

# Addendum to the 2024 Kaiser Permanente Basic Plan Combined Evidence of Coverage and Disclosure Form

The changes in this addendum are incorporated into the 2024 Kaiser Permanente Basic Plan Combined Evidence of Coverage and Disclosure Form (“*EOC*”) between Kaiser Foundation Health Plan, Inc. (“Health Plan”), Northern California Region and Southern California Region, and CalPERS (your “Group”). These changes to your *EOC* are effective January 1, 2024, unless a different effective date is stated.

## **988 Crisis Services (AB 988)**

For consistency with state law effective January 1, 2023, we have updated the “Services from Non-Plan Providers” section under “Behavioral Health Treatment for Autism Spectrum Disorder,” “Mental Health Services,” and “Substance Use Disorder Treatment” in the *EOC* to explain that we cover behavioral health crisis services provided to an enrollee by a 988 center, mobile crisis team, or other provider of behavioral health crisis services, regardless of whether the service is provided in-network or out-of-network, without prior authorization. This section replaces the “Services from Non-Plan Providers” sections on pages 51, 62, and 76. of the *EOC*:

### **Services from Non-Plan Providers**

If we are not able to offer an appointment with a Plan Provider within required geographic and timely access standards, we will offer to refer you to a Non-Plan Provider (as described in “Medical Group authorization procedure for certain referrals” under “Getting a Referral” in the “How to Obtain Services” section).

Additionally, we cover Services provided by a 988 center, mobile crisis team, or other provider of behavioral health crisis services (collectively, “988 Services”) for medically necessary treatment of a mental health or substance use disorder without prior authorization, as required by state law.

For these referral Services and 988 Services, you pay the Copayment or Coinsurance required for Services provided by a Plan Provider as described in this *EOC*.

## **CARE Courts (SB 1338)**

For consistency with state law effective January 1, 2023, we have added a new section titled “CARE Plans” to the “Copayment or Coinsurance Summary” section of the *EOC* to explain that we cover health care services required under a court-approved Community Assistance, Recovery, and Empowerment (“CARE”) plan at no cost and without prior authorization, with the exception of prescription drugs. This section is added to the end of the “Copayment or Coinsurance Summary” section of the *EOC*:

### **CARE Plan**

The California Community Assistance, Recovery, and Empowerment (“CARE”) Act established a system for individuals with severe mental illness to be evaluated and given a treatment plan developed by a county behavioral health agency (“CARE Plan”). If a Member has a court-approved CARE Plan, we cover the Services required under that plan when provided by Plan Providers or non-Plan Providers at **no charge**, with the exception of prescription drugs. Prescription drugs required under a court-approved CARE Plan are subject to the same Copayment or Coinsurance as drugs prescribed by Plan Providers, as described in this Copayments or Coinsurance Summary, and are also subject to prior authorization by Health Plan. To inform us that you have a court-approved CARE Plan, please call Member Services.

## COVID-19 Coverage and Copayments or Coinsurance

As permitted by state law, the *EOC* has been updated to disclose Copayments or Coinsurance for COVID-19 testing, immunization, and therapeutics. You can continue to get COVID-19 care at no cost when it’s provided by Plan Providers. That includes up to 8 home antigen tests per Member, per month available at Plan Pharmacies and through **kp.org**. After November 11, 2023, if you choose to get a COVID-19 vaccine, testing, or drug therapy from a Non-Plan Provider, these Services will be subject to a Copayment or Coinsurance unless they are delivered as part of covered Emergency Services or Urgent Care. You may submit claims to get reimbursed for the costs paid for Services from Non-Plan Providers. For many Members, reimbursement could be less than 50% of the cost of the Services provided.

We have added the rows below to the “Outpatient imaging, laboratory, and other diagnostic and treatment Services” table on page 9 in the “Copayments or Coinsurance Summary” section:

### Outpatient imaging, laboratory, and other diagnostic and treatment Services

Description of Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Over-the-counter COVID-19 tests obtained from Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month)	No charge		
Over-the-counter COVID-19 tests obtained from Non-Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month, not to exceed \$12 per test, including all fees and taxes, if you obtain the test from a Non-Plan Provider)	50% Coinsurance		
Laboratory tests to diagnose or screen for COVID-19 obtained from Plan Providers	No charge		
Laboratory tests to diagnose or screen for COVID-19 obtained from Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance		

The “Diabetes supplies and amino acid-modified products” table on page 14 in the “Copayments or Coinsurance Summary” section is now called “Certain state-mandated items” and we have added the rows below to that table:

### Certain state-mandated items

Description of Certain State-Mandated Items	Copayments or Coinsurance at a Plan Pharmacy	Copayments or Coinsurance by Mail	Subject to Deductible	Applies to OOPM
Therapeutics for COVID-19 obtained from Plan Providers	No charge for up to a 30-day supply	Availability for mail order varies by item. Talk to your local pharmacy		

