



Kaiser Permanente PPO Colorado Provider Manual

- Health Plan Member Eligibility and Benefits Determination
- Product Descriptions



Section 3

- Health Plan Member Eligibility and Benefits Determination
- Product Descriptions

INTRODUCTION

Our goal is to ensure members get the care they need when they need it, hassle free! Our Member eligibility and benefit determination policies and procedures help guide you and your staff in assisting the member. This section provides a quick and easy resource complete with contact phone numbers, detailed processes and site lists for services related to Member eligibility and benefit determination. It also briefly describes our health plan products.

If, at any time, you have a question or concern about the information outlined in this section of the Provider Manual, you can reach our Member/Provider Services Department by calling 303-338-3800 or 1-800-632-9700.

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SECTION 3: HEALTH PLAN MEMBER ELIGIBILITY AND BENEFITS DETERMINATION

3.1 MEMBER ELIGIBILITY VERIFICATION

You are responsible for verifying a Member’s eligibility each time the Member presents at your office for services. Do not assume that coverage is in effect because a person produces a Kaiser Permanente Member ID card. The process for verifying eligibility is as follows:

- 1 Request Kaiser Permanente Member ID card and check identity against a photo ID.
- 2 Contact Kaiser Permanente by telephone, interactive voice response (IVR) system or by web (Affiliate Link), as described in Option #3 in the chart below.
- 3 If you cannot verify eligibility because Kaiser Permanente’s eligibility verification offices are closed, you should verify eligibility on the next business day.
- 4 If you are unable to verify eligibility or if services are requested after hours, the Member must complete a financial responsibility form. Please explain that the Member will be responsible to pay for the services if it is later determined that he or she did not have coverage on the date of service. See Section 3.2 regarding retroactive eligibility changes.

Option	Description
#1	Interactive Voice Response (IVR) System: The IVR can be accessed for Member eligibility, copayment information, and the name of the PCP assigned to the Member through the Member/Provider Services Department for at 303- 338-3800 or 800-632-9700, 7 days a week from 8am to 5pm. Please have the Member’s HRM number and date of birth available when you call.
#2	Member/Provider Service Line: If you are unable to use the IVR system to confirm Member eligibility or PCP assignment, you may speak with a customer service representative by calling the Member/Provider Services Department at 303- 338-3800 or 800-632-9700, , M-F from 8am to 5pm. Please provide the Member’s name and Member HRN number, inclusive of suffix, which is located on the Kaiser Permanente ID card.
#3	Online Affiliate Link is a secure provider portal which is accessible and can be accessed 24 hours a day, 7 days a week. To verify eligibility, please go to Online Affiliate Community Provider Portal Kaiser Permanente . If you are not registered as a user, you can begin that process from this link as well. The Use of Online Affiliate Link <u>is required</u> to check eligibility, benefits, and claim status as well as file claim disputes. Kaiser Permanente Colorado will be moving away from faxes and paper forms in 2025. With additional access to Online Affiliate Link, you are will be able to place orders and view the orders that your office has placed, which includes Laboratory and Radiology orders.
#4	For Members of Self-Funded plans administered by KPIC, you can also utilize the Self-Funded Provider Portal at http://kpclaimservices.com , a secure site, for which a user ID and password are required. To obtain access, go to http://kpclaimservices.com and click the <i>Provider Registration</i> link near the top of the website and complete the form.

3.2. RETROACTIVE ELIGIBILITY CHANGES

Kaiser Permanente may determine retroactively that a Member was not eligible for coverage on the date of service. This occurs, for example, when eligibility data is received late from employer groups, or is adjusted by employer groups. The applicable Payor is not responsible for paying for services in that case, but if you obtained a financial responsibility form from the Member, you may bill the Member directly for the services. If you have already received payment for the services, the applicable Payor will notify you of the adjustment.

Some examples where Member eligibility may change retroactively include, but are not limited to, the following conditions:

- Kaiser Permanente receives delayed information, e.g., from Member's employer, that an individual is no longer a Member.
- The individual policy/benefit has been terminated.
- The Member decides not to purchase continuation coverage.
- The Member decides not to pursue coverage through Connect for Health Colorado.
- The eligibility information received by Kaiser Permanente is later determined to be false.

If you have received payment on a claim(s) that is impacted by a retroactive eligibility change, a claim adjustment will be made. The reason for the claim adjustment will be reflected on the remittance advice.

3.3. BENEFIT COVERAGE VERIFICATION

You are responsible for verifying that a Member has coverage under their Membership Agreement, Evidence of Coverage, or Certificate of Insurance for the services you will be providing, and for obtaining any required prior authorization. See Section 4 of the Manual for information regarding authorization requirements. To determine a Member's benefit coverage and cost share, choose an option below.

- Contact the Member/Provider Services Department at 303-338-3800 or 800-632-9700 to verify Member benefit coverage.
- Access Member benefit coverage via Affiliate Link website at www.providers.kaiserpermanente.org/cod, a secured site, for which a user ID number and password are required.

- For Members of Level-Funded plans administered by KPIC, you can also contact Level-Funded Customer Service at 877-883-6698 or utilize KPIC/Level-Funded Provider Portal at <http://kpclaimservices.com>, a secure site, for which a user ID and password are required.

3.4. EXCLUSIONS AND LIMITATIONS

The benefits described in each Membership Agreement, Evidence of Coverage, or Certificate of Insurance are subject to various limitations and exclusions. It is important to inquire about coverage before rendering a service, so the Member can be informed of potential payment responsibility.

Information can be obtained electronically or by calling Member/Provider Services Department at 303-338-3800 or 800-632-9700. For Members of Level-Funded administered by KPIC, you may also contact Customer Service at 866-213-3062.

3.5. THREE MONTH GRACE PERIOD FOR MEMBERS ELECTING APTC SUBSIDY

Members enrolled in a Kaiser Permanente Individuals and Families (KPIF) plan often elect to receive the federal premium subsidy to help them pay their monthly premium. When they make this election and they do not pay their monthly premium payment on time, they are entitled to a three-month grace period pursuant to federal law. During the first month of the grace period, the member's claims must be processed by Kaiser Permanente. If the member fails to make payment during the second and/or third months (so that all the premiums owed for the three months are paid on or before the last day of the grace period), the member's claims are held and not processed, until the end of the grace period.

If premiums are not paid in full by the end of the grace period, the Member's coverage terminates on the last day of the first month of the grace period. Any claims incurred in the second and third months will be denied due to the retroactive termination of coverage based on the Member's failure to be enrolled on the date(s) of service due to their non-payment of premiums.

Kaiser Permanente notifies providers in writing of their patient's claim status when the patient enters the second month of the grace period. Providers may seek reimbursement directly from the member at the end of the three-month grace period, if the claim is denied for the member not being enrolled (and, therefore, ineligible), due to termination of coverage based on the non-payment of premiums.

Kaiser Permanente encourages providers to continue to see members as they may become current in their premiums. However, if they do not pay all premiums that are due on or before the last day of their grace period, then the member's coverage will be terminated as of the last day of the first month of the grace period. The former (terminated) member will be responsible for payment to the provider if they are terminated at the end of their grace period for services provided during the second and third months of their grace period.

