

2023 RENEWAL PORTFOLIO | MARYLAND

Changes to 2023 Benefits

Maryland–POS (Added Choice)

Small employer group changes for contracts renewing on or after January 1, 2023

This document provides an overview of changes Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., is making to your small group POS health plan offerings effective upon your group's 2023 renewal date.

For more information, please refer to your *Summary of Benefits and Coverage (SBC)* and/or your *Evidence of Coverage (EOC)*.

The following changes apply to all POS plans unless otherwise noted:

Abortion Care Services

- ▶ The cost share changed from "applicable cost share applies based on type and place of service" to "No charge."

Habilitative Services

- ▶ The thirty (30) visit limits removed from adults and age limit removed from Applied Behavioral Analysis (ABA) from children for habilitative services.

Prescription Insulin Drugs

- ▶ The cost share is no longer subject to the deductible and cannot exceed \$30 per thirty (30)-day supply or \$90 for a ninety (90)-day supply.

Prescription Drugs

- ▶ The list of prescription drugs covered under the health plan's prescription drug plan will close, thus requiring medical necessity for coverage of drugs not on the formulary.

The changes outlined below apply to the specified health plans as follows:

KP MD Gold Added Choice 1000/20/POS/Vision

In-Plan changes

- ▶ Self-Only Out-of-Pocket Maximum: increased from \$6,500 to \$7,750 per individual
- ▶ Family Out-of-Pocket Maximum: increased from \$13,000 to \$15,500 per family (not to exceed \$7,750 for any one family member)
- ▶ Specialty Care Office Visit: copay per visit increased from \$40 to \$50
- ▶ Copay per visit increased from \$40 to \$50 for the following benefits:
 - Allergy Services (Evaluation & Treatment) visit
 - Dialysis Outpatient Services
 - Accidental Dental Injury Services – Office visit
 - Fertility Services – Standard Fertility Preservation visit and procedure for Iatrogenic Infertility
 - Hearing Testing and Fitting
 - Routine Foot Care visit
 - Therapy: Radiation and Chemotherapy visit
 - After-Hours Urgent Care or Urgent Care Center
 - Vision Services: Ophthalmologist visit
 - Sleep Studies
 - Therapy – Habilitative and Rehabilitation Services
 - Acupuncture and Chiropractic Services
 - X-ray and Diagnostic Imaging
 - Bone Mass Measurement – Diagnostic
 - Laboratory Outpatient and Professional Services
 - Transplant Services – Pre-Transplant Dental Services office visit

Out-of-Network changes

- ▶ There are no changes to out-of-network cost shares

KP MD Silver Added Choice 2500/40/POS/Vision

In-Plan changes

- ▶ Self-Only Out-of-Pocket Maximum: increased from \$8,700 to \$9,100 per individual
- ▶ Family Out-of-Pocket Maximum: increased from \$17,400 to \$18,200 per family (not to exceed \$9,100 for any one family member)

- ▶ Inpatient Hospital and Skilled Nursing Facility: copay per admission increased from \$300 per day after deductible not to exceed \$900 after deductible to \$500 per day after deductible not to exceed \$1,500 after deductible
- ▶ Outpatient Hospital Facility: copay per visit increased from \$250 after deductible to \$350 after deductible

Prescription Drugs

- ▶ Rx Deductible: change from \$300 to medical deductible
- ▶ Plan Pharmacy and Mail Delivery copays changed as follows:
 - Tier 1 Drugs: copay per 30-day prescription increased from \$20 to \$25 and 90-day increased from \$40 to \$50
- ▶ Participating Network Pharmacy and Mail Delivery copays changed as follows:
 - Tier 1 Drugs: copay per 30-day prescription increased from \$30 to \$35 and 90-day increased from \$60 to \$70

Out-of-Network changes

- ▶ Copay per visit increased from \$50 after deductible to \$85 after deductible for the following benefits:
 - Therapy: Habilitative and Rehabilitation Services
 - Acupuncture and Chiropractic Services

KP MD Bronze DHMO Plus 6500/50/Vision (KP MD Bronze Added Choice 6500/50/POS/Vision)

