

## 3.0 Products, Delivery Systems & Member ID Cards

### 3.1 Healthcare Delivery Networks

Kaiser Permanente offers several different health care delivery networks to health plan members.

#### **The Signature<sup>SM</sup> Delivery System**

The Kaiser Permanente Signature<sup>SM</sup> Delivery System includes physicians and health care providers from the Mid-Atlantic Permanente Medical Group (MAPMG). Products served by this delivery system include the Health Maintenance Organization (HMO), Kaiser Permanente Plus, Deductible HMO, Deductible Kaiser Permanente Plus, Health Savings Account (HSA)-Qualified Deductible HMO, Added Choice Point-of-Service (POS), Flexible Choice, Deductible Flexible Choice, HSA-Qualified Flexible Choice, and our Medicare plan.

#### **The Select Delivery System**

The Kaiser Permanente Select Delivery System includes physicians and health care providers from the MAPMG and contracted Participating Providers. Products served by this delivery system include the HMO, Deductible HMO, HSA-Qualified Deductible HMO, Added Choice (POS), and Medicare plans.

### 3.2 Products

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KPMAS) offers various HMO products to employers. Employers are also offered a two-tier POS option and a three-tier option.

#### **HMO Health Plans Option**

KPMAS is a group model HMO closely affiliated with the MAPMG and with a network of community Participating Providers. The KPMAS HMO products offer comprehensive coverage within the designated delivery system to members. HMO plans can be paired with Kaiser Permanente Signature<sup>SM</sup> or Select Delivery Networks.

#### **Added Choice Health Plans (HMO plus Indemnity)**

Added Choice is a point-of-service product offered by KPMAS to provide members with the convenience of traditional HMO coverage, while offering out-of-plan services at a higher cost share.

#### Added Choice In-Network Benefits

In-network services are provided by the MAPMG or participating community providers. The Primary Care Physician (PCP) coordinates all health care. The PCP authorizes referrals for specialty visits and other services. Members pay any applicable copayments and have virtually no paperwork or claims to file. Utilizing in-plan services allows for coordination of treatment by the PCP, who is most familiar with the member's medical history. In-network benefits can be served by Kaiser Permanente Signature<sup>SM</sup> or Select Delivery Networks.

#### Added Choice Out-of-Network Benefits

This choice allows members direct access to any licensed provider other than participating providers. No referral is needed for office visits to specialists. Inpatient and certain

outpatient services are subject to preauthorization. Additionally, services rendered by participating providers are considered “out-of-plan” if the member does not have a valid referral for these services or if the member requests certain services from a Participating Provider other than their PCP. Under the above scenarios, members will be responsible for higher out-of-pocket expenses in the form of co-insurance and deductibles and may experience balance billing from Participating Providers.

Members submit bills/claims directly to KPMAS for reimbursement. Participating Providers will be reimbursed in accordance with Kaiser’s fee schedule and the treating Participating Provider may hold a member responsible for payment of the difference.

### **Flexible Choice<sup>SM</sup> Products (HMO + PPO + Indemnity)**

The Flexible Choice products offered by KPMAS, blend HMO, PPO, and indemnity-style benefit plans and delivery options into one product. The Flexible Choice products are composed of three benefit levels; each Flexible Choice benefit level includes different provider options. The benefit level accessed for care determines the member’s cost share. Members enrolled in Flexible Choice can access any of the three benefit levels at any time.

#### **Flexible Choice Option 1: Traditional HMO benefit level**

Flexible Choice Option 1 includes covered services provided by Kaiser Permanente Providers. This benefit level is our traditional HMO model. Option-1 encompasses covered services provided by Kaiser Permanente Providers which includes the MAPMG, Affiliate Practitioners, and some Participating Network Specialists.

#### **Flexible Choice Option 2: POS with PPO benefit level**

Flexible Choice Option 2 is the point-of-service benefit level. Flexible Choice Option 2 includes covered services provided by PHCS and MultiPlan Network Participating Providers within the Kaiser Permanente States, and Cigna Healthcare<sup>SM</sup> PPO Network Participating Providers outside of those jurisdictions.<sup>1,2</sup> The Kaiser Permanente states are District of Columbia, Maryland, and Virginia, plus California, Colorado, Georgia, Hawaii, Oregon, and Washington. Both the Cigna PPO network and PHCS and MultiPlan are PPO networks of private physicians, ancillary providers, skilled nursing facilities, and hospitals.