3.6. PRODUCTS AND ONEKP ID CARDS

Kaiser Permanente of Colorado offers different products to individuals and employer groups. The Member's identification card will indicate which product he/she is enrolled in. Kaiser Permanente Members should present their ID cards prior to services. Current Member ID card examples can be found in the Member Information section of the Community Provider Portal at:

http://providers.kaiserpermanente.org/html/cpp_cod/memberinfotoc.html

Additionally, it is recommended you obtain a copy of the card (front and back) each time services are rendered. This will assist you in referencing the required insurance information. You are contracted to treat Kaiser Permanente Members who are enrolled in the following plans:

PPO Products

PPO
PPO with Health Savings Account (HAS)
Medicare Senior Advantage Choice (PPO)
3 Tier Deductible POS with Health Savings Account (HSA)

Level-Funded Products administered by KPIC

2-Tier PPO
2-Tier PPO HRA-Qualified Deductible EPO
2-Tier PPO HAS-Qualified Deductible EPO

Small Group Public Option (Off Exchange ONLY)

KP Colorado Option Silver PPO
KP Select Colorado Option Bronze PPO

NOTE: The above list of offered plans are current at the time of publication and may change throughout the year.

3.6.1 Digital Membership Cards

The digital Membership card provides convenient, secure access to Members' Kaiser Permanente membership information anytime, anywhere so Members can check-in for appointments and pick up prescriptions at Kaiser Permanente medical office pharmacies and access their family's Membership information.

3.6.2 Point-of-Service ("POS") Products

Members seeking services from providers outside of the Kaiser Permanente system can self-refer to providers of their choice at the time of medical need, or at the "point of service". They will have a Kaiser Permanente POS membership ID card.

"IN-PLAN" If the POS Member stays in-plan (using the HMO tier of their plan), obtain referral information and bill Kaiser Permanente in your usual manner.

"OUT-OF-PLAN" If the POS Member receives treatment without an HMO authorization, they have elected to go out-of-plan. Payment is made under the PPO or indemnity contract and all contracted discounts apply. Bill Kaiser Permanente indicating the POS Member's ID number. Kaiser Permanente will send remittance advice to both you and the Member itemizing the Member's balance due.

For POS plans, pre-certification is required under the Participating Provider Tier (if a 3-Tier POS Plan) and the Non-Participating Provider (Out-of-Network) Tier for specific services or treatments, such as:

- All inpatient admissions and services including:
 - inpatient rehabilitation therapy admissions
 - comprehensive rehabilitation facility admissions related to services provided under an inpatient multidisciplinary rehabilitation program
 - inpatient mental health and chemical dependency admissions services including residential services
 - long-term acute care and subacute admissions
- Skilled nursing facility
- Non-emergent air or ground ambulance transport
- Amino acid-based elemental formulas
- Clinical trial
- Medical foods
- Applied behavioral analysis (ABA)
- Cardiac rehabilitation
- Dental and endoscopic anesthesia
- Durable medical equipment
- Genetic testing

- Habilitative services (physical therapy, occupational therapy, and speech therapy)
- Home health and home infusion services
- Hospice care
- Imaging services:
 - Magnetic Resonance Imaging (MRI)
 - Magnetic Resonance Angiography (MRA)
 - Computerized Tomography (CT)
 - Computerized Tomography Angiography (CTA)
 - Positron Emission Tomography (PET)
 - Electron Beam Computerized Tomography (EBCT)
 - Single Photon Emission Computerized Tomography (SPECT)
- Outpatient injectable drugs
- Outpatient procedures
- Outpatient surgery
- Pain management services
- Prosthetic and orthotic devices
- Radiation therapy services
- Reconstructive surgery
- Outpatient rehabilitation therapy:
 - physical therapy
 - occupational therapy
 - speech therapy
 - pulmonary therapy
- TMJ/orthognathic surgery
- Transplants
- Transgender surgery and services

Per CO law, if the provider is contracted (a Participating Provider) with the carrier, KPIC, the provider must obtain the pre-certification, not the patient. If there is no contract between the provider (a Non-Participating Provider) and KPIC then the patient (or his/her/their provider) must call Permanente Advantage for pre-certification at least 3 days prior to any scheduled hospital admission, unless admitted in an emergency. Pre-certification for emergency admissions must be obtained within 3 days following the admission. To obtain pre-certification, call 888-525-1553. Both the Member and provider will receive written authorization confirming medical necessity.

3.6.3 Point-of-Service (“POS”) Products

Multichoice is a 3-tier point-of-service product. Multichoice Members have three (3) tiers of benefits – a deductible coinsurance HMO coverage for those who seek care with Kaiser Permanente or Affiliated Healthcare Providers and medical offices, participating provider coverage within the First Health Network for KPIC, and a non-participating provider

coverage. Copays for office visits, deductibles, coinsurance, and out-of-pocket maximums match between the plan’s HMO and participating provider coverage tiers, to reduce or eliminate benefit disparity between these networks.

3.6.4 Colorado POS Member OneKP ID Card Samples

2-Tier POS Plan

2-Tier POS Plan		Customer Service	
kp.org/kpic-colorado		1-855-364-3184 TTY 711	
CQ2TIERPOSNM ONEKPCQMARRIEDNM			
Health Record No.	Group No.	Plan No.	RxBIN 003585
006585888	01536-001	215	RxPCN 70000
HMO TIER		NON PAR TIER	
Deductible	519	636	
Primary Care	454	649	
Specialty Care	467	649	
Urgent Care	480	649	
Emergency	493	649	
Hospital	506	649	
Out of Pocket Max	675	\$6000/\$18000	
Kaiser Permanente Insurance Company (KPIC) Kaiser Foundation Health Plan of Colorado (KFHP) CO-DOI			

Emergency: Dial 911 or go to the nearest emergency room.		03070-CO (1/21)
Kaiser Permanente Providers (HMO Tier)		
Appointments, Medical Advice, and Urgent Care.....	1-800-218-1059	
Mail Order Pharmacy	1-866-523-6059	
Appointments with all other Providers		
Contact your provider directly. Some services may require precertification.		
For use by your Provider		
Medical service precertification	1-888-525-1553	
Pharmacy prior authorization	1-800-788-2949	
<small>This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. For benefit details see KFHP Evidence of Coverage (HMO) and KPIC Certificate of Insurance (NON-PAR). Underwritten by KFHP of Colorado and KPIC.</small>		
KAISER PERMANENTE.	Card Issued:	04-20-2019

3-Tier POS Plan

3-Tier POS Plan		Customer Service	
kp.org/kpic-colorado		1-855-364-3184 TTY 711	
CT3TIERPOSSP ONEKPTMIXFAM			
Health Record No./ID:	Group No.	Plan No.	RxBIN 003585
006422321	01295-001	Y330	RxPCN 70000
HMO TIER		PAR TIER	NON-PAR TIER
Deductible	519	610	636
Primary Care	454	545	649
Specialty Care	467	558	649
Urgent Care	480	571	649
Emergency	493	584	649
Hospital	506	597	649
Out-of-Pocket Max	675	\$3000/\$6000	\$6000/\$18000
Kaiser Permanente Insurance Company (KPIC) Kaiser Foundation Health Plan of Colorado (KFHP) CO-DOI			

Emergency: Dial 911 or go to the nearest emergency room.		03070-CT (9/22)
Kaiser Permanente Providers		
Appointments, Medical Advice, Urgent care and Pharmacy.....	1-800-218-1059	
Appointments with all other Providers		
Contact your provider directly. Some services may require precertification.		
For use by your Provider		
Medical service precertification.....	1-888-525-1553	
Cigna PPO Network Providers eligibility, benefits and precertification	1-888-831-0761	
Pharmacy prior authorization	1-800-788-2949	
<small>IMPORTANT NETWORK INFORMATION: The First Health Network provides access to care in the Kaiser Permanente states of CA, CO, GA, HI, MD, OR, VA, WI, and DC. The Cigna PPO Network only provides access to care in non-Kaiser Permanente states and refers to providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO Network for Shared Administration. Benefits are not insured by Cigna or affiliates.</small>		
KAISER PERMANENTE.	Card Issued:	08-22-2019

3.6.5 Medicare Products

New Effective January 1, 2024: Announcing Kaiser Permanente Senior Advantage Choice (PPO)

Kaiser Permanente Senior Advantage Choice (PPO) offers greater options, flexibility, and convenience for Colorado individuals. With Senior Advantage Choice (PPO), we’re helping Coloradans access medical care from KP’s best-in-class physicians and clinicians, while also providing the flexibility and convenience of additional provider options in all 64 counties in Colorado.