In-Plan changes

- ▶ There are no changes to In-Plan cost shares

Out-of-Network changes

- ▶ Self-Only Deductible: changed from \$11,200 per individual to Not applicable
- ▶ Family Deductible: changed from \$22,400 per family to Not applicable
- ▶ Self-Only Out-of-Pocket Maximum: changed from \$15,800 to Not applicable
- ▶ Family Out-of-Pocket Maximum: changed from \$31,600 to Not applicable

All benefits listed below are subject to ten (10) visit/service limits combined

- ▶ Cost share changed from 40% after deductible to \$100 when provided by Specialist Provider
 - Specialty Care Office Visit
 - Allergy Services (Evaluation & Treatment) visit
 - Accidental Dental Injury Services – Office visit
 - Self-Management Training for Diabetics
 - Routine Foot Care visit
 - Vision Services: Ophthalmologist visit
 - Habilitative and Rehabilitation Services: Physical, Occupational or Speech Therapy
 - Hearing Test
- ▶ Cost share changed from 40% after deductible to \$70 for the following benefits when provided by Primary Care provider
 - Primary Care Office Visit
 - Allergy Injection visit and Serum
 - Hearing Test
 - Self-Management Training for Diabetics
 - Applied Behavioral Analysis (ABA)
 - Medical Nutrition Therapy and Counseling
 - Mental Health and Substance Abuse Services Outpatient Office Visits
 - Telemedicine Services
- ▶ Laboratory Outpatient and Professional Services: cost share changed from 40% after deductible to \$100
- ▶ X-rays and Diagnostic Imaging: cost share changed from 40% after deductible to \$170
- ▶ Bone Mass Measurement – Diagnostic: cost share changed from 40% after deductible to \$170
- ▶ Drugs, Supplies, and Supplements: cost share changed from 40% after deductible to 50%, does not apply to the 10-visit limit
- ▶ Cost Share for the Preventive Care Services changed from 40% after deductible to No charge as identified in the *Evidence of Coverage* documents
- ▶ The coverage for the following benefits changed from covered to Not covered:
 - All Inpatient Hospital Services and Skilled Nursing Facility
 - All Outpatient Facility Services
 - Acupuncture
 - Non-Emergent Transportation Services
 - Blood, Blood Products and Their Administration
 - Chiropractic Services

- Cleft Lip, Cleft Plate or Both
 - Clinical Trials
 - Diabetic Equipment and Supplies
 - Dialysis Services
 - Durable Medical Equipment, Prosthetics, Hearing Aids, Hearing Testing & Fitting, Assistive Devices, Orthotics and TMJ Appliances
 - Family Planning (non-preventive), Fertility and Infertility Services
 - Home Health and Hospice Care Services
 - Maternity Services
 - Medical Foods
 - Mental Health and Substance Abuse Services Outpatient Non-Office Visits
 - Morbid Obesity Services
 - Oral Surgery/Temporomandibular Joint Services (TMJ)
 - Radiation, Chemotherapy and Infusion Therapy
 - Transplant Services
 - Urgent Care Services: Office visit during regular office hours and After-Hours Urgent Care or Urgent Care Center
 - Vision Services: Optometrist visit and Vision Hardware
 - Specialty Imaging, Sleep Lab, Sleep Studies and Interventional Radiology
- ▶ Please refer to *Evidence of Coverage* for all covered and denied services
- ▶ Please note that the KP MD Bronze 6900/50/POS/Vision plan will not be offered in 2023. The Plan has been replaced by the KP Bronze DHMO Plus 6500/50/Vision plan.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**).

Bàsɔ̀̀ Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̀ Bàsɔ̀̀-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò b́éin m̀ gbo kpáa. Dá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902** (TTY: 711).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902** (TTY: 711).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902** (TTY: 711).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902** (TTY: 711) पर कॉल करें।

Igbo (Igbo) NRUBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijirị gị. Kpọọ **1-800-777-7902** (TTY: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih **1-800-777-7902** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902** (TTY: 711).

ไทย (Thai) เรียน: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902** (TTY: 711).

اردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902** (TTY: 711)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902** (TTY: 711).