Description of Certain State-Mandated Items	Copayments or Coinsurance at a Plan Pharmacy	Copayments or Coinsurance by Mail	Subject to Deductible	Applies to OOPM
Therapeutics for COVID-19 obtained from Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance for up to a 30-day supply	Not available		

We have added the row below to the “Preventive Services” table in the “Copayments or Coinsurance Summary” on page 18:

**Preventive Services**

Description of Preventive Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Immunizations (including the vaccine) for COVID-19 administered by Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance		

The bulleted list under “About Kaiser Permanente” in the “Introduction” section on page 24 has been revised to read as follows:

- Authorized referrals as described under “Getting a Referral” in the “How to Obtain Services” section
- COVID-19 Services as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” in the “Benefits” section
- Emergency ambulance Services as described under “Ambulance Services” in the “Benefits” section
- Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care as described in the “Emergency Services and Urgent Care” section
- Hospice care as described under “Hospice Care” in the “Benefits” section

The bulleted list in the “How to Obtain Services” section on page 32 has been revised to read as follows:

As a Member, you are selecting our medical care program to provide your health care. You must receive all covered care from Plan Providers inside our Service Area, except as described in the sections listed below for the following Services:

- Authorized referrals as described under “Getting a Referral” in this “How to Obtain Services” section
- COVID-19 Services as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” in the “Benefits” section
- Emergency ambulance Services as described under “Ambulance Services” in the “Benefits” section
- Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care as described in the “Emergency Services and Urgent Care” section
- Hospice care as described under “Hospice Care” in the “Benefits” section

Under “Emergency Services” in the “Emergency Services and Urgent Care” section on page 42, we have added the following bullets under “Your Copayments or Coinsurance”:

- ◆ If you receive COVID-19 laboratory testing or immunizations in the emergency department, you pay the Copayment or Coinsurance for an emergency department visit as described in the “Copayment or Coinsurance Summary” under “Emergency Services and Urgent Care”
- ◆ If you obtain a prescription in the emergency department related to your Emergency Medical Condition, you pay the Copayment or Coinsurance for “Most items” in the “Copayment or Coinsurance Summary” under “Outpatient prescription drugs, supplies, and supplements” in addition to the Copayment or Coinsurance for the emergency department visit

Under “Urgent Care” in the “Emergency Services and Urgent Care” section on page 43, we have added the following bullets under “Your Copayments and Coinsurance”:

- ◆ If the Out-of-Area Urgent Care you receive includes a COVID-19 test, you may have to pay the Copayment or Coinsurance for a COVID-19 test as described in the “Copayment or Coinsurance Summary” under “Outpatient imaging, laboratory, and other diagnostic and treatment Services,” in addition to the Copayment or Coinsurance for the Urgent Care evaluation
- ◆ If you obtain a prescription as part of an Out-of-Area Urgent Care visit related to the condition for which you obtained Urgent Care, you pay the Copayment or Coinsurance for “Most items” in the “Copayment or Coinsurance Summary” under “Outpatient prescription drugs, supplies, and supplements” in addition to the Copayment or Coinsurance for the Urgent Care evaluation

The bulleted list in the beginning of the “Benefits” section on page 44 has been revised to read as follows:

Services are covered under this *EOC* as specifically described in this *EOC*. Services that are not specifically described in this *EOC* are not covered, except as required by state or federal law. Services are subject to exclusions and limitations described in the “Exclusions, Limitations, Coordination of Benefits, and Reductions” section. Except as otherwise described in this *EOC*, all of the following conditions must be satisfied:

- You are a Member on the date that you receive the Services
- The Services are Medically Necessary
- The Services are one of the following:
  - ◆ Preventive Services
  - ◆ health care items and services for diagnosis, assessment, or treatment
  - ◆ health education covered under “Health Education” in this “Benefits” section
  - ◆ other health care items and services
- The Services are provided, prescribed, authorized, or directed by a Plan Physician, except for:
  - ◆ COVID-19 Services from Non-Plan Providers as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” below
  - ◆ drugs prescribed by dentists, as described under “Outpatient Prescription Drugs, Supplies, and Supplements” below
  - ◆ emergency ambulance Services, as described under “Ambulance Services” below
  - ◆ Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care, as described in the “Emergency Services and Urgent Care” section
- You receive the Services from Plan Providers inside our Service Area, except for:
  - ◆ authorized referrals, as described under “Getting a Referral” in the “How to Obtain Services” section

- ◆ COVID-19 Services from Non-Plan Providers as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” below
- ◆ emergency ambulance Services, as described under “Ambulance Services” below
- ◆ Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care, as described in the “Emergency Services and Urgent Care” section
- ◆ hospice care, as described under “Hospice Care” below
- The Medical Group has given prior authorization for the Services, if required, as described under “Medical Group authorization procedure for certain referrals” in the “How to Obtain Services” section

A disclosure about reimbursement for COVID-19 Services from Non-Plan Providers has been added to “General rules, examples, and exceptions” under “Your Copayments and Coinsurance” in the “Benefits” section on page 47:

***Reimbursement for COVID-19 Services from Non-Plan Providers***

If you receive covered COVID-19 Services from Non-Plan Providers as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” in the “Benefits” section, you may have to pay for the Services and file a claim for reimbursement. For information on how to file a claim, please see “Initial Claims” in the “the “Post-Service Claims and Appeals” section.

