Producer Reference Guide: Individual and Family Plans
Welcome to Kaiser Permanente

As our partner, you play an important role in helping our mutual clients get the highest quality health care. This reference guide and our other easy-to-use tools are designed to make it simple for you to educate our mutual clients about their coverage options with Kaiser Permanente.

If you ever have any questions or need assistance, feel free to contact the Kaiser Permanente individual and family sales and service team at 1-800-474-1079.
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Overview of individual and family plans

2019 Kaiser Permanente Individual and Family Plans

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How the plans work

Catastrophic plan

- Available to anyone who is:
  - 29 and younger
  - 30 and older and who:
    - Has a certificate demonstrating hardship or lack of affordable coverage
    - Is not entitled to Medicare Part A or enrolled in Part B
    - Resides within the Kaiser Permanente Washington individual and family service area
- First 3 primary care office visit claims received during a calendar year are covered in full.
- Four or more visits are subject to annual deductible.
- Preventive care services are covered in full.
- A preventive care or well-care visit does not count toward the first 3 primary care visits, and it is covered in full at no charge during a calendar year.
- All other services, including pharmacy, are subject to the annual deductible.

Flex plans

- Available to anyone who is:
  - Not entitled to Medicare Part A or enrolled in Part B
  - Resides within the Kaiser Permanente Washington individual and family service area
- Set number of upfront visits are not subject to the annual deductible and vary by plan:
  - Flex Bronze: First 3 primary care office visit claims received during a calendar year
  - Flex Silver HD: First 3 primary or specialty care office visit claims received during a calendar year
  - Flex Silver: First 4 primary or specialty care office visit claims received during a calendar year
  - Flex Gold: First 5 primary or specialty care office visit claims received during a calendar year
- Certain pharmacy tiers are subject to applicable copay, annual deductible is waived and varies by plan:
  - Flex Bronze: Preferred generic drugs
  - Flex Silver HD: Preferred generic drugs
  - Flex Silver: Preferred generic drugs
  - Flex Gold: Preferred generic and preferred brand drugs
- Preventive care services are covered in full at no cost.
- A preventive care or well-care visit does not count toward any of the upfront visits and is not subject to the annual deductible.
VisitsPlus HD plan

• Available to anyone who is:
  - Not entitled to Medicare Part A or enrolled in Part B
  - Resides within the Kaiser Permanente Washington individual and family service area

• Primary and specialty care visits are not subject to the annual deductible.
• Preferred generic and preferred brand drugs are not subject to the annual deductible.
• Preventive care services are covered in full at no cost.

HSA plans

• Available to anyone who is:
  - Not entitled to Medicare Part A or enrolled in Part B
  - Resides within the Kaiser Permanente Washington individual and family service area

• These are high deductible health plans that are filed with the required IRS documentation, so they can be paired with a health savings account (HSA).
• Preventive care services are covered in full at no cost.
• All other services are subject to the annual deductible.
• Applicants who apply directly with Kaiser Permanente have the option to set up an HSA through HealthEquity.
  - HealthEquity, Inc., is designated as a nonbank health savings trustee by the IRS; designation allows them to be the custodian of health savings accounts. We have partnered with HealthEquity to administer an HSA that is integrated with either the Core Bronze HSA or Core Silver HSA health plan. This integration between HealthEquity and the health plan is only available to those who enroll off-exchange with Kaiser Permanente.
• Applicants must provide the Social Security numbers for all persons on the application.
Core provider network

