



# Addendum to the 2022 Kaiser Permanente Basic Plan Combined Evidence of Coverage and Disclosure Form

The changes in this addendum are incorporated into the 2022 Kaiser Permanente Basic Plan Evidence of Coverage (EOC):

## **Mental Health Services and Substance Use Disorder Treatment (SB 855)**

We are making the following changes in accordance with state law:

- The definition of “Services” under “Definitions” is revised to clarify that substance use disorder treatment is considered “health care”

**Services:** Health care services or items (“health care” includes physical health care, mental health care, and substance use disorder treatment), and behavioral health treatment covered under “Behavioral Health Treatment for Autism Spectrum Disorder” in the “Benefits” section.

- The “Behavioral Health Treatment for Autism Spectrum Disorder” section is revised to indicate that we cover behavioral health treatment to treat mental health conditions other than autism spectrum disorder, when clinically indicated

We also cover behavioral health treatment that meets the same criteria to treat mental health conditions other than autism spectrum disorder when behavioral health treatment is clinically indicated.

## **Dental Services for Transplants**

Due to a change in policy, we now cover dental services that are Medically Necessary to free the mouth from infection to prepare for a covered transplant. The following provision is added under “Dental and Orthodontic Services” to describe this coverage. Also, a cross-reference to the "Dental and Orthodontic Services" section is added under “Transplant Services.”

### **Dental Services for transplants**

We cover dental services that are Medically Necessary to free the mouth from infection in order to prepare for a transplant covered under "Transplant Services" in this "Benefits" section, if a Plan Physician provides the Services or if the Medical Group authorizes a referral to a dentist for those Services (as described in "Medical Group authorization procedure for certain referrals" under "Getting a Referral" in the "How to Obtain Services" section).

## **Fertility Preservation Services for Iatrogenic Infertility**

Standard fertility preservation Services are covered for Members undergoing treatment or receiving covered Services that may directly or indirectly cause iatrogenic infertility, in accord with state law. For clarity, the following section is added to the “Benefits” section:

### **Fertility Preservation Services for Iatrogenic Infertility**

Standard fertility preservation Services are covered for Members undergoing treatment or receiving covered Services that may directly or indirectly cause iatrogenic infertility. Fertility preservation Services do not include diagnosis or treatment of infertility.

For covered fertility preservation Services that you receive, you will pay the Copayments or Coinsurance you would pay if the Services were not related to fertility preservation. For example, see “Outpatient surgery and outpatient procedures” in the “Copayments or Coinsurance Summary” section of this *EOC* for the Copayments or Coinsurance that applies for outpatient procedures.

## **Drug Manufacturer Coupons**

Due to a change in policy, we will accept certain manufacturer coupons for prescription drugs, effective January 1, 2022. A description of the Kaiser Permanente coupon program is added under “Manufacturer coupon program” in the “Outpatient Prescription Drugs, Supplies, and Supplements” section of the *EOC*:

### ***Manufacturer coupon program***

For outpatient prescription drugs or items that are covered under this “Outpatient Prescription Drugs, Supplies, and Supplements” section and obtained at a Plan Pharmacy, you may be able to use approved manufacturer coupons as payment for the Copayments or Coinsurance that you owe, as allowed under Health Plan's coupon program. You will owe any additional amount if the coupon does not cover the entire amount of your Copayments or Coinsurance for your prescription. When you use an approved coupon for payment of your Copayments or Coinsurance, the coupon amount and any additional payment that you make will accumulate to your out-of-pocket maximum. Refer to the “Copayments or Coinsurance Summary” section of this *EOC* to find your applicable out-of-pocket maximum amount and to learn which drugs and items apply to the maximum. Certain health plan coverages are not eligible for coupons. You can get more information regarding the Kaiser Permanente coupon program rules and limitations at [kp.org/rxcoupons](http://kp.org/rxcoupons).