The following disclosure has been added under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services” in the “Benefits” section on page 64:

We cover laboratory tests to diagnose or screen for COVID-19 from Plan Providers or Non-Plan Providers, including a provider visit for purposes of receiving the test.

We cover up to a total of eight FDA-authorized over-the-counter COVID-19 tests per calendar month from Plan Providers or Non-Plan Providers. Over-the-counter tests are self-administered tests that deliver results at home and are available without a prescription. For purposes of this section, “Plan Provider” means a Plan Pharmacy, mail order delivery through our website at [kp.org](http://kp.org), or a participating retail pharmacy. For purposes of this section, a “Non-Plan Provider” means a pharmacy or online retailer that isn’t a Plan Provider. To find out more about coverage and limitations, including the current list of Plan Providers, visit our website or call Member Services.

The beginning of “Outpatient Prescription Drugs, Supplies, and Supplements” in the “Benefits” section on page 64 has been revised to read as follows:

We cover outpatient drugs, supplies, and supplements specified in this “Outpatient Prescription Drugs, Supplies, and Supplements” section, in accord with our drug formulary guidelines, subject to any applicable exclusions or limitations under this *EOC*. We cover items described in this section when prescribed as follows:

- Items prescribed by Plan Providers, within the scope of their licensure and practice
- Items prescribed by the following Non-Plan Providers:
  - ◆ Dentists if the drug is for dental care
  - ◆ Non-Plan Physicians if the Medical Group authorizes a written referral to the Non-Plan Physician (in accord with “Medical Group authorization procedure for certain referrals” under “Getting a Referral” in the “How to Obtain Services” section) and the drug, supply, or supplement is covered as part of that referral
  - ◆ Non-Plan Physicians if the prescription was obtained as part of covered Emergency Services, Post-Stabilization Care, or Out-of-Area Urgent Care described in the “Emergency Services and Urgent Care” section (if you fill the prescription at a Plan Pharmacy, you may have to pay Charges for the item and file a claim for reimbursement as described under “Payment and Reimbursement” in the “Emergency Services and Urgent Care” section)

- ◆ Non-Plan Providers that are not providers of Emergency Services or Out-of-Area Urgent Care if the prescription is for COVID-19 therapeutics (if you fill the prescription at a Plan Pharmacy, you may have to pay Charges for the item and file a claim for reimbursement as described in the “Post-Service Claims and Appeals” section)

Note: If you obtain a prescription from a Non-Plan Provider related to dental care or for COVID-19 therapeutics as described above, we do not cover an office visit or any other services from the Non-Plan Provider.

The beginning of “Preventive Services” in the “Benefits” section on page 69 has been revised to read as follows:

We cover a variety of Preventive Services from Plan Providers, as listed on our website at [kp.org/prevention](https://kp.org/prevention), including the following:

- Services recommended by the United States Preventive Services Task Force with rating of “A” or “B.” The complete list of these services can be found at [uspreventiveservicestaskforce.org](https://uspreventiveservicestaskforce.org)
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. The complete list of recommended immunizations can be found at [cdc.gov/vaccines/schedules](https://cdc.gov/vaccines/schedules)
- Preventive services recommended by the Health Resources and Services Administration and incorporated into the Affordable Care Act. The complete list of these services can be found at [hrsa.gov/womens-guidelines](https://hrsa.gov/womens-guidelines)

Note: We cover immunizations to prevent COVID-19 that are administered in a Plan Medical Office or by a Non-Plan Provider. If you obtain this immunization from a Non-Plan Provider (except for providers of Emergency Services or Out-of-Area Urgent Care), we do not cover an office visit or any other services from the Non-Plan Provider other than administration of the vaccine.

The exclusion for “Services not approved by the federal Food and Drug Administration” under “Exclusions” in the “Exclusions, Limitations, Coordination of Benefits, and Reductions” section on page 83 has been revised to read as follows:

#### **Services not approved by the federal Food and Drug Administration**

Drugs, supplements, tests, vaccines, devices, radioactive materials, and any other Services that by law require federal Food and Drug Administration (“FDA”) approval in order to be sold in the U.S. but are not approved by the FDA. This exclusion applies to Services provided anywhere, even outside the U.S.