This plan provides comprehensive, high-quality healthcare, including Medicare Part D prescription-drug benefits. Based on the contract between Kaiser Permanente and CMS, Senior Advantage Choice (PPO) covers all Medicare benefits and more. Senior Advantage Choice (PPO) is available to Medicare beneficiaries who are eligible for Medicare Part A and are enrolled in Medicare Part B and reside in our Denver Metropolitan and Southern Colorado Medicare service areas. This plan is only offered in the individual market (and not the employer group market). This plan will be available in Northern Colorado beginning January 1, 2025.

3.6.6 Traditional HMO Medicare Products


Kaiser Permanente has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Advantage (MA) Plans to Medicare Beneficiaries. These plans are known as Senior Advantage. Kaiser Permanente offers six (6) individual MA plans: Senior Advantage Core, Silver, Enhanced, Gold, Bronze, and our Special Needs Plan. The Core plans are a traditional HMO Plan (HMO), and the Silver, Enhanced, Gold and Bronze plans are an HMO plan with a Point of Service (POS) Benefit (HMO-POS). The Special Needs plan is for individuals with *both* Medicare and Medicaid. These plans provide comprehensive, high-quality healthcare, including Medicare Part D prescription-drug benefits. Based on the contract between Kaiser Permanente and CMS, Senior Advantage Covers all Medicare benefits and more. Senior Advantage is available to Medicare beneficiaries who are eligible for Medicare Part A and are enrolled in Medicare Part B.

In addition to our five individual plans, Kaiser Permanente also offers Senior Advantage to the employer group market.

3.6.7 Medicare Member ID Card Samples


D/B Medicare Part D – HMO and HMO-POS



 **KAISER PERMANENTE**[®] Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO-POS)
Denver Metro Area

Group: **01300-SP3** RxBIN: **011255**
Health Plan (**80840**) RxPCN: **COCMS**
Health Record No.: **000000000** RxGrp: **CO**
Name: **FIRST NAME M LAST NAME**

MedicareRx
Prescription Drug Coverage 

CMS-H0630 0015

Appointments, Medical Advice and After-Hours Care: **303-338-4545 711 TTY**

Member Services: **1-800-476-2167 711 TTY**

Claims Information: **1-800-476-2167**

Mail Order Pharmacy: **1-866-523-6059**

Submit Claims to: **Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617**

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: 10-07-2024

D/B and Pueblo Medicare HMO-SNP

 **KAISER PERMANENTE**[®] Kaiser Foundation Health Plan of Colorado

P.O. Box 23219
San Diego, CA 92183

Questions about COVID-19?
Visit kp.org/coronavirus to learn how to protect yourself and get care.

 > 000091 8118375 003070
FIRST M LAST NAME
HOME ADDRESS
CITY, ST ZIP CODE

H0630_23058DB_C

 **KAISER PERMANENTE**[®] Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO D-SNP)
Denver Metro Area

Group: <01304><S01> RxBIN: 011255
Issuer (80840) RxPCN: COCMS
Health Record No.: <000000000> RxGrp: CO
<FIRST LASTNAME>

MedicareRx
Prescription Drug Coverage 

CMS-H0630 <014>

 Please recycle.



Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number, sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to carry your card with you at all times. You or your family member will be asked for your card at each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is **711**.

Appointments, Medical Advice and After-Hours Care: <303-338-4545> <711 TTY>

Member Services: <1-800-476-2167> <711 TTY>

Claims Information: <1-800-382-4661>

Mail Order Pharmacy: <1-866-523-6059>

Submit Claims to: **Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617**

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: <09-05-2023>

NoCo Medicare Part D – HMO and HMO-POS

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO)
Northern Colorado

Group: **00849-269** RxBIN: **011255**
 Issuer: **(80840)** RxPCN: **COCMSN**
 Health Record No.: **000000000** RxGrp: **CO**
 Name: **FIRST NAME M LAST NAME**

Primary Care **\$15**
 Specialty Care **\$25**

MedicareRx
Prescription Drug Coverage

CMS-H0630 819

Appointments, Medical Advice and After-Hours Care: **1-800-218-1059 711 TTY**

Member Services: **1-800-476-2167 711 TTY**

Claims Information: **1-800-382-4661**

Mail Order Pharmacy: **1-866-523-6059**

Submit Claims to: **Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617**

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: 08-30-2024

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO-POS)
Northern Colorado

Group: **01308-BN3** RxBIN: **011255**
 Health Plan **(80840)** RxPCN: **COCMSN**
 Health Record No.: **000000000** RxGrp: **CO**
 Name: **FIRST NAME M LAST NAME**

Primary Care: **NA**
 Specialty Care: **NA**

MedicareRx
Prescription Drug Coverage

CMS-H0630 0026

Appointments, Medical Advice and After-Hours Care: **970-207-7171 1-800-218-1059 711 TTY**

Member Services: **1-800-476-2167 711 TTY**

Claims Information: **1-800-382-4661**

Mail Order Pharmacy: **1-866-523-6059**

Submit Claims to: **Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617**

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: 10-07-2024

3.6.8 Self-Funded (SF) Plans Administered by KPCI Card Samples

Refer to www.providers.kaiserpermanente.org/cod to obtain information regarding the KPIC Self-Funded products administered by KPIC.

Colorado EPO, HRA-/HAS – Qualified Deductible EPO Plans

KAISER PERMANENTE Kaiser Permanente Insurance Company

Exclusive Provider Organization (EPO)
Colorado Region

Name: **OGOMEGBUNAM M CHUKWUNET** Date of Birth: **11/22/1968**

Health Record Number: **123456789**

RxPCN: **COSF** Deductible **\$400/\$800**
 RxBIN: **610127** Out of Pocket Max **\$3400/\$6800**

KAISER PERMANENTE Kaiser Permanente Insurance Company

Exclusive Provider Organization (EPO)
Colorado Region

Name: **DEPENDENT 1** Date of Birth: **11/22/1968**

Health Record Number: **123456789**

RxPCN: **COSF** Deductible **\$400/\$800**
 RxBIN: **610127** Out of Pocket Max **\$3400/\$6800**

kp.org

Emergency 911

Customer Service and Benefits 1-877-883-6698

Appointments, Urgent Care, Advice 1-866-311-4464

TTY 711

Pharmacy Benefit Information (OptumRX) 1-866-427-7701

Away From Home Travel Line 1-951-268-3900

(If you seek Medical services away from home)

Mail Claims to: **KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320**

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

kp.org

Emergency 911

Customer Service and Benefits 1-877-883-6698

Appointments, Urgent Care, Advice 1-866-311-4464

TTY 711

Pharmacy Benefit Information (OptumRX) 1-866-427-7701

Away From Home Travel Line 1-951-268-3900

(If you seek Medical services away from home)

Mail Claims to: **KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320**

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

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KAISER PERMANENTE
Kaiser Permanente Insurance Company

Exclusive Provider Organization (EPO)
Colorado Region

kp.org

Name: **DEPENDENT 2** Date of Birth: 11/22/1968

Health Record Number: 123456789

RxPCN: COSF Deductible \$400/\$800
RxBIN: 610127 Out of Pocket Max \$3400/\$6800

000002

kp.org

Emergency 911
Customer Service and Benefits 1-877-883-6698
Appointments, Urgent Care, Advice 1-866-311-4464
TTY 711
Pharmacy Benefit Information (OptumRX) 1-866-427-7701
Away From Home Travel Line 1-951-268-3900
(If you seek Medical services away from home)

Mail Claims to: KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

DC SHOP – Denver/Boulder, Northern Colorado & Southern Colorado

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KAISER PERMANENTE

MEDICAL RECORD NUMBER	EFFECTIVE DATE	COPAYMENT
12345678	01/01/2014	\$20/\$50

OGOMGBUNAM M CHUKWUNET

RxBIN 610127 DEDUCTIBLE \$0
RxPCN MASF OUT OF POCKET MAX \$6950/\$13900
RxMRN 987654321 MAS MRN: 987654321

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

000001

kp.org

Call 911 if you think you are having a medical emergency.
Call 711 for TTY.