- Policyholder resides within the Kaiser Permanente Washington individual and family service area
- Features Washington Permanente Medical Group – one of the highest-ranked multispecialty medical groups in the state
  - More than 1,000 medical providers in 33 medical facilities
- More than 9,000 contracted providers, including 49 hospitals
  - Contracted providers practice under the same high-quality Kaiser Permanente standards
- 5 urgent care locations in Western Washington
- 15 CareClinic by Kaiser Permanente at Bartell Drugs locations in Western Washington
- 4 walk-in clinics:
  - 3 in Western Washington
  - 1 in Spokane
- Convenient online care options:
  - Care Chat: Clients can message online with a Kaiser Permanente care provider for real-time medical care. This service is no-cost for members on any KPIF plan. Care Chat is available 24/7 as of July 1.
  - Online visits: Clients can get an online treatment plan for common health issues and a prescription, if needed. They can start an online visit anytime and receive a response from 9 a.m. to 9 p.m. daily. For the Core Bronze HSA and Core Silver HSA, the annual deductible applies. No cost for other KPIF plans.
  - Email their Kaiser Permanente doctor: Clients can email their care team nonurgent questions by signing in to kp.org/wa or using the Kaiser Permanente Washington mobile app. They’ll get an answer within 48 hours and often that same day.

How to get care outside of Washington

- For in-network care outside of Washington, clients can go to Kaiser Permanente facilities in our 8 regions across the United States:
  - The 8 regions include Oregon, California, Hawaii, Colorado, Maryland, Georgia, Virginia, and Washington, D.C.
  - Clients should call Member Services to get a visiting member number before getting care outside of Washington: 206-630-4636 or 1-888-901-4636.
- The only coverage outside of the Core network is for emergency care and medically necessary urgent care.
  - Clients should call Member Services within 24 hours or as soon as possible if admitted to a hospital or need additional services after an emergency care or urgent care visit. Prior authorization may be required to be covered under the health plan.

2OIC Provider Network Form A
Core network in Puget Sound region

CareClinic locations in Puget Sound region
Core network in northwest Washington region

Core network in central and eastern Washington region

- Kaiser Permanente Medical Facilities
- Kaiser Permanente Medical Facility
  Scheduled to open in 2019-2020
- Affiliate Medical Offices
- Affiliate Hospitals

kp.org/wa/producer-KPIF
Optional dental coverage

- Available to anyone enrolled in an individual and family health plan directly with Kaiser Permanente (off-exchange).
- We offer 2 Delta Dental of Washington plans:
  - **Pediatric-only coverage.** This plan provides coverage for those 18 and younger.
  - **Family coverage.** This plan provides coverage for the entire family. Pediatric coverage is embedded into the dental plan for family members 18 and younger.
- Participating dentists provide in-network care through the Delta Dental PPO™ and Delta Dental Premier® networks.

Pediatric dental coverage is an essential benefit under the Affordable Care Act. If applicant chooses not to enroll in either the pediatric-only or family dental plan and there's someone 18 or younger on the application, applicant will need to complete a pediatric dental attestation and send this in with documentation showing that they have other dental coverage.
Ways to enroll

2 ways to purchase directly from Kaiser Permanente

1. Complete a paper application and either mail it to us or scan and send it to us through an encrypted email.
   - Fill out the broker of record section on page 7 of the application to ensure you are set up as the broker of record.
   - Make sure all 7 pages are returned, otherwise it’s an incomplete application.

2. Use the Agent Quote Tool to send clients a quote or link to “Shop plans” where they can complete the application.
   - Doing this ties your Kaiser Permanente agent number to the application and sets you up as the broker of record.

Purchasing through Washington Healthplanfinder

Some clients may benefit if they meet one or more of these requirements:

- The client qualifies for financial assistance.
- The client is 29 or younger or 30 and older and is experiencing a hardship or lack of affordable coverage.
- The client is an American Indian or Alaskan Native, making them eligible for low-cost or no-cost health coverage.
Special enrollment period

Outside of open enrollment, there are certain qualifying events that allow our mutual clients to either enroll in a health plan or modify their coverage.

• They can apply any time during the year if they apply no more than 60 days from the date of the qualifying event.

Get more information about qualifying events and the documentation required when applying.

Documentation supporting the qualifying event should be included with the application, along with the Special Enrollment Triggering Event Form.

Clients have 30 calendar days from the date of the special enrollment period notification letter to send in supporting documents.

Online applications

Clients who applied directly with Kaiser Permanente online can log back into their account and upload documentation.

Note: Clients who applied through Washington Healthplanfinder can upload their documentation. We cannot access any documents that are uploaded to Washington Healthplanfinder.

