



Addendum to the 2023 Kaiser Permanente Basic Plan Combined Evidence of Coverage and Disclosure Form

The changes in this addendum are incorporated into the 2023 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, 2023, unless a different effective date is stated.

Abortion and Abortion-Related Services (SB 245)

In accordance with state law effective January 1, 2023, Copayments or Coinsurance for abortion and abortion-related Services will be no charge. In conjunction with this change, we are revising the description of “Family Planning” Services to provide more detail on the scope of Services that are covered at “no charge.” The following table replaces the “Family planning Services” table on page 4 of the EOC:

Family planning Services

Description of Family Planning Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Family planning counseling	No charge		✓
Injectable contraceptives, internally implanted time-release contraceptives or intrauterine devices (“IUDs”) and office visits related to their insertion, removal, and management when provided to prevent pregnancy	No charge		✓
Female sterilization procedures if performed in an outpatient or ambulatory surgery center or in a hospital operating room	No charge		✓
All other female sterilization procedures	No charge		✓
Male sterilization procedures if performed in an outpatient or ambulatory surgery center or in a hospital operating room	\$15 per procedure		✓

Description of Family Planning Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
All other male sterilization procedures	\$15 per visit		✓
Surgical abortion	No charge		✓
Abortion-related prescription drugs, in accord with our drug formulary guidelines	No charge		✓
Abortion-related Services	No charge		✓

Additionally, the following section replaces the “Family Planning Services” section on page 44 of the *EOC*:

Family Planning Services

We cover the following Services when provided for family planning purposes:

- Family planning counseling
- Injectable contraceptives, internally implanted time-release contraceptives or intrauterine devices (“IUDs”) and office visits related to their insertion, removal, and management when provided to prevent pregnancy
- Female sterilization procedures
- Male sterilization procedures
- Surgical abortion
- Abortion-related prescription drugs, in accord with our drug formulary guidelines
- Abortion-related Services

Abortion is covered for all pregnant persons including, but not limited to, transgender individuals.

Accrual Toward Deductibles and Out-of-Pocket Maximums (SB 368)

For consistency with state law effective July 1, 2022, we are moving information about keeping track of deductibles and out-of-pocket maximums to a new section called “Accrual toward deductibles and out-of-pocket maximums” under “Your Copayments or Coinsurance” in the “Benefits” section. This section describes how Members can find out how close they are to reaching these limits and how they can change their delivery preference for required notices about accruals toward these limits. This section replaces the “Keeping track of the Plan Out-of-Pocket Maximum” section on page 39 of the *EOC*:

Accrual toward deductibles and out-of-pocket maximums

To see how close you are to reaching your deductibles, if any, and out-of-pocket maximums, use our online Out-of-Pocket Summary tool at kp.org/outofpocket or call Member Services. We will provide you with accrual balance information for every month that you receive Services until you reach your individual out-of-pocket maximums or your Family reaches the Family out-of-pocket maximums.

We will provide accrual balance information by mail unless you have opted to receive notices electronically. You can change your document delivery preferences at any time at kp.org or by calling Member Services.

Additionally, the following section is added to the “Helpful Information” section of the *EOC*, beginning on page 87:

Document Delivery Preferences

Many Health Plan documents are available electronically, such as bills, statements, and notices. If you prefer to get documents in electronic format, go to kp.org or call Member Services. You can change delivery preference at any time. To get a copy of a specific Health Plan document in printed format, call Member Services.

Telehealth Visits (AB 457)

For consistency with state law effective July 1, 2022, under “Telehealth Visits” in the “Benefits” section, we are clarifying that you are not required to use Telehealth Visits and may choose to receive in-person Services instead. We are also clarifying that if you visit a Plan Provider that offers Services exclusively through a telehealth technology platform and has no physical location at which you can receive Services, you may access your medical record of the Telehealth Visit and, unless you object, such information will be added to your Health Plan electronic medical record and shared with your Primary Care Physician. The section below replaces the “Telehealth Visits” section on page 59 of the *EOC*.

Telehealth Visits

Telehealth Visits are intended to make it more convenient for you to receive covered Services, when a Plan Provider determines it is medically appropriate for your medical condition. You may receive covered Services via Telehealth Visits, when available and if the Services would have been covered under this *EOC* if provided in person. You are not required to use Telehealth Visits, and you may choose to receive in-person Services from a Plan Provider instead. Some Plan Providers offer Services exclusively through a telehealth technology platform and have no physical location at which you can receive Services. If you receive covered Services from these Plan Providers, you may access your medical record of the Telehealth Visit and, unless you object, such information will be added to your Health Plan electronic medical record and shared with your Primary Care Physician.

We cover the following types of Telehealth Visits with Primary Care Physicians, Non-Physician Specialists, and Physician Specialists:

- Interactive video visits
- Scheduled telephone visits

Confidential Information (AB 1184)

For consistency with state law effective July 1, 2022, under “Privacy Practices” in the “Miscellaneous Provisions” section, we are clarifying that a member may request a confidential communication by completing a confidential communication request form available on kp.org. The section below replaces the “Privacy Practices” section on page 86 of the *EOC*.

Privacy Practices

Kaiser Permanente will protect the privacy of your protected health information. We also require contracting providers to protect your protected health information. Your protected health information is individually-identifiable information (oral, written, or electronic) about your health, health care services you receive, or payment for your health care. You may generally see and receive copies of your protected health information, correct or update your protected health information, and ask us for an accounting of certain disclosures of your protected health information.

You can request delivery of confidential communication to a location other than your usual address or by a means of delivery other than the usual means. You may request confidential communication by completing a confidential communication request form, which is available on kp.org under “Request for confidential communications forms.” Your request for confidential communication will be valid until you submit a revocation or a new request for confidential communication. If you have questions, please call Member Services.

We may use or disclose your protected health information for treatment, health research, payment, and health care operations purposes, such as measuring the quality of Services. We are sometimes required by law to give protected health information to others, such as government agencies or in judicial actions. In addition, protected health information is shared with your Group only with your authorization or as otherwise permitted by law.

We will not use or disclose your protected health information for any other purpose without your (or your representative’s) written authorization, except as described in our *Notice of Privacy Practices* (see below). Giving us authorization is at your discretion.

This is only a brief summary of some of our key privacy practices. **OUR NOTICE OF PRIVACY PRACTICES, WHICH PROVIDES ADDITIONAL INFORMATION ABOUT OUR PRIVACY PRACTICES AND YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION, IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.** To request a copy, please call Member Services. You can also find the notice at a Plan Facility or on our website at kp.org

Contraceptive Equity (SB 523)

For consistency with state law effective January 1, 2023, we no longer limit coverage of contraceptives to those prescribed for women. The section below replaces the “Contraceptive drugs and devices” section on page 12 of the *EOC*.

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
<p>The following hormonal contraceptive items on the generic tier (Tier 1) when prescribed by a Plan Provider:</p> <ul style="list-style-type: none"> • Rings • Patches • Oral contraceptives 	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		D
<p>The following contraceptive items on the generic tier (Tier 1) when prescribed by a Plan Provider:</p> <ul style="list-style-type: none"> • Spermicide • Sponges 	No charge for up to a 100-day supply	Not available		D
<p>The following hormonal contraceptive items on the brand tier (Tier 2) when prescribed by a Plan Provider:</p> <ul style="list-style-type: none"> • Rings • Patches • Oral contraceptives 	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		D
<p>The following contraceptive items on the brand tier (Tier 2) when prescribed by a Plan Provider:</p> <ul style="list-style-type: none"> • Spermicide • Sponges 	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