

# The Plus Benefit: Member summary



More Choices. More Convenience.<sup>1</sup>

You already have access to the best of Kaiser Permanente through your traditional<sup>2</sup> plan. But as a Plus member, you get even more.<sup>3</sup>

With Plus, your choices are covered. Choose to see any licensed provider, anytime, up to a set number of visits or covered outpatient medical services each year. And depending on your plan, you may also have some coverage when you fill prescriptions at non-Kaiser Permanente pharmacies.

## Your Plus Benefits

### Office Visits and Services<sup>4</sup>

You'll get a set number of visits you can use to see doctors who aren't associated with Kaiser Permanente (we refer to them as non-Plan Providers) for certain covered outpatient services. So if you have a provider you like, you don't have to switch. Your visits will still be covered, as long as you don't exceed the annual visit limit.

We've outlined the key services/items that count as a visit, covered under the Plus Benefit in the "What's covered?" section.

We encourage you to review the list so you can better track your visits – and make the most of this benefit.

*Review your Evidence of Coverage for your specific plan details, including benefits, exclusions, and limitations.*

### What's covered?

You can use your visits for these types of items/services (this isn't a comprehensive list):<sup>4</sup>

- Routine office visits (primary, preventive care)
- Specialty care office visits
- Mental health and substance use disorders
- Lab services, diagnostic X-rays, and select durable medical equipment provided during an office visit (each test, piece of equipment, and X-ray counts separately toward your limit)
- Physical, occupational, and speech therapy office visits
- Allergy injections received at an office

### What's the cost?

Here's more good news. Your cost share (copayment or coinsurance) is the same as, or similar to, the cost share for these services in your traditional plan.<sup>5</sup>

If you have a High Deductible Health Plan (HDHP) that qualifies for a Health Savings Account (HSA), your costs under the Plus benefit will apply to your deductible.<sup>6</sup>

If you have an HMO or Deductible HMO plan, your costs under the Plus benefit may not be applied toward your deductible (if applicable) or out-of-pocket maximum for the year.

### What's not covered?

The following benefits are not covered under the Plus Benefit:

- Inpatient services
- Outpatient surgery
- Radiation therapy
- Screening colonoscopies
- Infertility
- Prenatal and maternity care
- Chiropractic, acupuncture, or massage services
- Genetic testing
- Contact lens fittings
- Dental care
- Special procedures
- Many other medical benefits that are not described as covered under the Plus Benefit

Services not covered under traditional plan benefits will not be covered under your Plus Benefit.

**Prescriptions**

Coverage for out-of-network pharmacy depends on your plan, so before you fill any prescriptions, take a few minutes to review your Evidence of Coverage, found at [kp.org/eoc](http://kp.org/eoc).

- For any prescription to be covered, it must be on the Kaiser Permanente formulary. To check if a medication is on the Kaiser Permanente formulary, go to [kp.org/formulary](http://kp.org/formulary), choose your region, and select the HMO Formulary link.
- If your Plus Benefit includes out-of-network pharmacy coverage, you have a set number of prescriptions you can fill at a pharmacy outside the Kaiser Permanente network.
- If your Plus Benefit doesn't include pharmacy coverage, be sure to fill prescriptions at any Kaiser Permanente pharmacy, or one that's affiliated with your plan.<sup>7</sup> Follow pharmacy guidelines for your traditional<sup>2</sup> plan coverage.<sup>8</sup>
- If you have a prescription from a non-plan provider, you can fill it at a Kaiser Permanente pharmacy, typically at a lower cost share than an out-of-network pharmacy.
- Your non-Plan Provider can determine if a particular medication is on the Kaiser Permanente formulary or find a medication's equivalent on the formulary by calling a Kaiser Permanente pharmacist at the Clinical Pharmacy Call Center at **1-866-244-4119 (TTY 711)**, from 8 a.m. to 6 p.m., weekdays.

**Get the Most Out of Plus**

**To make the most of your Plus visits, you may want to save them for office visits with your favorite non-Plan Provider.** You can do this by using the Kaiser Permanente network for labs, X-rays, and other procedures.<sup>4</sup> That way, they're covered by your traditional<sup>2</sup> benefit, rather than Plus. We can send results to your non-Plan Provider.

The examples below show you how a little preparation can help you maximize your visits.

**Questions?**

**Online**

Find plan information and resources online.

- [kp.org/formsandpubs](http://kp.org/formsandpubs): Get a list of FAQs, and print the "Plus Benefit: Plan Information for Physicians" flyer to take to your appointments with non-Plan Providers.
- [choiceproducts-colorado.kp.org](http://choiceproducts-colorado.kp.org): Find more information about your plan.
- [kp.org/eoc](http://kp.org/eoc): Review your Evidence of Coverage to better understand your plan details, including what's covered.

**Call**

Customer Service representatives are available Monday-Friday, from 8 a.m. to 6 p.m., at **1-855-364-3184 (TTY 711)**.