Medical Advice/Appointments/Cancel Appointments
Colorado 1-866-311-4464
Washington D.C. Metro Area 1-800-777-7904

Member Services (Medical/Pharmacy) 1-877-8-KAISER
1-877-852-4737

Dental benefits administered by:
Dominion Dental Services, Inc. 1-855-733-7524

Submit medical claims to: Kaiser Permanente PO Box 30547 Salt Lake City, UT 84130-0547 Payor ID#: 94320

Submit dental claims to: Dominion Dental Services, Inc. PO Box 1126 Elk Grove Village, IL 60009-1126 Payor ID#: DOM01

Underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and purchased through the DC Health Link SHOP Exchange.

1 of 1

KAISER PERMANENTE

MEDICAL RECORD NUMBER	EFFECTIVE DATE	COPAYMENT
12345678	01/01/2014	\$20/\$50

DEPENDENT 1

RxBIN 610127 DEDUCTIBLE \$0
RxPCN MASF OUT OF POCKET MAX \$6950/\$13900
RxMRN 987654321 MAS MRN: 987654321

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

000001

kp.org

Call 911 if you think you are having a medical emergency.
Call 711 for TTY.

Medical Advice/Appointments/Cancel Appointments
Colorado 1-866-311-4464
Washington D.C. Metro Area 1-800-777-7904

Member Services (Medical/Pharmacy) 1-877-8-KAISER
1-877-852-4737

Dental benefits administered by:
Dominion Dental Services, Inc. 1-855-733-7524




Submit medical claims to: Kaiser Permanente PO Box 30547 Salt Lake City, UT 84130-0547 Payor ID#: 94320

Submit dental claims to: Dominion Dental Services, Inc. PO Box 1126 Elk Grove Village, IL 60009-1126 Payor ID#: DOM01

Underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and purchased through the DC Health Link SHOP Exchange.

3.6.9 Level-Funded Plans Administered by KPIC Card Samples

Level Funding EPO, Deductible EPO, and HRA-/HSA- Qualified

 KAISER PERMANENTE Kaiser Permanente Insurance Company	<p>Kaiser Permanente Level Funded Exclusive Provider Organization (EPO) Colorado Region</p> <p>OGOMEGBUNAM M CHUKWUNET</p> <table border="1"> <thead> <tr> <th>Medical Record No</th> <th>Date of Birth</th> <th>RxBIN</th> <th>RxPCN</th> </tr> </thead> <tbody> <tr> <td>123456789</td> <td>01/01/1950</td> <td>610127</td> <td>COSF</td> </tr> </tbody> </table> <table border="1"> <tbody> <tr><td>Deductible</td><td>\$0</td></tr> <tr><td>Primary Care</td><td>\$30</td></tr> <tr><td>Specialty Care</td><td>\$60</td></tr> <tr><td>Urgent Care</td><td>\$75</td></tr> <tr><td>Emergency</td><td>\$500</td></tr> <tr><td>Hospital</td><td>\$500</td></tr> <tr><td>Out of Pocket Max</td><td>\$4500/\$9000</td></tr> </tbody> </table>	Medical Record No	Date of Birth	RxBIN	RxPCN	123456789	01/01/1950	610127	COSF	Deductible	\$0	Primary Care	\$30	Specialty Care	\$60	Urgent Care	\$75	Emergency	\$500	Hospital	\$500	Out of Pocket Max	\$4500/\$9000	<p>kp.org</p> <table border="1"> <tbody> <tr><td>Emergency</td><td>911</td></tr> <tr><td>Customer Service</td><td>1-800-401-8405 (TTY 711)</td></tr> <tr><td>Appointments, Urgent Care, Medical Advice</td><td>1-866-311-4464</td></tr> <tr><td>Pharmacy Information</td><td>1-866-427-7701</td></tr> <tr><td>Away From Home Travel Line</td><td>1-951-268-3900</td></tr> </tbody> </table> <p>(If you seek Medical services away from home)</p> <p>Mail Claims to: KPIC Self-Funded Claims Administrator P.O. Box 30547, Salt Lake City, UT 84130-0547 Payor ID # 94320</p> <p>If you received emergency care in a non-Plan hospital call us at: 1-800-225-8883 (TTY 711)</p> <p>Not an insurance product. KP Level Funded plan is administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.</p>	Emergency	911	Customer Service	1-800-401-8405 (TTY 711)	Appointments, Urgent Care, Medical Advice	1-866-311-4464	Pharmacy Information	1-866-427-7701	Away From Home Travel Line	1-951-268-3900
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Level Funding 3-Tier POS, including HRA-/HSA- Qualified POS

KAISER PERMANENTE
Kaiser Permanente Insurance Company

**Kaiser Permanente Level Funded
3-Tier Point of Service (POS)
Colorado Region**

OGOMEGBUNAM M CHUKWUNET

Medical Record No 12345678 Date of Birth 01/01/1950 RxBIN 610127 RxPCN COSF

	EPO	PAR	NON-PAR
Deductible	\$3000/\$6000	\$5000/\$10000	\$15000/\$30000
Primary Care	\$45	\$75	50%
Specialty Care	\$85	\$100	50%
Urgent Care	\$100	\$100	\$100
Emergency	30%	30%	30%
Hospital	30%	40%	50%
Out of Pocket Max	\$5000/\$10000	\$8000/\$16000	\$24000/\$48000

000001

KAISER PERMANENTE
Kaiser Permanente Insurance Company

**Kaiser Permanente Level Funded
3-Tier Point of Service (POS)
Colorado Region**

DEPENDENT 1

Medical Record No 12345678 Date of Birth 01/01/1950 RxBIN 610127 RxPCN COSF

	EPO	PAR	NON-PAR
Deductible	\$3000/\$6000	\$5000/\$10000	\$15000/\$30000
Primary Care	\$45	\$75	50%
Specialty Care	\$85	\$100	50%
Urgent Care	\$100	\$100	\$100
Emergency	30%	30%	30%
Hospital	30%	40%	50%
Out of Pocket Max	\$5000/\$10000	\$8000/\$16000	\$24000/\$48000

000001

KAISER PERMANENTE
Kaiser Permanente Insurance Company

**Kaiser Permanente Level Funded
3-Tier Point of Service (POS)
Colorado Region**

DEPENDENT 2

Medical Record No 12345678 Date of Birth 01/01/1950 RxBIN 610127 RxPCN COSF

	EPO	PAR	NON-PAR
Deductible	\$3000/\$6000	\$5000/\$10000	\$15000/\$30000
Primary Care	\$45	\$75	50%
Specialty Care	\$85	\$100	50%
Urgent Care	\$100	\$100	\$100
Emergency	30%	30%	30%
Hospital	30%	40%	50%
Out of Pocket Max	\$5000/\$10000	\$8000/\$16000	\$24000/\$48000

000002

ColoradoLevelFunded.kp.org

Emergency: Call 911 or go to the nearest emergency room.