#### **Flexible Choice Option 3: Out-of-Network/Indemnity benefit level**

Flexible Choice Option 3 includes any covered services provided by a licensed Out-of-Network Provider not included in Option 1 or 2.

### **Deductible HMO (DHMO) and HSA-Qualified Deductible HMO Health Plans**

The Kaiser Permanente Signature<sup>SM</sup> and Select Deductible HMO and HSA- Qualified Deductible HMO products offer an expanded range of deductible/coinsurance plan design options. Members pay the full allowed amount for certain services until deductibles are met. Many services, including preventive, are covered at a copay or coinsurance before the deductible. Covered healthcare services for members enrolled in the Kaiser Permanente Signature<sup>SM</sup> Deductible HMO plans and HSA-Qualified Deductible HMO plans are provided by the MAPMG at Kaiser Permanente Medical Centers. Covered healthcare services for members enrolled in the Kaiser Permanente Select Deductible HMO plans and HSA-Qualified

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<sup>1</sup> The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration

<sup>2</sup> Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare’s contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare Intellectual Property, Inc.

Deductible HMO plans are provided by the MAPMG at Kaiser Permanente Medical Centers or by our network of Kaiser Permanente Participating Providers.

In addition, the Kaiser Permanente Signature<sup>SM</sup> and Select HSA Qualified plans incorporate deductible levels that satisfy the U.S. Treasury enrollment and eligibility guidelines, enabling an individual to open a federal, tax-advantaged HSA. Most services, except preventive, are subject to the medical deductible. Kaiser Permanente offers HSA financial account options. However, members may enroll with any HSA administrator that they choose. Members who enroll in a Kaiser Permanente HSA-Qualified health plan and select a Kaiser Permanente HSA account, will be issued a debit card. This debit card can be presented for payment when health care services are rendered.

### **Kaiser Permanente Plus and Deductible Kaiser Permanente Plus Plans**

Kaiser Permanente Plus and Deductible Kaiser Permanente Plus plans with Signature<sup>SM</sup> network give members access to care provided by the MAPMG at Kaiser Permanente Medical Centers. These plans also cover up to either ten (10) or fifteen (15) out-of-network medical visits for certain physician, laboratory and radiology services, and five (5) pharmacy refills per contract year with any licensed provider outside of the Kaiser Permanente care delivery system, anywhere in the United States. For these plans, providers, who are not affiliated with Signature<sup>SM</sup> network are considered out-of-network, including community providers in the Kaiser Permanente Select Network. For these limited services, no referral or preauthorization is needed, and no deductible applies.

### **Medicare HMO Product – Medicare Advantage**

KPMAS has a federal contract with the Centers for Medicare and Medicaid Services (CMS) to provide HMO coverage for eligible Medicare beneficiaries.

The product name of the Medicare plan is Kaiser Permanente Medicare Advantage. The Medicare Advantage product provides HMO coverage for covered Medicare services when those services are delivered directly by our Medicare Advantage Network which includes MAPMG providers and select contracted providers required to meet Medicare Advantage network standards.

### **Medicare HMO-POS Product – Medicare Advantage Care Plus**

The Kaiser Permanente Medicare Advantage Care Plus product offers members additional coverage up to a \$1,500 dollar annual allowance for certain physician visits or outpatient medical services with out-of-network providers both inside and outside of the service area. Care Plus members can use their out of network dollar allowance to access any other Medicare provider in the nation without a referral

All Medicare services provided by practitioners outside of the MAPMG to Medicare Advantage members should be billed to Kaiser Permanente directly.

Medicare Advantage members do not have the option to utilize Original Medicare.

## **3.3 Membership Identification Cards**

All Kaiser Permanente members receive an identification card. With the exception of color, the appearance and information on membership identification cards are basically the same. Each membership identification card identifies either the PCP or the Kaiser Medical Center location selected by the member, as well as the member's plan type (product). All cards display member name and the Kaiser Permanente medical record number (MRN), which serves as a unique

identification number. For billing and inquiries, please use the MRN. When members are seen in your office, please request the Kaiser Permanente ID card and a photo ID to ensure member identification.

Members who select a PCP at a Kaiser facility have white ID cards. Members who select a PCP from the Participating Provider Network have tan ID cards.

### **The Kaiser Permanente Signature<sup>SM</sup> Membership Card**

When a member chooses a MAPMG physician as their PCP and is covered by HMO insurance, the member will receive a white ID card with a blue stripe.