**Enjoy the added convenience and choices you get with Plus!**

Plus member scenarios	What counts toward the "Plus" visit limit?
<p><b>Jack, a Plus member, hurts his finger.</b> He visits a specialist who is a non-Plan Provider.</p> <p>Suspecting it could be infected and/or broken, the specialist orders a lab test and X-ray and directs Jack to other non-Plan Providers for these services.</p>	<p><b>Jack incurs 3 Plus visits:</b></p> <ul style="list-style-type: none"> <li>• Specialist office visit/exam: he pays Plus cost share</li> <li>• Lab test from non-Plan Provider: he pays Plus coinsurance</li> <li>• X-ray from non-Plan Provider: he pays Plus coinsurance</li> </ul>
<p><b>Jill, a Plus member, hurts her finger.</b> Like Jack, she visits a specialist who is a non-Plan Provider. The specialist orders a lab test and an X-ray. Jill tells the specialist that she wants these services done at nearby Kaiser Permanente medical offices.</p> <p>She also gives the specialist a copy of the "Plus Benefit: Information for Physicians" flyer, which outlines how to do this. Jill goes to Kaiser Permanente medical offices for her lab work and X-ray. Results are then sent back to the specialist (non-Plan Provider) to determine next steps.</p>	<p><b>Jill incurs one Plus visit:</b></p> <ul style="list-style-type: none"> <li>• Specialist office visit/exam: she pays her Plus cost share</li> <li>• She does not incur Plus visits for the lab work and X-ray.</li> </ul>

Important: If you're enrolled in a High Deductible Health Plan (HDHP), costs under the Plus Benefit may be subject to the plan deductible and out-of-pocket maximum. If you have a HDHP plan that qualifies for a Health Savings Account (HSA), your costs under the Plus benefit will apply to your deductible.<sup>6</sup>

## Step-by-Step Guide to Filing a Claim

### Before Your Visit:

#### Find out if you'll need to submit a claim

- When making your appointment, be sure to ask your provider if they intend to submit the claim to Kaiser Permanente on your behalf.
- Please print and take the "Plus Benefit: Plan Information for Physicians" flyer with you to the appointment. This flyer will help them care for you, while keeping your costs more affordable. To access the flyer, visit [kp.org/formsandpubs](http://kp.org/formsandpubs) (you'll need to register if you haven't already). Once you're there, select "Forms" from the menu on the left. In the middle of the screen, look for "Before your visit" and choose the "Plus Plan Information for Physicians."

### At Your Provider's Office

#### Collect the Necessary Documentation

- On the day of the visit, take the "Plus Plan Information for Physicians" flyer with you and give it to your provider.
- If they will be submitting the claim for your visit, please ask them to follow the instructions on the flyer.
- If they confirm that you should submit the claim, be sure to collect and keep copies of:
  - Itemized bill(s) showing the amount charged, the amount you paid, as well as diagnosis or treatment codes.
  - Receipts for any charges you paid that show a zero balance.

### After Your Visit

#### Submit Your Claim Online or by Mail

- To submit your claim, gather your itemized bill(s) and receipt(s).
- Make copies for your records.
- Write "process under the Plus Benefit" at the top of the bill. This will ensure that the claim gets processed as quickly as possible.

#### To Submit Online

- Go to [kp.org/coverageandcosts](http://kp.org/coverageandcosts) and sign into your account.
- Select "Submit a Claim."
- Select "Submit Medical Claim Online."
- Follow the instructions and upload your itemized bill(s) and receipt(s).

#### To Submit by Mail

Send your itemized bill(s) and receipt(s) to the following address:

Kaiser Foundation Health Plan of Colorado  
 Claims Department  
 P.O. Box 373150  
 Denver, CO 80237-3150

Once we receive all the necessary information, our team will process it as quickly as possible. You should expect to receive payment within 30 days. If not, please call Member Services.

Information provided here is a summary only. For a list of services available with your plan, refer to your Summary of Benefits and Coverage. Upon enrollment, your Evidence of Coverage will contain a description of your coverage, including benefits, exclusions, and limitations. Your Evidence of Coverage will prevail over this or any other plan summary.

1. Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health plan of Colorado's network provider services. To obtain a copy, please call Member Services, or visit [kp.org](http://kp.org).
2. Your traditional plan is dependent on which plan your employer offers or that you have selected.
3. Kaiser Foundation Health Plan of Colorado underwrites the Plus Benefit.
4. Each item/service counts as a separate Plus Benefit visit and will be applied toward your annual Plus Benefit visit limit even if it occurs on the same day or during a single visit to a provider. For additional details, please refer to your Evidence of Coverage.
5. Please see your Evidence of Coverage.
6. To be eligible for an HSA, you must be enrolled in an HSA-qualified deductible health plan and meet other HSA eligibility rules. For more information, see IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans at [irs.gov/publications](http://irs.gov/publications). The tax references in this document relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws.
7. Subject to Kaiser Permanente formulary.
8. Maintenance medication refills must be filled at one of our Kaiser Permanente Plan medical office pharmacies or through the Kaiser Permanente mail order program, or the maintenance medication will not be covered.