Kaiser Permanente providers
 Appointments and medical care 1-866-311-4464 (TTY711)
 Pharmacy Information 1-866-427-7701
 Appointments with other providers
 Contact your provider directly. Some services may require preauthorization.

For use by your provider:
 Cigna PPO Network provider eligibility, benefits, and preauthorization 1-888-831-0761
 Medical Service preauthorization 1-888-525-1553
 Pharmacy prior authorization 1-800-711-4555

Mail KPIC Medical claims to:
 Claims Administrator
 P.O. Box 30547
 Salt Lake City, UT 84130-0547
Electronic payor ID: 94320

Cigna Providers, mail claims to:
 Cigna Claims Administrator
 P.O. Box 188061
 Chattanooga, TN 37422-8061
Electronic payor ID: 62308

Important Network Information: The First Health Network for the 3T POS plan provides access to care in the Kaiser Permanente states of CA, CO, GA, HI, MD, OR, VA, WA and DC. The Cigna PPO Network only provides access to care in non-Kaiser Permanente states and refers to providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO Network for Shared Administration.

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Level Funding 2-Tier PPO, including HRA-/HSA- Qualified PPO

1 of 1

Level Funded
Preferred Provider Organization (PPO)
Colorado Region

OGOMGBUNAM M CHUKWUNET

Medical Record No	Date of Birth	RxBIN	RxPCN
12345678	01/01/1950	610127	COSF

	PPO In Network	Out of Network
Deductible	\$2000/\$4000	\$6000/\$12000
Primary Care	\$35	50%
Specialty Care	\$70	50%
Urgent Care	\$85	\$250
Emergency	25%	25%
Hospital	25%	50%
Out of Pocket Max	\$7500/\$15000	\$22500/\$45000

000001

ColoradoLevelFunded.kp.org

Emergency: Call 911 or go to the nearest emergency room.


Kaiser Permanente providers
 Appointments and medical care 1-866-311-4464 (TTY711)
 Pharmacy Information 1-866-427-7701
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Cigna Providers, mail claims to:
 Cigna Claims Administrator
 P.O. Box 188061
 Chattanooga, TN 37422-8061
Electronic payor ID: 62308

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Level Funded
Preferred Provider Organization (PPO)
Colorado Region

DEPENDENT 1

Medical Record No	Date of Birth	RxBIN	RxPCN
12345678	01/01/1950	610127	COSF

	PPO In Network	Out of Network
Deductible	\$2000/\$4000	\$6000/\$12000
Primary Care	\$35	50%
Specialty Care	\$70	50%
Urgent Care	\$85	\$250
Emergency	25%	25%
Hospital	25%	50%
Out of Pocket Max	\$7500/\$15000	\$22500/\$45000

000001

ColoradoLevelFunded.kp.org

Emergency: Call 911 or go to the nearest emergency room.


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1 of 1

Level Funded
Preferred Provider Organization (PPO)
Colorado Region

DEPENDENT 2

Medical Record No	Date of Birth	RxBIN	RxPCN
12345678	01/01/1950	610127	COSF

	PPO In Network	Out of Network
Deductible	\$2000/\$4000	\$6000/\$12000
Primary Care	\$35	50%
Specialty Care	\$70	50%
Urgent Care	\$85	\$250
Emergency	25%	25%
Hospital	25%	50%
Out of Pocket Max	\$7500/\$15000	\$22500/\$45000

000002

ColoradoLevelFunded.kp.org

Emergency: Call 911 or go to the nearest emergency room.


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 Pharmacy Information 1-866-427-7701
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3.6.10 Medicaid Programs

In Colorado, Medicaid is called “Health First Colorado” (Colorado’s Medicaid Program). Health First Colorado provides free or low-cost health coverage to individuals and their families who qualify. Child Health Plan *Plus* (CHP+) is a public health program that offers low-cost health for certain children and pregnant women who qualify. The Colorado Department of Health Care Policy and Finance *(HCPF) administers Health First Colorado,

Child Health Plan Plus, and other health care programs. Kaiser Permanente participates in Health First Colorado as a Fee For Service Provider and as a Managed Care Organization for CHP+.

3.6.11 Colorado Option

Established through HB21-1232, the Colorado Option requires all carriers in the Individual and Family and Small Group markets to offer Colorado Option standardized benefit plans. The plans were created by the Colorado Division of Insurance (DOI) to have standardized benefits and cost sharing requirements, with the goal of improving health care access and affordability, while making it easier for consumers to compare their coverage options between carriers.

NEW Effective January 1, 2024: Announcing Colorado Option Network Change

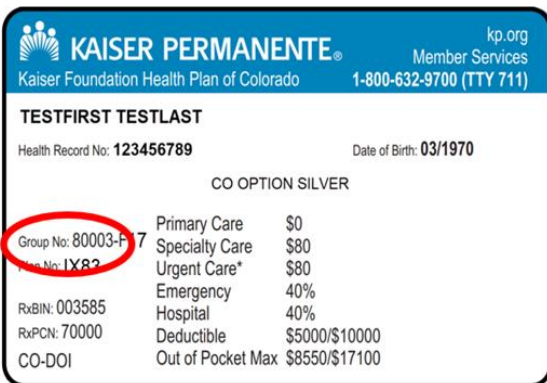
Beginning January 1, 2024, KPCO will be offering Colorado Option plans on two new Colorado Option networks, which will be comprised of a combination of providers contracted for the KP Select and KP Commercial networks. These new networks will be called Kaiser Permanente Colorado Option for Individuals and Families (KPIF) and Kaiser Permanente Colorado Option for Small Groups (SG).

Colorado Option Member ID Cards

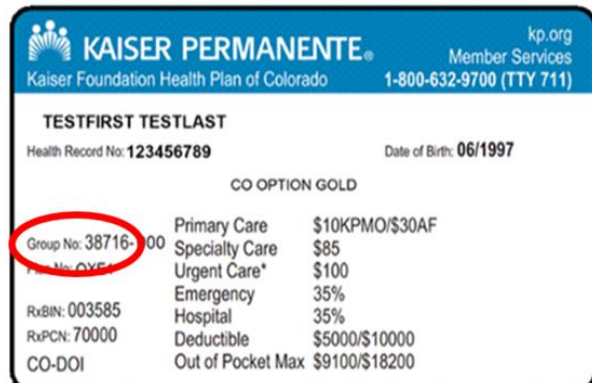
Please confirm the KP product the Member is enrolled in each time the Member presents at your office for services. To distinguish between Kaiser Permanente Colorado Option for Individuals and Families (KPIF) Members and Kaiser Permanente Colorado Option for Small Groups (SG) Members, refer to the group number on the front of the Member ID card. **ONLY Colorado Option (KPIF) Members will have a group number of “8000x”.**

Example:

Colorado Option KPIF Example:



Colorado Option Small Group Example:



Small Group Colorado Option

Small Group (SG) KP Colorado Option Standardized Plans (Off Exchange ONLY)

SG Colorado Option Plans (Off Exchange ONLY)
KP Colorado Option Gold
KP Colorado Option Gold PPO
KP Colorado Option Silver
KP Colorado Option Silver PPO
KP Colorado Option Bronze
KP Colorado Option Bronze PPO

KPIF Colorado Option

Standardized Plans and State Subsidized Colorado Option Silver Enhanced \$0 premium plans (On Exchange and Off Exchange).

Colorado Option Plans	Colorado Option CSR Plans
KP Colorado Option Gold	KP Colorado Option Silver 73% AV
KP Colorado Option Silver	KP Colorado Option Silver 87% AV
KP Colorado Option Silver X	KP Colorado Option Silver 94% AV
KP Colorado Option Bronze	*KP Colorado Option Silver Enhanced 94% AV

*ONLY Sold through Colorado Connect (The Public Benefit Corp.)