### **The Kaiser Permanente Select Membership Card**

Members covered under Kaiser Permanente Select have the added option of selecting a Network Participating PCP. With the selection of a Network Participating PCP, the member agrees to coordinate care through their designated PCP. While the face of the card resembles that of the traditional HMO membership card, the back of the card will display the group practice address and telephone number of their Network Participating PCP. The member's office visit co-payment also appears on the front of the card. The member who selects a Network Participating PCP receives a tan ID card with a blue stripe.

### **The Added-Choice/Point of Service Membership Card**

A POS member may select either a MAPMG physician or a Network Participating PCP. For out-of-plan care, the member may select any physician practicing in the community. The Added Choice<sup>SM</sup>/POS membership card will display the words "Added Choice<sup>SM</sup>" and "Point of Service Plan" on the face of the card.

Members who select a PCP at a Kaiser facility have an ID card that is white with a blue stripe. Members who select a PCP from the Participating Network receive an ID card that is tan with a blue stripe.

### **Kaiser Permanente Flexible Choice<sup>SM</sup> Membership Card**

Flexible Choice member identification cards are unique. Members enrolled in Flexible Choice have three very different benefit options each time services are needed. These members have a white ID card with the blue Kaiser Permanente logo on the back and Private Healthcare System (PHCS), MultiPlan and MedImpact (pharmacy) logos on the front top of the card. The Flexible Choice ID card also includes the words "Flexible Choice Plan/Deductible Flexible Choice/HSA-Qualified Flexible Choice", depending on the type of plan selected.

### **The Kaiser Permanente Plus and Deductible Kaiser Permanente Plus Membership Cards**

When a member is covered by HMO Plus or Deductible HMO Plus plan, the member will receive a white ID card with a blue stripe. The card displays the name of the product ("HMO Plus" or "Deductible HMO Plus") on the front.

### **Kaiser Permanente Medicare Advantage Membership Card**

Medicare Advantage cards will be provided to all members covered under a Medicare product. The Medicare Advantage ID card will display the words "Medicare Advantage". Medicare Advantage members who choose a MAPMG physician as their PCP will receive a white card with a blue stripe.

### 3.4 Benefit Limitations

Kaiser Permanente offers comprehensive health care coverage to all members. However, there are benefit limitations that may impact the scope of service available as covered benefits. Benefit limitations may apply to the following services among others:

- Non-emergency Ambulance Services
- Experimental Treatments
- Durable Medical Equipment
- Prosthetic Devices
- Orthotics
- Home Health Care
- Rehabilitation
- Hospice Care
- Behavioral Health
- Transplant Services
- Physical Therapy
- Pharmacy

**Benefit limitations vary by plan design and need to be determined on a member-by-member basis. If you have questions about covered services or limitations, please call ☎ 800-777-7902 or go to Online Affiliate at [www.kp.org/providers/mas](http://www.kp.org/providers/mas) for member benefit information. For Medicare-related questions, please call ☎ 888-777-5536.**

### 3.5 Drug Benefits Plans

Kaiser Permanente offers medication coverage through a variety of benefit plan designs. Members should call our Member Services Department to verify specific information concerning:

- Prescription drug exclusions
- Prescription copay pricing structure
  - \*Note – patients can reduce their copay by using Kaiser Permanente Pharmacies and may further reduce their copay by using Kaiser Permanente mail delivery prescription option at ☎ 800-733-6345
- Prescription days supply

Some plans require exclusive use of Kaiser Permanente Pharmacies for members to receive prescription coverage, and some medications may only be obtained at Kaiser Permanente pharmacies.

In addition to the limits above, preauthorization may be required for high cost prescriptions being filled at participating network pharmacies. Certain durable medical equipment (DME) is also available through our Kaiser Permanente pharmacies. For Kaiser Permanente drug benefit questions, call the pharmacy help desk at ☎ 703-466-4999, M – F (8 A.M. – 6 P.M.).

Further information can be obtained from Member Services on a patient-specific basis at ☎ 800-777-7902 (Medicare Member Services - ☎ 888-777-5536).

### **3.6 Benefit Exclusions**

All Kaiser Permanente products have certain services, which are excluded from coverage altogether. Benefit exclusions also vary by plan design and will need to be determined on a member- by-member basis. If you have questions about exclusions, limitations or covered services, please call 📞 800-777-7902 (Medicare Member Services - 📞 888-777-5536).