.

	NEW 2022 DENTAL PLANS					
PLAN NAMES	KP WA Adult Choice 100 - \$50 Ded/\$1000 Max - Voluntary		KP WA Adult Choice 100 - \$50 Ded/\$1500 Max - Voluntary		KP WA Adult Choice 100 - \$50 Ded/\$2000 Max - Voluntary	
NETWORK	IN	OUT	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM	\$1,000		\$1,500		\$2,000	
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%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%	10%	10%
NITROUS OXIDE*	\$25	\$25	\$25	\$25	\$25	\$25
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. All adult PPO plans cover members 19 and older.

2022 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 2022. 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

- **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.
- **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.
- **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.
- **Gender-Affirming Treatment.** EOC enhancement to reflect existing practices and our commitment to members receiving gender-affirming treatment.
- **Outpatient Physical Therapy and Massage.** Revised EOC to clarify soft tissue massage is covered when part of a physical therapy plan of care and received during the physical therapy session, and does not include massage techniques such as gua sha, tui na, and shiatsu.

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 and PPO Plus medical plans only

Benefit changes

- **Physician Referred Acupuncture and Chiropractic Services.** Physician referred services will be covered in all networks of Choice Products (care now available via the First Health Network and non-contracted providers).
- **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

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