Colorado Option Standardized Plans – Gold

KAISER PERMANENTE kp.org
 Kaiser Foundation Health Plan of Colorado **Member Services**
 1-800-632-9700 (TTY 711)

OX36GOLDOPT KPCCOOPTIONOX36

Health Record No/ID: **001364798** Date of Birth: **07/2000**
 CO OPTION GOLD

Group No: 80002-100	Primary Care	454
Plan No: OX36	Specialty Care	467
RxBIN: 003585	Urgent Care*	480
RxPCN: 70000	Emergency	493
CO-DOI	Hospital	506
	Deductible	519
	Out of Pocket Max	675

Emergency 911 Card Issued: 04-20-2019

Appointments: Medical Advice and Urgent Care*
 Call Center/Message
 Mail Order Pharmacy
 Web/Member Services Line

1-305-338-4545
 1-305-338-3500
 1-866-523-6059
 1-951-268-3900

1-800-218-1059 (TTY 711)
 1-800-382-4661

Base: Agreement of Claims Determination
 NC: 04/30/17
 Date of CO: 02/23/18 by
 Health Plan: 04/20/19

For Cigna Healthcare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim.

KAISER PERMANENTE **cigna**
 Kaiser Foundation Health Plan of Colorado

03070-CO (8/23)

Colorado Option Standardized Plans – Silver

KAISER PERMANENTE kp.org
 Kaiser Foundation Health Plan of Colorado **Member Services**
 1-800-632-9700 (TTY 711)

OX35SILVEROPT KPCCOOPTIONOX35

Health Record No/ID: **003687470** Date of Birth: **01/1999**
 CO OPTION SILVER

Group No: 80002-200	Primary Care	454
Plan No: OX35	Specialty Care	467
RxBIN: 003585	Urgent Care*	480
RxPCN: 70000	Emergency	493
CO-DOI	Hospital	506
	Deductible	519
	Out of Pocket Max	675

Emergency 911 Card Issued: 04-20-2019

Appointments: Medical Advice and Urgent Care*
 Call Center/Message
 Mail Order Pharmacy
 Web/Member Services Line

1-305-338-4545
 1-305-338-3500
 1-866-523-6059
 1-951-268-3900

1-800-218-1059 (TTY 711)
 1-800-382-4661

Base: Agreement of Claims Determination
 NC: 04/30/17
 Date of CO: 02/23/18 by
 Health Plan: 04/20/19

For Cigna Healthcare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim.

KAISER PERMANENTE **cigna**
 Kaiser Foundation Health Plan of Colorado

03070-CO (8/23)

Colorado Option Standardized Plans – Bronze

KAISER PERMANENTE kp.org
 Kaiser Foundation Health Plan of Colorado **Member Services**
 1-800-632-9700 (TTY 711)

TESTCARD TEST

Health Record No/ID: **000000000** Date of Birth: **06/2090**
 CO OPTION BRONZE

Group No: 80002-C03	Primary Care	\$0
Plan No: OX34	Specialty Care	50%
RxBIN: 003585	Urgent Care*	50%
RxPCN: 70000	Emergency	50%
CO-DOI	Hospital	50%
	Deductible	\$7500/\$15000
	Out of Pocket Max	\$9450/\$18900

Emergency 911 Card Issued: 08-31-2024

Appointments: Medical Advice and Urgent Care*
 Call Center/Message
 Mail Order Pharmacy
 Web/Member Services Line

1-305-338-4545
 1-305-338-3500
 1-866-523-6059
 1-951-268-3900

1-800-218-1059 (TTY 711)
 1-800-382-4661

Base: Agreement of Claims Determination
 NC: 04/30/17
 Date of CO: 02/23/18 by
 Health Plan: 04/20/19

For Cigna Healthcare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim. For Cigna HealthCare Products, you need a claim file number (CFL) to file a claim.

KAISER PERMANENTE **cigna**
 Kaiser Foundation Health Plan of Colorado

03070-CO (8/23)

Colorado Option Standardized Plans – PPO Gold

COLORADO OPTION GOLD PPO PLAN Customer Service
 kp.org/kpic-colorado 1-855-364-3184 TTY 711

OXE4CS COOPTGOLDPPO

Health Record No./ID: **003518459** Group No. **65154-001** Plan No. **OXE4** RxBIN 003585
 RxCN 70000

	PAR TIER	NON PAR TIER
Deductible	\$300/\$3000DED	\$30/\$3500DED
Primary Care	\$30OVC	30%COIN
Specialty Care	\$30SPVC	30%COIN
Urgent Care	30%AFTR	30%COIN
Emergency	30%EMER	30%COIN
Hospital	30%HOSP	30%COIN
Out-of-Pocket Max	\$3000/\$6000	\$6000/\$18000

Kaiser Permanente Insurance Company (KIC) CO-DOI

Emergency: Call 911 to get to the nearest emergency room.

Appointments: Contact your provider directly. Some services may require a prescription.

For use by your Provider:
 Medical advice/consultation: 1-888-525-1553
 Cigna PPO Network Provider eligibility, benefits: 1-888-831-0761
 Pharmacy information: 1-800-788-2949

For use by the Member:
 Cigna PPO Card, member assistance: 1-888-525-1553
 Cigna PPO Card, member assistance: 1-888-831-0761
 Cigna PPO Card, member assistance: 1-800-788-2949

IMPORTANT NETWORK INFORMATION: The first health care provider you contact when you have a health care need outside of the Cigna PPO Network (PCP, Specialist, etc.) is your PCP. Network only means you must use a network provider for all services, including hospital inpatient, skilled nursing, hospice, and long-term care. The Cigna PPO Network is not a list of all providers. Network providers are listed by zip code on the back of this card.

Member ID: 003518459

Card Issued: 04-20-2019

Colorado Option Standardized Plans – PPO Silver

COLORADO OPTION SILVER PPO PLAN Customer Service
 kp.org/kpic-colorado 1-855-364-3184 TTY 711

OXD8CS COOPTSILVERPPO

Health Record No./ID: **009797584** Group No. **46590-100** Plan No. **OXD8** RxBIN 003585
 RxCN 70000

	PAR TIER	NON PAR TIER
Deductible	\$300/\$3000DED	\$30/\$3500DED
Primary Care	\$30OVC	30%COIN
Specialty Care	\$30SPVC	30%COIN
Urgent Care	30%AFTR	30%COIN
Emergency	30%EMER	30%COIN
Hospital	30%HOSP	30%COIN
Out-of-Pocket Max	\$3000/\$6000	\$6000/\$18000

Kaiser Permanente Insurance Company (KIC) CO-DOI

Emergency: Call 911 to get to the nearest emergency room.

Appointments: Contact your provider directly. Some services may require a prescription.

For use by your Provider:
 Medical advice/consultation: 1-888-525-1553
 Cigna PPO Network Provider eligibility, benefits: 1-888-831-0761
 Pharmacy information: 1-800-788-2949

For use by the Member:
 Cigna PPO Card, member assistance: 1-888-525-1553
 Cigna PPO Card, member assistance: 1-888-831-0761
 Cigna PPO Card, member assistance: 1-800-788-2949

IMPORTANT NETWORK INFORMATION: The first health care provider you contact when you have a health care need outside of the Cigna PPO Network (PCP, Specialist, etc.) is your PCP. Network only means you must use a network provider for all services, including hospital inpatient, skilled nursing, hospice, and long-term care. The Cigna PPO Network is not a list of all providers. Network providers are listed by zip code on the back of this card.