This exclusion does not apply to any of the following:

- Services covered under the “Emergency Services and Urgent Care” section that you receive outside the U.S.
- Experimental or investigational Services when an investigational application has been filed with the FDA and the manufacturer or other source makes the Services available to you or Kaiser Permanente through an FDA-authorized procedure, except that we do not cover Services that are customarily provided by research sponsors free of charge to enrollees in a clinical trial or other investigational treatment protocol
- Services covered under “Services in Connection with a Clinical Trial” in the “Benefits” section
- COVID-19 Services granted emergency use authorization by the FDA (COVID-19 laboratory tests, therapeutics, and immunizations must be prescribed or furnished by a licensed health care provider acting within their scope of practice and the standard of care)

Refer to the “Dispute Resolution” section for information about Independent Medical Review related to denied requests for experimental or investigational Services.

We have added “COVID-19 Services” wherever claims for “Out-of-Area Urgent Care” are mentioned in the “Post-Service Claims and Appeals” section, beginning on page 87. The process for requesting

reimbursement for COVID-19 testing, therapeutics, or immunization Services from Non-Plan Providers is the same as the process for requesting reimbursement for Out-of-Area Urgent Care.

We have added “COVID-19 Services” wherever claims for “Out-of-Area Urgent Care” are mentioned in the “Helpful Information” section, beginning on page 114. The process for requesting reimbursement for COVID-19 Services from Non-Plan Providers is the same as the process for requesting reimbursement for Out-of-Area Urgent Care.

**Contraceptive Equity Act (SB 523)**

For consistency with state law effective January 1, 2023, we have added language clarifying how enrollees may obtain a 365-day supply of contraceptives. The second paragraph under “Day supply limit” in the “Outpatient Prescription Drugs, Supplies, and Supplements” section on page 65 of the *EOC* has been revised to read as follows:

If your plan includes coverage for hormonal contraceptives, the maximum you may receive at one time of contraceptive drugs is a 365-day supply. To obtain a 365-day supply, talk to your prescribing provider. Refer to the “Copayments or Coinsurance Summary” section of this *EOC* to find out if your plan includes coverage for hormonal contraceptives.

Effective January 1, 2024, we have removed the verbiage “when prescribed by a Plan Provider” from the “Contraceptive Drugs and Devices” table in the “Copayments or Coinsurance Summary” section beginning on page 14 of the *EOC*, for consistency with other tables in this section (drugs still require a prescription, as specified in the “Outpatient Prescription Drugs, Supplies, and Supplements” section, except for over-the-counter contraceptives):

**Contraceptive drugs and devices**

Description of Contraceptive Drugs and Devices	Copayments or Coinsurance at a Plan Pharmacy	Copayments or Coinsurance by Mail	Subject to Deductible	Applies to OOPM
The following hormonal contraceptive items on the generic tier (Tier 1): <ul style="list-style-type: none"> <li>• Rings</li> <li>• Patches</li> <li>• Oral contraceptives</li> </ul>	No charge for up to a 365-day supply	No charge for up to a 365-day supply Rings are not available for mail order		<b>D</b>
The following contraceptive items on the generic tier (Tier 1): <ul style="list-style-type: none"> <li>• Spermicide</li> <li>• Sponges</li> <li>• Contraceptive gel</li> </ul>	No charge for up to a 100-day supply	Not available		<b>D</b>
The following hormonal contraceptive items on the brand tier (Tier 2): <ul style="list-style-type: none"> <li>• Rings</li> <li>• Patches</li> </ul>	No charge for up to a 365-day supply	No charge for up to a 365-day supply Rings are not available for mail order		<b>D</b>

Description of Contraceptive Drugs and Devices	Copayments or Coinsurance at a Plan Pharmacy	Copayments or Coinsurance by Mail	Subject to Deductible	Applies to OOPM
<ul style="list-style-type: none"> <li>Oral contraceptives</li> </ul>				
The following contraceptive items on the brand tier (Tier 2): <ul style="list-style-type: none"> <li>Spermicide</li> <li>Sponges</li> <li>Contraceptive gel</li> </ul>	No charge for up to a 100-day supply	Not available		D
Emergency contraception	No charge	Not available		D
Diaphragms, cervical caps, and up to a 30-day supply of condoms	No charge	Not available		D

Effective January 1, 2024, the male sterilization rows in the “Family planning Services” table in the “Copayments or Coinsurance Summary” section on page 19 of the *EOC* have been revised to indicate that Services will be covered at no charge:

**Family planning Services**

Description of Family Planning Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Male sterilization procedures if performed in an outpatient or ambulatory surgery center or in a hospital operating room	No charge		✓
All other male sterilization procedures	No charge		✓