



Addendum to the 2021 Kaiser Permanente Basic Plan Evidence of Coverage

The following revisions are being made to the 2021 Kaiser Permanente Basic Plan Evidence of Coverage (EOC).

OUT OF POCKET MAXIMUMS

We have revised the Drug Out-of-Pocket Maximum to reflect the correct amounts:

Deductible(s) and Out-of-Pocket Maximum(s)

For Services that apply to the Plan Out-of-Pocket Maximum or the Drug Out-of-Pocket Maximum, you will not pay any more Copayments or Coinsurance for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Deductible	None	None	None
Drug Deductible	None	None	None
Plan Out-of-Pocket Maximum ("OOPM")	\$1,500	\$1,500	\$3,000
Drug Out-of-Pocket Maximum ("OOPM")	\$7,050	\$7,050	\$14,100

PRESCRIPTION DRUG EXCLUSION

We are adding the following language under "Outpatient prescription drugs, supplies, and supplements exclusion(s)" in the "Benefits" section:

- Prescription drugs for which there is an over-the-counter equivalent (the same active ingredient, strength, and dosage form as the prescription drug). This exclusion does not apply to:
 - ◆ insulin
 - ◆ over-the-counter drugs covered under "Preventive Services" in this "Benefits" section (this includes tobacco cessation drugs and contraceptive drugs)
 - ◆ an entire class of prescription drugs when one drug within that class becomes available over-the-counter

DRUG FORMULARY

In the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the EOC, we are revising text under "About the drug formulary" for clarity and to better align with our drug formulary available on kp.org:

About the drug formulary

The drug formulary includes a list of drugs that our Pharmacy and Therapeutics Committee has approved for our Members. Our Pharmacy and Therapeutics Committee, which is primarily composed of Plan Physicians and pharmacists, selects drugs for the drug formulary based on several factors, including safety and effectiveness as determined from a review of medical literature. The drug formulary is updated monthly based on new information or new drugs that become available. To find out which drugs are on the formulary for your plan,

please visit our website at kp.org/formulary. If you would like to request a copy of the drug formulary for your plan, please call our Member Service Contact Center. Note: The presence of a drug on the drug formulary does not necessarily mean that it will be prescribed for a particular medical condition.

URGENT GRIEVANCES (SB 1052)

Under "Urgent procedure" in the "Grievances" section, we are clarifying that urgent grievances are sometimes referred to as "exigent," to align with state law. For clarity, we are adding two new bullet points to the list of grievances that may be considered urgent:

- You have received Emergency Services but have not been discharged from a facility and your request involves admissions, continued stay, or other health care Services
- You are undergoing a current course of treatment using a non-formulary prescription drug and your grievance involves a request to refill a non-formulary prescription drug