Fax or mail in supporting documentation:

Fax: 206-630-7001, attention Pre-Enrollment
Kaiser Foundation Health Plan of Washington Individual & Family Membership Administration
P.O. Box 34750
Seattle, WA 98124-1750
Premium payments

Initial premium payment

Clients who apply directly through Kaiser Permanente

- They do not have to pay a binder payment before coverage is set up and showing with active coverage.
- Once coverage is set up, a premium billing invoice is mailed to the subscriber. Premium payment must be paid by the last day of the month prior to the effective date of coverage, otherwise client will go into delinquency.
  - ID card(s), welcome letter, and welcome packet will be mailed out separately within 7-10 business days of coverage showing active.
  - Options for making payments:
    - Online at kp.org/wa/mypremium
    - By calling 1-844-632-2045
    - By mailing a check with invoice coupon to:
      Kaiser Foundation Health Plan of Washington
      P.O. Box 740008
      Los Angeles, CA 90074-0008

Clients who apply through Washington Healthplanfinder

- They will need to pay a binder payment within 30 days of the effective date of coverage before coverage setup is completed and they are showing with active coverage.
- ID card(s), welcome letter, and welcome packet will be mailed out separately within 7-10 business days of coverage showing active.
- Options for making payments:
  - Online at kp.org/wa/marketplace
  - By calling 1-888-687-9004
  - By mailing a check with invoice coupon to:
    Kaiser Foundation Health Plan of Washington
    P.O. Box 740708
    Los Angeles, CA 90074-0708

Ongoing premium payment

Clients enrolled through Kaiser Permanente

- Premium invoices are mailed around the seventh of each month.
- Payment options are the same as the first month’s premium payment.
  - If a client sets up auto pay via kp.org/wa/mypremium, their payment will be drafted 3 days prior to the first day of the following month.
- Payments need to be scheduled or canceled 2 business days before the scheduled withdraw date, otherwise the request will not become active until the following month.
- Clients need the following information, which is on the premium billing invoice:
  - Balance due
  - Email address
  - Group number
  - Subscriber number
  - 5-digit ZIP code

If any of the following changes occur, the client must re-register and set up the auto payment again:

- Change in group numbers (e.g., move from one rating region to another)
- Change in address and ZIP code or addition of a separate billing address

A client’s account will be delinquent if the premium is not received by the 10th of the month. Delinquency letters should be received soon after the 15th of the month.

- Clients have 45 days to get their account paid current; all medical and pharmacy claims will be pended while in delinquency.
- If account is not paid current within 30 days of the delinquency notice, coverage will be canceled back to the last paid to date.

- If a client’s account is canceled due to nonpayment, we will allow only one reinstatement per calendar year.

- If a client is not eligible for reinstatement (e.g., misses the 30-day window or already has been reinstated during the calendar year), they will not be able to apply until the next open enrollment or if they have a qualifying life event.

### Clients enrolled through Washington Healthplanfinder

- Premium invoices are mailed around the 10th of each month.

- Payment options are the same as the initial binder payment.

- Clients who set up auto pay at [kp.org/wa/marketplace](http://kp.org/wa/marketplace) can choose a draft date from the first to the 28th of the month:
  - Payments need to be scheduled or canceled one business day before the scheduled withdraw date, otherwise the request will not become active until the following month.
  - Clients need an email address and their Exchange Member ID.

- A client’s account will be delinquent if the premium is not received by the first of the month. Delinquency letters should be received between the 10th and the 15th of the month.
  - Clients receiving a subsidy have 90 days to get the account paid current.

- After the first 30 days, all medical and pharmacy claims will be pended. If account is not paid current, coverage will be terminated retro back 60 days.

- Clients not receiving a subsidy have 30 days to get the account paid current. All medical and pharmacy claims will be pended while in delinquency:
  - If the account is not paid current, coverage will be terminated retro back to the last paid to date.

- If a client’s account is canceled due to nonpayment, we will allow only one reinstatement per calendar year:
  - If a client is not eligible for reinstatement (e.g., misses 30-day window or already has been reinstated during the calendar year), they will not be able to apply until the next open enrollment or if they have a qualifying life event.