Member ID: 009797584

Card Issued: 04-20-2019

Colorado Option Standardized Plans – PPO Bronze

COLORADO OPTION BRONZE PPO PLAN Customer Service
 kp.org/kpic-colorado 1-855-364-3184 TTY 711

OXD9CS COOPTBRONZEPPO

Health Record No./ID: **001184756** Group No. **98741-101** Plan No. **OXD9** RxBIN 003585
 RxCN 70000

	PAR TIER	NON PAR TIER
Deductible	\$300/\$3000DED	\$30/\$3500DED
Primary Care	\$30OVC	30%COIN
Specialty Care	\$30SPVC	30%COIN
Urgent Care	30%AFTR	30%COIN
Emergency	30%EMER	30%COIN
Hospital	30%HOSP	30%COIN
Out-of-Pocket Max	\$3000/\$6000	\$6000/\$18000

Kaiser Permanente Insurance Company (KIC) CO-DOI

Emergency: Call 911 to get to the nearest emergency room.

Appointments: Contact your provider directly. Some services may require a prescription.

For use by your Provider:
 Medical advice/consultation: 1-888-525-1553
 Cigna PPO Network Provider eligibility, benefits: 1-888-831-0761
 Pharmacy information: 1-800-788-2949

For use by the Member:
 Cigna PPO Card, member assistance: 1-888-525-1553
 Cigna PPO Card, member assistance: 1-888-831-0761
 Cigna PPO Card, member assistance: 1-800-788-2949

IMPORTANT NETWORK INFORMATION: The first health care provider you contact when you have a health care need outside of the Cigna PPO Network (PCP, Specialist, etc.) is your PCP. Network only means you must use a network provider for all services, including hospital inpatient, skilled nursing, hospice, and long-term care. The Cigna PPO Network is not a list of all providers. Network providers are listed by zip code on the back of this card.

Member ID: 001184756

Card Issued: 04-20-2019

3.6. DRUG BENEFITS

Kaiser Permanente offers supplemental drug coverage with many of its health plans. To verify a Member's drug coverage, obtain or view our drug formularies, identify available pharmacies, or for general questions, please use the following options.

1. Contact Member/Provider Services Department at 303-338-3800 or 1-800-632-9700 711 TTY
2. Use the Kaiser Permanente Community Provider Portal at: http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?
3. Surescripts provides some of this information, dependent upon the electronic medical record your practice utilizes

3.7.1 Pharmacy Networks

Medicare and Medicare Part D Benefits:

- Medicare Senior Advantage Choice (PPO) Part D Benefits
 - We utilize OptumRX Pharmacies, Affiliated Retail Pharmacies.
- EPO (Level Funded Choice Plans Administered By KPIC) PPO Benefits
 - We utilize OptumRX Pharmacies, Affiliated Retail Pharmacies and Walgreens Mail Order Pharmacies.
- KPIC Choice PPO (Participating Provider Tier and Non-Participating Provider Tier) Benefits
 - We utilize Medimpact Pharmacies and Affiliated retail pharmacies.
 - KPIC Choice Utilizes Kaiser Permanente Mail Order Pharmacy Located in Downey, California.
- PPO
 - Utilize Walgreens Mail Order Pharmacies

Some plan members must refill their maintenance medication prescriptions at a KP Medical Office Pharmacy or through the KP Mail Order Pharmacy to be covered under their benefit. On rare occasions, there may be an urgent medical need to refill the prescription at an affiliated pharmacy. If this is the case, members may request an authorization for the maintenance drug to be filled at the Affiliated Pharmacy by calling Member Services. Members should refer to their EOC, membership agreement or contact Member Services to determine if this applies under their coverage.

3.7.2 Drug Formularies

1. **Level Funded Choice Plans (PPO) Administered By KPIC**
 - Follow the formulary titled Colorado Level Funded PPO Formulary
2. **Medicare Senior Advantage Choice (PPO) Part D Benefits**
 - Follow the formulary titled the Kaiser Permanente Medicare Part D Formulary.
3. **KPIC CHOICE PPO Plan Benefits**
 - The Outpatient Prescription Drug Benefit (RX) uses an open formulary that is managed by MedImpact, KPIC's Pharmacy Benefits Manager (PBM)

Except when prohibited by applicable state law, the Rx benefit is subject to the following utilization management requirements: (1) Quantity Limits; (2) Age Limits; (3) Step Therapy; and (4) Prior Authorization. The Prescribing Provider may request an exception or a waiver to the Outpatient Prescription Drug Prior Authorization Request, Step Therapy process, Quantity and Age Limits. To request for an exception or waiver of the utilization management requirements or for questions about the Outpatient Prescription Drugs covered under the PPO, you can call 1-800-788-2949 (Pharmacy Help Desk) or 711 (TTY) 24 hours a day, 7 days a week (closed holidays).

KPIC Formulary and the KPIC Choice PPO Drug List can be found at:

<https://choiceproducts-colorado.kaiserpermanente.org/2-tier-point-of-service-plan/member-information/pharmacy/>

These drug formularies and preferred products lists can be found within the Community Provider Portal at:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

Or you may obtain a copy of any of our drug formularies by contacting Member/Provider Services Department at 303-338-3800 or 800-632-9700.

Level Funded Choice Plans (PPO) Administered by KPIC:

Follow the formulary titled Colorado Level Funded PPO Formulary.

3.7.3 Mail Order Pharmacy

Medicare Senior Advantage Choice (PPO) Part D Benefits and KPIC Choice PPO Plans

1. **Kaiser Permanente Mail Order Pharmacy:** 9521 Dalen St., Downey, CA 90242

Phone for Providers: 866-523-6059

Fax for New Prescriptions: 877-626-7035 or 562-401-2378

Hours of Operation: Monday through Friday, 8:00 a.m. to 6:00 p.m. MST

2. PPO (Participating Provider Tier) Benefits (No Mail Order Available in Non-Participating Provider Tier)

Walgreens Mails Service Pharmacy: P.O Box 29061, Phoenix, AZ 85038-9061

Phone for Providers: 800-332-9581

Fax for New Prescriptions: 800-332-9581

Hours of Operation: Monday through Friday, 6:00 a.m. to 6:00 p.m.
Saturday & Sunday, 6:00 a.m. to 3:00 p.m.

The KPIC Choice PPO plans may have a benefit design that requires maintenance medications to be filled at a Kaiser Permanente pharmacy. This means that the first fill of a maintenance medication may be dispensed from any pharmacy within the network, however the subsequent dispenses must be from a Kaiser Permanente outpatient pharmacy or the Kaiser Permanente Mail Order pharmacy.

3.7.4 Specialty Pharmaceuticals

Kaiser Permanente utilizes a list of medications which are designated as specialty drugs. These medications are typically medications which require special dispensing and/or monitoring or are high-cost medications. Some prescription drug plans may have a defined copay/coinsurance tier for specialty drugs, and these drugs are usually limited to a 30-day supply. These drugs may also be restricted to being dispensed by a Kaiser Permanente pharmacy. In select cases involving rural areas, Kaiser Permanente will courier the prescription directly to the Member. To verify a Member's drug coverage, or to obtain or view the Kaiser Permanente Specialty Drug List please refer to the Community Provider Portal at:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

In addition to a Kaiser Permanente pharmacy, Members on KPIC Choice PPO plans have the option of obtaining their specialty drugs from any MedImpact-contracted pharmacy.

Colorado 2-Tier PPO Members should obtain their specialty drugs from any MedImpact-contracted pharmacy.

Level Funded 2-Tier PPO Members should obtain their specialty drugs from any OptumRx-contracted pharmacy.

3.7.5 Drug Inclusions, Exclusions and Limitations

Kaiser Permanente's outpatient prescription drug coverage is determined by the specific drug formularies; however, many drug plans have specific exclusions, copays or coinsurances that are not reflected in the drug formularies. A general summary of inclusions, exclusions, limitations, and rules for Commercial and Marketplace plans can be found in the following sections. Medicare Part D plans follow the rules set forth by the Centers for Medicare & Medicaid Services (CMS). EPO Plans (Level Funded Plans Administered by KPIC) follow the rules set forth by the funding entity.

Inclusions

Kaiser Permanente's outpatient prescription drug plans generally cover FDA approved medications for which a prescription is required by law, over-the-counter diabetic supplies and insulin, if they are included in the drug formulary or have been approved through the formulary exception process.

Exclusions

Over-the-counter medications are excluded from benefit with the exception of diabetic supplies, insulin, and several items required by the Affordable Care Act. Prescription and Non-prescription devices and supplies are excluded unless they are specifically included in the drug formulary. Medications related to non-covered treatments or services are also excluded from the prescription drug benefit. Medications used for sexual dysfunction are excluded from benefit unless specifically purchased as a buy up. The Medicare Senior Advantage Choice (PPO) Part D formulary does not include drugs excluded by CMS. Please seek specific Member eligibility and drug coverage by contacting Member/Provider Services Department at for 303-338-3800 or 800-632-9700 or by using the Community Provider Portal at http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

Limitations

Kaiser Permanente uses medication utilization management tools, unless prohibited by law, physician specialty requirements, day supply limitations, and prior authorization

requirements for various prescription drugs. These tools may be utilized differently amongst the various drug formularies.

For more detail regarding limitations please refer to Section 4.10.2 or the specific drug formularies at:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

In addition, Kaiser Permanente may, in its sole discretion, establish quantity limits for specific prescription drugs in the event of a drug shortage or to reduce waste or abuse. The specific quantity limitations may not be reflected in the drug formularies.

Therapeutic Interchange

Kaiser Permanente utilizes Therapeutic Interchange programs to promote rational, safe, and effective drug therapy. Prescribing provider approval is required before an exchange occurs. Affiliated providers may be notified of a request for therapeutic interchange via phone, fax, email or mailed letter. This notice will be prior to the implementation of a change.

Generic Utilization

To ensure cost effective therapy, generic equivalents are utilized when available and appropriate. Only generic equivalents approved by the FDA are used. Pharmacies may substitute a preferred generic drug for a prescribed name brand drug unless prohibited by the provider as Dispense As Written. In this case the provider must have received approval through the drug exception process.

3.7.6 Drug Exception Process

Medications which are not included in the drug formularies are considered non-formulary and may require authorization prior to a Member receiving the drug. In addition, Kaiser Permanente uses limitations as defined above, which may also require authorization prior to a Member receiving the drug.

For EPO Plans (Level-Funded Benefit Plans Administered by KPIC):

You may request a medication authorization via the following methods:

- Telephone 866-523-0925, Monday through Friday 8:00 a.m. to 5:30 p.m.
- Fax a completed Medication Request Form to 858-357-2615.
- Use Cover My Meds services at <https://www.covermymeds.com/main/> and choosing the **Kaiser Permanente Colorado General Form** and using the **Fax Request** option.
- Mail a Medication Request Form to:

Kaiser Permanente Pharmacy Benefits Dept.
16601 E Centretch Parkway
Aurora, CO 80011

A medication request form can be found on the Community Provider Portal at:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

For KPIC PPO and Choice PPO Plans:

Prior Authorization may be required on certain medications prior to a Member receiving the drug. You may request prior authorization by completing and submitting in writing the Pharmacy Prior Authorization Request Form (KPIC MRF) at:

https://choiceproducts-colorado.kaiserpermanente.org/wp-content/uploads/2022/12/CO-KPIC-Uniform-Pharmacy-Prior-Authorization-Request-Form_KPIC_MRF_AT.pdf

You may reach MedImpact at 1-800-788-2949 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., Mountain time.

For Medicare Senior Advantage Choice (PPO), a Medicare Part D Plan:

You may request a medication authorization via the following methods:

- Telephone OptumRx at 1-888-791-7255
- Use SureScripts for all electronic prior authorization needs (ePA directly with OptumRx, the Pharmacy Benefits Manager)
- Use Cover My Meds services at www.covermymeds.com and choosing the Kaiser Permanente Medicare option
- Fax a request directly to OptumRx at 1-844-403-1028

For more details regarding the Medication Exception process please refer to Section 4.11 of this Provider Manual.

3.7.7 Formulary Addition/Deletion Requests

Our Pharmacy and Therapeutics Committee and Formulary Committee will consider requests to add or delete medications on our drug formularies by affiliated providers. To

download a form to submit a formulary addition/deletion request please visit the Community Provider Portal at:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

3.7.8 Pharmacy Benefits Manager (PBM)

Kaiser Permanente contracts with three Pharmacy Benefits Managers (PBM's) to process and adjudicate outpatient prescription drugs.

MedImpact

Processes Commercial benefits:

Telephone: 1-800-788-2949

OptumRX

Processes Medicare Part D benefits and performs Medicare Part D coverage determinations:

Telephone: 866-805-1690

Optum Rx

Processes KPIC Self-Funded and Level Funded benefits:

Telephone: 1-866-427-7701

3.8. VISITING MEMBERS

Kaiser Permanente offers a Visiting Member Program to ensure that Members can receive a variety of health care services when temporarily visiting another Kaiser Permanente region. Visiting Member benefits may not be the same as those they receive in their home region and are subject to certain exclusions.

Visiting Members are directed to seek health care services at the nearest Kaiser Permanente Medical Office and contracted facilities/hospitals. If a Permanente Medical Group (PMG) physician needs to refer a Visiting Member to a Participating Provider, you will receive an authorization letter explaining the start and end dates of the referral and a description of the authorized services. Claims should be submitted to the Member's home region. For information, please refer to the Member's Identification Card.

3.9. NO SURPRISE ACT

The No Surprises Act, Section 113¹, effective 1/1/22, requires issuers of Commercial non-grandfathered individual and group plans to provide continuity of care (CoC) under certain circumstances.

Under the statute, health plans are required to notify enrollees of their right to CoC² when:

1. A provider's or facility's contract with the health plan terminates or expires;
2. A provider's or facility's contract is amended, resulting in an enrollee losing benefit coverage of an item(s) or service(s) that was covered prior to the amendment; or
3. An employer group terminates their contract with the health plan.

If the health plan determines that the enrollee is a continuing care patient, they will be authorized to receive care from a provider or facility for up to 90 calendar-days, or when treatment is no longer required; whichever occurs first.

A "continuing care patient" is an enrollee who is:

- Undergoing treatment for a serious or complex condition;
- Inpatient or institutionalized;
- Scheduled for a nonelective surgery (including post-operative care needed for the surgery);
- Pregnant; or
- Terminally ill.

A "serious or complex condition" is:

- For an acute illness, a condition that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm; or
- For a chronic illness or condition, a condition that is:
 - life-threatening, degenerative, potentially disabling, or congenital; and
 - requires specialized medical care over a prolonged period of time.

Additionally, the No Surprises Act, Section 113, establishes requirements³ that outline the responsibilities of providers and facilities when an enrollee has been determined to be a continuing care patient.

Under the statute, in the case of a provider or facility contract amendment (as noted above in #2) or termination, for a service(s) and/or item(s) provided to a continuing care patient, providers and facilities must:

- Accept payment from the health plan and when applicable, cost-sharing from a continuing care patient, as payment in full for the item(s) and/or service(s); and
- Continue to adhere to all of the health plan’s policies, procedures, and quality standards as if the contract amendment or termination had not occurred.

1. 26 United States Code (USC) 9818, 29 USC 1185g, 42 USC 300gg-113
2. Requirement does not apply when a provider or facility is terminated for fraud or issues with quality standards.
3. 42 USC 300gg-138